

NATIONAL Assessment Centre Services (Call 1-800-335-8000) **740723580003**

Date In: **03/05/2023 12:55** Job Description: **SAS e-tiling** Date & Time Completed: Done by:

Ref No: **N188/FWD2800 Y6647** E-mail (within 24hrs, A/C 2hrs)

Val No: **FBK 809R** i-Motor Clean Form

D.O.A: **25/04/2023 09:00** i-Motor W/O (within 24hrs, 24 hrs)

OD: **TP** i-Photo Uploaded

TP Insured: Assessment/Survey Report

Ass't Report by Fax/Hand to Owner/Whse

Preferred Wksp / INC Assign Wksp / OW: () Tel: Fax:

TP Particulars: Val No: **FBK 2831H** INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % (Note: 1st Status (WO): 1st: 0-30%, 2nd: 21-79%, 3rd: 80-100%)

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks: ()

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo (Repair Cost > \$3000) ()

Injury: ()

Date of Injury: ()

Location: ()

Time: ()

Weather: ()

Vehicle: ()

Driver: ()

Witness: ()

Police: ()

Insurance: ()

Repairer: ()

Other: ()

N18801285

Invoice/Repairation Charge Summary

1) A/C: Accident Processing (\$300)	
2) DA: Damage Assessment (\$1000)	INC (\$50)
3) TP: Towing Fee (\$100)	\$100/\$45
4) PE: Follow-Through Survey (\$120)	
5) PF: Follow-Through Survey (Basic Fee) (\$30)	
6) TR: Re-inspection (\$75)	
7) NI: New DA + SMV Survey (\$145)	
8) NTUC Additional Fee (\$100)	
9) QP: ()	
10) NI: Courtesy Car / Tel Allowance (\$5)	
11) NI: Repair Coordination (\$15)	
12) NI: Post Repair Inspection (\$35)	
13) NI: DV / Collect Excess Coordination (\$1)	
14) NI: TP (Non-INC) (within 24hrs) (\$20)	
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Checked by (Engr-In-Charge): ()

Signature: ()

Date: ()

Time: ()

Location: ()

Vehicle: ()

Driver: ()

Witness: ()

Police: ()

Insurance: ()

Repairer: ()

Other: ()

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 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 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	03/05/2023 12:55 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	25/04/2023 09:00 (SGT)
Exact Location of Accident	SLE, Singapore
Additional Location Information	TOWARDS CTE AFTER WOODLANDS AVENUE 12
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBR809R
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	MUHAMMAD RIDZWAN BIN HASHIM
NRIC No	SXXXX657I
Email Address	ridzwan.tucker@live.com
Mobile Phone No	(Phone) +65-97888947
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	T150
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	Manual
CC	150

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Policy Number / Cover Note Number	PNMC2021-00000752-02

DRIVER

Name of Driver	MUHAMMAD RIDZWAN BIN HASHIM
NRIC No	SXXXX657I
Date Of Birth	25/10/1990
Occupation	Outdoor

Date Of Driving Pass	08/12/2009
Driving experience	13 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97888947
Alt. Phone Number	-
Email Address	ridzwan.tucker@live.com
Address	BLK 346 WOODLANDS STREET 32 #03-174
Address complement	-
Postcode	730346
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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?	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?	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
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/2023425/7080

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	FBN2831H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	-
Name of Driver	Motorcycle
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBK1436M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Commercial vehicle
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	MUHAMMAD RIDZWAN BIN HASHIM
Gender	Male
Phone No	(Phone) +65-97888947
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURY
Injured person in which vehicle?	FBR809R
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

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 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;

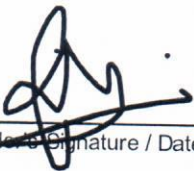
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

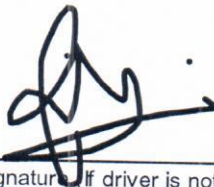
(collectively the "Purposes")

(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

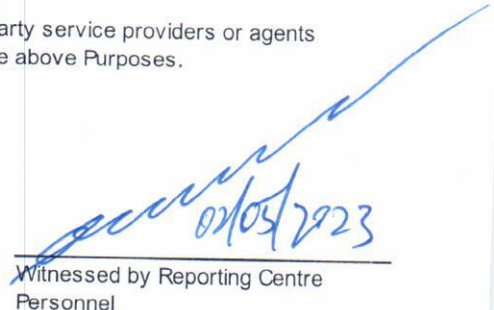
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time



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

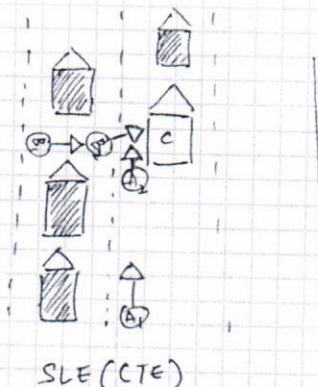


02/05/2023

Witnessed by Reporting Centre Personnel

Sketch Plan

Lamp Post
504



VEH A: FBR809R
VEH B: FBN2831H
VEH C: GBK1436M

Refer to Police Report Attached 7/20230425/7000

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

Signature / Date

nature of driver is not the

Witnessed by Reporting Centre



SINGAPORE POLICE FORCE



T/20230425/7080

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

1 of 4

Report No. T/20230425/7080

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/04/2023 19:09		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MUHAMMAD RIDZWAN BIN HASHIM		Address: 346 WOODLANDS STREET 32 #03-174 SINGAPORE 730346			
ID Type / ID No.: NRIC NO / S90396571		Contact No.: Home/Office: Mobile: 97888947			
Nationality: SINGAPORE CITIZEN		Email: RIDZWAN.TUCKER@LIVE.COM			
Sex: Male	Age: 32	Date of Birth: 25/10/1990	Type of Informant: Rider		
Race: Malay			Language: English		
Occupation: Marine superintendent			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/04/2023 09:00	Type of Location:
Location: SELETAR EXPRESSWAY				
Weather:		Road Surface:		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBR809R	Motorcycle	YAMAHA	T150	Black		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBR809R	FWD Singapore Pte. Ltd	PNMC2021-00000752-02	12/02/2023	11/02/2025



SINGAPORE POLICE FORCE



T/20230425/7080

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

2 of 4

Report No. T/20230425/7080

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD RIDZWAN BIN HASHIM	ID No.	S90396571
Related Vehicle	FBR809R (Motorcycle)	Contact No.	97888947
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	21	Degree of	Serious

Brief Details.

On the stated date and time, I was riding my bike, FBR809R, along lane 2 of SLE(CTE), travelling straight.

Just after Woodlands Ave 12 exit, near Lamp post 504, FBN2831H, abruptly dashed out from in between slow moving heavy vehicles along lane 3, catching me completely off guard.

I immediately jammed on my brakes in a bid to avoid the collision but to no avail.

The front portion of my bike collided with the right portion of FBN2831H.

The impact caused my bike to be thrown to my right and my body collided against the left rear portion of GBK1436M, which was diagonally in front of me in lane 2.

My body bounced off the side of said lorry before I fell on my left, landing hard on my left hand/forearm really hard.

The left side of my body subsequently hit the ground.

I immediately felt a sharp pain coming from my left wrist.

I realised that I had abrasions and wounds over namely:

Left fingers
Left wrist
Left shin
left foot

I lay on the ground in pain for awhile but fortunately, managed to get on my feet on my own.

When I got up, I noticed the rider of FBN2831H attending to his pillion who was still on the ground.



**SINGAPORE
POLICE FORCE**



T/20230425/7080

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

3 of 4

Report No. T/20230425/7080

CONTINUATION OF REPORT

Thereafter, said rider then informed me of his intentions to bring his pillion to seek treatment at a clinic nearby and left the scene hurriedly.

EMAS then arrived and ambulance was called.

Paramedics attended to me before I was conveyed to KTPH for treatment.

I was diagnosed with a left wrist fracture as well as multiple abrasions before being discharged the same day with 21 Days HL.

After I was discharged, I also started experiencing aches and soreness in my neck, shoulders, upper and lower back, both arms and left thigh areas the same evening.

I will be seeking follow up treatment with my company doctors.



SINGAPORE POLICE FORCE

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



T/20230425/7080

4 of 4

Report No. T/20230425/7080

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
TAY CHUN KEEN
Contact No.: 65476436

NP168

Signature Of Informant:

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

Date/Time:
25/04/2023 19:09

Classification Of Case:

5

Date of Accident : 25/04/2023 Accident Time: 0900 Hrs (24-HR-Format)

Accident Place : Along SLE(CTE) after Woodlands Ave 12

Vehicle. No. (Car Plate No.) : FBR809R Make/Model: Yamaha T150

Insurance Company : FWD Policy No: PNMC2021-00000752-02

Owner or Company Name / IC No. : Muhammad Ridzwan Bin Hashim / S9039657I

Owner or Company Contact No. : 97888947 Owner's Hp _____ Company Tel _____

DRIVER'S Name / IC No. : Same as Owner

DRIVER'S Date Of Birth : 25/10/1990 DRIVER'S License Pass Date 08/12/2009

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Self

DRIVER'S Address : 346 Woodlands St 32 #03-174 S730346

DRIVER'S Contact No./ Alt No. : 1) 97888947 2) _____

DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)

Email Address : RIDZWAN.TUCKER@LIVE.COM

Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET

Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance

Number of Passengers (Including Driver): 1

Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any Injury (If YES, Pls state): YES, BODILY INJURIES

C

Other Party Driver's Particular (if any)

B

Vehicle. No: GBK1436M

Vehicle. No: FBN2831H

Vehicle Make/Model: _____

Vehicle Make/Model: _____

Name Driver: _____

Name Driver: _____

IC No. Driver/Contact: _____

IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

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: PNMC2021-00000752-02

Plan name: Third Party

Motorcycle plate number: FBR809R

Your name (As the policyholder): Muhammad Ridzwan Bin Hashim

Coverage start date: 12/02/2023

Coverage end date: 11/02/2025

Covered geographical area: Singapore, West Malaysia and Southern Thailand

Who is insured to ride: You Only

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 personal use in accordance with your contract.

This Policy does not cover use for hire or reward, delivery of goods, and 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: 09/02/2023



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.