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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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.

ACCIDE	NISIA	EMENT

 Date Of Report
 05/02/2020 10:12

 Date Of Accident
 18/01/2020 08:10

 Exact Location Of Accident
 BBDC CIRCUIT

 Country/State of Loss
 SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBQ1720K

Insured/Policyholder

Name Of Registered Owner BUKIT BATOK DRIVING CENTRE LTD

Co Reg No 1XXXXX155R Email Address NOEMAIL

Mobile Phone No

Alternative Phone No OFFICE-65943515

Vehicle Particulars

Manufacturer HONDA

Model CBF190WH

Exact Purpose for which vehicle was being used at time of accident

lime of accident

Are you claiming under your own insurance policy for repair to your vehicle?

If No, Please state action to be taken

Vehicle Category MOTORCYCLE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

YES

Type Of Coverage COMPREHENSIVE

Fleet Policy YES

Policy Number 5114136261

Cover Note Number

Driver

Name of Driver NUR QURRATU' AINI BINTE RIZAL

 NRIC No
 TXXXX747B

 Date Of Birth
 28/04/2001

 Occupation
 INDOOR

 Date Of Driving Pass
 18/01/2020

Driving Experience 0 YEAR AND 0 MONTH

Gender FEMALE

Mobile Number (LOCAL) +65-99999999

Fax Number Contact Number

EMail Address NOEMAIL

BLK 677C JURONG WEST ST 64 Address

#01-291

Postcode 643677

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured OTHER - TRAINEE

Vehicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident NO COLLISION

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

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?

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

NO

NO

NO

1

NO

Was there any video captured by Car Camera?

Was there any audio recorded?

NO NO

DETAILS OF INJURED PERSON 1

Name NUR QURRATU' AINI BINTE RIZAL

Approximate Age

Injuries Sustain LEG & BACK Injured person in which vehicle? FBQ1720K

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 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
- 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.
- Consent under the Personal Data Protection Act (PDPA)

l understand, acknowledge, agree and consent that:

- 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)
 - (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
- 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 Singagore, for one or more of the above Purposes
- 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.
- the information so collected under (d) above may be shared / disclosed.

ST AVENUE 5

alle

(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, o

(iii) for camplying with requirements under any regulations, laws or court orders STOW TO SEE OF CENTRY (2)

6561 1233 FAX: 6569 Policyholder's Signature

1 100 SINGAPORE 659085

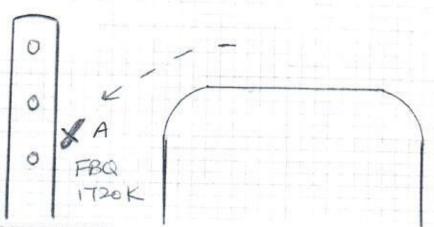
Date & Time

If driver is not the policyholder.

Date & Time.

Name

NRIG/FIN No



DESCRIBE CIRCUMSTANCES OF THE AC

	TOTALICES OF THE ACCIDENT
	On 18/1/2020, Session 1, at about 0810 am
learner	
(TOII	3747B) was attending her practical less
subjec	I 1.02, at the above time due to
her sp	need and her eye line was looking of
wrong ,	direction toward the pillar, She start to
partic	and apply hand brake to stop the
bike	3747B) was attending her practical lesson of 1.02, at the above time, due to pred and her eye line was looking at direction toward the pillar, she start to and apply hand brace to stop the cause the bike to fall and she come injured on her leg and back.
had 8	one injured on her leg and back.
)
A : F/	80 1720 1
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SINGAPORE 659085

ac61 1233 FAX: 6565

Date & Time

III driver is not the policyholderi

Date & Time

NRIC/FIN No

0	Our	-
-	Owner	
. 0	Driver	

ACCIDENT STATEMENT

Date of Accident

Time

Location of Accident

18/1/2020

0810

BBDC circuit.

INSURED/ POLICY HOLDER (VEHICLE A)	
Vehicle Registration Number	L'00 135-0
Name of Policyholder	FBQ 1720K
NRIC/ FIN/ Passport/ ROC (if Policyholder is company)	
Address	
Contact Number	
Occupation	Tel 65943515 Hp.
VEHICLE PARTICULARS (VEHICLE A)	
Vehicle Make / Model	
Type of Vehicle	HONDA CBIGOR Saloon, MPV, CRV, Van, Lorry, Bus (Moyole) Others:
Exact Purpose for which vehicle was being used	Saldon, MPV, CRV, Van, Lorry, Bus M/cycle Others:
at the time of accident.	
Are you claiming under your own insurance policy?	
Vehicle category	Yes O No Remarks:
INSURANCE COMPANY (VEHICLE A)	O Private O Commercial O Motorcycle
Name of Insurance Company	
Type of Policy	NTUC
Fleet Policy	Comprehensive O TP Fire & Theft O Third party
Policy Number	√ Yes ○ No
Policy Number	00734151220
DRIVER	
Name of Driver	
NRIC/ FIN/ Passport	NUR QURRATU AINI BTE RIZAL
Date of Birth	To113,747B
	28-4-2001
Occupation	
Driving Pass Date	
Gender Gender	O Male Female
Contact Number	Tel. Hp.
Address	BIK 677 C JURONG WEST ST 64 #01-291
Email Address	5(643677
Vas driver an employee of the Insured's Company?	O Yes No
f No, relationship of Driver with the Insured.	Trainee
/ehicle Number of Driver's Own Vehicle (if applicable)	
nsurance of Driver's Own Vehicle (if applicable)	
GENERAL INFORMATION OF THE ACCIDENT	
ype of Collision (E.g. Chain Collision/ Head-On, etc)	
Veather Conditions	Clear C Raining C Others:
load Surface	O Wet Dry O Others
amage Area	
pproximate Speed	
THER INFORMATION	
Vas there any foreign vehicle(s) involved?	▼ No ○ yes
as anybody injured in the accident? (Including Witness)	O No O Yes
ras any other vehicle(s) or property damaged?	No O Yas
/as there any camera video footage (in car)?	No O Yes
ETAILS OF POLICE ACTION	
as the accident reported to the Police?	No O Yes
Yes, please state which police station & Report No.	
as notice of intended Prosecution given?	No O Yes
Yes, against whom?	

OWN VEHICLE REGISTRATION NUMBER

DETAILS OF OTHER VEHICLES OR PROPERT	MEAG VO	1000						
Other Vehicle or Property 1 (VEHICLE B)	1 DAINIA	AGED						December 1979
Vehicle Registration Number	-						1	
Vehicle Make/ Model/ Colour	-				The second second			
Details of Properties (If Other Party is not a Vehicle)								
Damage Area				Sili Sa				
Name of Driver								
NRIC/ FIN/ Passport			September 1	- 477				
Contact Number / Email Address								
Address								
Name of Insurance Company		alexan = /					-	
Other Vehicle or Property 2		1000 E 100 E 100 E		en la la				
Vehicle Registration Number	PARTE	10 4/4/	10.00				S-VILLERO	
Vehicle Make/ Model/ Colour						The second second		
Datails of Properties (If Other Properties								
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	er i i i i i i i i i i i i i i i i i i i	-						
Name	APIE I		WE THE		and the			90755
NRIC/ FIN/ Passport								TO SHOULD SEE
Address								
Approximate Age								
injuries Sustained								
If Vehicle Occupants, state in which vehicle?								
Were Seat Belts Worn?		~						
Was Injured conveyed to hospital by ambulance?		O Y6	0.00	0	No			
DETAILS OF INJURED PERSON 2		O Y	5	0	No			
Name			A PART	44 705	Profession of the Control of the Con		1 200	WEIGHT
NRIC/ FIN/ Passport								
Address								
Approximate Age								
njuries Sustained								
Vehicle Occupants, state in which vehicle?								
Vere Seat Belts Worn?		~		-	20			
Vas Injured conveyed to Hospital by Ambulance?		O Ye		\sim	No			
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Declaration								
We declare that the above particulars 3) nformation pro-	idad ana				2022			
THE BURKT ESTOK W. 13T AVENUE &	Mued and	ve are tr	ue in ava	ry asp	ect.			
SINGAPORE 659085 Colle								
FIREST TOOR FAY AREA - WIN								
Signature of Policy Holder	me							
(Company Chop if applicable)								
The state of applications								
At :								
Signature of Driver / Date & Time	TIE.							
(If Driver is not the Policy Holder)								



Certificate of Insurance

Cover : Comprehensive

: BUKIT BATOK DRIVING CENTRE LTD

: LWBMC4692L1600304

FBQ1720K

: 01 Jan 2020

: 31 Dec 2020

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 : 5114136261-000090

1. Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

Expiry Date of Insurance

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

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)

: 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



Register New Vehicle (Acknowledgement)

Vehicle Particulars

Vehicle No.:

FBQ1720K

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:

Trailer Chassis No.:

CBF190WH

Chassis No.:

LWBMC4692L1600304

Engine No.:

MC46E5092197

Motor No.: Propellant:

Passenger Capacity:

Engine Capacity:

184 cc

Petrol

1

Maximum Power

Output:

Power Rating:

Unladen Weight:

140 kg

Maximum Laden Weight:

Secondary Colour:

Registration Date:

310 kg

Primary Colour:

First Registration

Red

07 Aug 2019

Original

07 Aug 2019

Manufacturing

Year:

Date:

2019

Open Market Value:

\$2,241.00

PARF Eligibility:

No

Minimum PARF Benefit:

\$0.00

No. of Transfers:

Additional Registration Fee

First \$2,241.00 (15%)

Rate:

Actual ARF Paid:

\$337.00

Owner Particulars

Owner Name:

BUKIT BATOK DRIVING CENTRELTD

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

BUKIT BATOK WEST

Name:

Registered Unit No.:

AVENUE 5

Accioner Mysep 13277 Princy No. SISSI SERVICE CENTRE LTD Project No. SISSI SERVICE CENTRE LTD Project No. SISSI SERVICE CENTRE LTD Corract No. Diffeoil Project No. Sissi Service Centre LTD Project No. Sissi Service Centre LTD Accident No. Diffeoil Project No. Sissi Service Centre LTD Accident No. Diffeoil No. Yes No. Yes No. Yes No. Yes No. Decent Accident No. No. Sissi Service Centre LTD Accident No. Decent Accident No. No. Sissi Service Centre LTD No. Sissi Service LTD No. Sissi		
Contribution Cont		
Contract No. PROJECTORE CONTRACT No. (Mobile) PROJECTORE CONTRACT No. (Mobile) PROJECTORE CONTRACT No. (Mobile) PROJECTORE NO. YES		
PRODUCT COME CONTRACT No. (Mobile) CONTRACT	GST	GST R
Product Code Contract No. (Policy) Email Address Fine at Address Special Remark APK No ves TAX Policy Contract No. (Policy) Special Remark ACCIDENT Montract ACCID		
Contact No. (Poble) Email address EXC No. 1 No 1 Yes No. 1 No 1 Yes Contact No. (Office) Special Remark TCA No. No 1 Yes NCD Endelment(19) Accident Date Accident Date Accident Date Contact No. (Office) NCD Endelment(19) Accident Report Within 24 hrs. Yes Contact No. (Office) Contact No. (Office) NCD Endelment(19) Accident Report Within 24 hrs. Yes Contact No. (Office) Contact No. (Office) NCD Endelment(19) Contact No. (Office) Accident Report Within 24 hrs. Yes Contact No. (Office) Contact No. (Office) No. 1 No 1 Yes No. 1 No 1 Yes Contact No. (Office) Contact	Policy	Policyh
Special Remark KEN No Yes TCA NO Yes TCA NO Yes NCD Presection Accident Details Regnot Date Accident Details Regnot Date Accident Details Regnot Date Accident Details Regnot Date Accident Regnot Within 24 hrs. Yes Time of Accident himm Orange Force Orange Force Vindscreen Excess Per Accident Total TE Scress Applicable Excess Type Per Accident Accident Bacass TE Standard Excess VIED TE Excess Applicable Benefits ST Registered Information ST Registered Information Total TE Excess Applicable ST Registered Information Accident Bacass Accident Bacass Accident Bacass Accident Bacass TE Standard Excess Accident Bacass Accident Bacass TE Standard Excess Accident Bacass Accident Bacass Accident Bacass TE Standard Excess Accident Bacass A	Load	Loading
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