

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	08/12/2020 17:32 (SGT)
Date of Accident	24/10/2020 13:45 (SGT)
Exact Location of Accident	Bukit Batok, Singapore
Additional Location Information	BBDC MAIN CIRCUIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBQ1507K
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	BUKIT BATOK DRIVING CENTRE LTD
Company Reg No	1XXXXX155R
Email Address	tanboonkiat@bbdc.sg
Mobile Phone No	(Phone) +65-64833167
Alternative Phone No	(Office) +65-64833167

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Cbf190wh
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
Cover Note Number	-

DRIVER

Name of Driver	NUR HIDAYAH BINTE KASIMAN
NRIC No	SXXXX187G
Date Of Birth	04/07/1978
Occupation	Indoor

Date Of Driving Pass	24/10/2020
Driving experience	0 MONTH
Gender	Female
Mobile Number	(Phone) +65-86014731
Alt. Phone Number	-
Email Address	tanboonkiat@bbdc.sg
Address	BLK 731 CLEMENTI WEST STREET 2
Address complement	#10-314
Postcode	120731
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	No Collision
Weather Conditions	Clear
Road Surface	Dry

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	NUR HIDAYAH BINTE KASIMAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	FRACTURED LEFT ANKLE
Injured person in which vehicle?	FBQ1507K
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.

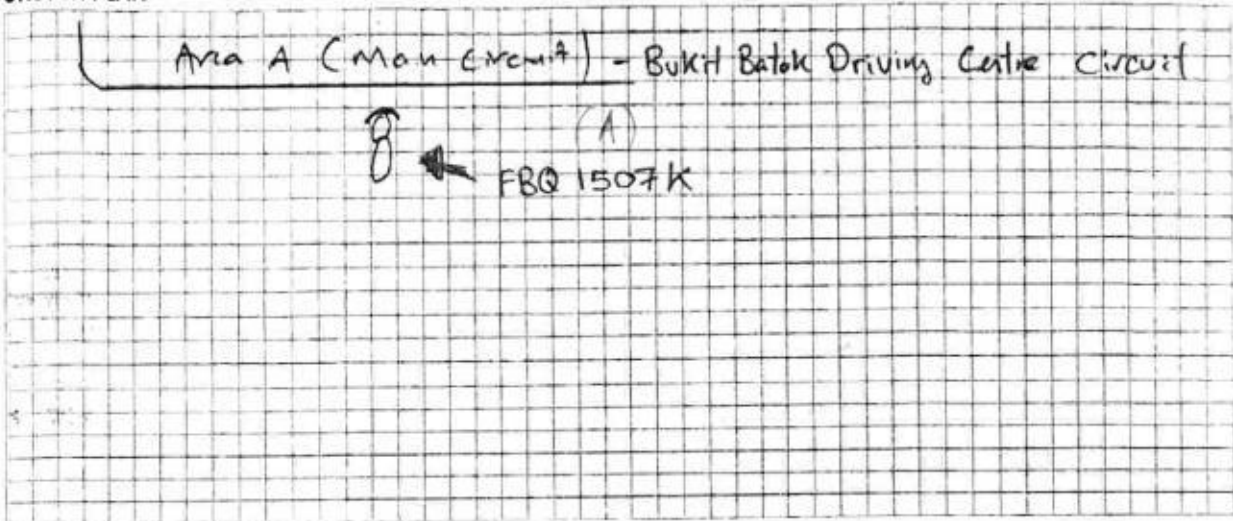
BUKIT BATOK DRIVING CENTRE LTD
315 BUKIT BATOK WEST AVENUE 5
SINGAPORE 659085
TEL: 6581 1233 FAX: 6589 0777

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: *sfyur* 08/12/20
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I NURHDAYAH WAS ABOUT TO PARK MY BIKE. WHEN I
 LIFT UP ONE OF MY LEG, WHEN I'M GOING DOWN. THE
 OTHER LEG SLIP AND DUE TO THE WEIGHT OF THE BIKE
 WHICH MADE ME TO LOSE CONTROL OF THE BIKE.
 RESULTED I FELL TOWARDS THE LEFT TOGETHER
 WITH THE MOTORCYCLE. THAT ALL.

DECLARATION

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

Edmar
 POLICYHOLDER'S SIGNATURE
 Date & Time:
 Company Chop (if applicable)

BUKIT BATOK DRIVING CENTRE LTD
 15 BUKIT BATOK WEST AVENUE 3
 SINGAPORE 659085
 TEL: 6561 1233 FAX: 6569 0777

[Signature]
 DRIVER'S SIGNATURE
 (If driver is not the policyholder)
 Date & Time:

[Signature] 08/12/20
 REPORTING CENTRE PERSONNEL'S SIGNATURE
 Name:
 NRIC/FIN No:

☐ Owner
☐ Driver

ACCIDENT STATEMENT

Date of Accident	Time	Location of Accident
24/10/2020	13 45	Man Circuit

INSURED/POLICY HOLDER (VEHICLE A)

Vehicle Registration Number	F801507K	
Name of Policyholder		
NRIC/ FIN/ Passport/ ROC (if Policyholder is company)		
Address		
Contact Number	Tel:	Hp:
Occupation		

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model	Honda CB190H CB190WH	
Type of Vehicle	Saloon, MPV, CRV, Van, Lorry, Bus M/cycle Others:	
Exact Purpose for which vehicle was being used at the time of accident.	Training	
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		
Type of Policy	<input checked="" type="radio"/> Comprehensive	<input type="radio"/> TP Fire & Theft <input type="radio"/> Third party
Fleet Policy	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Policy Number		
Motor CI		

DRIVER

Name of Driver	Nurhidayah Kaliman	
NRIC/ FIN/ Passport	S78181876	
Date of Birth	4/7/1978	
Occupation	Assistant Executive	
Pass Date (Driving Experience)		
Gender	<input type="radio"/> Male	<input checked="" type="radio"/> Female
Contact Number	Tel: 96054731	Hp: 67770731
Address	BLK 731 #10-314 CLEMENTI WEST ST 2 (p0731)	
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.	Trainer	
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-fell		
Weather Conditions	<input type="radio"/> Clear	<input type="radio"/> Raining	<input type="radio"/> Others:
Road Surface	<input type="radio"/> Wet	<input checked="" type="radio"/> Dry	<input type="radio"/> Others:
Damage Area	Right Left mirror and foot rest broke.		
Approximate Speed	0km/h		

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

FBQ1507K

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

As Driver

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

Fractured left ankle

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

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

Eduw

Signature of Policy Holder
(Company Chop if applicable)

Date & Time

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

Date & Time

Photo
Date

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

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)**Policy Query**

Policy No. Date of Accident
Vehicle No.(For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5114136261	5114136261-000051	BUKIT BATOK DRIVING CENTRE LTD	198801155R	GFM	Comprehensive	FBQ1507K	FBQ1507K	01/01/2020	31/12/2020

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 : 5114136261-000051

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle : FBQ1507K
 Chassis Number : LWBMC4691L1600312
 2. Name of Policyholder : BUKIT BATOK DRIVING CENTRE LTD
 3. Effective Date of Insurance : 01 Jan 2020
 4. Expiry Date of Insurance : 31 Dec 2020
 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 : 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.:	FBQ1507K		
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:	CBF190WH
Chassis No.:	LWBMC4691L1600312	Engine No.:	MC46E5092190
Motor No.:	-	Trailer Chassis No.:	-
Propellant:	Petrol	Passenger Capacity:	1
Engine Capacity:	184 cc	Power Rating:	-
Maximum Power Output:	-		
Unladen Weight:	140 kg	Maximum Laden Weight:	310 kg
Primary Colour:	Red	Secondary Colour:	-
First Registration Date:	07 Aug 2019	Original Registration Date:	07 Aug 2019
Manufacturing Year:	2019	Open Market Value:	\$2,241.00
PARF Eligibility:	No	Minimum PARF Benefit:	\$0.00
No. of Transfers:	0	Additional Registration Fee Rate:	First \$2,241.00 (15%)
Actual ARF Paid:	\$337.00		

Owner Particulars

Owner Name:	BUKIT BATOK DRIVING CENTRE LTD
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 Name:	BUKIT BATOK WEST AVENUE 5
Registered Unit No.:	-

Claim Handling

Accident MT/1112862

Policy No.	5114136261	Vehicle No.	FBQ1507K	GST Registration No.	M200805321
Certificate No.	5114136261-000051				
Policyholder Name	BUKIT BATOK DRIVING CENTRE LTD			Policyholder NRIC	198801155R
Product Code	FLEET MASTER INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	64833167	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	08/12/2020 17:41	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	24/10/2020	Time of Accident hh:mm	13:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BBDG MAIN 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?	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	01/04/1994
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	SINGAPORE 65901
Address 4		Address Type	Singapore address	Post Code	659085
Unit No.		Related Policy Number	5112584367-01		

▼ 01 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	NUR HIDAYAH BINTE KASIMAN	Driver NRIC	S7818187G	Driver DOB	04/07/1978
Register Date of Driver License	24/10/2020	Driver Age	42	Driving Experience	0
Contact No.(Mobile)	86014731	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 731	Address 2	CLEMENTI WEST STREET 2	Address 3	SINGAPORE 1207
Address 4		Address Type	Singapore address	Post Code	120731
Unit No.	#10-314				
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 checked="" type="radio"/> Yes <input type="radio"/> No

Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	BUKIT BATOK DRIVING CENTRE	Insured NRIC	
Contact No.(Mobile)		Contact No. (Home)		Contact No. (Office)	
Email Address		O1 Vehicle Number	FBQ1507K	TP Vehicle Number	
Claim Description	FBQ1507K ON 24 Oct 2020			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Fully at Fault		
Workshop No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	GIA report	Received
Date Registered				Claim Close Date	08/12/2020 17:47
Report Taken By				Workshop Repairer	ROSLINDA
				Date Received	
				Total Loss but Repaired	

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1112862	Claim No.	001
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Last Doc. Received

Yes

No

Upload Date

08/12/2020 00:00

Path *

Category *

Confidential

Urgency *

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

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No file chosen

Choose File

No file chosen

Choose File

No file chosen

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NO

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Please Select

NO

Normal

Thumbnail Read

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Dec 2020 17:47	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-12-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Dec 2020 17:46	SAS		Normal	SAS 2020-12-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Dec 2020 17:46	Photos		Normal	Photos 2020-12-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Dec 2020 17:46	Photos		Normal	Photos 2020-12-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Dec 2020 17:46	Photos		Normal	Photos 2020-12-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Dec 2020 17:46	Photos		Normal	Photos 2020-12-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Dec 2020 17:46	Photos		Normal	Photos 2020-12-8

Video List

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