NATIONAL Asses	sment Centre	Services in	, . Tallos!	£ . £			
Date In: 01/10/20.		Jeb description		Date &	Time Complet	led Doi	ie př.
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Veh No. FBL5759		E-mail (within 8hr	r, AlC 2hrsj				
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		i-Motor W/O (v	Vithin: OD 2hrs.	TP 4hrs)			
OD .: TP ! Reporting O	nly	i-l'hoto Upload	ed	1			
		Assessment/Surv	ey Report	į			
TP Insurer:	2.50	Ass't Report by]	Fax / Hand to	Owner	Wksp		
Preferred Wksp / INC Assig	gn Wksp / QW: (/	In KEAT (K)	soc)	Tel:		Fax:)
TP Particulars:	Veli No:	WALL.	. INC(.)/No	on-INC ()	
Owner / Driver: (Tel:			
Policy No: () Per	iod: ()	Cover	Type: (
Confirmed by :			Date:	20/ =	Time:	20.100941	
Insured/Driver Liability		Note-Est. Status (W		0%; P:	21-79%. P:	20-10070]	
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1) Apply for Transport A		Courtesy Car ()	M THREAT REPORT	Z-1, C,AVISS -	100		
2) QC Check / Post Repa		()					-
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. Gen Vice Pacing State Sen	ixecerbiyeibskiyk		1) AR : Accide	nt Reporti	ng (530);	INC (\$30)	
Clumant's Particulars :	ā Nacional Alba		2) DA : Dama; 3) TF : Towing	Fee		\$40/\$45	
Driver/Owner:			4) FT . Follow	Through S	Survey Resurvey	\$120	
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			6) TR : Re-lus 7) NI : Idao D	pection		\$75 \$160	
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C. Checker by (Birgi-			*N6: Repai	r Co-ordin	ation	\$10 \$25	
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1777	· You for feet.		TP (N11):	TP (Non 1	NC) against INC	30	
<u>Pat. 1:</u>		7	9) N12: Idao		Fee	Charged	170
Dat. 2 / 3:			Invoice dated		V0054-0-0	Charged	H. v

Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 01/10/2020 15:49

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 <u>truthful and accurate</u> 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.
- 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.

Park Share Indiana Laboration	ACCIDENT STATEMENT
Date Of Report	01/10/2020 15:34
Date Of Accident	15/09/2020 13:00
Exact Location Of Accident	SLALOM PYLON(BBDC)
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBL5759A
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-64833167
Vehicle Particulars	
Manufacturer	HONDA
Model	NC750L
Exact Purpose for which vehicle was being used at time of accident	TRAINING
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5114136261
Cover Note Number	
Driver	
Name of Driver	TAN YU GIN
NRIC No	SXXXX349J
Date Of Birth	26/09/1979
Occupation	INDOOR
Date Of Driving Pass	15/09/2020
Driving Experience	0 YEAR AND 0 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96717046
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address BLK 636 HOUGANG AVE 8

#07-93

Postcode 530636

Was driver an employee of the Insured's Company NO

and a series of the series of

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - TRAINEE

OTTIER - ITOMINE

Insurance Company of Driver's Own Vehicle

.

1

NO

NO

YES

NO

1

NO

NO

General Information of the Accident

Type Of Accident HIT BY FALLEN TREE / OTHER OBJECTS

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

Was any body injured in the Accident?

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?

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

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

WALL

Vehicle Category

NA/UNKNOWN

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

- 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.
- 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 companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 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.
- 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:
 - 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 invoive 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:
 - 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.

SINGAPORE 659985

Policyholder's Signature Date & Time: to the

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

STARMC ShetchPranForm_V3

Tan Ku Gin, S 71293495, Was lesson 2. my intactor in structe. the water copler want mulale reles throthe the ble Causing tre dila was any injuried but dangged.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

SINGAPORE 65915569

SINGAPORE 65915569

Policyholder's Signature

Date & Time:

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

(BARNIC SketchPlaniForm_V3

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Op	iver

ACCIDENT STATEMENT

If Yes, against whom?

Date of Accident Time	Locatio	n of Accid	dont		2.
15/09/2000 \300HE	- A - March 194				OB CLAIM
15/09/2000 1300HR	SLAC	2000	bara	~	
INSURED/ POLICY HOLDER (VEHICLE A)		Total September	440000000	-	
Vehicle Registration Number	- Fo	MEATHER ST		* VII.4 LEGAS	The second of the second of
Name of Policyholder	- FR	L 575	4A		0.00
NRIC/ FIN/ Passport/ ROC (if Policyholder is company)	-				
Address		-			- 1.000
Contact Number	Tel:				
Occupation	Tel:	-		Hp:	
VEHICLE PARTICULARS (VEHICLE A)	STATE OF THE STATE			CONTRACTOR NO.	
Vehicle Make / Model	SELMANIE	IL CONTRACT		5.44.160	
Type of Vehicle	Calcon	MPV OF	N/ Was I	-	
Exact Purpose for which vehicle was being used				orry, Bus	M/cycle Others:
at the time of accident.	Inc	Cidio			
Are you claiming under your own insurance policy?	10	Yes	0	Alle	
Vehicle category	1 8	Private	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	1.00	Remarks:
INSURANCE COMPANY (VEHICLE A)	E SUPPLIES	riivate		Comme	ercial O Motorcycle
Name of Insurance Company	T	A STATE OF THE STA	DCXCSS (SW)	1000	CAN'S SECULAR
Type of Policy	100	ompreher	aire O	TO City	
Fleet Policy	100		isive O		& Theft O Third party
Policy Number	+	168		No	-
		and the same of			
DRIVER			95993964		
Name of Driver	Tan	Y4 E	N	CONTRACTOR OF THE PARTY OF THE	
NRIC/ FIN/ Passport	CONTRACTOR STATES	2934		-	
Date of Birth	عداء		1 -	-	
Occupation	Ma	agene	. L	-	11.
Driving Pass Date	-	- g	-	-1991-	The
Gender	0	Male	0	Female	
Contact Number	Tel:	Ividio			16717041
Address	100			rip. e-	16 717 642
Email Address					
Was driver an employee of the Insured's Company?	0	Yes	0	No	
If No, relationship of Driver with the Insured.	Train	A STATE OF THE PARTY OF THE PAR			
Vehicle Number of Driver's Own Vehicle (if applicable)				-	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Insurance of Driver's Own Vehicle (if applicable)	- Waller				
GENERAL INFORMATION OF THE ACCIDENT				Tric Day	The second second
Type of Collision (E.g. Chain Collision/ Head-On, etc)	Self	- fe!		PROPERTY AND THE	
Weather Conditions	0	Clear	0	Raining	O Others:
Road Surface	10	Wet	0	Dry	O Others:
Damage Area			S. ASPER	SEED WIND	The state of the s
Approximate Speed					
OTHER INFORMATION				20000	
Was there any foreign vehicle(s) involved?	0	- No	0	Yes	
Was anybody injured in the accident? (Including Witness)	0	No	0	Yes	tenery A
Was any other vehicle(s) or property damaged?	Ø,	No	0	Yes	Maria Maria
Was there any camera video footage (in car)?	Ø	No	0	Yes	
DETAILS OF POLICE ACTION		500	10 m		Station are stated as we
Was the accident reported to the Police?	10	No	0	Yes	Menty miles and the same of the
f Yes, please state which police station & Report No.					
Vas notice of intended Prosecution given?	8	No	0	Yes	

Maria Ma
Manufacture Avenue and Autorition of Autorition of
4
No .
No No
CONTRACTOR STATE
Service and the Control of the Contr
A CONTRACT OF THE PARTY OF THE
pect.

Signature of Policy Holder Tecompany Chop if applicable)

Date & Time

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

				May Mys	ALTERNATION OF THE PARTY OF THE	Genera	alClaim
Hello, NAC_PAYA_UBI_	800601		· Change	Languag	e • Chang	ge Password	· Log Ou
My Desktop	Policy Query						
Notice of Loss	Policy No.		Date of Accident		15/09/2020	13:00	
	Vehicle No.(For Motor)	FBL5759A	Certificate Number				
			Search				
		ertificate Policyholder Po Number Name	cyholder Product Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
		BUKIT 4136261- BATOK 19 000026 DRIVING 19 CENTRE LTD	801155R GFM Comprehensive			01/01/2020	31/12/2020

1

305 Annex A

Transaction ref 20161223163417889579

The owner and vehicle particulars for Vehicle No. FBL5759A as at 23 Dec 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	31NGAFORE 039063
7.	Vehicle No.	: FBL5759A
8.		: 23 Dec 2016
9.	Effective Date of Ownership Original Registration Date	
10.	First Registration Date	: 23 Dec 2016 : 23 Dec 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
		: NC750L
17.	Vehicle Model	
18.	Year of Manufacture	: 2016
19.	Primary Colour	: White
20.	Secondary Colour	: *
21.		: 1
22.		: RC671100021 / -
23.		: Petrol / Euro III
24.		: RC67E1100040 / -
25.		: 745 / -
26.		: - / -
27.	Unladen Weight(kg)	: 217
28.	Maximum Laden Weight(kg)	: 367
29.	Open Market Value	: \$8,545.00
30.	PARF Eligibility	: No
31.	PARF Eligibility Expiry Date	
32.	Minimum PARF Benefit	; \$0.00
33.	IU Label No.	
34.	COE No.	: 2016080106000627R
35.		: 22 Dec 2026
36.		: D - Motorcycle
37.		
38.	Quota Premium/Prevailing Quota Premium	A
39.		: \$6,302.00 : \$1,282.00
40.	CO2 Emission(g/km)	. 91,202.00
41.		•
42.	CELLO D. L. D. L.	
		•
43.		
44.		£102.00
45.		: \$192.00
46.		: 23 Dec 2016
47,	Road Tax End Date	: 22 Dec 2017
48.	Remarks	: To renew the COE, the Prevailing Quota Premium
		payable is that of Category D.

Claim Handling

Command Comm	Accident MT/1105240								
Control No.	Policy No.	5114136261		Vehicle No.	FBLS759A		GST RA	nistration No.	Wasser
Part Control Part	Certificate No.	5114136261-0000	26		1,000,000		037 86	pacacon no.	M200805
Part	Policyholder Name	BUKIT BATOK DRIV	ING CENTRE LTD				Policulus	lder NRTC	10000111
Contact (Applicable 10	Product Code	FLEET MASTER INS	SURANCE	Cover Type	Comprehens	iue.			
Special place Special plac	Contact No.(Mobile)	0					137,00		
March	Email Address				04833167			No.(Home)	0
Mode	KFK	W No. Yes		-140-100-100-100-100-100-100-100-100-100			eCode		No V
Marchet Details					No Yes	6	eCode R	eason	
Marche 100/02/31 6-1 Abdress Stand Work 24 10 10 10 10 10 10 10 1		No		NCD Entitlement(%)	0		Private	fire	No
March State		000 000 chapter 1000							
Security Security of Courts of C	18	01/10/2020 16:41		Accident Report Within 24 hrs	Yes		Accident	Туре	Others
## Tead Excess Applicable ## Tead Excess Appli		15/09/2020		Time of Accident hh:mm	13:00		Country	of Accident	Singapore
## Control Application Control Application Control Contro		61 A1 A14 A11 A11 A11	200	Orange Force			ICM No.		
## DOS Revende Excess			DC)						
## Contract Duess ## 0.00 ## 17 Standard Excess ## 0.00 ## 0.00 ## 17 Standard Excess ## 0.00 ##									
Mile	170	Per Accident		Windscreen Excess					
March	QD Standard Excess		0.00	TP Standard Excess		989			
Marchane Substantian Sub	YIED OD Excess								
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September Sept	100000000000000000000000000000000000000		0.00	rotal IP excess Applicable		0.00			
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### PARCHADER MINITOR ADDRESS									
Address 1	Modification History		1200003321		651	status venned		Yes	
Address 1	SA STATE OF								
Address 1	Policyholder Mailing Add	Iress							
Address 4	Address 1		VEST AVENU	Arbines 3	private a real	DBD GLC CO.	700		
Market Policy Number Striggeres abores Past Code 659085	Address 4	Sour Dillow N	TEST PACES						SINGAPOR
Unamed Diver Diver Name Unamed Diver Diver Diver Diver 24/05/19 24/05/19 25/25/25 25/25/25/25 25/25/25/25 25/25/25/25/25 25/25/25/25/25/25 25/25/25/25/25/25/25/25/25/25/25/25/25/2	Unit No.						Post Cod	fi .	659085
Unhamed Driver Unhamed U				Related Policy Number	5112584367-	01			
Univer Name TAX YU GIN Other MQC ST292393 Driver MQC ST292393 Driver DOB 2009/19 Applied Driver MQC ST292393 Driver MQC ST292393 Driver MQC ST292393 Driver MQC ST292393 Driver MQC Coreat No. (Chiefled) Ocreat N		Harrier & B. C.		2000					
Driver Date of Driver Licenses 15/09/2020 Driver Age 40	10.000				Unnamed Drivi	er			
Contact No. (No.) No. No					579293493		Driver Do	AB .	26/09/1979
Address 1 BUK 506 Address 2 HOUGANG AVENUE B Address 3 STIGAPOL Address 4 Address Type Singapore address Past Cade 330636 Address 4 Address Type Singapore address Past Cade 330636 Address 4 Address Type Singapore address Past Cade 330636 Address 7 Yes 8 No Driver Vehicle No.					40		Driving E	xperience	0
Address 4 Address Type Singapore address Part Code \$33036 Address 7 Singapore address Part Code \$33036 For a No		96717046		Contact No.(Office)	0		Contact P	io.(Home)	0
Address 4 Address Type Singapore address Singapore address Post Code \$30036 Design team \$500360 Post Resign	Address 1	BLK 636		Address 2	HOUGANG AV	ENUE 8	Address :	ii	SINGAPORI
Driver Vehicle No. Driver	Address 4			Address Type	Singapore add	ress	Post Code	is .	
Description Treatment (and the proper of a post of text recently) Color Type - OD-HD NEXT Color OD-H	10 PART 25 Character and Laborator	F07-93							
Any injury? Ves @ No Calm O91 OP-ND New Calm Type Contact No. (Mobile) Contact No.	Registered car?	Yes in No		Driver Vehicle No.			Oriver Inc	urer Company	
Any injury? Ves @ No Calm O91 OP-ND New Calm Type Contact No. (Mobile) Contact No.									
Any injury? Calm 03 OD-MD Nex									
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Contact No. (Mobile)									
Contact No. (Mobile)	Claim Type *					OD-MD	Insured	BUNIT BATOK DEL	VING CENTRE In:
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BACHELBBRDC.5G	Contact No.(Mobile)						No.		Co No
RACHELBERDC. SG Wence File No.	Frank Address						01		(O) TP
Treferred Workshop Preferred Workshop (refer below) Preferred Workshop (refer belo	Address:					RACHEL DEBDC. SG	Vehicle	FBL5759A	Ve Nu
Insured Liability Fully at Fault Preferred Workshop (refer below) Insured Liability Fully at Fault Preferred Workshop (refer below) Insured Liability Fully at Fault Insure	Claim Description					FBL5759A / WALL ON	10000000		Na Pri
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Received Option Preferred Workshop (refer below) report Received Option	Warkshop	Prefered	Fully at a						
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ROSLINDA Workshop Book Repairer By ROSLINDA Repairer Book	Date Registered	option.				01/10/2020 16:51	Close		Da
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