<u>A</u>	VC 23001286/Ugy3
From: Date:	FE16367
Estimated Cost:	TI Regn: // III
OD TR/WS/TP RES/OD RES/EVA/INV/MV	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or
To Inspect Vehicle No: FF/6357	. 1
at Workshop m/s Enofic	C.C [
of	and the start of t
Insured: 6V8338A	Sp.Reading S-1-866 T/Radio: Insured / Std / NI
Policy No.	Eng/No:
Claims No.	C/No: 52 A 0011.86
Complete and I	Gen. Cond: Good / Fair / Poor / Burnt
(Client's Record)	Steering: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Brake: Ingraer / Jammed / Leaked / Burnt or
TOTAL CONTROL OF THE	Modi: Nil (SKim / STD A/Rim or
(Policy Condition)	Tyre Size: F: 90-80-17
(Policy Condition)	N
Remark: The veh had commenced its repair at the time of inspection.	BS / DUN / EXNOVA / GY / FS / LIZA / MIC) OHTSU / PIR / SUMI /
101 N	TOYO/YOKO or
Bal. or Market Value:	<u>Front</u> <u>Rear</u>
DAC Accident Rport: Consistent? : Yes or No	R/Bal. 6 mm R/Bal. 6
GIA / PR Seen: Consistent?: Yes or No	L/Bal. mm L/Bal
st. Repairs: 2 days Res.: Yes or No	D.O.A. 20/01/23 D.O.I. 7/9/2
um Sum: % 3 Val.: Yes or No	Survey held at
CA / REV / REP. / 24 HRS 5040	
Vehicle: IN / OUT	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
ate: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collisi
Date / Time Action / Instruction	
Cae until 28-02-2013	
	28
renu coe une- / 29-02-20	
rener coe une / 29-02-20 after renew we my \$ & K	· he fore MU is & 3 Sus
COR UNEN (28-02-2023) renu coe unen 28-02-20 after renew ese mv \$ 2 K	he fore MV is & 3 800
123 1/5 & 800 : 1 Am AH	hery (Led & 2883.20, 78%)
123 1/5 & 800 : 1 Am A AH	hery (Red & 2883.20, 78%)
seru coe une 1 29-02-20 after renew ese mv \$2 k (123 1/5 & 800 ; Mand AH	hery (Led & 2883.20, 78%)
(12) 1/5 & 800 ; Man AH	hery (Led & 2883.20, 78%)
e/Time, File Pass to? : Preli. Report	hery (Led & 2883.20, 78%) Days Of Repair: 2
e/Time, File Pass to? Preli. Report Final Report	hery (Led & 2883. 20, 78%) Days Of Repair: 2
e/Time, File Pass to? : Preli. Report: Final Report	hey (Led & 2883. 20, 78%) Days Of Repair: Resurvey No. of Trip: Survey Fee:
e/Time, File Pass to? : Preli. Report: Final Report	Days Of Repair: Resurvey No. of Trip: Survey Fee: Transportation:
e/Time, File Pass to? E/S Soo John AH E/Time, File Pass to? E/File Return to? Add Fee:	Days Of Repair: Resurvey No. of Trip: Survey Fee: Transportation:
e/Time, File Pass to? E/Time, File Pass to? E/Time, File Pass to? E/Time, File Return to? E/Time, File Return to?	Days Of Repair: Resurvey No. of Trip: Survey Fee: Transportation: Site Insp (\$) S+RS,_SI

EROFIA MOTOR TRADING PTE LTD(201202259N)

No 1 Kaki Bukit Avenue 6 #02-62 AutoBay @ Kaki Bukit Singapore 417883

Tel: 67527740 Fax: 67528669

E-mail: erofia@singnet.com.sg

Owner:

Gunyar Joe Jackson (87977744)

Vehicle No: FE1625T (COE280223)

Accident Date:

20-Jan-23

Vehicle Model: Yamaha RX11

Estimated Repair Costs

Qty	Description List Items Top cowling Side mirrors Front signals Description 7 / 7 / 7 / 7 / 7 / 7 / 7 / 7 / 7 / 7	Non	Am	ount S(\$)
	List Items The ghost			, ,
1	Top cowling		\$	285.00 🗶
2	Side mirrors 0/5 Cu7	70	\$	140.00 /
2	Front signals 17		\$	175.00
1	Handle-bar 11		\$	268.00
1	Hand grip (1 set) 17		\$	70.00
2	Handle bar ends .2/500)	38	\$	125.00 ()
1	Brake lever (M)	60	\$	95.00
1	Front footrest \wedge		\$	170.00
1	Front footrest rubber 7311		\$	90.00
1	Brake pedal /		\$	155.00
1 -	Exhaust assy 1		\$	780.00
1	Rear lamp CM	190	\$	380.00
1	Rear cover Cyc	300	\$	520.00
1	Rear signals (1 set)	So	\$	175.00
		40	\$	3,428.00
	Less 10%		\$	342.80
			\$	3,085.20
	Special Net Items			
1	Number plate (1 set) Rear But		\$	38.00 20
			\$	38.00
S/No.	Labour			
1	To provide towing service (LOD)		\$. =
2	To ckeck wiring and reset headlamp focusing			80.00×
3	To provide labour		\$	480.00 2 6
			\$	560.00
	LKK Auto Consultants hence notify		7	
	the Repairer of the following: Grand Total • To resurvey before/after spray painting		\$	3,683.20

 To display damaged part(s) during resurvey Singapore Dollars: Three Thousand Six Hundred Eighty-Three and Cents: Twenty only

No illegal modification(s) is allowed

Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

EROFIA MOTOR TRADING PTE LTD



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

Reported by

Date of Accident

Exact Location of Accident

Additional Location Information

Country/State of Loss

28/01/2023 15:42 (SGT)

Both

20/01/2023 21:25 (SGT)

Singapore

ALONG 363 JOO CHIAT RD

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

FE1625T

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address

Mobile Phone No.

Alternative Phone No.

No

GUNYAR JOE JACKSON

T0041504E

JOECHRISTOPHERJACKSON@GMAIL.COM

(Phone) +65-87977744

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category

Transmission

CC

Yamaha

Rx115

Private use

No - Claiming third party

Motorcycle Manual

115

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

Income Insurance Limited

5133334947

DRIVER

Name of Driver

NRIC No

Date Of Birth

Occupation

GUNYAR JOE JACKSON

T0041504E

19/11/2000

Indoor



Date Of Driving Pass 14/07/2022 Driving experience 6 MONTHS Gender Male Mobile Number (Phone) +65-87977744 Alt. Phone Number Email Address JOECHRISTOPHERJACKSON@GMAIL.COM Address BLK 30 MARINE CRESCENT #03-175 Address complement Postcode 440030 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 Hit and run / Vandalism / Damaged whilst parked 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? No Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 0 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 MY BIKE WAS PARKED AT A PARKING LOT, A STRANGER APPROACHED ME SAYING THAT MY BIKE DROPPED. I WENT TO MY BIKE TO CHECK, I SAW THE DRIVER WHO TOLD ME THAT HE KNOCKED ONTO MY BIKE. ACCORDING TO HIM THE BIKE FELL ON MY RIGHT. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number GV8338A Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour

Commercial vehicle

Vehicle Category

Name of Driver NRIC No Contact Number	SIM SEOW KHIM S7002188I (Phone) +65-91141125
Address	_
Address complement	-
Postcode	2
Insurance Company Name	_
Nature Of Damage	
Details of property damaged in accident	-
	-
No. Of Passenger (Including Driver)	-

Describe Circumstance of the Accident				
	REFER TO GEARS			
	TIEFEN TO GEANS			
	•			
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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

28/1/2023

MOEHAMMAD RIDHWAN BIN MOHAMMAD SULAIMAN 2

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 Actual 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 Traffic Police Department for investigation.
- 6. 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 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:

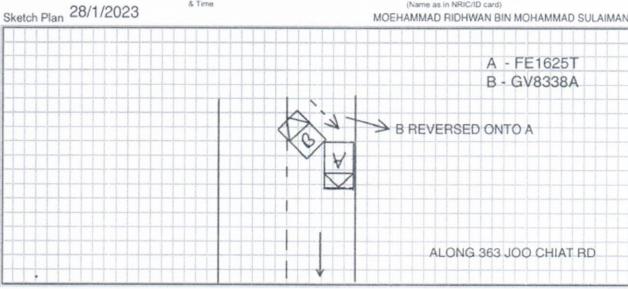
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 Purg

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

MOEHAMMAD RIDHWAN BIN MOHAMMAD SULAIMAN



Back 5133334947 ~

(Income

Certificate of Insurance

Cover : Third Party

GUNYAR JOE JACKSON

: FE1625T

52A001186

: 17 Jan 2023

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 : 5133334947

1. Index mark and Registration Number of Vehicle

Chassis Number 2 Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance : 16 Jan 2024

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)

GUNYAR JOE JACKSON

NAMED DRIVER (2) N/A 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 Date of Issue : ASSURE (SINGAPORE) PTE, LTD, (00000615327)

: 18 Jan 2023 11:06 hrs

For INCOME INSURANCE LIMITED

Chief Executive





REPUBLIC OF SINGAPORE IDENTITY CARD NO. TOO41504E





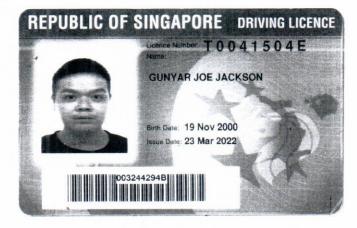
GUNYAR JOE JACKSON



THAI Date of birth 19-11-2000

Country/Place of birth SINGAPORE

T0041504E



NP 428A

7920040006.0N \ S

10041204E

Class 38

Motorcycles < 200cc / Electric Motorcycles < 15kW 14 Jul 2022

S 3000kg with < 7 passengers, exclusive of the diver / Motor tractors or vehicles < 2500kg with < 7 passengers, exclusive of the diver / Motor tractors or vehicles < 2500kg

EFFECTIVE DATE

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

SINGAPORE 440030 APT BLK 30 MARINE CRESCENT

53-04-5012 Date of issue



7881975