

NATIONAL Assessment Centre Services

Date In: 09/12/20	Job description	Date & Time Completed	Done by
Ref No. NM/INC 20013581/13	SAS e-filing		
Veh No. FBK 7068C	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 01/12/20 1730	I-Motor Claim Form	09/12 17/1112910-001	
OD: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner Wksp		

Preferred Wksp / INC Assign Wksp / QW: (KIM KEAT (BRDC) Tel: Fax:)

TP Particulars: Vch No: INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % [Note-Est. Status (WO): N: 0-20%; P: 21-79%. F: 80-100%]

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co. ()

Remarks	Date Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date	Time	Actions

Item	Amount	Remarks
1) AR: Accident Reporting (\$30)		INC (\$30)
2) DA: Damage Assessment (\$100)		INC (\$30)
3) TP: Towing Fee	\$40/\$45	
4) FT: Follow-Through Survey	\$120	
5) FT: Follow-Through Survey (Resurvey)	\$30	
For claiming against INC Only (wef 10 Jan 2005)		
6) TR: Re-inspection	\$75	
7) NI: Idao DA + SMRT Survey	\$160	
8) NTUC Additional Services:-		
ON*		
*N5: Courtesy Car / Tp Allowance	\$5	
*N6: Repair Co-ordination	\$10	
*N7: Post Repair Inspection	\$25	
*N8: DV / Collect Excess Coordination	\$5	
TP (NI) / TP (Non INC) against INC	\$20	
9) N12: Idao Mobile	30	
Invoice dated	Fee Charged	
Invoice dated	Fee Charged	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission 09/12/2020 10:45 (SGT)
Date of Accident 01/12/2020 17:30 (SGT)
Exact Location of Accident 815 Bukit Batok West Ave 5, Singapore 659085
Additional Location Information BBDC S-COURSE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBK7068C

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner BUKIT BATOK DRIVING CENTRE LTD
Company Reg No 1XXXXX155R
Email Address tanboonkiat@bbdc.sg
Mobile Phone No (Phone) +65-64833167
Alternative Phone No (Office) +65-64833167

VEHICLE PARTICULARS

Manufacturer Honda
Model Cb400
Variant -
Exact purpose for which vehicle was being used at time of accident Private use
Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only
Vehicle Category Motorcycle

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number 5114136261
Cover Note Number -

DRIVER

Name of Driver RITHAWATI BINTE ABDUL HAMID
NRIC No SXXXX452F
Date Of Birth 16/02/1979
Occupation Indoor

Date Of Driving Pass	01/12/2020
Driving experience	0 MONTH
Gender	Female
Mobile Number	(Phone) +65-97661112
Alt. Phone Number	-
Email Address	tanboonkiat@bbdc.sg
Address	BLK 237 BUKIT PANJANG RING RD
Address complement	#08-736
Postcode	670237
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	No Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	No
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	RITHAWATI BINTE ABDUL HAMID
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	HAND INJURY
Injured person in which vehicle?	FBK7068C
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver.**
3. Information provided must be as **truthful and accurate as possible.** Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability.**
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

DRIVING CENTRE LTD
115 BUKIT TIMAH ST AVENUE 5
SINGAPORE 659085
Tel: 6561 1200 Fax: 6568 0777

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

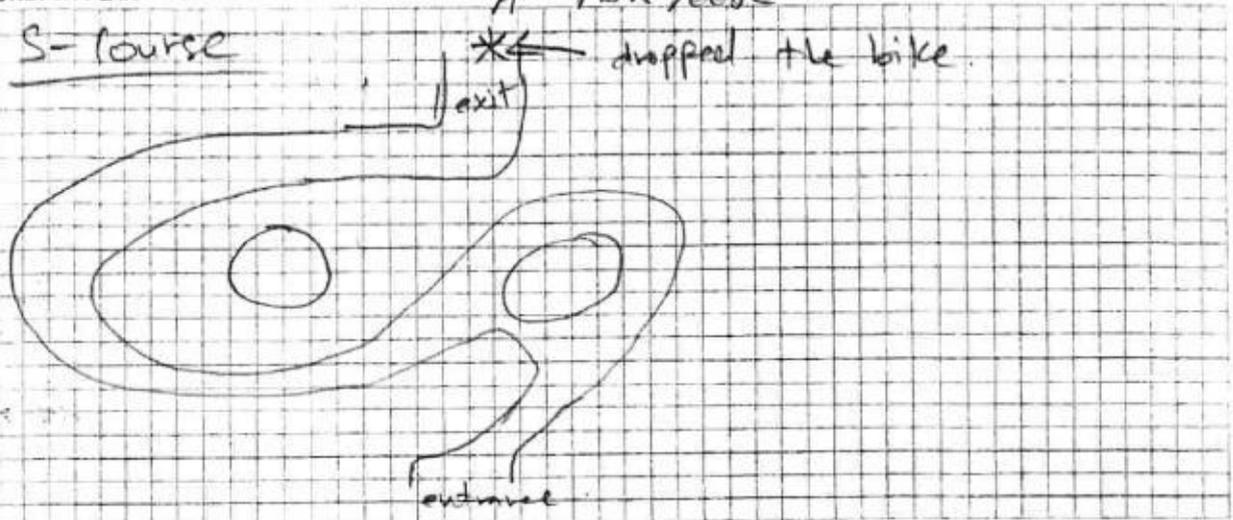
NRIC/FIN No.:

SKETCH PLAN BBDC

A - FBK7068C

S-course

* ← dropped the bike

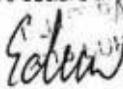


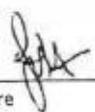
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Mount the kerb at the S-course and went coming to a stop, Press the front brakes too hard. Causing to lose balance and to slowly drop the bike down. cause my hand injured.

DECLARATION

I/We declare the foregoing particulars are true in every respect.


 POLICYHOLDER'S SIGNATURE
 Date & Time:
 Company Chop (if applicable)


 DRIVER'S SIGNATURE
 (If driver is not the policyholder)
 Date & Time:

 09/12/20
 REPORTING CENTRE PERSONNEL'S SIGNATURE
 Name:
 NRIC/FIN No

Owner
 Driver

ACCIDENT STATEMENT

Date of Accident	Time	Location of Accident
01/12/2020	1730	S-course @ Bukit Batok Driving Centre

INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number	FBR 7068 C	(213)
Name of Policyholder		
NRIC/ FIN/ Passport/ ROC (if Policyholder is company)		
Address		
Contact Number	Tel:	Hp:
Occupation		

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model	Honda CB190 R
Type of Vehicle	Saloon, MPV, CRV, Van, Lorry, Bus M/cycle, Others: _____
Exact Purpose for which vehicle was being used at the time of accident.	Training
Are you claiming under your own insurance policy?	<input type="radio"/> Yes <input checked="" type="radio"/> No Remarks: _____
Vehicle category	<input type="radio"/> Private <input type="radio"/> Commercial <input checked="" type="radio"/> Motorcycle

INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company	
Type of Policy	<input checked="" type="radio"/> Comprehensive <input type="radio"/> TP Fire & Theft <input type="radio"/> Third party
Fleet Policy	<input checked="" type="radio"/> Yes <input type="radio"/> No
Policy Number	
Motor Cl.	

DRIVER

Name of Driver	Rithawati Pante Abdul Hamid
NRIC/ FIN/ Passport	S 7905452 F
Date of Birth	16/02/1979
Occupation	
Pass Date (Driving Experience)	
Gender	<input type="radio"/> Male <input checked="" type="radio"/> Female
Contact Number	Tel: _____ Hp: 97661112
Address	Blk 237 Bukit Panjang Ring Road #08-73
Email Address	
Was driver an employee of the Insured's Company? If No, relationship of Driver with the Insured.	<input type="radio"/> Yes <input checked="" type="radio"/> No
Vehicle Number of Driver's Own Vehicle (if applicable)	
Insurance of Driver's Own Vehicle (if applicable)	

GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (E.g. Chain Collision/ Head-On, etc)	Stationary drop
Weather Conditions	<input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others: _____
Road Surface	<input type="radio"/> Wet <input checked="" type="radio"/> Dry <input type="radio"/> Others: _____
Damage Area	
Approximate Speed	0 km/hr

OTHER INFORMATION

Was anybody injured in the accident? (Including Witness)	<input type="radio"/> No <input type="radio"/> Yes
Was any other vehicle(s) or property damaged?	<input checked="" type="radio"/> No <input type="radio"/> Yes
Was there any camera video footage (in car)?	<input checked="" type="radio"/> No <input type="radio"/> Yes

DETAILS OF POLICE ACTION

Was the accident reported to the Police?	<input checked="" type="radio"/> No <input type="radio"/> Yes
If Yes, please state which police station & Report No.	
Was notice of intended Prosecution given? If Yes, against whom?	<input checked="" type="radio"/> No <input type="radio"/> Yes

OWN VEHICLE REGISTRATION NUMBER _____

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number _____
 Vehicle Make/ Model/ Colour _____
 Details of Properties (If Other Party is not a Vehicle) _____
 Damage Area _____
 Name of Driver _____
 NRIC/ FIN/ Passport _____
 Contact Number / Email Address _____
 Address _____
 Name of Insurance Company _____

Other Vehicle or Property 2

Vehicle Registration Number _____
 Vehicle Make/ Model/ Colour _____
 Details of Properties (If Other Party is not a Vehicle) _____
 Damage Area _____
 Name of Driver _____
 NRIC/ FIN/ Passport _____
 Contact Number / Email Address _____
 Address _____
 Name of Insurance Company _____

DETAILS OF WITNESS

Name _____
 Phone / Email Address _____
 Address _____
 NRIC/ FIN/ Passport _____

DETAILS OF INJURED PERSON 1

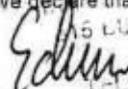
Name _____
 NRIC/ FIN/ Passport _____
 Address _____
 Approximate Age _____
 Injuries Sustained _____
 If Vehicle Occupants, state in which vehicle? _____
 Were Seat Belts Worn? Yes No
 Was Injured conveyed to hospital by ambulance? Yes No

DETAILS OF INJURED PERSON 2

Name _____
 NRIC/ FIN/ Passport _____
 Address _____
 Approximate Age _____
 Injuries Sustained _____
 If Vehicle Occupants, state in which vehicle? _____
 Were Seat Belts Worn? Yes No
 Was Injured conveyed to Hospital by Ambulance? Yes No

Declaration

We declare that the above particulars & information provided above are true in every aspect.

 _____ Date & Time
 Signature of Policy Holder
 (Company Chop if applicable)

 _____ Date & Time
 Signature of Driver / Date & Time
 (If Driver is not the Policy Holder)

Hello, NAC_PAYA_UBI_800601

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No. Date of Accident

Vehicle No.(For Motor) Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5114136261	5114136261-000014	BUKIT BATOK DRIVING CENTRE LTD	198801155R	GFM	Comprehensive	FBK7068C	FBK7068C	01/01/2020	31/12/2020

Continue

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5114136261-000014

Cover : Comprehensive

- | | |
|--|----------------------------------|
| 1. Index mark and Registration Number of Vehicle | : FBK7068C |
| Chassis Number | : JH2NC4797EK000461 |
| 2. Name of Policyholder | : BUKIT BATOK DRIVING CENTRE LTD |
| 3. Effective Date of Insurance | : 01 Jan 2020 |
| 4. Expiry Date of Insurance | : 31 Dec 2020 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) The Policyholder. | |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. | |
| 6. Limitations as to Use# | |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
EXCESS (THEFT OUTSIDE SINGAPORE)	: PLEASE REFER OVERLEAF
INSURE WITH COE	: YES
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : BUKIT BATOK DRIVING CENTRE (00000662435)
Date of Issue : 23 Dec 2019 09:28 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

The owner and vehicle particulars for Vehicle No. FBK7068C as at 28 Dec 2015 are as follows:

1.	Name	: BUKIT BATOK DRIVING CENTRE LTD
2.	Identification No. Type	: Company
3.	Identification No.	: 198801155R
4.	Place Of Passport Issue	: -
5.	Registered Address	: 815 BUKIT BATOK WEST AVENUE 5 SINGAPORE 659085
6.	Mailing Address	: -
7.	Vehicle No.	: FBK7068C
8.	Effective Date of Ownership	: 28 Dec 2015
9.	Original Registration Date	: 28 Dec 2015
10.	First Registration Date	: 28 Dec 2015
11.	Vehicle Type	: P00 - Passenger Motorcycle/Autocycle/Moped
12.	Vehicle Scheme	: Normal
13.	Attachment 1	: No Attachment
14.	Attachment 2	: -
15.	Attachment 3	: -
16.	Vehicle Make	: HONDA
17.	Vehicle Model	: CB400F
18.	Year of Manufacture	: 2015
19.	Primary Colour	: White
20.	Secondary Colour	: -
21.	Passenger Capacity	: 1
22.	Chassis/Trailer Chassis No.	: JH2NC4797EK000461 / -
23.	Propellant/Emission Standard	: Petrol / Euro III
24.	Engine No./Motor No.	: NC47E5000460 / -
25.	Engine Capacity(cc)/Power Rating(kW)	: 399 / -
26.	Maximum Power Output(kW/bhp)	: - / -
27.	Unladen Weight(kg)	: 190
28.	Maximum Laden Weight(kg)	: 372
29.	Open Market Value	: \$6,679.00
30.	PARF Eligibility	: No
31.	PARF Eligibility Expiry Date	: -
32.	Minimum PARF Benefit	: \$0.00
33.	IU Label No.	: -
34.	COE No.	: 2015100106000626W
35.	COE Expiry Date	: 27 Dec 2025
36.	COE Category	: D - Motorcycle
37.	Quota Premium/Prevailing Quota Premium	: \$6,158.00
38.	Actual Quota Premium/PQP Paid	: \$6,158.00
39.	Actual ARF Paid	: \$1,002.00
40.	CO2 Emission(g/km)	: -
41.	Actual CEVS Rebate Utilised	: -
42.	CEVS Surcharge Paid	: -
43.	Actual Green Vehicle Rebate Utilised	: -
44.	Vehicle Lifespan Expiry Date	: -
45.	Road Tax Amount	: \$71.00
46.	Road Tax Start Date	: 28 Dec 2015
47.	Road Tax End Date	: 27 Dec 2016
48.	Remarks	: To renew the COE, the Prevailing Quota Premium payable is that of Category D.

Claim Handling

Accident MT/1112910

Policy No.	5114136261	Vehicle No.	FBK7068C	GST Registration No.	M200805321
Certificate No.	5114136261-000014				
Policyholder Name	BUKIT BATOK DRIVING CENTRE LTD			Policyholder NRIC	198801155R
Product Code	FLEET MASTER INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	64833167	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

▼ **Accident Details**

Report Date	09/12/2020 10:54	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	01/12/2020	Time of Accident hh:mm	17:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BBDC S-COURSE				

▼ **Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess	0.00	TP Standard Excess	0.00	Driver is Covered?	Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		

▼ **Benefits**

▼ **GST Registered Information**

GST Registered	Yes	GST Registration Date	01/04/1994
GST Registration No.	M200805321	GST Status Verified	Yes
Modification History			

▼ **Policyholder Mailing Address**

Address 1	815 BUKIT BATOK WEST AVENUE	Address 2	BUKIT BATOK DRIVING CENTRE	Address 3	SINGAPORE 65901
Address 4		Address Type	Singapore address	Post Code	659085
Unit No.		Related Policy Number	5112584367-01		

▼ **OI Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed Driver Name	RITHAWATI BINTE ABDUL HAMID	Driver NRIC	S7905452F	Driver DOB	16/02/1979
Register Date of Driver License	01/12/2020	Driver Age	41	Driving Experience	0
Contact No.(Mobile)	97661112	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 237	Address 2	BUKIT PANJANG RING ROAD	Address 3	SINGAPORE 6702
Address 4		Address Type	Singapore address	Post Code	670237
Unit No.	#08-736				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration			
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No

Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	BUKIT BATOK DRIVING CENTRE	Insured NRIC	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address	TANCHOONGMENG@BBDC.SG	OI Vehicle Number	FBK7068C	TP Vehicle Number	
Claim Description	FBK7068C ON 1 Dec 2020				Name of Preferred Workshop
Preferred Workshop		Insured Liability	Fully at Fault	GIA report	Received
CONSUMER No. Finalisation	Yes	Repair Option	Preferred Workshop (refer below)	Claim Close Date	09/12/2020 10:59
Date Registered				Workshop Repairer	ROSLINDA
Report Taken By				Total Loss but Repaired	
<input type="checkbox"/> Print AK letter					

Attachment

Accident No.	MT/1112910	Claim No.	001
--------------	------------	-----------	-----

Last Doc. Received

Yes No

Upload Date

09/12/2020 00:00

Path *

Category *

Confidential

Urgency *

- No file chosen

<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text"/>

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Dec 2020 10:59	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-12-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Dec 2020 10:59	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-12-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Dec 2020 10:58	SAS		Normal	SAS 2020-12-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Dec 2020 10:58	Photos		Normal	Photos 2020-12-9
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Dec 2020 10:58	Photos		Normal	Photos 2020-12-9
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Video List

Uploaded By/Date	Folder Date	File Name		Source
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