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	Ass't Report	by Fax / Hand to	Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax	:	
TP Particulars: Veh No:		, INC ()/Non-INC().	76	
Owner / Driver: (Tel:	-)	
Policy No: () Period	d: ()	Cover Type: (-)	
Confirmed by: (Date:	Time:)	
Insured/Driver Liability: (%) [Not	e-Est Status	WO)- N-0-20	%; P: 21-79%. P:	20 100	0/1	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 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 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.
- 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

AND THE PROPERTY OF THE PARTY O	ACCIDENT STATEMENT
Date Of Report	02/10/2019 14:32
Date Of Accident	02/10/2019 08:00
Exact Location Of Accident	BLK 468 FERNVALE LINK MULTISTORY CARPARK
Country/State of Loss	SINGAPORE
AND THE STATE OF STAT	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBC2427A
Insured/Policyholder	
Name Of Registered Owner	MOHAMMAD HUSSAINI BIN WAHID
NRIC No	S8734698F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97697223
Alternative Phone No	OFFICE-97697223
Vehicle Particulars	
Manufacturer	YAMAHA
Model	FZ1-S
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?	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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5094052744-01
Cover Note Number	
Driver	
Name of Driver	MOHAMMAD HUSSAINI BIN WAHID
NRIC No	S8734698F
Date Of Birth	02/11/1987
Occupation	OUTDOOR
Date Of Driving Pass	12/03/2015
Driving Experience	4 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97697223
Fax Number	

OFFICE-97697223

NOEMAIL

Address

BLK 468C FERNVALE LINK

#02-559

Postcode

793468

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

FIRE, EXPLOSION OR LIGHTNING

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

1

Number of vehicles (including own vehicle)

involved in the accident Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

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)

0

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

SENGKANG NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE:

545025, COUNTRY: SINGAPORE

Police Station Contact

TEL NO: 1800 - 3438999 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - F/20191002/2034.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 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:
 - 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.

Policyholder's Signature Date & Time:

Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

SKETCH PLAN THE USBA FORM VAILE LINK A: FBC2427A malfishing curpule

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer t	o police report - 7/2/9/002/2024.	

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

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 .:





1 of 2

Report No. F/20191002/2034

POLICE REPORT (NP299)

Police Station Of Origin Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

Tel No: 1800-343 8999

	Station Diary No.				
Address APT BLK 468C FERNVALE LINK #02-559 SINGAPOR					
Contact					
Email A	ddress	31031223			
Sex Male	Age 31	Date of Birth	Race Malay		
Language			Ivialay		
Location Of Incident Blk 468 Fernvale Link MSCP Deck 1B					
	Address APT BL 793468 Contact Home/C Email A Sex Male Languag Location Blk 468	APT BLK 468C FE 793468 Contact No. Home/Office Email Address Sex Age Male 31 Language Location Of Inciden Blk 468 Fernvale Li	Address APT BLK 468C FERNVALE LINK #0:793468 Contact No. Home/Office Mobile 97697223 Email Address Sex Age Date of Birth Male 31 02/11/1987 Language Location Of Incident		

Brief details.

On 02/10/2019 at about 0800hrs while I was at work, I received a call from my wife stating that my motorbike vehicle registration number FBC2427A had caught on fire.

I wish to state that I last rode and parked my motorbike on the 29/09/2019 at about 2100hrs, everything intact and in order. Nothing amiss.

Signature Of Officer Recording The Report:	Signature Of Informant:
F / Sgt 3 TEO JIA HAO, KENNETH	filed
Signature Of Interpreter: Not applicable	Date/Time: 02/10/2019 12:04
Officer In-Charge Of Case: F / Ang Mo Kio Police Divisional Investigation Branch / SI TAN SOON KWANG Contact No.: 62181343	Classification Of Case:
No. 10 Control of the	

Authentication Stamp







POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20191002/2034

I am unsure how my motorbike had caught on fire and I have no suspect in mind. I have no dispute with anyone. I am unsure of my motorbike damage cost. Hence, I am here to lodge this vide report for insurance purpose.

Police attended to the said incident reference to F/20191002/0048.

Signature Of Officer	Recording	The Reno	rt.

F / Sgt 3 TEO JIA HAO, KENNETH

Signature Of Interpreter: Not applicable

Officer In-Charge Of Case: F / Ang Mo Kio Police Divisional Investigation Branch / SI TAN SOON KWANG Contact No.: 62181343

Authentication Stamp

Signature Of Informant:

Date/Time: 02/10/2019 12:04

Classification Of Case:



Signature:

SN 085

Singapore Police Force

iello, NAC_PAYA_UBI_80	0601						· Change	e Languag	1 Chan	ge Password	
My Desktop Notice of Loss	Poli	cy Query					0.2000	. cangony	Chan	ge Password	· Log Ou
NOUCE OF LOSS	Policy I	No.				Date o	of Accident	ĺ	2/10/2019 (08:00	
	Vehicle	No.(For Motor)	FBC24	27A		Certifi	cate Number	Ī			
					E	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	•	5094052744- 01		MOHAMMAD HUSSAINI BIN WAHID	S8734698F	GMC	Third Party, Fire & Theft	FBC2427A	FBC2427A	11/01/2019	10/01/2020

Sequenc	e Date of Endorseme	nt Er	dorsemen	t Type	Endorsement	Status	Endorsement Content
7 Endorse	ements						
Insured	Object: FBC2427A						
nit No.		Related Number		5098002231-01			
ddress 4	SINGAPORE 793468	Address		Singapore address	1	ost Code	793468
ddress 1	BLK 468C #02-559	Address	2	FERNVALE LINK		Address 3	FERNVALE LEA
▽ Policyh	older Mailing Address						
ertificate nfo							
pen olicy Info							
nsurance lag	No						
igent Io-	AXIS LINK PTE LTD	Agent Tel.	68419308		GST Flag	Y	
ingapore DD Excess		Outside Singapore TP Excess				Youn	g/Inexperience Driver Excess
xcess Outside		Premium	0				
Additional		Excess	•		Excess		
Third Party Excess	0	Own damage	0		Windscreen		
Excess Type		All Claims Excess					
Policy Issue Date	27/12/2018	Effective Date	11/01/20	19 00:00	NAME AND ADDRESS OF THE PARTY O	10/01/2020	23:59
Product Name	MOTORCYCLE INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 468C #02-559 FERNVALI	LINK FERNVALE	LEA SING	GAPORE 793468			
Certificate No.					NRIC		
Policy No.	5094052744-01	Policyholder Name	MOHAMM	AD HUSSAINI BIN WA	Policyholder	S8734698F	

Accident MT/1065075						
Policy No.	5094052744-01	Vehicle No.				
artificate No.		venue no.	FBC2427A	GST &	egistration No.	
Olicyholder Name	MOHAMMAD HUSSAINI BIN WAHID					
roduct Code	MOTORCYCLE INSURANCE			Pelicyt	voider NR3C	\$8734698F
intact No.(Mobile)	97697223	Cover Type	Third Party, Fire & Theft	Loadin	9	0
neil Address	21011223	Contact No.(Office)	0	Contac	t Na.(Home)	0
K	® No ○ Yes	Special Remark	20 83	eCode		No. V
D Protection	No.	TCA	No ○Yes	eCode	Reason	
Accident Details	NO	NCD Entitlement(%)	10	Private	Hire	No
oort Date	\$20,000 March 100 March 10					
	02/10/2019 15:08	Accident Report Within 24 hrs	Yes	Accider	nt Type	Fire, explosion or lightning
e of Accident	02/10/2019	Time of Accident hh:mm	08:00	Country	y of Accident	Singapore
orting Centre		Orange Force		ICM No		Creek
dent Location	BLK 468 FERNVALE LINK MULTISTORY	CARPARK				
Excess						
damage Excess	0.00	Additional Excess		Windso	reen Excess	
amed Driver Excess		Outside Singepore OD Excess			The second	
d Party Excess	0.00	Outside Singapore TP Excess				
Benefits						
GST Registered Infor	mation					
Registered	No		GST Registration Date			
Registration No.			GST Status Verified		Ves	
Scation History					163	
Delicabeldo Heiro -	19603					
Policyholder Mailing /		- 777				
ess 4	BLK 468C #02-559	Address 2	FERNVALE LINK	Address	3	FERNVALE LEA
No.	SINGAPORE 793468	Address Type	Singapore address	Post Cod	fe.	793468
		Related Policy Number	5098002231-01			
OI Driver Info						
ir Name	MCHAMMAD HUSSAINI BIN WAHID	Driver Type	Main Driver			
med driver Name		Driver NRJC	58734698F	Driver D	OB.	02/11/1987
ster Date of Driver Licens		Driver Age	n	Driving I	Experience	4
act No.(Mobile)	97697223	Contact No. (Office)	0	Contact	No.(Home)	0
ess 1	BLK 46BC	Address 2	FERMVALE LINK	Address	3	FERNVALE LEA
ess 4	SINGAPORE 793468	Address Type	Singapore address	Post Cod	le	793468
No.	02-559					
s he own a Singapore istered car?	○ Yes No	Driver Vehicle No.		But and the	surer Company	
				Driver to	sarer company	
eration				Oriver in	and Company	
thalyser or Blood Test	0 mg	Any injury?	○ Yes ® No	Drive in	The Company	
thalyser or Blood Test	0 mg	Any injury?	○ Yes ® No	Driver in	one company	
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> Back to OneMotoring

D.O.A. 2/10/2019 Bal: 84152-9m/hs

Vehicle Owner Particulars	ered Vehicle M, V, \$10,000
Owner ID Type:	Singapore NRIC
Owner ID: Vehicle Details	698F
Vehicle No.:	FBC2427A
Vehicle to be Exported:	No
Intended Deregistration Date:	04 Oct 2019
Vehicle Make:	YAMAHA
Vehicle Model:	FZ1-S
Primary Colour:	Red
Manufacturing Year:	2007
Engine No.:	N513E036263
Chassis No.:	JYARN161000010974
Maximum Power Output:	(a)
Open Market Value:	\$8,320.00
Original Registration Date:	11 Jan 2008
First Registration Date:	11 Jan 2008
Transfer Count:	4
Actual ARF Paid: Intended PARF Rebate Details	\$1,248.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	(40)
PARF Rebate Amount: Intended COE Rebate Details	\$0.00
COE Expiry Date:	31 Dec 2027
COE Category:	D - Motorcycle
COE Period(Years):	10
PQP Paid:	\$5,385.00
COE Rebate Amount:	\$4,436.00
Total Rebate Amount:	\$4,436.00

The information contained herein is correct as at 02 Oct 2019

Enquire Vehicle Transfer Fee

Vehicle Details

Vehicle No. FBC2427A
Make / Model YAMAHA / FZ1-S
Vehicle Type :
P00 - Passenger Motorcycle/Autocycle/Moped
Vehicle Attachment 1:
No Attachment
With a l
Vehicle Scheme :
Normal
Chassis No.:
JYARN161000010974
Propellant:
Petrol
Engine No.:
N513E036263
Motor No.:
Engine Capacity :
998 cc
Davis But
Power Rating:
-
Maximum Power Output:
-

Unladen Weight:
199 kg
Year Of Manufacture :
2007
Original Registration Date :
11 Jan 2008
Lifespan Expiry Date :
COE Category:
D - Motorcycle
PQP Paid:
\$5,385.00
COE Expiry Date :
31 Dec 2027
Road Tax Expiry Date :
10 Jan 2020
PARF Eligibility Expiry Date :
Inspection Due Date :
10 Jan 2020
Intended Transfer Date:
02 Oct 2019
CO2 Emission :
CEV/VES Rebate Utilised Amount:
·
CO Emission :
• a
HC Emission:
-
NOx Emission :
•
PM Emission :

Maximum Laden Weight:



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\$\$13,800

☐ Share ○ 31

Yamaha FZ1-S (Urgent Sale)

Bedok Point

© Meetup

* Used

Selling my FZ1-S Coe 09 Jan 2029 full accessories. COE just

renewed 10yrs

Year of manufacture: 2008. Year of registration: 2009

read more

1 month ago In Class 2

Sports Tourer

Insurance

Meet-up

Bedok Point [2]

Listed by jay6661

Mostly Responsive

Verified

Check seller profile



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Music & Media Toys & Games

Vintage & Collectibles Travel Sports Entertainment

Bicycles & PMDs

Cars & Property ~

Fashion ~

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\$\$10,000

△ Share ○ 35

Yamaha FZ1-S

Serangoon North

Mailing - Meetup

* Used

In Good Condition, Latest Servicing: Jun 2019, New Set Of Tire Worth \$450, Change: Engine Oil, Oil Filters, Spark Plugs. Change Coolent, Contact Me For Viewing.

COE expiry: Sep 2029

2 months ago In Class 2

∀amaha

@ Road Bike

Insurance

Meet-up

Serangoon North [2]

Shipping

Listed by dahaus

Very Responsive

O O Verified



Check seller profile

Reviews for dahaus

sootball 2019 Feb

Great seller to deal with!

Read all 4 reviews ★★★★★

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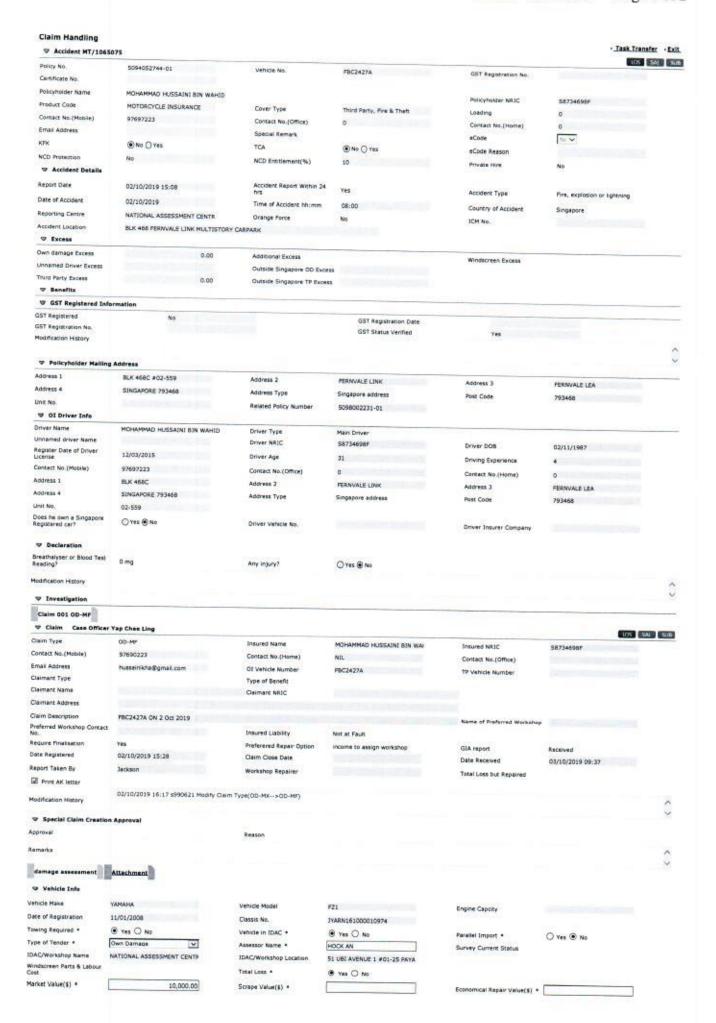
Club Med 4.



Time Started:

Entire Operation Completed Time:

1) CSO 2) ASS Time completed:



Claim Handling (damage assessment Claim Task MT/1065075 / Claim 001 OD-... Page 2 of 2 REMARK: TOTAL LOST DUE TO MAIN FRAME BEEN BURNT. Remark for Supplementary Find a Part Part No. Not Applicable ABS ABSORBER 1 16000101 BUMPER (FRONT) Please Select Y X ACCELERATOR ACTUATOR ADVERTISEMENT STICKER AIR BAD AIR BLOWER AIR BOX AIR CHAMBER BOX AIR CLEANER AIR COMPRESSOR AIR CON AIR CON (VAN) AIR COOLER AIR DISTRIBUTOR AIR FILTER AIR FLOW AIR GRILLE

Save Submit

AIR HORN

LKK Paya Ubi

From:

Tan Siew Choo <siewchoo.tan@income.com.sg>

Sent:

Friday, 18 October 2019 11:18 AM

To:

Hua Hong Tender

Cc:

ODsupport; Yap Chee Ling; NAC

Subject:

FBC2427A, claim no: MT/1065075 - Successful Tender For Wreck

Dear Hua Hong,

Our Ref: MT/CA/OD/077/1065075-001/YCL/TSC

18 Oct 2019

HUA HONG PTE LTD 25D SUNGEI KADUT STREET 1 SINGAPORE 729332

Dear Sir

CLAIM NUMBER: MT/1065075-001 VEHICLE NUMBER: FBC2427A

We are pleased to inform you that you are successful in your tender for the wreck vehicle. The details are

as follows:

Award Date: 18 Oct 2019

Make: YAMAHA Model: FZ1

Location: NATIONAL ASSESSMENT CENTRE SERVICES

Address: 51 UBI AVENUE 1 #01-25 PAYA UBI INDUSTRIAL PARK SINGAPORE 408933

If you have any queries, please contact Yap Chee Ling at 64307893 or email us at motor@income.com.sg.

Yours sincerely

Jenny Pe Deputy Vice President Motor Insurance

Tan Siew Choo

Senior Executive

Motor Insurance

T+65 6430 7882 www.income.com.sg









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NATIONAL ASSESSMENT CENTRE SERVICES (LKK GROUP)

51 Ubi Ave 1, #01-25, Paya Ubi Industrial Park, Singapore 408933, TEL: 6841 0055 FAX: 6841 6315



Vehicle Movement Form

Vehicle Check-In				
Vehicle No: FBC2427A	_ Date In:	Time In:	with Keys: Yes / No	
		For Office	ce use	
	Attended by:			
Workshop Collection of Vehicle				
Workshop: HWA HONG				
Collection Date: 22/10/19 Tow Truck No: GPF 88770	Time: [/ 5-	with Keys: Yes/	No	
Tow Truck No: 4PF 887-70	Tow Man: _ K	ignud hat NR	110: 58/09 to G	
Signature:				
For office use	9850	8851 Approved		
Attended by: Shan Hui	(• ()	885/ Approved	l by:	
Workshop Return of Vehicle				
Workshop:				
Returned Date:	Time:	with Key: Yes/N	lo	
* Tow In / Drive In Tow Man / Workshop Representative:		NRI-	C:	
Signature:		For office	use	
(1)			by:	
			*	
Owner Collection of Vehicle				
Collection Date:	Time:	with Key: Yes/N	'o	
Owner:	NR.	IC:		
Signature:				
For office use				
Attended by:		Approve	ed by:	