

## Enquire Transfer Fee

<b>Vehicle Details</b>	
Vehicle No. :	FBF6076L
Vehicle Type :	P00 - Passenger Motorcycle/Autocycle/Moped
Vehicle Attachment 1 :	No Attachment
Vehicle Scheme :	Normal
Vehicle Make :	DUCATI
Vehicle Model :	STREETFIGHTER
Chassis No. :	ZDMF100AAAB006600
Propellant :	Petrol
Engine No. :	ZDM1098WB006603
Engine Capacity :	1099 cc
Maximum Power Output :	-
Maximum Laden Weight :	390 kg
Unladen Weight :	187 kg
Year Of Manufacture :	2010
Original Registration Date :	26 Aug 2010
Lifespan Expiry Date :	-
COE Category :	D - Motorcycle
Quota Premium :	\$1,251.00
COE Expiry Date :	25 Aug 2020

# CERTIFICATE OF INSURANCE



## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1987  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 528/875688 Cover 1: Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle : TM166761  
Chassis Number : Z0MPS00AAAB00600  
2. Name of Policyholder : NG KHAI CHONG CHARLES  
3. Effective Date of Insurance : 14 Dec 2016  
4. Expiry Date of Insurance : 31 Mar 2017

5. Persons or Classes of Persons entitled to drive

(a) Named Driver(s) Only.

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.

ii. Limitations required hereunder by Section 3 of the Motor Vehicles (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 CODE	: YES
NAMED DRIVER (1)	: NG KHAI CHONG CHARLES
NAMED DRIVER (2)	: N/A
PREV PURCHASE COMPANY	: SPEEDWAY MOTOR PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

(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 : SA/GUNDA SOK ONE (50000601488)  
Date of Issue : 12 Dec 2016 14:36 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Counterigned By:

Authorised Officer

Chief Executive

## 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 ability.
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	26/01/2018 14:12
Date Of Accident	25/01/2018 18:30
Exact Location Of Accident	ALONG ENTRANCE OF AIRPORT RD TOWARDS KPE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBF6076L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NG KHAI CHONG CHARLES
NRIC No	S9443263D
Email Address	CHARLESNGKC@LIVE.COM
Mobile Phone No	(LOCAL) +65-97535299
Alternative Phone No	OFFICE-97535299

### Vehicle Particulars

Manufacturer	DUCATI
Model	STREETFIGHTER
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5086879688
Cover Note Number	

### Driver

Name of Driver	NG KHAI CHONG CHARLES
NRIC No	S9443263D
Date Of Birth	19/11/1994
Occupation	INDOOR
Date Of Driving Pass	05/12/2016
Driving Experience	1 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97535299
Fax Number	
Contact Number	OFFICE-97535299
EMail Address	CHARLESNGKC@LIVE.COM

Address	NA
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	RAINING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
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

WHEN I WAS TRAVELLING ALONG THE MENTIONED LOCATION, TRAFFIC WAS CONGESTED AND ALL THE VEHICLE WAS STOPPED STATIONARY. OUT OF A SUDDEN, I FELT A HUGE IMPACT FROM MY REAR AND DISCOVER VEHICLE B FROM MY REAR HAD COLLIDED ONTO THE REAR OF MY VEHICLE. DUE TO THE IMPACT, MY BIKE FALL TO THE RIGHT SIDE AND CAUSE SOME DAMAGES TO MY BIKE. AFTER THE IMPACT, I DISCOVER I HAD INVOLVED IN A CHAIN COLLISION OF 3 VEHICLES. WE EXCHANGE DETAILS AND TOOK SOME PHOTOS BEFORE WE MOVE OFF FROM THE LOCATION. THERE IS NO INJURIES AT THE SCENE, HOWEVER, I WILL SEEK FOR MEDICATION ATTENTION IF NEEDED.

#### 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	SLS9958K
Vehicle Make/Model/Colour	MAZDA/2
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ZHAO YI
NRIC/Passport Number	
Contact Number	92316189
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

**DETAILS OF OTHER VEHICLE PROPERTY 2**


Vehicle Registration Number	SLV2004T
Vehicle Make/Model/Colour	KIA/NIRO HYBRID
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN DRIVER
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1


## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

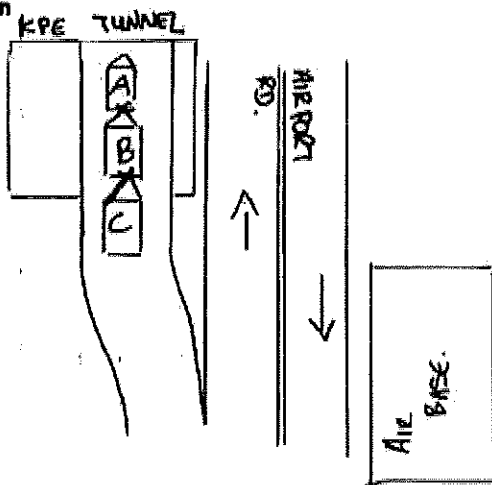
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to rescind 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 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.
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.

  
26/1/18  
12:40 PM  
Policyholder's Signature / Date & Time

  
26/1/18  
12:40 PM  
Driver's Signature (If driver is not the policyholder) / Date & Time

VERIFIED BY AJAX MARS  
REPORTING OFFICER  
EUGENE KOH  
Witnessed by Reporting Centre Personnel

#### Sketch Plan



ALONG ENTRANCE OF  
AIRPORT RD TOWARDS KPE

A) FBF6076L  
B) SLS9958K  
C) SLV2004T

**ACCIDENT STATEMENT (2000 characters)**

WHEN I WAS TRAVELLING ALONG THE MENTIONED LOCATION, TRAFFIC WAS CONGESTED AND ALL THE VEHICLE WAS STOPPED STATIONARY. OUT OF A SUDDEN, I FELT A HUGE IMPACT FROM MY REAR AND DISCOVER VEHICLE B FROM MY REAR HAD COLLIDED ONTO THE REAR OF MY VEHICLE. DUE TO THE IMPACT, MY BIKE FALL TO THE RIGHT SIDE AND CAUSE SOME DAMAGES TO MY BIKE. AFTER THE IMPACT, I DISCOVER I HAD INVOLVED IN A CHAIN COLLISION OF 3 VEHICLES. WE EXCHANGE DETAILS AND TOOK SOME PHOTOS BEFORE WE MOVE OFF FROM THE LOCATION. THERE IS NO INJURIES AT THE SCENE, HOWEVER, I WILL SEEK FOR MEDICATION ATTENTION IF NEEDED.

Taxi Voucher No.:

**DECLARATION**

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

VERIFIED BY AJAX MARS REPORTING OFFICER -  
EUGENE KOH YEW KIAT

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

26 January 2018 at 12:41 PM

Date/Time:

26 January 2018 at 12:41 PM

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580  
Phone: +65 6224 0010 Fax: +65 6224 0030  
Operating Hours: Monday to Friday 9am to 5pm  
GST Registration No: M400017735

**Third Party Insurer Enquiry**

Our Ref No: GR-18-014237

Date of Request: 26/01/2018

Your Ref No: Online Purchase

Ban Hock Hin Co. Pte Ltd  
No. 6 Defu Lane 4  
Singapore 539410

Dear Sir/Madam,

Enquiry Date 26/01/2018  
Enquiry By Tan Chok Lok  
TP Vehicle No. SLS9958K  
Accident Date 25/01/2018

**Enquiry Result**

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SLS9958K	AIG Asia Pacific Insurance Pte. Ltd.	13/10/2017-12/10/2018	65-6419-3000

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

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**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
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Phone: +65 6224 0010 Fax: +65 6224 0030  
Operating Hours: Monday to Friday 9am to 5pm  
GST Registration No: M400017735

**TAX INVOICE**

Our Ref No: GR-18-014237

Date of Request: 26/01/2018

Your Ref No: Online Purchase

Ban Hock Hin Co. Pte Ltd  
No. 6 Defu Lane 4  
Singapore 539410

Dear Sir/Madam,

Enquiry Date 26/01/2018  
Enquiry By Tan Chok Lok  
TP Vehicle No. SLS9958K  
Accident Date 25/01/2018

DESCRIPTION	AMOUNT (S\$)
TP Insurer Enquiry	1.87
GST Amount	0.13
Total Amount Due (GST Inclusive)	2.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque



**BAN HOCK HIN**  
Co., Pte Ltd

Co.Reg.No: 197000288K

MOTORCYCLE ACCESSORIES | SERVICE CENTRE  
MODIFICATIONS | SPRAY PAINTING AND BODY WORK | METAL  
WORKS | LEASING & RENTALS | FLEET SALES | INSURANCE SALES

## QUOTATION

NO. : 32337

Customer :

AIG ASIA PACIFIC INSURANCE PTE LTD  
CHARTIS BUILDING  
78 SHENTON WAY  
#07-16  
SINGAPORE 079120  
MOTOR CLAIMS DEPT

DATE : 01/02/2018  
CLAIM NO. : 11092  
POLICY NO. :

FROM : RAYMOND

VEHICLE NO. : FBF6076L  
MAKE/MODEL : DUCATI / STREETFIGHTER

(Page 1 of 2)

S/N	Description	Action	Qty	Unit Price	Amount
1	BALANCER HANDLE (RIZOMA) SILVER	REPLACE	1.00	\$152.00	152.00
2	BLOCK	REPLACE	1.00	\$10.00	10.00
3	FOOT PEG FRONT RH P/N: 46976	REPLACE	1.00	\$105.00	105.00
4	FOOTPEG HOLDER PLATE (REAR) RH	REPLACE	1.00	\$658.00	658.00
5	FOOTREST FRONT ASSY (RIZOMA)	REPLACE	1.00	\$1,680.00	1,680.00
6	LABOUR P/N: 06766		16.00	\$35.00	560.00
7	MIRROR RH (RIZOMA)	REPLACE	1.00	\$490.00	490.00
8	MISCELLANEOUS FEES (VITAS) P/N: 33771 - INSPECTION FEE OF EXHAUST REPLACEMENT		1.00	\$85.00	85.00
9	PIN	REPLACE	1.00	\$26.00	26.00
10	PIPE EXHAUST (TERMIGNONI) ASSY	REPLACE	1.00	\$3,752.00	3,752.00
11	THROTTLE CONTROL P/N: 46977	REPLACE	1.00	\$295.00	295.00
12	TRANSPORT CHARGES (MOTORCYCLE) CLASS 2 P/N: 45836 - TOWING CHARGES FOR INSPECTION		1.00	\$35.00	35.00

SUB TOTAL  
GST @ 7 %

\$7,848.00  
\$540.36



CERT NO. 2302-1-0383  
ISO 9001: 2015

Address: No. 6, Defu lane 4, Singapore 539410 | Telephone: +65 6281 6520 | Web: www.bhh.com.sg  
Fax: (Main) +65 6281 2830, (Spare Parts) +65 6285 7530, (Insurance/Project) +65 6284 2969, (Accounts) +65 6281 6759

<u>S/N</u>	<u>Description</u>	<u>Action</u>	<u>Qty</u>	<u>Unit Price</u>	<u>Amount</u>
GRAND TOTAL					\$8,397.36

Validity: 30 days

For & on Behalf of

**BAN HOCK HIN CO PTE LTD**

Acknowledge & Accepted By



RAYMOND

This quotation is sent via email / LAN-Fax and will bear a computer generated signature.

