

NATIONAL Assessment Centre Services [Ref: 20102] 5/2			
Date In: 16/04/19	Job description	Date & Time Completed	Done by
Ref No: NA/INC19006529/13	SAS e-filing		
Veh No: FBL6666A	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 13/04/19 1145	i-Motor Claim Form	MI/1040694-001	
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: (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%. 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

NA1902854	Invoice Preparation Checklist		Ant (\$) In Bill	Ant (\$) Add Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30);			
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF: Towing Fee \$40/\$45			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)			
Dat. 1:	6) TR: Re-inspection \$75			
Dat. 2/3:	7) NI: Idao DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	ON*			
	*N5: Courtesy Car / Tpl 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: Idao 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 Report	16/04/2019 12:40
Date Of Accident	13/04/2019 11:45
Exact Location Of Accident	BBDC CIRCUIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBC6666A
Insured/Policyholder	
Name Of Registered Owner	BUKIT BATOK DRIVING CENTRE LTD
Co Reg No	198801155R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64833167

Vehicle Particulars

Manufacturer	HONDA
Model	MSX125
Exact Purpose for which vehicle was being used at time of accident	LEARNER
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	0073451220-15
Cover Note Number	

Driver

Name of Driver	ZAKIRAH BINTE JOHARI
NRIC No	S8405423B
Date Of Birth	23/02/1984
Occupation	INDOOR
Date Of Driving Pass	13/04/2019
Driving Experience	0 YEAR AND 0 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-99999999
Fax Number	
Contact Number	
E Mail Address	NOEMAIL

Address BLK 139 SERANGOON NORTH AVE 2
#09-112

Postcode 550139

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 NO COLLISION

Weather Conditions CLEAR

Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) involved in the accident 1

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by ambulance? NO

Was any other material or property damaged? NO

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? NO

If Yes, Please state which Police Station

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 INJURED PERSON 1

Name ZAKIRAH BINTE JOHARI

Approximate Age

Injuries Sustain LEFT ARM

Injured person in which vehicle? FBC6666A

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SKETCH PLANIMPORTANT 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 lodging 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 purposes 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 no 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.

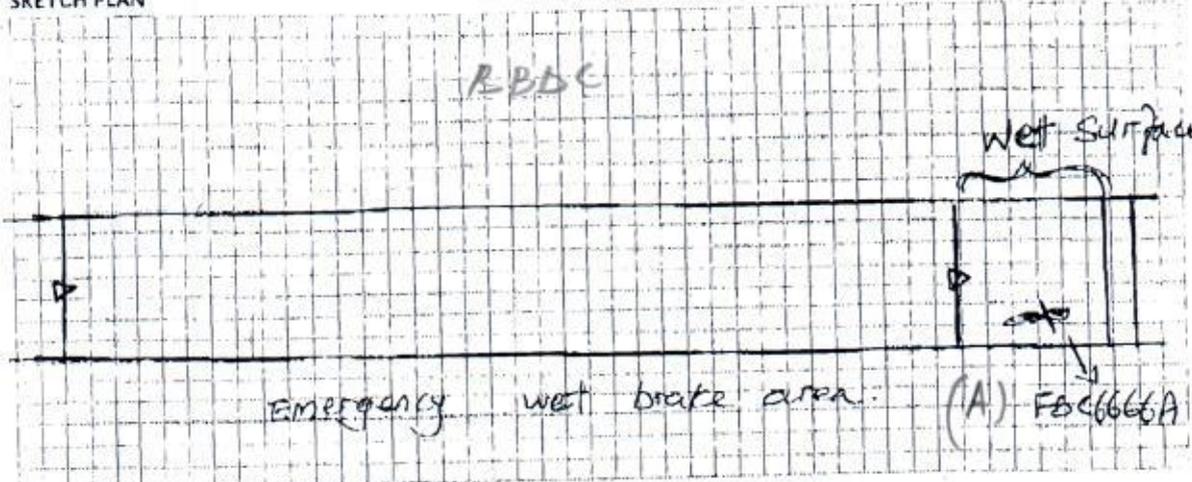
BUKIT BATOK DRIVING CENTRE LTD
 615 BUKIT BATOK WEST AVENUE 5
 SINGAPORE 659085
 TEL: 6561 1233 FAX: 6569 0777

Policyholder's Signature
 Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13/4/19, session 3, learner rider ZAKIRAH BINTE JOHARI (S8405423B) was having her practical lesson subject 4.02. At about 1145 hrs, when she was practise Emergency brake on the wet surface at about speed 30km/h, due to accidentally apply hard on the front brake, cause the front wheel lock and lost control of the bike, she injured her left arm.

DECLARATION
 BUKIT BATOK WEST AVENUE are true in every respect.
 15 BUKIT BATOK WEST AVENUE
 SINGAPORE 659086
 TEL: 6581 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.:

[Signature] 16/04/19

<input type="radio"/> Owner
<input type="radio"/> Driver

ACCIDENT STATEMENT

Date of Accident: 13/4/19
 Time: 11:45 hrs
 Location of Accident: BRDC circuit.

INSURED/ POLICY HOLDER (VEHICLE A)
 Vehicle Registration Number: **FBC 6666A**
 Name of Policyholder:
 NRIC/ FIN/ Passport/ ROC (if Policyholder is company):
 Address:
 Contact Number: Tel: Hp:

VEHICLE PARTICULARS (VEHICLE A)
 Vehicle Make / Model: **HONDA MSX 125**
 Type of Vehicle: **Motorcycle**
 Exact Purpose for which vehicle was being used at the time of accident:
 Are you claiming under your own insurance policy?
 Yes No
 Private Commercial Motorcycle
 Remarks:

INSURANCE COMPANY (VEHICLE A)
 Name of Insurance Company:
 Type of Policy: Comprehensive Fire & Theft Third party
 Yes No
 Fleet Policy:
 Policy Number:

DRIVER
 Name of Driver: **ZAKIRAH BINTI JOHARI**
 NRIC/ FIN/ Passport: **S 84 054 238**
 Date of Birth:
 Occupation:
 Driving Pass Date:
 Gender: Male Female
 Contact Number: Tel: Hp:
 Address: **BIK 139 SERANGGON NORTH AVE 2 #09-112**
 Email Address: **S(550139)**
 Was driver an employee of the Insured's Company? Yes No
 If No, relationship of Driver with the Insured:
 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):
 Weather Conditions: Clear Raining Others:
 Wet Dry Others:
 Road Surface:
 Damage Area:
 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

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

BUKIT BATOK DRIVING CENTRE LTD

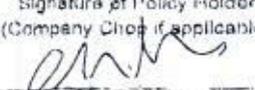
Declaration: I, the undersigned, hereby declare that the information provided above are true in every aspect.

SINGAPORE 659085

TEL: 6581 1233 FAX: 6589 0177

Date & Time

Signature of Policy Holder
(Company Check if applicable)


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

Date & Time



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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 : 007345122D-15

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle

: FBC6666A

Chassis Number

: MLHJC61A4G5302701

2. Name of Policyholder

: BUKIT BATOK DRIVING CENTRE LTD

3. Effective Date of Insurance

: 01 Jan 2019

4. Expiry Date of Insurance

: 31 Dec 2019

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 2019 10:30 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Annex A

Transaction ref 20170125145524248991

The owner and vehicle particulars for Vehicle No. FBC6666A as at 25 Jan 2017 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 BUKIT BATOK DRIVING CENTRE SINGAPORE 659085
6. Mailing Address	-
7. Vehicle No.	: FBC6666A
8. Effective Date of Ownership	: 25 Jan 2017
9. Original Registration Date	: 25 Jan 2017
10. First Registration Date	: 25 Jan 2017
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	: MSX125
18. Year of Manufacture	: 2016
19. Primary Colour	: Red
20. Secondary Colour	-
21. Passenger Capacity	: 1
22. Chassis/Trailer Chassis No.	: MLHJC61A4G5302701 / -
23. Propellant/Emission Standard	: Petrol / Euro III
24. Engine No./Motor No.	: JC61E2306486 / -
25. Engine Capacity(cc)/Power Rating(kW)	: 125 / -
26. Maximum Power Output(kW/bhp)	: / -
27. Unladen Weight(kg)	: 104
28. Maximum Laden Weight(kg)	: 258
29. Open Market Value	: \$2,456.00
30. PARF Eligibility	: No
31. PARF Eligibility Expiry Date	-
32. Minimum PARF Benefit	: \$0.00
33. IJ Label No.	-
34. COE No.	: 2016120106000674H
35. COE Expiry Date	: 24 Jan 2027
36. COE Category	: D - Motorcycle
37. Quota Premium/Prevailing Quota Premium	: \$6,212.00
38. Actual Quota Premium/PQP Paid	: \$6,212.00
39. Actual ARF Paid	: \$369.00
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	: \$64.00
46. Road Tax Start Date	: 25 Jan 2017
47. Road Tax End Date	: 24 Jan 2018
48. Remarks	: To renew the COE, the Prevailing Quota Premium payable is that of Category D.

Claim Handling

Accident MT/1040494

Policy No.	0073451220-15	Vehicle No.	FBC6666A	GST Registration No.
Certificate No.				
Policyholder Name	BUKIT BATOK DRIVING CENTRE LTD.			Policyholder NRIC
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	0	Contact No.(Office)	64833167	Contact No.(Home)
Email Address		Special Remark		eCode
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
Accident Details				
Report Date	16/04/2019 17:47	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	13/04/2019	Time of Accident hh:mm	11:45	Country of Accident
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				
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00	
Benefits				
GST Registered Information				
GST Registered	Yes	GST Registration Date	01/04/19	
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
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	0073346186-15	
OI Driver Info				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB
Unnamed driver Name	ZAKIRAH BINTE JOHARI	Driver NRIC	S8405423B	Driving Experience
Register Date of Driver License	13/04/2019	Driver Age	35	Contact No.(Home)
Contact No.(Mobile)	0	Contact No.(Office)	0	Address 3
Address 1	BLK 139	Address 2	SERANGOON NORTH AVENUE 2	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#09-112	Driver Vehicle No.		Driver Insurer Com
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No			
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 I
Contact No.(Mobile)		Contact No.(Home)	
Email Address	RACHEL@BBDC.SG	OI Vehicle Number	FBC666
Claim Description	FBC6666A ON 13 Apr 2019		
Preferred Workshop		Insured Liability	Fully at Fault
Benefit No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
		Claim Close Date	16/04/2019 17:52

Report Taken By

ROSLINDA Workshop Repairer

Print AK letter

Save Submit

Attachment

Accident No. MT/1040494 Claim No. 001
Last Doc. Received Yes No Upload Date 16/04/2019 00:00

Choose File No file chosen
Path *
Category *
Confidential
Clear Please Select NO

Attachment List

Table with columns: Attachment, Uploaded By/Date, Category, Urgency, Des.
Rows include: NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Apr 2019 17:52, NRIC/ Driving License, Normal, NRIC/ Driving I

Video List

Table with columns: Uploaded By/Date, Folder Date, File Name

Display in New Window Scan and uploading