(08/11/13) wef ASS. REC. BY: Marcus REF: CC6/A167	22008922/Ues3
	GNMENT
From: Date:	Veh No: FBM2068Y Yr Regn: 25/08/17
Estimated Cost:	Type: M.Car M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD (TP) WS/TP RES/OD RES/EVA/INV/MV	Truck / Trailer or
To Inspect Vehicle No:	Make: Horde PCXIN c.c 153
To Inspect Vehicle No: at Workshop m/s ENGTA To Inspect Vehicle No: ENGTA	Colour 3 Mc A/C: Insured / Std / NI / NA
of	Sp.Reading 60 P8 T/Radio: Insured / Std / NI / NA
Insured: SJC 7018R	Eng/No:
Policy No.	C/NO: MLHKF 2083955349008
Claims No.	Gen. Cond: 6000 / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Looked / Burnt or Afect
(Client's Record)	Brake: norder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil (S/Rim / STD A/Rim or
(Policy Condition) Remark: The veh had commenced its repair at the time of inspection. Bal. or Market Value:	Tyre Size: F: $90 - 90 - 14$ R: $100 - 90 - 14$ BS / DUN EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Front 0 Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. R/Bal. mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. mm L/Bal. mm
Est. Repairs: days Res.: Yes or No	D.O.A. 07/09/22 D.O.I. 12/0 9/27
Lum Sum: % 3 Val.: Yes or No	Survey held at
CA / REV / REP. / 24 HRS Vehicle: IN / OUT Date: Person Contacted: Person Contacted: Person Contacted: O T C Vehicle: IN / OUT	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction Dep 1600	
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
1) : Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:

Date/Time, File Pass to?	: Preli. Report	D	ays Of Repair:			
1)	: Final Report	F	esurvey No. of T	Trip:	Survey Fee:	
Date/Time, File Return to?					Transportation:	
2)		Add Fee:	: Site Insp	(\$)S + RSSI	
			: Interview	(\$) Photos	
Report Format :			: Tech. Invs	(\$) Others	
Lump Sum / I.B.I: (\$)	: Weekend	(\$)	
					TOTAL	

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID: Vehicle Details	617E
Vehicle No.:	FBM2069Y
Vehicle to be Exported:	No
Intended Deregistration Date:	07 Sep 2022
Vehicle Make:	HONDA
Vehicle Model:	PCX150 AUTO
Primary Colour:	Blue
Manufacturing Year:	2016
Engine No.:	KF20E4349009
Chassis No.:	MLHKF2083G534 9009
Maximum Power Output:	
Open Market Value:	\$3,451.00
Original Registration Date:	25 Aug 2017
First Registration Date:	25 Aug 20 1 7
Transfer Count:	3
Actual ARF Paid: Intended PARF Rebate Details	\$518.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	
PARF Rebate Amount: Intended COE Rebate Details	\$0.00
COE Expiry Date:	24 Aug 2027
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	\$3,512.00
COE Rebate Amount:	\$1,742.00
Total Rebate Amount:	\$1,742.00

The information contained herein is correct as at 07 Sep 2022

In Super Low Mileage! https://sgbikemart.com.sg/ / /ya maha-yamaha-aerox-155/26153/



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 Actual 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.

- 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

Reported by

Date of Accident

Exact Location of Accident

Additional Location Information

Country/State of Loss

07/09/2022 16:41 (SGT)

07/09/2022 09:10 (SGT)

Singapore

THOMSON ROAD

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

FBM2069Y

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address

Mobile Phone No

Alternative Phone No

No

MOHAMED ISHMARIS BIN JEFRI

S9290617E

CHAMPIONRIS@HOTMAIL.COM

(Phone) +65-92209852

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Transmission

CC

Honda

Pcx150a

No - Claiming third party

Motorcycle

Manual

150

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

Income Insurance Limited

MOHAMED ISHMARIS BIN JEFRI

5126195225

Name of Driver NRIC No

Date Of Birth Occupation

S9290617E 01/06/1992 Outdoor

C Accident report SK0U2297000F

Page 1 of 22

Date Of Driving Pass Driving experience Gender

Mobile Number Alt. Phone Number

Email Address

Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged?

Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

Translator's name Translator's ID

Translator's phone number

Translator's email

Original language used in the statement

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Police Station Name Police Station Phone No Alt. Police Station Phone No

Police Station Address Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER POLICE REPORT ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Yes No

SJC7028R

Side Swipe Clear

24/01/2022

8 MONTHS

(Phone) +65-92209852

CHAMPIONRIS@HOTMAIL.COM

BLK 243 BISHAB STREET 22 #09-282 S570243

Male

Yes

No

Dry

No

2 Yes

No

Yes

No

Yes

Traffic Police

(Phone) +65-65470000 (Fax) +65-65474900

10 Ubi Avenue 3 Singapore 408865

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant

Accident report SK0U2297000F

Vehicle Colour	
Vehicle Category	Private car
Name of Driver	-
Contact Number	_
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 MOHAMED ISHMARIS BIN JEFRI Gender Male Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained REFER DETAILS IN POLICE REPORT Injured person in which vehicle? FBM2069Y Were seat belts worn? Yes Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the cisins process.
- 2. This Form must be completed by the Policyholder and/or the Actual Driver
- Information provided must be us truthful and accurate as possible. Any wiful misrepresentation or withholding of material facts may allow insurance companies to repudinte 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 Traffic Police Department for investigation.
- This report will be forwarded by the insurers to 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 fodgement 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 evailable 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 cortain 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/faw 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.

Percyholder's Signature / Date & Time

X 7(9(20)2

Actual Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting (Jentre Personn (Name as in NRIC/ID card)

Sketch Plan 1540

A FBM20699.

B SJC7028R

vJun2022

DEMELL STATISTICS IN THE

Refer to Police Repu	-
	40,56.3
	a view of the second
	100
	14
	Tempo Tilan
The state of the s	

Declaration

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

Policyholdor's Signature / Date & Time

Actual Driver's Signature (4 driver is not the policyholder).

Date & Time.

Witnessed by Flaporting Centre Person (Name as in FRIC-1D card)

1540hrs





T/20220907/7039

1 of 3

Report No. T/20220907/7039

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865

REPORT OF A TRAFFIC ACCIDENT

Tel No: 65470000

Date/Time Report Made: 07/09/2022 15:10		de:	Vide Report No.:	Station Diary No.:		
Informant'	s Particul	ars.				
Name of Informant: MOHAMED ISHMARIS BIN JEFRI			Address: 243 BISHAN STREET 22 #09-282 SINGAPORE 570243			
ID Type / ID No.: NRIC NO / S9290617E		Æ	Contact No.: Home/Office: Mobile: 92209852			
Nationality: SINGAPORE CITIZEN		N	Email: championris@hotmail.com			
Sex: Male	Age: 30	Date of Birth: 01/06/1992	Type of Informant: Rider			
Race: Chinese			Language: English	Institution / School Name:		
Occupation: FOOD DELIVERY RIDER		DER	Driving Licence Information: Class: 2B Date of Expiry:			

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/09/2022 09:10	Type of Location Straight Road	
Location: THOMSON R Weather: Cloudy	OAD	Road Surface: Dry		Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy	
Type of Collis Between Mov	ion: ing Vehicles - Head	l To Side		Anyone conveyed by ambulance:	

Details of V	ehicle Involve	4	THE RELEASE OF THE PARTY OF THE			
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
FBM2069Y	Motorcycle	HONDA	PCX150	Blue		0
FBIVIZU09 t	Motorcycle	TIONDA	AUTO	2.00		

Details of Vo	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
	NTUC Income Insurance Co-Operative Limited	5126195225	08/03/2022	07/03/2023



T/20220907/7039

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

2 of 3 Report No. T/20220907/7039

CONTINUATION OF REPORT

Details of Perso	n Involved		S. Carlotte		97 H H	
Any Pedestrian II	nvolved: No	I .				
No. of Pedestrians Injured: NIL Us			Use of Pedestrian Crossing: NA			ing: NA
Rider	11.20 25 4 10 0					CONTRACTOR OF THE STATE
Name	MOHAMED ISHMARIS BIN JEFRI		ll l	ID No.		S9290617E
Related Vehicle	FBM2069Y (Motorcycle)			Conta	ct No.	92209852
Hospital/Clinic	TAN TOCK SENG HOSPITAL			Class Driving Licence Expiry	g ce &	Class: 2B Date of Expiry: NIL
Date	07/09/2022		Date		07/09	0/2022
			Degree of		Sligh	

Brief Details.

On 07 September 2022 about 09.10hrs, i was riding my motorcycle no: FBM2069Y along Thomson Road on left lane on a 3 lane road Suddenly motor vehicle bearing SJC7028R change lane from center to my lane

The car's left passenger door hit my motorcycle front and I fell to the right

The driver's particular of SJC7028R as follows Mr Chua Kah Hau Luke

I.C. No: T0227318C

Contact Telephone: 98288594





3 of 3

Report No. T/20220907/7039

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

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 07/09/2022 15:10
Officer In Charge Of Case: TP / TPIB / MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:



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 : 5126195225

Cover : Third Party

1. Index mark and Registration Number of Vehicle

: FBM2069Y

Chassis Number

: MLHKF2083G5349009

2. Name of Policyholder

: MOHD ISHMARIS B JEFRI

3. Effective Date of Insurance

: 08 Mar 2022

4. Expiry Date of Insurance

: 07 Mar 2023

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.
 - (b) Use for food/parcel/other delivery services.

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

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

EXCESS (SECTION 1)

N/A

EXCESS (SECTION 2)

N/A

INSURE WITH COE

N/A

NAMED DRIVER (1)

MOHAMED ISHMARIS BIN JEFRI

NAMED DRIVER (2)

NEO RUI LIN

HIRE PURCHASE COMPANY

N/A

SUM INSURED

N/A

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

: PEOPLES INSURANCE AGENCY PTE. LTD. (00000614852)

Date of Issue

: 16 Aug 2022 11:43 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive







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

EFFECTIVE DATE

Class 2B Motorcycles ≤ 200cc / Electric Motorcycles ≤ 15kW 24 Jan 2022

NP 428A

Licence No:S9290617E