

# NATIONAL Assessment Centre Services. (part 1 Jan 2003)

Date In: 04/03/21	Job description	Date & Time Completed	Done by
Ref No NA/INC21002924/13	SAS e-filing		
Veh No FBK 7005 J	E-mail (within 3hrs, A/C 2hrs)		
DTA 24/02/21 2040	I-Motor Claim Form 04/03/21 MT/1123225-001		
OT: TP: <u>Reporting Only</u>	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 (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% P: 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: ( )

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

Injury: \_\_\_\_\_

Date/Time	Action

NA2101992	Invoice for National Assessment Centre Services	
Driver/Owner:	1) AR: Accident Reporting (\$30);	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$10)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120	
	5) FT: Follow-Through Survey (Resurvey) \$30	
	For claimant against INC Only (wef 10 Jan 2003)	
	6) TR: Re-inspection \$75	
	7) NI: Idas DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*NS: Courtesy Car / Tpt Allowance \$3	
	*NG: Repair Co-ordination \$10	
	*NT: Post Repair Inspection \$25	
	*NI: DV / Collect Excess Coordination \$3	
	TE (N11): TP (Non INC) against INC \$20	
	9) N12: Idas Mobile \$0	
	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	04/03/2021 12:07 (SGT)
Date of Accident	24/02/2021 20:40 (SGT)
Exact Location of Accident	815 Bukit Batok West Ave 5, Singapore 659085
Additional Location Information	BBDC MAIN CIRCUIT(EMERGENCY BRAKE AREA)
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK7005J
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	BUKIT BATOK DRIVING CENTRE LTD
Company Reg No	1XXXXX155R
Email Address	tanboonklat@bbdc.sg
Mobile Phone No	(Phone) +65-65943515
Alternative Phone No	(Office) +65-65943515

### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Cb400f
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	5114136261-01
Cover Note Number	-

### DRIVER

Name of Driver	LIEW YUNG THENG, DAREN
NRIC No	SXXXX364H
Date Of Birth	27/11/1992
Occupation	Indoor

Date Of Driving Pass	24/02/2021
Driving experience	0 MONTH
Gender	Male
Mobile Number	(Phone) +65-92269736
Alt. Phone Number	-
Email Address	-
Address	tanboonkiat@bbdc.sg
Address complement	104 BRADDELL HILL
Postcode	#04-02
Is the driver the policyholder?	579720
If No, Relationship of the Driver with the Insured	No
Does Driver Own Other Vehicles?	Other
Vehicle Registration Number of Other Vehicle Owned by Driver	No
Insurance Company of Other Vehicle Owned by Driver	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	No Collision
Weather Conditions	Clear
Road Surface	Wet

#### 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	LIEW YUNG THENG,DAREN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	LEFT SHOULDER INJURED
Were seat belts worn?	FBK7005J
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.

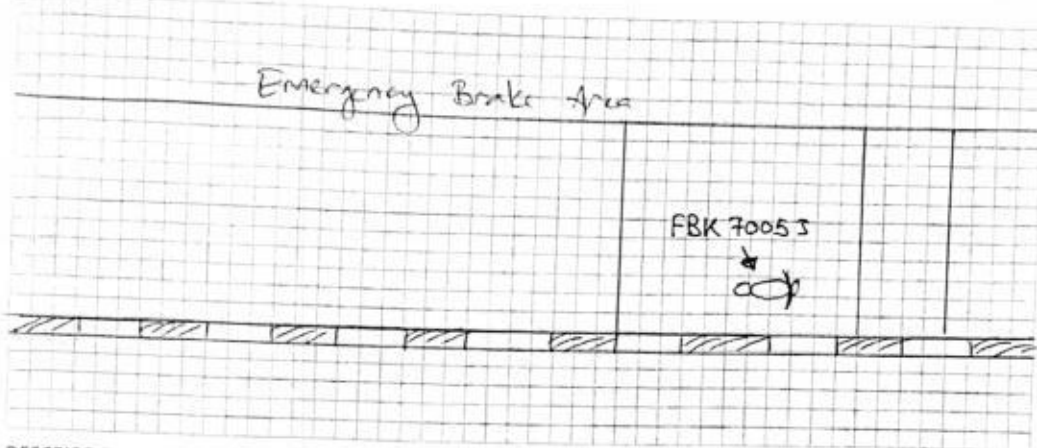
**SHUNT BATOK DRIVING CENTRE LTD**  
SHUNT BATOK WEST AVENUE 5  
SINGAPORE 659085  
6561 1233 FAX: 6569 0777

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was riding towards the end point of e-brake at constant speed. But when finally reach the line, I jammed hand on my front brake, causing the tyres to lock. I fell down and hurt my shoulder due to the impact.

DECLARATION

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

*Edwin*

Policyholder's Signature

Date & Time

Company Chop (if applicable)

BUKIT BATOK DRIVING CENTRE LTD  
615 BUKIT BATOK WEST AVENUE 5  
SINGAPORE 650085  
TEL: 6561 1233 FAX: 6569 077

Driver's Signature

(if driver is not the policyholder)

Date & Time

*[Signature]*

04/03/21

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.



☐ Owner  
☐ Driver

# ACCIDENT STATEMENT

Date of Accident	Time	Location of Accident
24/2/2021	2040	Enbridge (BBDC Main Court)

## INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number	FBK 700 5J
Name of Policyholder	Bukit Batok Driving Centre Ltd
NRIC/ FIN/ Passport/ ROC (if Policyholder is company)	198801155R
Address	
Contact Number	Tel: 65943515 Hp:
Occupation	

## VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model	Honda CB400F
Type of Vehicle	Saloon, MPV, CRV, Van, Lorry, Bus, Motorcycle, Others
Exact Purpose for which vehicle was being used at the time of accident	Tramly
Are you claiming under your own insurance policy?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Vehicle category	<input type="radio"/> Private <input type="radio"/> Commercial <input checked="" type="radio"/> Motorcycle

## INSURANCE COMPANY (VEHICLE A)

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

## DRIVER

Name of Driver	Liao Yung Theng, Doran
NRIC/ FIN/ Passport	89246369H
Date of Birth	27/11/1993
Occupation	
Pass Date (Driving Experience)	
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female
Contact Number	Tel: Hp: 92269736
Address	104 Braddell Hill #04-02, 5579720
Email Address	
Was driver an employee of the Insured's Company?	<input type="radio"/> Yes <input checked="" type="radio"/> No
If No, relationship of Driver with the Insured	Trainee
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)	Self-fall
Weather Conditions	<input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others
Road Surface	<input checked="" type="radio"/> Wet <input checked="" type="radio"/> Dry <input type="radio"/> Others
Damage Area	
Approximate Speed	

## OTHER INFORMATION

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 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?	<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 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? \_\_\_\_\_

Was Injured conveyed to hospital by ambulance? \_\_\_\_\_

As Driver

28  
Left shoulder injured.

☐ Yes

☐ No

☐ 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? \_\_\_\_\_

Was Injured conveyed to Hospital by Ambulance? \_\_\_\_\_

☐ Yes

☐ No

☐ Yes

☐ No

**Declaration**

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

*Edwin*

Signature of Policy Holder  
(Company Chop if applicable)

Date & Time \_\_\_\_\_

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

Date & Time \_\_\_\_\_

DUKES DRIVING CENTRE LTD  
815 BUNN  
SINGAPORE 659085  
TEL: 6567 1113 FAX: 6569 0777

**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 : 5114136261-01-000009

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle

: FBK7005J

Chassis Number

: JH2NC4791EK000455

2. Name of Policyholder

: BUKIT BATOK DRIVING CENTRE LTD

3. Effective Date of Insurance

: 01 Jan 2021

4. Expiry Date of Insurance

: 31 Dec 2021

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 : 21 Dec 2020 09:45 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive



Transaction ref 20151228120333429391

The owner and vehicle particulars for Vehicle No. FBK7005J 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.	: FBK7005J
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.	: JH2NC4791EK000455 / -
23. Propellant/Emission Standard	: Petrol / Euro III
24. Engine No./Motor No.	: NC47E5000479 / -
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.	: 2015100106000634R
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/1123225

Policy No.	5114136261-01	Vehicle No.	FBK7005J	GST Registration No.	M20080531
Certificate No.	5114136261-01-000009				
Policyholder Name	BUKIT BATOK DRIVING CENTRE LTD				
Product Code	FLEET MASTER INSURANCE				
Contact No.(Mobile)	0	Cover Type	Comprehensive	Policyholder NRIC	198801155
Email Address		Contact No.(Office)	65943515	Loading	0
KFK	<input type="radio"/> No <input type="radio"/> Yes	Special Remark		Contact No.(Home)	0
NCD Protection	No	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode	No
		NCD Entitlement(%)	0	eCode Reason	
				Private Hire	No
Report Date	04/03/2021 18:23	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	24/02/2021	Time of Accident hh:mm	20:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BBDC MAIN CIRCUIT(EMERGENCY BRAKE)				
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 TP Excess Applicable	0.00		
Total OD Excess Applicable	0.00				
Benefits					
GST Registered	Yes				
GST Registration No.	M200805321	GST Registration Date	01/04/1994		
Modification History		GST Status Verified	Yes		
Policyholder Mailing Address					
Address 1	815 BUKIT BATOK WEST AVENUE	Address 2	BUKIT BATOK DRIVING CENTRE	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	659085
Unit No.		Related Policy Number	5114136654-01		
OT Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	27/11/1994
Unnamed driver Name	LIEW YUNG THENG,DAREN	Driver NRIC	59246364H	Driving Experience	0
Register Date of Driver License	24/02/2021	Driver Age	28	Contact No.(Home)	0
Contact No.(Mobile)	92269736	Contact No.(Office)	0	Address 3	SINGAPORE
Address 1	10A BRADDELL HILL	Address 2	BRADDELL VIEW	Post Code	579720
Address 4		Address Type	Singapore address		
Unit No.	#04-02	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	Yes <input type="radio"/> No <input type="radio"/>				
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input type="radio"/> No		
Modification History					

Claim 001 OD-MX

New

Claim Type \*

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop

FINANCE No.

Finalisation

Date Registered

Report Taken By

Print AK letter

OD-MX	Insured Name	BUKIT BATOK DRIVING CENTRE	In
	Contact No.		NF
	Contact No.(Home)		Co
TANCHOONGMENG@BBDC.SG	OT Vehicle Number	FBK7005J	Nc
FBK7005J ON 24 Feb 2021			(O
			TP
			Ve
			Nu
			Na
			Pri
			Wi
04/03/2021 18:29	Claim Close Date		Da
ROSINDA	Workshop Repairer		Re
			To
			bu
			Re

Attachment

Save Submit

Accident No.	MT/1123225	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	04/03/2021 00:00

Choose File	No file chosen
Choose File	No file chosen
Choose File	No file chosen

Path \*

Clear	Category *	Confidential	Urgency *
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Microsoft Word

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 04 Mar 2021 18:29	NRIC/ Driving License	Y	NRIC/ Driving License 2021-3-4
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Mar 2021 18:28	SAS	Normal	SAS 2021-3-4
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Mar 2021 18:28	Photos	Normal	Photos 2021-3-4
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Mar 2021 18:28	Photos	Normal	Photos 2021-3-4
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Mar 2021 18:28	Photos	Normal	Photos 2021-3-4
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Mar 2021 18:28	Photos	Normal	Photos 2021-3-4
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Mar 2021 18:28	Photos	Normal	Photos 2021-3-4

## Video List

Uploaded By/Date

Folder Date

File Name

Source

Display in New Window

Scan and uploading