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Owner / Driver: (	377.	Tel:			)	
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# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Please report <u>correctly</u> 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 a

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 07/01/2021 12:20 (SGT) Date of Accident 09/12/2020 19:40 (SGT) Exact Location of Accident 815 Bukit Batok West Ave 5, Singapore 659085 Additional Location Information BBDC CIRCUIT Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number FBL5745P

#### 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 NC750L Variant Exact purpose for which vehicle was being used at time of accident Employment Are you claiming under your own insurance policy for repair to your vehicle? Yes 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 JORDAN TAN DING XUAN NRIC No SXXXX024E Date Of Birth 12/12/1992 Occupation Indoor

Date Of Driving Pass 09/12/2020 Driving experience 0 MONTH Gender Male Mobile Number (Phone) +65-83231212 Alt. Phone Number Email Address tanboonkiat@bbdc.sg Address BLK 643 JURONG WEST STREET 61 Address complement #10-80 Postcode 640643 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 Collision - Head to Rear Weather Conditions Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 2 Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes 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 **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number FBK7145M Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Motorcycle Name of Driver Contact Number Address Address complement

Insurance Company Name

Postcode

Nature Of Damage
Details of property damaged in accident
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 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
- 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)

l 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)
- (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 Singapore, 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.
- (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 BIS BUKIT BATOK WEST AVENUE 5

TEL: 6561 1233 FAX: 6569 9 Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

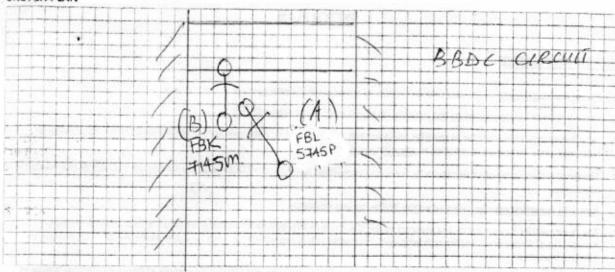
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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DECLARATION

We declare the foregoing DRINING CENTRE LTI:

BUKIT BATOK DRINING CENTRE LTI:

BUKIT BATOK WEST AVENUE

SINGAPORE 659085

SINGAPORE 659089 0777 Policyholder's SignTEL: 6561 1233 FAX: 6569 077

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time: Company Chop (if applicable)

Reporting Contre Personnel's Signature

Name:

NRIC/FIN No.

O Owner	
Opriver	

00

## ACCIDENT STATEMENT

Date of Accident Time		Location of Acc	cident		
9	12/2020	1940	BBDC	circuit	

INSURED/ POLICY, HOLDER (VEHICLE A)	
Vehicle Registration Number	FBLS7ASP_
Name of Policyholder	13531373
NRIC/ FIN/ Passport/ ROC (if Policyholder is company)	
Address	
Contact Number	Tel: Hp:
Occupation	Пр.
VEHICLE PARTICULARS (VEHICLE A)	Marie Marie Control of the Control o
Vehicle Make / Model	HONDA NCZOLH
Type of Vehicle	Saloon, MPV, CRV, Van, Lorry, Bus(M/cycle) Others:
Exact Purpose for which vehicle was being used	Ostori, ili 1, Orte, vari, corry, basquecycle, Others.
at the time of accident.	
Are you claiming under your own insurance policy?	Ø Yes ○ No Remarks:
Vehicle category	O Private O Commercial O Motorcycle
INSURANCE COMPANY (VEHICLE A)	Sommercial Miororcycle
Name of Insurance Company	The state of the s
Type of Policy	O Comprehensive O TP Fire & Theft O Third party
Fleet Policy	O Yes O No
Policy Number	
Motor CI.	
DRIVER	CONTRACTOR OF THE PROPERTY OF
Name of Driver	Jordan Tan Ding XUAN
NRIC/ FIN/ Passport	Jordan Tan Ding XUAN 59247024E
Date of Birth	3/2+1034E
Occupation	
Pass Date (Driving Experience)	
Gender	Male O Female
Contact Number	Tel: Hp: 83231212
Address	BIK 643 Jurony West Strail 61 410-80 Singyon 640643
Email Address	311 012 301013 10101 SI 11 10 10 3111 PM 640613
Was driver an employee of the Insured's Company?	O Yes O No
If No, relationship of Driver with the Insured.	100 0 100
Vehicle Number of Driver's Own Vehicle (if applicable)	
Insurance of Driver's Own Vehicle (if applicable)	
GENERAL INFORMATION OF THE ACCIDENT	THE TRANSPORT OF THE PROPERTY
Type of Collision (E.g. Chain Collision/ Head-On, etc)	
Weather Conditions	Clear Raining Others:
Road Surface	Wet O Dry O Others:
Damage Area	Front brake level broken front fork eight min
Approximate Speed	30 Kin/h
OTHER INFORMATION	NAME OF THE PARTY
Was anybody injured in the accident? (Including Witness	3) 2 No O Yes
Was any other vehicle(s) or property damaged?	O No O Yes
Was there any camera video footage (in car)?	9 No O Yes
DETAILS OF POLICE ACTION	
Was the accident reported to the Police?	Ø No ○ Yes
f Yes, please state which police station & Report No.	
Was notice of intended Prosecution given?	Ø No O Yes
f Yes, against whom?	

Part of							y 2
DETAILS OF OTHER VEHICLES OR PROPERTY	DAMAGED	THE WHILE		NEWSTRANS.	Markethan	DESCRIPTION OF THE PERSON	ROWN CHANGE
Other Vehicle or Property 1 (VEHICLE B)		1,00			Name of the second		12/25/10
Vehicle Registration Number	A STATE OF THE PARTY OF THE PAR		ACC FOLD				A CHARLES
Vehicle Make/ Model/ Colour							2.00
Details of Properties (If Other Party is not a Vehicle)				-			end P
Damage Area		-	_			-	
Name of Driver							
NRIC/ FIN/ Passport		0.5					
Contact Number / Email Address		-					
Address							
Name of Insurance Company							
Other Vehicle or Property 2	esercial and severa	STEPATROSON	Charles West Co.	NAME OF TAXABLE PARTY.	THE REPORT OF THE PARTY OF THE	MINISTER OF THE PARTY OF THE PA	
Vehicle Registration Number	Mary Mary Mary	MESSAGE STATE					
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	-			-100			
Address	-	-		-			
Name of Insurance Company			SELECTION OF				
DETAILS OF WITNESS	H I SKETCH	WIESTON BEET	NESSTA PROPERTY.	CONTRACTOR OF THE PARTY OF THE	BANKS BANKS	MELDICACUSES	THE PERSON NAMED IN
Name			SERMER	CBOYCO	3,000,50	A SOUTH	
Phone / Email Address	-					-	
Address							
NRIC/ FIN/ Passport							
DETAILS OF INJURED PERSON 1	<b>30</b> 300 20 75 76 76 76 76 76 76 76 76 76 76 76 76 76	SECTION SECTION	AND INSTANT			ESSKMERN	MITTER CONTRACTOR
Name <sub>c</sub>	-	September 19 19 19 19 19 19 19 19 19 19 19 19 19	-				
NRJC/, FIN/ Passport				-		-	
Address				-			
Approximate Age			-				
Injuries Sustained		-		-	Contract .		-
If Vehicle Occupants, state in which vehicle?							
Were Seat Belts Worn?	0	Yes	0	No		The last	
Was Injured conveyed to hospital by ambulance?	0	Yes	. 0	No	100		
DETAILS OF INJURED PERSON 2			SEE SEE	NAME OF THE OWNER, OWNE	EUSO AZ RESID	STATE OF STA	STATE OF THE PARTY
Name	- CONTRACTOR	Wall-Street	ANTICCIONAL IN	Marin San San San San San San San San San Sa	San Statement Chin	ART AND GOOD AND	PARTICIPATE SERVICES
NRIC/ FIN/ Passport			-		Sec.		
Address					ALC: VALUE		
Approximate Age	-	-		500 TO TO			
Injuries Sustained		The same	0.5	5.15			
Yehicle Occupants, state in which vehicle?			No.				10.000
Were Seat Belts Worn?	0	Yes	0	No		all Control	1000
Was Injured conveyed to Hospital by Ambulance?	0	Yes	0	No			
	The		-	-		-	
Declaration - OCNTRE U							
I/We declare that the above kaBBUNING CENT	ded above as	e true in e	every asn	ect.			
Declaration  In We declare that the above Kabbilling CENTRE L  BUKIT BATOK WEST ROTE FOOTH  SINGAPORE 659085  SINGAPORE 659085  SINGAPORE 659085  Date & Tin		en 5' ;	,	1200			
SINGAPORE 659083 SINGAPORE 659083 FAX: 6569 Date & Tin							
CULL SINOTA 1233 FAX: 65ht Date & Tin	na						

Declaration

In the above that the above the BUNIT BATOK WEST ACT PATION Provided above are true in a BUNIT BATOK WEST ACT PROVIDED TO BUT BATOK WEST ACT PROVIDED TO BUT BATOK B

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

Continue

**eBao**Tech GeneralClaim Hello, NAC\_PAYA\_UBI\_800601 Change Language · Change Password · Log Out My Desktop **Policy Query Notice of Loss** Policy No. Date of Accident 09/12/2020 19:40 Vehicle No.(For Motor) FBL5745P Certificate Number Search Certificate Policyholder Name Policyholder NRIC Select Policy No. Vehicle Insured Commence Product Cover Type Number Expiry Date No. Object Date BUKIT 5114136261-BATOK 0 5114136261 198801155R GFM Comprehensive FBL5745P FBL5745P 01/01/2020 31/12/2020 000025 DRIVING CENTRE LTD

304

## Transaction ref 20161223162610440845

The owner and vehicle particulars for Vehicle No. FBL5745P 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	
7.	Vehicle No.	: FBL5745P
8.	Effective Date of Ownership	: 23 Dec 2016
9.	MERCHANICAL AND	: 23 Dec 2016
10.		: 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
17.	Vehicle Model	: NC750L
18.	Year of Manufacture	: 2016
19.	Primary Colour	: White
20.	Secondary Colour	
21.	Passenger Capacity	: 1
22.		: RC671100019 / -
23.	Propellant/Emission Standard	: Petrol / Euro III
24.	Engine No./Motor No.	: RC67E1100041 / -
25.	Engine Capacity(cc)/Power Rating(kW)	: 745 / -
26.	Maximum Power Output(kW/bhp)	:-/-
27.	Unladen Weight(kg)	: 217
28.	Maximum Laden Weight(kg)	: 367
29.	Open Market Value	: \$8,545.00
30.		: No
31.	PARF Eligibility Expiry Date	1-
32.	Minimum PARF Benefit	; \$0.00
33.	IU Label No.	
34.	COE No.	: 2016080106000626M
35.		: 22 Dec 2026
36.		: D - Motorcycle
37.	Quota Premium/Prevailing Quota Premium	
38.	Actual Quota Premium/PQP Paid	: \$6,302.00
39.	Actual ARF Paid	: \$1,282.00
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	: \$192.00
46.	Road Tax Start Date	: 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

Accident MT/1116416								
Policy No.	5114136261	Vehicle No.	FBL5745P		and a			
Certificate No.	5114136261-000025		-0131431		GST R	egistration No.	M200	0805321
Policyholder Name	BUKIT BATOK DRIVING CENTRE LTD				740.00			
Product Code	FLEET MASTER INSURANCE	Cover Type	Comprehensive			older NRIC		901155R
Contact No.(Mobile)	0	Contact No.(Office)	64833167		Loadin	100	0	
Email Address		Special Remark	0.000			t No.(Home)	0	-
KFK	■ No 💮 Yes	TCA	■ No / Yes		eCode		No. Y	•
NCD Protection	No	NCD Entitlement(%)	0			Reason		
		4.5035aconominate (**			Private	Hire	No	
Report Date	07/01/2021 12:45	Accident Report Within 24 hrs	y Yes					
Date of Accident	09/12/2020	Time of Accident hh:mm	19:40		Accide		Colfisi	ion - Hear
Reporting Centre		Orange Force	19,40			of Accident	Singa	pore
Accident Location	880C CIRCUIT	and the same			ICM No	91		
<b>▽</b> Total Excess Applicable								
Excess Type	Per Accident	Windscreen Excess						
An and a second								
OD Standard Excess	0.00	TP Standard Excess		0.00				
YIED OD Excess	0.00	YIED TP Excess		0.00	Driver	s Covered?	Covere	ed
Additional Excess							0.439	
Total OD Excess Applicable	0.00	Total TP Excess Applicable		0.00				
♥ Benefits	A 2000	795 71 155		SIGNATO				
▼ GST Registered Informa   CST Page 1997    CST Page 1997    CST Page 1997    CST Page 1997    CST Page 1997    CST Page 1997    CST Page 1997    CST Page 1997    CST Page 1997    CST Page 1997    CST Page 1997    CST Page 1997    CST Page 1997     CST Page 1997     CST Page 1997     CST Page 1997     CST Page 1997      CST Page 1997      CST Page 1997								
GST Registered GST Registration No.	Yes		GST Regi	stration Date		01/04/1994		
Modification History	M200805321		GST Stat	us Verified		Yes		
♥ Policyholder Mailing Add	fress							
Address 1	815 BUKIT BATOK WEST AVENU	Address 2	BUKIT BATOK DRI	VING CENTRE	Address	1	Patrica	BORE CO.
Address 4		Address Type	Singapore address		Post Cor		65908	PORE 65
Unit No.		Related Policy Number	5114136654-01		S. 1000	S.	02908	9
♥ OI Driver Info								
Driver Name	Unnamed Driver	Oriver Type	Unnamed Driver					
Unnamed driver Name	JORDAN TAN DING XUAN	Driver NRIC	59247024E		Driver D	08	12/12/	1997
Register Date of Driver License	09/12/2020	Driver Age	27			xperience	0	1332
Contact No.(Mobile)	83231212	Contact No.(Office)	0			No.(Home)	0	
Address 1	BLK 643	Address 2	JURONG WEST ST	REET 61	Address			PORE 640
Address 4		Address Type	Singapore address		Post Cod		640643	
Unit No.	#10-80				111-118-118	8	040043	*
Does he own a Singapore Registered car?	☐ Yes · No	Driver Vehicle No.			Driver In	surer Company		
Declaration					15/1/2017			
Breathalyser or Blood Test	WERE	TO STATE OF						
Reading?	0 mg	Any injury?	🕜 Yes 🐞 No					
Modification History								
5 bm b								
Claim 001 OD-MD New	l							
Claim Type *				OD-MD V	Insured Name	BUKIT BATOK DRIV	ING CENTRE	Insured
Contact No.(Mobile)					Contact		Contraction of the Contraction o	Contact
					No. (Home)			No. (Office)
mail Address				TANCHOONGMENG@BBDC.SG	10			TP
				TANCHOOMORENG@BBDC.5G	Vehicle Number	FBL5745P		Vehicle Number
Claim Description				FBL5745P / FBK7145M ON 9 De	ec 2020			Name of Preferred
Preferred Workshop	Insured Liability Fully at Fau	it 🔻						Worksho
Vorkshop Somet No. Yes Inalisation	✓ Repair Preferred Workshop (re		•					
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Claim No.

MT/1116416

Accident No.

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