

NATIONAL Assessment Centre Services

[wef 1 Jan 2005]

2

Date In: 13 / 01 / 21	Job description	Date & Time Completed	Done by
Ref No: NAM/NC21000613/13	SAS e-filing		
Veh No: FBQ1654T	E-mail (within 3hrs, AOC 2hrs)		
D.O.A: 06/01/21 2040	i-Motor Claim Form	14/01 MT/1117343-001	
OD: TP: Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner / Wksp		

Preferred Wksp / INC Assign Wksp / QW: (BBDC)	Tel:	Fax:
TP Particulars:	Veh 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: (INC hotline: 6788 6616)	Date & Time 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

Claimant's Particulars:	Invoice Preparation Checklist		Amount (\$)	Amount (\$)
			In Bill	Add Bill
	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100);	INC (\$80)		
	3) TF: 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) N1: Idno DA + SMRT Survey	\$160		
Driver/Owner:	8) NTUC Additional Services:-			
	OD:			
	*N5: Courtesy Car / Tp Allowance	\$5		
	*N6: Repair Co-ordination	\$10		
	*N7: Post Repair Inspection	\$25		
	*N8: DV / Collect Excess Coordination	\$5		
	TP (N11): TP (Non INC) against INC	\$20		
	9) N12: Idno Mobile	30		
	Invoice dated		Fee Charged	
	Invoice dated		Fee Charged	

Auditors' Comments:
Cal 1:
Cal 2 / 3:

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 13/01/2021 12:37 (SGT)
Date of Accident 06/01/2021 20:40 (SGT)
Exact Location of Accident 815 Bukit Batok West Ave 5, Singapore 659085
Additional Location Information BBDC CIRCUIT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBQ1654T

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 Cbf190wh
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
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 5114136261-01
Cover Note Number -

DRIVER

Name of Driver SRI WIRDAWATI BTE HAMSANI
NRIC No SXXXX323C
Date Of Birth 26/12/1973
Occupation Indoor

Date Of Driving Pass	06/01/2021
Driving experience	0 MONTH
Gender	Female
Mobile Number	(Phone) +65-97959715
Alt. Phone Number	-
Email Address	tanboonkiat@bbdc.sg
Address	9D YUAN CHING RD
Address complement	#08-40
Postcode	618646
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	SRI WIRDAWATI BTE HAMSANI
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	CHEST
Injured person in which vehicle?	FBQ1654T
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.

BUKIT BATOK DRIVING CENTRE LTD

815 BUKIT BATOK WEST AVENUE 5

SINGAPORE 659085

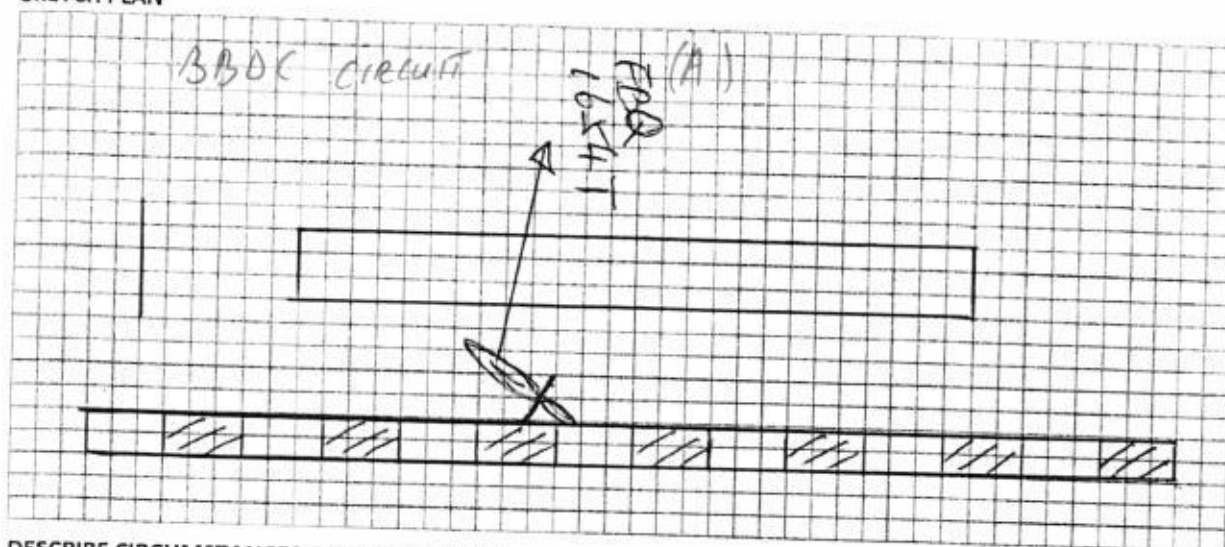
TEL: 6561 1233 FAX: 6569 1777

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 6/1/2021, at about 2040 hrs, I was having my practical lesson class 2B, Subject 3.01.

I was practicing the low speed balancing on the plank. When I moves off towards the narrow plank, I increases the throttle too much and release the clutch too fast, cause me losing control on the bike and I fell my body on the kerb, I injured my Chest.

DECLARATION

I/We declare the above information are true in every respect.

Edwin

BUKIT BATOK DRIVING CENTRE LTD

815 BUKIT BATOK WEST AVENUE 5

SINGAPORE 659085

TEL: 6561 1233 FAX: 6569 0777

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

2 h/m 13/01/21
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

☐ Scene Pic
☐ Auth Letter

☐ Owner
☐ Driver

ACCIDENT STATEMENT

Date of Accident	Time (24 HRS)	Location of Accident
6/1/2021		BADC Circuit

OWNER/ POLICY HOLDER (VEHICLE A) - CLIENT INFORMATION

Vehicle Registration Number	FBQ 1654T	
Name of Policyholder		
NRIC/ FIN/ Passport/ ROC (if Policyholder is company)		
Address		
Address		
Contact Number	Tel:	Hp:
Email Address		

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model	HONDA CBF 190 WH	
Type of Vehicle	Saloon, MPV, CRV, Van, Lorry, Bus/M/cycle, Others:	
Are you claiming under your own insurance policy?	<input type="radio"/> Yes	<input type="radio"/> No
Vehicle category	<input type="radio"/> Private Hire	<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 type="radio"/> Comprehensive	<input type="radio"/> TP Fire & Theft
Fleet Policy	<input type="radio"/> Yes	<input type="radio"/> No
Policy Number		

DRIVER

PLS SKIP THIS SECTION IF OWNER IS DRIVER

Name of Driver	SRI WIRDAWATI BTE HAMSANI	
NRIC/ FIN/ Passport	S7347323C	
Date of Birth	28-12-1973	
Occupation		
Driving Pass Date		
Gender	<input type="radio"/> Male	<input checked="" type="radio"/> Female
Contact Number	Tel:	Hp: 9795 9715
Address	9D YUAN CHING ROAD #08-40	
Address	S (618646)	
Email Address		

Was driver an employee of the Insured's Company?
If No, relationship of Driver with the Insured.

☐ Yes ☐ No

No. of Passenger in vehicle (Including Driver)

(Including Driver)

Please state Passenger Names:

Name:	Gender:
Name:	Gender:
Name:	Gender:

Vehicle Number of Driver's Own Vehicle (if applicable)

Insurance of Driver's Own Vehicle (if applicable)

GENERAL INFORMATION OF THE ACCIDENT

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:

OTHER INFORMATION

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

Ambulance (Yes/ No)

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.		
Was notice of intended Prosecution given?	<input checked="" type="radio"/> No	<input type="radio"/> Yes
If Yes, against whom?		

OWN VEHICLE REGISTRATION NUMBER _____

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED (OTHER PARTY INFORMATION)

Other Vehicle or Property 1 (VEHICLE B) - OTHER PARTY INFORMATION

Vehicle Registration Number	
Make/ Model/ Others	
Vehicle category	<input type="radio"/> Private <input type="radio"/> Commercial <input type="radio"/> Motorcycle
Name of Driver	
NRIC/ FIN/ Passport	
Contact Number	

Other Vehicle or Property 2 (VEHICLE C)

Vehicle Registration Number	
Make/ Model/ Others	
Vehicle category	<input type="radio"/> Private <input type="radio"/> Commercial <input type="radio"/> Motorcycle
Name of Driver	
NRIC/ FIN/ Passport	
Contact Number	

DETAILS OF WITNESS

Name	
Phone / Email Address	

DETAILS OF INJURED PERSON 1

Name	
Contact Number	
Injuries Sustained	
If Vehicle Occupants, state in which vehicle?	
Were Seat Belts Worn?	<input type="radio"/> Yes <input type="radio"/> No
Was Injured conveyed to hospital by ambulance?	<input type="radio"/> Yes <input type="radio"/> No

DETAILS OF INJURED PERSON 2

Name	
Contact Number	
Injuries Sustained	
If Vehicle Occupants, state in which vehicle?	
Were Seat Belts Worn?	<input type="radio"/> Yes <input type="radio"/> No
Was Injured conveyed to Hospital by Ambulance?	<input type="radio"/> Yes <input type="radio"/> No

Declaration

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

BUKIT BATOK DRIVING CENTRE LTD

815 BUKIT BATOK WEST AVENUE 5

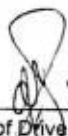
SINGAPORE 659085

TEL: 6561 1233 FAX: 6569 0777



Signature of Policy Holder
(Company Chop if applicable)

Date & Time



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

Date & Time

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.

Vehicle No. (For Motor)

Date of Accident

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5114136261-01	5114136261-01-000066	BUKIT BATOK DRIVING CENTRE LTD	198801155R	GFM	Comprehensive	FBQ1654T	FBQ1654T	01/01/2021	31/12/2021

Register New Vehicle (Acknowledgement)

Vehicle Particulars

Vehicle No.:	FBQ1654T		
Vehicle Type:	P00 - Passenger Motorcycle / Autocycle / Moped	Vehicle Scheme:	Normal
Vehicle Attachment 1:	No Attachment		
Vehicle Attachment 2:	-	Vehicle Attachment 3:	-
Vehicle Make:	HONDA	Vehicle Model:	CBF190WH
Chassis No.:	LWBMC4690L1600334	Engine No.:	MC46E5092151
Motor No.:	-	Trailer Chassis No.:	-
Propellant:	Petrol	Passenger Capacity:	1
Engine Capacity:	184 cc	Power Rating:	-
Maximum Power Output:	-		
Unladen Weight:	140 kg	Maximum Laden Weight:	310 kg
Primary Colour:	Red	Secondary Colour:	-
First Registration Date:	07 Aug 2019	Original Registration Date:	07 Aug 2019
Manufacturing Year:	2019	Open Market Value:	\$2,241.00
PARF Eligibility:	No	Minimum PARF Benefit:	\$0.00
No. of Transfers:	0	Additional Registration Fee Rate:	First \$2,241.00 (15%)
Actual ARF Paid:	\$337.00		

Owner Particulars

Owner Name:	BUKIT BATOK DRIVING CENTRE LTD
Owner ID Type:	Company
Owner ID:	198801155R
Registered Address Type:	Private Residential (Condo Apt or House) / Shopping / Office Complexes
Registered Block / House No.:	815
Registered Street Name:	BUKIT BATOK WEST AVENUE 5
Registered Unit No.:	-

Registered Building Name: BUKIT BATOK DRIVING CENTRE
Registered Postal Code: 659085
COE No. / Expiry Date: 2019060106000822M / 06 Aug 2029
COE Bid Category: D - Motorcycle
QP Paid: \$3,352.00

Transaction Details

Business Transaction Ref. No.: 20190807114710002242

Business Transaction Date: 07 Aug 2019

Business Transaction Time: 11:47:10

Message

The above vehicle has been successfully registered.

Please note that \$3,741.00 will be deducted from your GIRO account.

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 : 5114136261-000076

Cover : Comprehensive

- | | |
|---|----------------------------------|
| 1. Index mark and Registration Number of Vehicle | : FBQ1654T |
| Chassis Number | : LWBMC4690L1600334 |
| 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

Claim Handling

Accident MT/1117343

Policy No.	5114136261-01	Vehicle No.	FBQ1654T	GST Registration No.	M200805321
Certificate No.	5114136261-01-000066				
Policyholder Name	BUKIT BATOK DRIVING CENTRE LTD				
Product Code	FLEET MASTER INSURANCE	Cover Type	Comprehensive	Policyholder NRJC	198801155R
Contact No.(Mobile)	0	Contact No.(Office)	64833167	Loading	0
Email Address		Special Remark		Contact No.(Home)	0
XFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	<input type="text" value="No"/>
NCD Protection	No	NCD Entitlement(%)	0	eCode Reason	
				Private Hire	

▼ Accident Details

Report Date	14/01/2021 11:29	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	06/01/2021	Time of Accident hh:mm	20:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BBDC CIRCUIT				

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess		
OD Standard Excess	0.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess				Covered
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	14/01/2021 11:31:56 System changed GST Status Verified from No to Yes		

▼ Policyholder Mailing Address

Address 1	815 BUKIT BATOK WEST AVENUE	Address 2	BUKIT BATOK DRIVING CENTRE	Address 3	SINGAPORE 659011
Address 4		Address Type	Singapore address	Post Code	659085
Unit No.		Related Policy Number	5114136664-01		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	SRI WIRDAWATI BTE HAMSANI	Driver NRIC	S7347323C	Driver DOB	26/12/1973
Register Date of Driver License	06/01/2021	Driver Age	47	Driving Experience	0
Contact No.(Mobile)	97959715	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	9D YUAN CHENG ROAD	Address 2	PARKVIEW MANSIONS	Address 3	SINGAPORE 6186-
Address 4		Address Type	Singapore address	Post Code	618646
Unit No.	#08-40				
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? ☒ Yes ☐ No

Modification History

Claim 001 OD-MX New

Claim Type *	<input type="text" value="OD-MX"/> <input type="text" value="Insured Name"/> <input type="text" value="BUKIT BATOK DRIVING CENTRE"/> <input type="text" value="Insured NRIC"/>	
Contact No. (Mobile)	<input type="text"/> <input type="text" value="Contact No. (Home)"/> <input type="text" value="Contact (Office)"/>	
Email Address	<input type="text" value="TANCHONGMENG@BBDC.SG"/> <input type="text" value="TP"/> <input type="text" value="Vehicle Number"/>	
Claim Description	<input type="text" value="FBQ1654T ON 6 Jan 2021"/> <input type="text" value="Name of Preferred Workshop"/>	
Preferred Workshop	<input type="text"/> <input type="text" value="Insured Liability"/> <input type="text" value="Fully at Fault"/>	
<input type="text" value="Collision No."/> <input type="text" value="Finisation"/>	<input type="text" value="Yes"/> <input type="text" value="Repair Option"/> <input type="text" value="Preferred Workshop (refer below)"/> <input type="text" value="GIA report"/> <input type="text" value="Received"/>	
Date Registered	<input type="text" value="14/01/2021 11:52"/> <input type="text" value="Claim Close Date"/> <input type="text" value="Date Received"/>	
Report Taken By	<input type="text"/> <input type="text" value="Workshop Repairer"/> <input type="text" value="Total Lost but Repaired"/>	
<input type="checkbox"/> Print AK letter		

 [Print AK letter](#)

Save Submit

Attachment

Accident No.	MT/1117343	Claim No.	001
--------------	------------	-----------	-----

Last Doc. Received

☒ Yes ☐ No

Upload Date

14/01/2021 00:00

Path *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Progress Read

Clear

Category *

Confidential

Urgency *

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jan 2021 11:52	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-1-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jan 2021 11:46	SAS		Normal	SAS 2021-1-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jan 2021 11:46	Photos		Normal	Photos 2021-1-14
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 14 Jan 2021 11:46	Photos		Normal	Photos 2021-1-14
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