

FASTECH AUTO PTE LTD

1 Kaki Bukit Ave 6 #01-48 Autobay

Singapore 417883

Tel No: 67452063 / 67467158 Fax No: 67458520

Tax Reg No: 200006262D

Date : 30.12.2021

AXA Insurance Pte Ltd

8 Shenton Way

#27-01 AXA Tower

Singapore 068811

Attn: Motor Claim Department

Dear Sir/Madam,

ACCIDENT INVOLVING VEHICLES : FBK 8076Y / SHA 7500C ON 23.10.2021

We are the authorized repair workshop for the owner of motor vehicle no: **FBK 8076Y** , which was involved in the captioned accident with your insured vehicle no: **SHA 7500C** . The vehicle owner has requested and authorized us to assist him in presenting his/her claim against the party responsible for the damage to the vehicle.

As the accident was caused by the negligent act of your insured driving, we are submitting these claims for your consideration on behalf of the owner/claimant.

| | |
|--------------------------------------|--------------------|
| 1) Cost of Repair (inclusive of GST) | \$ 3,745.00 |
| 2) Loss of Use (4 days X S\$40) | \$ 160.00 |
| 3) LTA Search Fee | \$ 7.45 |
| | <u>\$ 3,912.45</u> |

We enclosed herewith the following documents to support the claims:

- | | |
|------------------------------------|----------------------------------|
| a) Final Repair Invoice | b) LTA Search Result |
| c) Letter of Authorisation, etc... | d) GIA Report |
| e) Police Report | f) I/C & Driving License |
| g) Insurance Certificate | h) Vehicle Registration Log Card |

Kindly look into the matter and let us hear from you on the settlement of our customer's claims as soon as possible.

Please note that it is a condition of any settlement reached that it shall be without prejudice to any personal injury claim (if any) of the owner/claimant.

Thank you.

Yours faithfully,

Jason Tang (jason@fastechauto.com.sg)
For FASTECH AUTO PTE LTD

TAX INVOICE

FASTECH AUTO PTE LTD

1 Kaki Bukit Ave 6 #01-48 Autobay

Singapore 417883

Tel No: 67452063 / 67467158 Fax No: 67458520

Tax Reg No: 200006262D

AXA Insurance Pte Ltd

8 Shenton Way

#27-01 AXA Tower

Singapore 068811

Attn : Motor Claim Department

Tax Invoice : 22655

Date : 30.12.2021

Vehicle No : FBK 8076Y

Make/Model : YAMAHA FZN 150

Chassis/Eng# :

Accident Date : 23.10.2021

Claim No :

Reference : 1021 -22655

Policy No :

| | Amount |
|-------------------------------|-------------|
| To proceed on lump sum repair | S\$ 3500.00 |

E. & O. E.

Total : S\$ 3500.00

GST @ 7% : S\$ 245.00

Amount Due : **S\$ 3745.00**



for FASTECH AUTO PTE LTD

> Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 25 Oct 2021 / 11:51:41

Receipt Date/Time : 25 Oct 2021 / 11:51:41

Tax Invoice/Receipt

Receipt No. : ITNET-00000-211025-001438

Previous Receipt No. :

| S/N | Item Description/ Business Transaction Reference No. | Amount Before GST (S\$) | GST Amount (S\$) | Amount After GST (S\$) |
|--|---|---|------------------------|------------------------------|
| Result of Insurance Enquiry - SHA7500C | | | | |
| As at 23 Oct 2021/17:40:00 | | | | |
| Insurance Co: AXA INSURANCE PTE LTD | | | | |
| 1 | Insurance Enquiry - SHA7500C Enquiry Fee 20211025115029070035 | 7.00 | 0.49 | 7.49 |
| Sub-Total | | 7.00 | 0.49 | 7.49 |
| Total Before Rounding | | 7.00 | 0.49 | 7.49 |
| Rounding Difference | | | | 0.04 |
| Total Amount Payable | | | | 7.45 |
| Paid By | | | | |
| 20211025115038188 | | Direct Debit: eNETS Debit (Internet Banking) | | 7.45 |
| Total | | | | 7.45 |
| Cash Change | | | | 0.00 |
| Tendered Amount | | | | 7.45 |
| Excess Refundable Amount | | | | 0.00 |

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

AUTHORISATION TO ACT

I/We, Mohamed Azamri Bin Haron (the third party claimant") of BK 272C
Punggol Walk #14-583 S(8)3272 (address), owner of FBK 8076Y (vehicle no.) hereby
authorize Fastech Auto Pte Ltd ("the workshop") to act for me with respect
to my claim for repair costs and/or rental and/or loss of use ("claim") for my vehicle no.
FBK 8076Y that was damaged pursuant to the accident which occurred on 23.10.2021 (date)
along Punggol Way (location) involving
vehicle no/s SHA 7500C ("the accident").

I further authorize the workshop to settle my above mentioned claim in a manner that they
deem fit and the workshop is further authorized to receive payment further to settlement of my
claim with payment cheque/s being made in favour of the workshop.

I further acknowledge that any settlement the workshop may reach on my behalf is on a
without prejudice and without admission of liability basis insofar as the driver/owner/insurers
of the other vehicle/s is concerned.

Dated this 26 (day) of 10 (month) 20 21 (year)



Signed by "the third party claimant"
(with company stamp if applicable)





Signed by "the workshop"
(with company stamp)

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 GlA Records Management Centre established by the General Insurance Association of Singapore (GlA) 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 | 25/10/2021 22:33 (SGT) |
| Date of Accident | 23/10/2021 17:40 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | Punggol way |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | FBK8076Y |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|--------------------------|
| Is company? | No |
| Name Of Registered Owner | MOHAMED AZAMRI BIN HARON |
| NRIC No | SXXXX917B |
| Email Address | Nurhanisha@hotmail.com |
| Mobile Phone No | (Phone) +65-93824842 |
| Alternative Phone No | +65-93824842 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Yamaha |
| Model | Fz150 |
| 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 - Claiming third party |
| Vehicle Category | Motorcycle |
| Transmission | Auto |
| CC | 150 |

INSURANCE COMPANY

| | |
|---------------------------|-------------------------|
| Name of Insurance Company | FWD Singapore Pte. Ltd. |
| Type of Coverage | ThirdPartyFireTheft |
| Fleet Policy | No |
| Policy Number | PNMC2021-00003951 |
| Cover Note Number | |

DRIVER

| | |
|----------------|----------------------------|
| Name of Driver | NUR HANISHA BINTE ABDULLAH |
| NRIC No | TXXXX611C |

| | |
|--|------------------------|
| Date Of Birth | 03/10/2001 |
| Occupation | Indoor |
| Date Of Driving Pass | 02/04/2020 |
| Driving experience | 1 YEAR AND 6 MONTHS |
| Gender | Female |
| Mobile Number | (Phone) +65-93824842 |
| Alt. Phone Number | - |
| Email Address | Nurhanisha@hotmail.com |
| Address | 272c |
| Address complement | - |
| Postcode | 823272 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Child |
| 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 - Change/cross lane |
| 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? | Yes |
| Was any injured conveyed to hospital by ambulance? | Yes |
| Was any other vehicle or property damaged? | Yes |
| Number of Passengers (Including Driver) | 1 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | Yes |

DETAILS OF POLICE ACTION

| | |
|--|----------------------------------|
| Was the accident reported to the police? | Yes |
| Police Station Name | Traffic Police |
| Police Station Phone No | (Phone) +65-65470000 |
| Alt. Police Station Phone No | (Fax) +65-65474900 |
| Police Station Address | 10 Ubi Avenue 3 Singapore 408865 |
| as notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

I was travelling along Punggol Way under Samudera LRT going towards Nibong LRT. I was riding on the most left lane when I noticed that there was a stationery car that stopped at the side of the road. I had the ample space to overtake the stationary car on the lane and did so as I slowed down. After I managed to overtake the vehicle while staying in the same lane and travelling straight ahead, the taxi that was involved in this accident cut and swerve from the right side into my lane without slowing down as he did not check his blindspot. He did not see me/my vehicle in the lane that he was trying to change into. I manage to react to the situation however as it was a wet road and the taxi swerved into my lane very closely to my vehicle, I did not have ample space to stop on time without skidding/jamming the brakes. As a result, my motorcycle hit the left side (near to the tail light) of the taxi and I hit my head hard due to the impact towards the taxi. My motorcycle dragged slightly across the back of the taxi before I fell sideways towards the ground and I hit my head once again on the road from my right side. My motorcycle was flat on the road after falling down and I had a temporary concussion due to the two hard impact towards my head (hitting the taxi/hitting the road). I manage to get up afterwards while feeling dizzy to rest under a shelter as it was raining and realised that my neck felt stiff and was hurting as well as a sharp throbbing pain on my head. The right side of my arm felt sore from hitting the taxi and road as well as my left knee as it hit my motorcycle body when I fell down. There was also abrasion on my right hand.

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 | SHA7500C |
| Vehicle Manufacturer | |
| Vehicle Model | |
| Vehicle Variant | |
| Vehicle Colour | |
| Vehicle Category | Commercial vehicle |
| Name of Driver | Lim kian seng |
| NRIC No | SXXXX416H |
| Contact Number | (Phone) +65-98538402 |
| Address | |
| Address complement | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| Details of property damaged in accident | |
| No. Of Passenger (Including Driver) | |

INJURED PERSONS DETAILS

INJURED 1

| | |
|---|----------|
| Name of injured person | As above |
| Gender | |
| Phone No | |
| Address | |
| Address Complement | |
| Post Code | |
| Approximate Age Years Old | |
| Injuries Sustained | |
| Injured person in which vehicle? | FBK8076Y |
| Were seat belts worn? | No |
| Was this injured conveyed to hospital by ambulance? | Yes |

WITNESS DETAILS

WITNESS 1

| | |
|-------|---------|
| Name | Unknown |
| Phone | |
| Email | |

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 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.

**VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMED SHARIL BIN SATAR**

Policyholder's Signature
Date & Time:

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

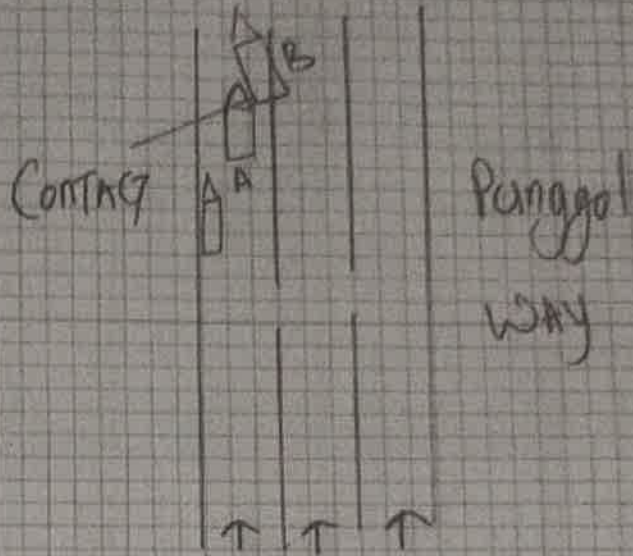
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

ACCIDENT DIAGRAM

Ver. 30042021

A-FBX8076Y

B-SHA7500C



VERIFIED BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMED SHARIL BIN SATAR

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

REFER TO ATTACHED ACCIDENT DIAGRAM


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As police report

DECLARATION

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:

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMED SHARIL BIN SATAR
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20211024/7003

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 4

Report No. T/20211024/7003

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|-------------------------------------|--|--------------------|----------------------------|
| Date/Time Report Made: 24/10/2021 11:44 | | Vide Report No.: F/20211023/0168 | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: NUR HANISHA BINTE ABDULLAH | | | Address: 272C PUNGGOL WALK #14-583 SINGAPORE 823272 | | |
| ID Type / ID No.: NRIC NO / T0131611C | | | Contact No.: Home/Office: Mobile: 93824842 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: nurhanisha@hotmail.com | | |
| Sex: Female | Age: 20 | Date of Birth: 03/10/2001 | Type of Informant: Rider | | |
| Race: Malay | | | Language: English | | Institution / School Name: |
| Occupation: Student | | | Driving Licence Information: Class: 2B,2A Date of Expiry: | | |

| | | | | |
|---|---------------------------|---|--|--------------------------------------|
| General Information of the Accident | | | | |
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 23/10/2021 17:40 | Type of Location: Straight Road |
| Location: PUNGGOL WAY | | | | |
| Weather: Raining | | Road Surface: Wet | Road Speed Limit: 50 Km/h | |
| Traffic Flow: One Way | | Traffic Control: Traffic Light - Working | | Traffic Volume: Moderate |
| Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction | | | | Anyone conveyed by ambulance: Yes |

| | | | | | | |
|------------------------------------|------------|------------------|-------|-------|----------|-------|
| Details of Vehicle Involved | | | | | | |
| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
| FBK8076Y | Motorcycle | | | Grey | | 0 |
| SHA7500C | Car | MERCEDES BENZ | | White | | 0 |

| | |
|-----------------------------------|--------------------------------|
| Details of Person Involved | |
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

| Rider | | | | |
|-----------------------------------|-------------------------------------|--|-----------------------------------|-------------------------------------|
| Name | NUR HANISHA BINTE ABDULLAH | | ID No. | T0131611C |
| Related Vehicle | FBK8076Y (Motorcycle) | | Contact No. | 93824842 |
| Hospital/Clinic | SENGKANG GENERAL HOSPITAL PTE. LTD. | | Class of Driving Licence & Expiry | Class: 2B,2A Date of Expiry: NIL |
| Date | 23/10/2021 | | Date | 23/10/2021 |
| No. of Days granted Medical Leave | 07 | | Degree of | Slight |
| Driver | | | | |
| Name | LIM KIAN SENG | | ID No. | S1494416H |
| Related Vehicle | SHA7500C (Car) | | Contact No. | 98538402 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry | Class: NIL Date of Expiry: NIL |
| Date | NIL | | Date | NIL |
| No. of Days granted Medical Leave | NIL | | Degree of | NIL |

Brief Details.

I was travelling along Punggol Way under Samudera LRT going towards Nibong LRT. I was riding on the most left lane when I noticed that there was a stationary car that stopped at the side of the road. I had the ample space to overtake the stationary car on the lane and did so as I slowed down. After I managed to overtake the vehicle while staying in the same lane and travelling straight ahead, the taxi that was involved in this accident cut and swerve from the right side into my lane without slowing down as he did not check his blindspot. He did not see me/my vehicle in the lane that he was trying to change into. I manage to react to the situation however as it was a wet road and the taxi swerved into my lane very closely to my vehicle, I did not have ample space to stop on time without skidding/jamming the brakes. As a result, my motorcycle hit the left side (near to the tail light) of the taxi and I hit my head hard due to the impact towards the taxi. My motorcycle dragged slightly across the back of the taxi before I fell sideways towards the ground and I hit my head once again on the road from my right side. My motorcycle was flat on the road after falling down and I had a temporary concussion due to the two hard impact towards my head (hitting the taxi/hitting the road). I manage to get up afterwards while feeling dizzy to rest under a shelter as it was raining and realised that my neck felt stiff and was hurting as well as a sharp throbbing pain on my head. The right side of my arm felt sore from hitting the taxi and road as well as my left knee as it hit my motorcycle body when I fell down. There was also abrasion on my right hand.



**SINGAPORE
POLICE FORCE**



T/20211024/7003

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 4

Report No. T/20211024/7003

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20211024/7003

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

4 of 4

Report No. T/20211024/7003

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
ROIZMAN BIN MOHAMED POSARI
Contact No.: 65476131


Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
24/10/2021 11:44

Classification Of Case:

For Insurance Reporting Only
Claim Purposes Only

REPUBLIC OF SINGAPORE
NRIC CARD NO. S7933917B



Name
MOHAMED AZAMRI BIN HARON

محمد ازمري بن هارون
Race
MALAY

Date of birth 24-11-1979 Sex M 87933917B

Country of birth
SINGAPORE

For Insurance Reporting Only
Claim Purposes Only

4494406



NRIC No. S7933917B



Date of issue
03-12-2009

APT BLK 272C PUNGGUL WALK #14-583
SINGAPORE 823272

S7933917B 10/07/2013

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **T0131611C**



Name
NUR HANISHA BINTE ABDULLAH

Race
MALAY

Date of birth
03-10-2001

Country/Place of birth
SINGAPORE

Sex
F

T0131611C

For Insurance Reporting And
Claim Purposes Only

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

License Number: **T0131611C**
Name: **NUR HANISHA BINTE ABDULLAH**

Birth Date: **03 Oct 2001**
Issue Date: **02 Apr 2020**



003043183B

5661302



NRIC No. **T0131611C**



Date of issue
14-10-2016

Address
**APT BLK 272C PUNGGOL WALK
#14-583
SINGAPORE 823272**

For Insurance Reporting And
Claim Purposes Only


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

| | | EFFECTIVE DATE |
|----------|--|----------------|
| CI | Class 2B Motorcycles \leq 200cc / Electric Motorcycles \leq 15kW | 02 Apr 2020 |
| Class 2A | Motorcycles between 201cc and 400cc / Electric Motorcycles between 15.1kW and 25kW | 29 Jun 2021 |

T0131611C

S / No.9000391463

NP 428A



License No: **T0131611C**

Certificate of Insurance

Please call **+65-6322-2072** for FWD Emergency Assistance
if Your Motorcycle breaks down or is involved in an accident.
All accidents must be reported within 24 hours or by the next working day of the incident
regardless of whether it will lead to a claim.

Policy number: PNMC2021-00003951

Plan name: Third Party Fire & Theft

Motorcycle plate number: FBK8076Y

Your name (As the policyholder): Mohamed Azamri Bin Haron

Coverage start date: 11/09/2021

Coverage end date: 10/09/2022

Covered geographical area: Singapore, West Malaysia and Southern Thailand

Who is insured to ride: You and Anyone with a valid driving license who You give permission to ride Your Motorcycle

Finance company:

Important things to know:

Your Policy comprises this Certificate of Insurance, the Contract, the Motorcycle Insurance Summary and any Endorsements attached by us. These documents should be read together as one. You must make sure that any person you give permission to ride Your Motorcycle understands your duties under this Policy and complies with its conditions.

Your Policy is only valid if Your Motorcycle is being used for commercial use in accordance with your contract.

This Policy does not cover use for any renting or leasing purposes.

We confirm that this Policy complies with the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189).

Issued on: 08/09/2021



Khor Kee Eng
Chief Executive Officer
FWD Singapore Pte Ltd

Please immediately inform us at **+65-6820-8888**
or email us at **contact.sg@fwd.com** if any details in
this Certificate of Insurance needs to be changed.

[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

| | |
|-------------------------------------|-------------------|
| Vehicle Owner Particulars | |
| Owner ID Type: | Singapore NRIC |
| Owner ID: | 917B |
| Vehicle Details | |
| Vehicle No.: | FBK8076Y |
| Vehicle to be Exported: | No |
| Intended Deregistration Date: | 25 Oct 2021 |
| Vehicle Make: | YAMAHA |
| Vehicle Model: | FZN150 |
| Primary Colour: | Black |
| Manufacturing Year: | 2015 |
| Engine No.: | G3E3E0022342 |
| Chassis No.: | ME1RG1614F2001742 |
| Maximum Power Output: | - |
| Open Market Value: | \$2,494.00 |
| Original Registration Date: | 16 Feb 2016 |
| First Registration Date: | 16 Feb 2016 |
| Transfer Count: | 3 |
| Actual ARF Paid: | \$375.00 |
| Intended PARF Rebate Details | |
| PARF Eligibility: | No |
| PARF Eligibility Expiry Date: | - |
| PARF Rebate Amount: | \$0.00 |
| Intended COE Rebate Details | |
| COE Expiry Date: | 15 Feb 2026 |
| COE Category: | D - Motorcycle |
| COE Period(Years): | 10 |
| QP Paid: | \$6,503.00 |
| COE Rebate Amount: | \$3,284.00 |
| Total Rebate Amount: | \$3,284.00 |

The information contained herein is correct as at 25 Oct 2021

OK