

# NATIONAL Assessment Centre Services

[Ref: J2-2005]

Date In: 07/02/18	Job description	Date & Time Completed	Done by
Ref No: NA/INC18002424/13	SAS e-filing		
Veh No: FBK80650	E-mail (within 3hrs, AIC 2hrs)		
D.O.A 16/01/18 1000	i-Motor Claim Form	MT/0981410	
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 (BBDC) Tel: Fax: )
TP Particulars: Veh No: SJH21494 INC ( ) / Non-INC ( )
Owner / Driver: ( ) Tel: ( )
Policy No: ( ) Period: ( ) Cover Type: ( )
Confirmed by: ( ) Date: Time: ( )
Insured/Driver Liability: ( ) % [Notc-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 & 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

NA1800852	Invoice Preparation Checklist	Amt (\$) In Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) RT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR : Re-inspection \$75		
Cat. 2 / 3:	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tpt 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: Idac 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 ability.
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 Report	07/02/2018 09:44
Date Of Accident	16/01/2018 10:00
Exact Location Of Accident	BUKIT BATOK WEST AVE 5 SLIP RD INTO BUKIT BATOK RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK8065D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	BUKIT BATOK DRIVING CENTRE LTD
Co Reg No	198801155R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65943515

### Vehicle Particulars

Manufacturer	HONDA
Model	GLR125LWH
Exact Purpose for which vehicle was being used at time of accident	TRAINEE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	MOTORCYCLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	0073451220-14
Cover Note Number	

### Driver

Name of Driver	CHAN YI WEI, THEODORE
NRIC No	S9646717F
Date Of Birth	16/12/1996
Occupation	INDOOR
Date Of Driving Pass	16/01/2018
Driving Experience	0 YEAR AND 0 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-85699016
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 38 TEBAN GARDENS ROAD #03-321
Postcode	600038
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - STUDENT
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HONG KAH NORTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 370 BUKIT BATOK STREET 31 , POSTCODE: 650370 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5679999 - FAX NO: 65652508
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

#### Details of Witness 1

Name	MUHAMMAD AZAD
Phone Number	90889380
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJH2149G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)



## 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 willful 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.

LUK'S BATOK DRIVING CENTRE LTD  
815 LUK'S BATOK WEST AVENUE 5  
SINGAPORE 659085  
TEL: 6561 1233 FAX: 6569 0777

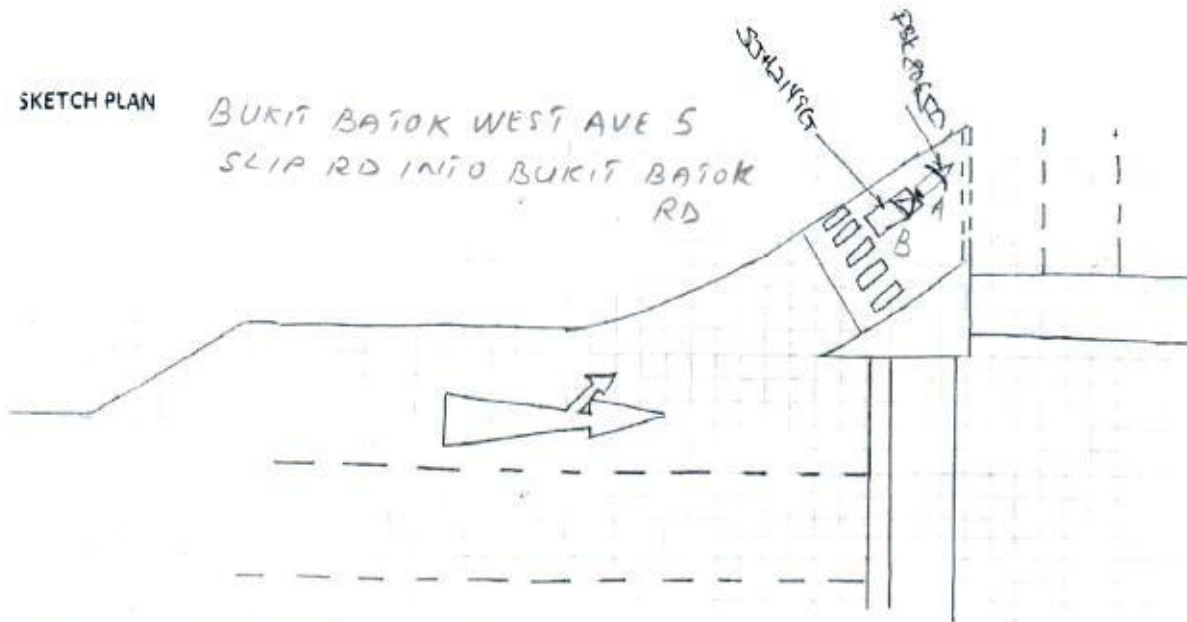
Policyholder's Signature  
Date & Time

Driver's Signature  
(If driver is not the policyholder)  
Date & Time

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No

SKETCH PLAN

BUKIT BATOK WEST AVE 5  
SLIP RD INTO BUKIT BATOK  
RD



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 16/1/18 @ 1000hrs, customer was doing the PD test. At filter lane of Bukit Batok West Ave 5 into Bukit Batok Road, ~~stopped~~ customer stopped at the give way line as there were traffic approaching. While waiting, the customer felt an impact on the rear of the motorcycle. Customer did not fall off and managed to stay on the motorcycle. Customer turned and saw a black car bearing registration plate SH2149G. Customer not sure what to do and proceed on with the test. The driver of the car just wave as if saying sorry and moved off. There was some damage to the rear of the motorcycle. The impact caused the license plate to bent and L-plate broken.

BUKIT BATOK DRIVING CENTRE LTD

815/1 BUKIT BATOK WEST AVENUE 5

SINGAPORE 659085

TEL: 6561 1333 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.





# SINGAPORE POLICE FORCE



T/20180116/2133

1 of 3

Police Station Of Origin:  
Hong Kah North NPP  
370 Bukit Batok Street 31 #01-201  
SINGAPORE 650370  
Tel No: 1800-5679999

Report No. T/20180116/2133

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 16/01/2018 17:15	Vide Report No.:	Station Diary No.: 42
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**Informant's Particulars**

Name of Informant: CHAN YI WEI, THEODORE	Address: APT BLK 38 TEBAN GARDENS ROAD #03-321 SINGAPORE 600038
ID Type / ID No.: NRIC NO / S9646717F	Contact No.: Home/Office: Mobile: 85699016
Nationality: SINGAPORE CITIZEN	Email:
Sex: Male Age: 21 Date of Birth: 16/12/1996	Type of Informant: Rider
Race: Chinese	Language: Institution / School Name: KAPLAN
Occupation: Student	Driving Licence Information: Class: Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 16/01/2018 10:00	Type of Location:
Location: Along Road 1 BUKIT BATOK WEST AVENUE 5				
At the filter lane along Bukit Batok West Ave 5, turning left onto Bukit Batok Road				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow:	Traffic Control: Not Controlled	Traffic Volume: Moderate		
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK8065D	Motorcycle				Slightly Damaged	0
SJH2149G	Car					0

**Details of Parson Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20180116/2133

Police Station Of Origin:  
Hong Kah North NPP  
370 Bukit Batok Street 31 #01-201  
SINGAPORE 650370  
Tel No: 1800-5679999

2 of 3

Report No. T/20180116/2133

**CONTINUATION OF REPORT**

Rider			
Name	CHAN YI WEI, THEODORE	ID No.	S9646717F
Related Vehicle	FBK8065D (Motorcycle)	Contact No.	85699016
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 16/01/2018 at about 1000hrs, I was doing the Traffic Police test for my class 2B licence. I was riding a motorcycle bearing registration number FBK8065D. The road surface was dry, and the weather was clear. After exiting Bukit Batok Driving Centre, I was travelling along Bukit Batok West Ave 5 towards Bukit Batok Road. I proceeded into the filter lane to make a left turn onto Bukit Batok Road. There was traffic along Bukit Batok Road, so I stopped the motorcycle and gave way to the traffic on the main road. While waiting, there was an impact on the rear of the motorcycle. I did not fall off, and managed to stay on the motorcycle. I turned and saw a black car, with the driver waving at me as though to say sorry. I was not sure what to do, so I proceeded with my test. The driver made the left turn and left. One of the instructors, Mr Muhammad Azad HP: 90889380 witnessed the incident. He was the one who noticed the registration plate of the car, which is SJH2149G. There was some damage to the rear of the motorcycle. The impact caused the L-plate to be broken and bent the license plate.





**SINGAPORE  
POLICE FORCE**



T/20180116/2133

Police Station Of Origin:  
Hong Kah North NPP  
370 Bukit Batok Street 31 #01-201  
SINGAPORE 650370  
Tel No: 1800-5679999

3 of 3

Report No. T/20180116/2133

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

J /

Sgt 3 AIMAN AMIRUDDIN BIN SODIN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /

SSI 2 SOH PENG GUAN

Contact No.: 65476171

Signature Of Informant:

Date/Time:

16/01/2018 17:15

Classification Of Case:

Authentication Stamp

NP168

☐ Owner  
☐ Driver

# ACCIDENT STATEMENT

Date of Accident

16/1/18

Time

1000

Location of Accident

After lane junction of St Brink coast Ave S and Bukit  
Berkas Road.

(RP)

## INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number

FBK806SD

Name of Policyholder

NRIC/ FIN/ Passport/ ROC (if Policyholder is company)

Address

Contact Number

Tel: 65943515

Hp:

Occupation

## VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model

Honda GL125L

Type of Vehicle

Saloon, MPV, CRV, Van, Lorry, Bus, Motorcycle, Others

Exact Purpose for which vehicle was being used

at the time of accident.

Are you claiming under your own insurance policy?

☐ Yes

☒ No

Remarks:

Vehicle category

☐ Private

☐ Commercial

☐ Motorcycle

## INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company

NTUC

Type of Policy

☒ Comprehensive

☐ TP Fire & Theft

☐ Third party

Fleet Policy

☒ Yes

☐ No

Policy Number

00734151220

## DRIVER

Name of Driver

THEODORE CHAN YI WEI

NRIC/ FIN/ Passport

29646717F

Date of Birth

16/12/1996

Occupation

STUDENT

Driving Pass Date

Gender

☒ Male

☐ Female

Contact Number

Tel:

Hp:

Address

38 TERAN GARDENS ROAD #03-321

Email Address

Was driver an employee of the Insured's Company?

☐ Yes

☒ 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)

Rear Collision

Weather Conditions

☒ Clear

☐ Raining

☐ Others

Road Surface

☐ Wet

☒ Dry

☐ Others

Damage Area

No damage

Approximate Speed

## OTHER INFORMATION

Was there any foreign vehicle(s) involved?

☒ No

☐ Yes

Was anybody injured in the accident? (Including Witness)

☒ No

☐ Yes

Was any other vehicle(s) or property damaged?

☒ No

☐ Yes

Was there any camera video footage (in car)?

☐ No

☐ Yes

## DETAILS OF POLICE ACTION

Was the accident reported to the Police?

☒ No

☒ Yes

If Yes, please state which police station & Report No

Was notice of intended Prosecution given?

☐ No

☐ Yes

If Yes, against whom?



OWN VEHICLE REGISTRATION NUMBER

FBK 806SD

**DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED**

**Other Vehicle or Property 1 (VEHICLE B)**

Vehicle Registration Number

STH2149G

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 **PATOK DRIVING CENTRE LTD**

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

SINGAPORE 659085  
TEL: 6561 1233 FAX: 6561 0777

Signature of Policy Holder  
(Company Chop if applicable)

Date & Time

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

Date & Time

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9646717F



Name

CHAN 曾 WEI, THEODORE

曾 一 瑋

Race

CHINESE

Date of birth

16-12-1996

Sex

M

Country of birth

SINGAPORE

44674



NRIC No. S9646717F



Date of issue

21-04-2011

APT BLK 38 TEBAN GARDENS ROAD #03-321  
SINGAPORE 600038

NRIC No: S9646717F


Date: 01/07/2012

No: 7081410





**SINGAPORE  
POLICE FORCE**

 **Singapore**  
Integrity  
Terms and Conditions

## ELECTRONIC POLICE CENTRE

### Status of Driving Licence

#### QUALIFIED DRIVING LICENCE

Qualified Driving Licence No. : S9646717F  
Status of Qualified Driving Licence: Valid  
Class of Qualified Driving Licence : 2B, 3A  
Expiry Date : Valid for life unless revoked, suspended or disqualified.

#### PROVISIONAL DRIVING LICENCE

Provisional Driving Licence No. : S9646717F  
Status of Provisional Driving Licence : Valid  
Class of Provisional Driving Licence : 2B  
Expiry Date : 26/04/2018

## 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)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 0073451220-14

Cover : Comprehensive

- |   |                                  |
|---|----------------------------------|
| 1. Index mark and Registration Number of Vehicle  | : FBK8065D                       |
| Chassis Number  | : JC641000192                    |
| 2. Name of Policyholder   | : BUKIT BATOK DRIVING CENTRE LTD |
| 3. Effective Date of Insurance  | : 01 Jan 2018                    |
| 4. Expiry Date of Insurance   | : 31 Dec 2018                    |
| 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 : 02 Jan 2018 09:27 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive



The owner and vehicle particulars for Vehicle No. FBK8065D as at 01 Feb 2016 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.	: FBK8065D
8.	Effective Date of Ownership	: 01 Feb 2016
9.	Original Registration Date	: 01 Feb 2016
10.	First Registration Date	: 01 Feb 2016
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	: GLR125LWH
18.	Year of Manufacture	: 2015
19.	Primary Colour	: White
20.	Secondary Colour	: -
21.	Passenger Capacity	: 1
22.	Chassis/Trailer Chassis No.	: JC641000192 / -
23.	Propellant/Emission Standard	: Petrol / Euro III
24.	Engine No./Motor No.	: JC64E1000195 / -
25.	Engine Capacity(cc)/Power Rating(kW)	: 124 / -
26.	Maximum Power Output(kW/bhp)	: - / -
27.	Unladen Weight(kg)	: 131
28.	Maximum Laden Weight(kg)	: 289
29.	Open Market Value	: \$3,464.00
30.	PARF Eligibility	: No
31.	PARF Eligibility Expiry Date	: -
32.	Minimum PARF Benefit	: \$0.00
33.	IU Label No.	: -
34.	COE No.	: 2016020106000226H
35.	COE Expiry Date	: 31 Jan 2026
36.	COE Category	: D - Motorcycle
37.	Quota Premium/Prevailing Quota Premium	: \$6,889.00
38.	Actual Quota Premium/PQP Paid	: \$6,889.00
39.	Actual ARF Paid	: \$520.00
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	: \$45.00
46.	Road Tax Start Date	: 01 Feb 2016
47.	Road Tax End Date	: 31 Jan 2017
48.	Remarks	: To renew the COE, the Prevailing Quota Premium payable is that of Category D.



## Claim Handling

The premium on this policy has not been collected.

Accident MT/0981410

Policy No.	0073451220-14	Vehicle No.	FBK8065D	GST Registration No.	
Policyholder Name	BUKIT BATOK DRIVING CENTRE LTD			Policyholder NRIC	1981
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	65943515	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	07/02/2018 15:09	Accident Report Within 24 hrs	Yes	Accident Type	Coll
Date of Accident	16/01/2018	Time of Accident hh:mm	10:00	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	BUKIT BATOK WEST AVE 5 SLIP RD INTO BUKIT BATOK RD				

## ▼ Benefits

## ▼ Excess

Own damage Excess	0.00	Additional Excess	Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD Excess	
Third Party Excess	0.00	Outside Singapore TP Excess	

## ▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	No
Modification History			

## ▼ 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	6594
Unit No.		Related Policy Number	5082205146-02		

## ▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	CHAN YI WEI,THEODORE	Driver NRIC	S9646717F	Driver DOB	16/1
Register Date of Driver License	16/01/2018	Driver Age	21	Driving Experience	0
Contact No.(Mobile)	85699016	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 38	Address 2	TEBAN GARDENS ROAD	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	6001
Unit No.	#03-321				
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 type="radio"/> Yes <input checked="" type="radio"/> No
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## Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	BUKIT BATOK DRIVING CENTRE	Insured NRIC	1981
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	6594
Email Address	RACHEL@BBDC.SG	OI Vehicle Number	FBK8065D	TP Vehicle Number	SJH1
Claim Description	FBK8065D / SJH2149G ON 16 Jan 2018			Name of Preferred Workshop	KIM
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	GIA report	Rec
Date Registered	07/02/2018 15:14	Claim Close Date		Date Received	07/02
Report Taken By	ROSLINDA	Workshop Repairer		Total Loss but Repaired	

☒ Print AK letter

Save Submit

## Attachment



Accident No. MT/0981410 Claim No. 001  
 Last Doc. Received ☒ Yes ☐ No Upload Date 07/02/2018 00:00

Path \*

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

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Choose File No file chosen

Choose File No file chosen

Message Read

Category \*

Confidential

Urgency \*

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Clear	Please Select ▼	NO ▼	Normal *
Clear	Please Select ▼	NO ▼	Normal *

## ▼ Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descr
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Feb 2018 15:14	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Feb 2018 15:14	NRIC/ Driving License	Normal	NRIC/ Driving Lic
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Feb 2018 15:14	SAS	Normal	SAS 201
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Feb 2018 15:14	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Feb 2018 15:14	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Feb 2018 15:14	Photos	Normal	Photos 20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 Feb 2018 15:14	Photos	Normal	Photos 20

## ▼ Video List

Uploaded By/Date	Folder Date	File Name	Source
		Display in New Window	Scan and uploading