

BOON SIEW SINGAPORE PTE LTD

370 Ubi Road 3 (Level 2) Singapore 408651

255 Alexandra Road Singapore 159937

Tel: +65 6339 9002 Fax: +65 6333 4332

AXA INSURANCE (S) PTE LTD 8 SHENTON WAY #27-01 AXA TOWER SINGAPORE 068811 SINGAPORE, 68811 **SINGAPORE**

Customer Code: 129

Service Tax Invoice

GST Registratin No.: M2-0027502-X

59560

1,149.02

Company Registration No. 197701866M

Invoice No. SINV-UB0012702 **Invoice Date** 11/07/23 Order No. SBO00000503 Reference D.S/TP(AXA)

Job Card No. * 02/12/22 / 3:46:35 PM **Date/Time Received** Licence No. FBP475E Model ADV750K ED Car Chassis No. JH2RC95A7KK201705 Car Engine No. RC88E6304143

Mileage Service Advisor **TOH BOON WAH 204UBI** Served By . :

BWTOH Page : 1

and W		V= Vo. 100						8% GST Ar	nount inclo
No.		Description	Qty.	UoM	U. PriceD	isc %	Amount	Amount	GS
		DATE O F ACCIDENT:28.10.22							6
		POLICY NO.:5107215506-03							
		DATE TOW/DRIVE IN:04.01.23							
		SURVEYOR NAME:LKK, GUO QIANG							
		DATE SURVEY:21.11.22							
		AUTHORISED BY:LKK, MEI KWAN							
•5		EXCESS:N.A							
		3RD PARTY VEHICLE NO.:SHC8598D							
		CASE REF.:CC4/ASM22011010/GPA3							
WSP010	027- UB	REAR NO. PLATE	1	Hours	25.00	*	25.00	2.00	27.0
00744 1400 004				30					
33741-MS6-921		REFLECTOR REFLEX	1	EA	20.00		20.00	1.60	21.6
80100-MKH-D00		FENDER, A REAR	1	EA	35.00		35.00	2.80	37.8
80104-MKH-D00		COVER, LICENCE LIGHT	1	EA	16.60		16.60	1.33	17.9
80105-MKH-D00		FENDER, B, REAR	1	EA	33.30		33.30	2.66	35.9
80115-MKH-D00		STAY COMP, FENDER	1	EA	183.70		183.70	14.70	198.4
90102-MKA-D80		SCREW,SPL,5X14	2	EA	2.80		5.60	0.45	6.0
53180-MJP-G60ZB		GUARD R, KNUC*NH1*	1	EA	37.50		37.50	3.00	40.5
88210-MGS-D30		MIRROR COMP R,BAC	1	EA	85.00		85.00	6.80	91.8
18342-MKH-D01		COVER,MUFFLER	1	EA	82.20		82.20	6.58	88.7
GIVI'RM02		⊌NIVERSAL REAR MUDFLAP V2	1	EA	86.00		86.00	6.88	92.8
GIVI RM1156KIT		SPECIFIC MUDGUARD SUPPORT	1	EA	104.00		104.00	8.32	112.3
070798	027- UB	TO REMOVE ALL DAMAGED PARTS, NECESSARY ATTACHMENT,	1	Hours	350.00	1	350.00	28.00	378.0
10	0.5	REALIGN AFFECTED PORTION TO ALIGN	MENT						
. A.S.		3	Sum	Labor			375.00	30.00	405.00
			Sum				688.90	55.12	744.0
			Total	SGD		160	1,063.90	85.12	1,149.02

Total Payable (SGD)

SN0722B1000U / Income Insurance Limited ENTRY DATE & TIME: 01/11/2022 16:21 (SGT) SUBMITTED BY: Chen Jun Llang VERSION: 1 (01/11/2022 16:21 (SGT))



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 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 01/11/2022 16:21 (SGT) Reported by Both Date of Accident 28/10/2022 20:00 (SGT) Exact Location of Accident Singapore Additional Location Information PASIR RIS DRIVE 1 NEAR LP 110 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBP475E

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner WONG JOO WIEU NRIC No S7432230A Email Address derrwong@gmail.com Mobile Phone No (Phone) +65-97891470 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Honda Model Adv 750 Variant Exact purpose for which vehicle was being used at time of Private use Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Motorcycle Transmission Auto 750

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5107215506-03

DRIVER

Name of Driver WONG JOO WIEU NRIC No S7432230A Date Of Birth 07/10/1974 Occupation Indoor

Date Of Driving Pass 21/10/1999 Driving experience 23 YEARS Gender Male Mobile Number (Phone) +65-97891470 Alt. Phone Number Email Address derrwong@gmail.com Address BLK 150 WOODLANDS STREET 13 #01-791 Address complement Postcode 730150 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured 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 DRIZZLE 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 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? No 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? No Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO SKETCH PLAN ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SHC8598D Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Taxi Name of Driver YEO SIEW HUAY

(Phone) +65-97463350

Contact Number

Address	-
Address complement Postcode	-
	-
Insurance Company Name	
Nature Of Damage	FRONT PORTION
Details of property damaged in accident	
No. Of Passenger (Including Driver)	

INCOME MOTOR SERV	NCE	CENTRE
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Report Date & Start Time:

01/11/2022 / 16:13

Réport No: MT/____

D.O.A: 28/10/2022 Time: XXXXX hrs Vehicle No: FBP475E

Reporting Type:

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 Actual Drives.
- 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.

SKETCH PLAN

- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy flability 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.
- 7 By the ladgement 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 insurers) 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 poice), 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.
- (#) 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 puckages); 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 mayican be disclosed by any of the Insurers and/or GIA to their third-party service providets or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes;

125

01/11/227 16:13

pure I Date & Time Desprée Signature (If décent le part

01/11/22 / 16:13

Chen JunLiang

Witnessed by Reporting Centre Peromol (Name as to NRICAD card)

Sketch Plan

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

PASIR RIS DRIVE 1 NEAR LP 110

Vehicle A: FBP475E

Vehicle B: SHC8598D

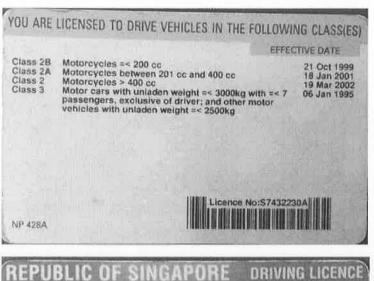
escribe Circumstances of the Accident	
IY MOTORBIKE WAS STOPPED BEHIND ONE BUS. SUDDENLY, I FELT AN IMPACT ON MY I	
ORTION. I MANAGED TO MAINTAIN MY BALANCE AND DID NOT FALL. NO ONE WAS INJU	JRED.

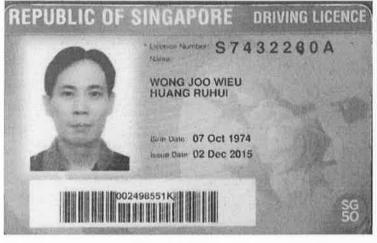
Declaration

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

Chen JunLiang
Witnessed by Reporting Centre Personnel
(Name as in NRICAD card)







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 : 5107215506-03

Cover: Comprehensive

1. Index mark and Registration Number of Vehicle

: FBP475E

Chassis Number

: JH2RC95A7KK201705

2. Name of Policyholder

: WONG JOO WIEU

3. Effective Date of Insurance

: 25 Jan 2022

4. Expiry Date of Insurance

: 24 Jan 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.

- - (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.
- # 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 headings.

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

EXCESS (SECTION 1)

\$\$500 N/A

EXCESS (SECTION 2)

PLEASE REFER OVERLEAF

INSURE WITH COE

: YES

NAMED DRIVER (1)

WONG JOO WIEU

NAMED DRIVER (2)

N/A

HIRE PURCHASE COMPANY

EXCESS (THEFT OUTSIDE SINGAPORE)

MAH PTE LTD 3

SUM INSURED

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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

ASSURE PTE. LTD. (00000572842)

Date of Issue

: 17 Dec 2021 10:16 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive