

# NATIONAL Assessment Centre Services

(Unit 1 / 1000)

NA802379

Date In: 12/04/2018 18:00  
Ref No: NBA/21P180060874  
Veh No: FBM 5923 C  
D.O.A: 28/03/2018 16:20  
OD / TP Reporting Unit

Job Description	Date & Time Completed	Done by
SAS e-illing		
E-mail (with photo, etc)		
1-Motor Claim Form		
1-Motor YVO (with photo, etc)		
1-Photo Uploaded		
Assessment/Survey Report		
Assl Report by Fax/Hand to Owner/Wksp		

TP Insure:

Preferred Wksp / INQ Assgn Wksp / OW:

TP Particulars: Yell No: FBE 4311B- INC ( ) / Non-INC ( )  
Owner / Driver: ( )  
Policy No: ( ) Period: ( ) Cover Type: ( )  
Confirmed by: ( ) Date: ( )  
Insured/Driver Liability: ( ) % (Note: BSL Status (WO): N: 0-20%, P: 21-79%, P: 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 repeller.  
( ) Total Loss Case: to e-mail Insurer URGENTLY.  
Drive-In ( ) / Towed-In ( ) Invoice: YES ( ) / NO ( ) Towing Co: ( )

Remarks: ( )  
1) Apply for Transition Allowance ( ) / Courtesy Car ( )  
2) QC Check / Post Repair Inspection ( )  
3) Upload Repair Photo (Repair Cost > \$3000) ( )

Injury: ( )  
Date/Time: ( )  
Actions: ( )

NA802379	Invoice Preparation Checklist	Value	Actual
1) AR: Accident Reporting (\$30)			
2) DA: Damage Assessment (\$100)	INC (\$40)		
3) TP: Towing Fee			
4) PT: Follow Through Survey			
5) FT: Follow Through Survey (Re-survey)			
6) TR: Repair Unit			
7) NTUC: DA + SMAT Survey			
8) NTUC: Additional Survey			
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## 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 ability.
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 Report	12/04/2018 18:05
Date Of Accident	25/03/2018 16:20
Exact Location Of Accident	OPEN CARPARK AT ANG MO KIO AVENUE 4
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM5923L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	OSMAN BIN DOLLAH
NRIC No	S1585019A
Email Address	OSMANBINDOLLAH.OD@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96378070
Alternative Phone No	OTHERS-96378070

### Vehicle Particulars

Manufacturer	HONDA
Model	NC750X MANUAL
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

If No, Please state action to be taken

REPORTING ONLY

Vehicle Category

MOTORCYCLE

### Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	
Cover Note Number	C0079627

### Driver

Name of Driver	OSMAN BIN DOLLAH
NRIC No	S1585019A
Date Of Birth	30/05/1963
Occupation	OUTDOOR
Date Of Driving Pass	14/03/1980
Driving Experience	38 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96378070
Fax Number	
Contact Number	OTHERS-96378070
Email Address	OSMANBINDOLLAH.OD@GMAIL.COM



Address	BLK 627 YISHUN STREET 61 #05-65
Postcode	760627
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	NO COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT MERAH WEST NPC
Police Station Address	ROAD: 500 BUKIT MERAH VIEW #01-01 , POSTCODE: 159682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180412/2052

#### 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	FBE4311B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number FV1173R  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category MOTORCYCLE  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number FBL8339J  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category MOTORCYCLE  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

## 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.

Policyholder's Signature

Date & Time: 12/4/2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

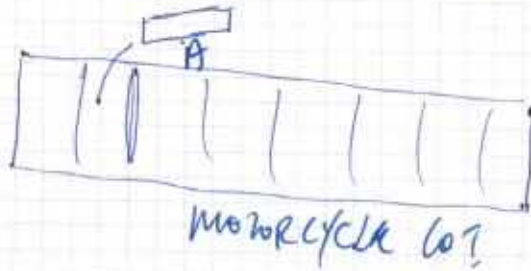
Name:

NRIC/FIN No:



SKETCH PLAN

EPKAL CARPARK A7 ONLY MO KIO AVENUE 4



A) FBM 5923L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT  
1/20180412/2052

DECLARATION

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

Policyholder's Signature  
Date & Time: 12/4/2018

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

Reporting Centre Personnel's Signature  
Name: 12/04/2018  
NRIC/FIN No: 12/04/2018



# SINGAPORE POLICE FORCE



T/20180412/2052

1 of 3

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

Report No. T/20180412/2052

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 12/04/2018 12:22	Vide Report No.:	Station Diary No.: 29
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**Informant's Particulars**

Name of Informant: OSMAN BIN DOLLAH			Address: APT BLK 627 YISHUN STREET 61 #05-65 SINGAPORE 760627	
ID Type / ID No.: NRIC NO / S1585019A			Contact No.: Home/Office:	Mobile: 96378070
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 54	Date of Birth: 30/05/1963	Type of Informant: Rider	
Race: Boyanese			Language:	Institution / School Name:
Occupation: Despatch worker			Driving Licence Information: Class: 2,3	Date of Expiry:

**General Information of the Accident**

General Information of the Accident:				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 25/03/2018 16:20	Type of Location: Car Park
Location: Along Road 1 ANG MO KIO AVENUE 4				
At the carpark.				
Weather: Sunny		Road Surface: Dry	Road Speed Limit:	
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
FBM5923L	Motorcycle				No Damage	0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20180412/2052

2 of 3

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

Report No. T/20180412/2052

**CONTINUATION OF REPORT**

Rider			
Name	OSMAN BIN DOLLAH	ID No.	S1585019A
Related Vehicle	NIL	Contact No.	96378070
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On the 25th of March 2018 at about 1600hrs I pushed my motorbike out from the carpark before exiting the carpark. While I was riding out, I heard a loud noise and I turned around to look. I noticed that around four to five bikes dropped down together. I did not stop to make a check and I left the place. On the 11/04/2018, I received a letter from Traffic Police ref: TP/IP/21489/2018 informing me that the traffic police will be investigating on a case of traffic accident along Ang Mo Kio Ave 4 on the 25/03/218 at 1640hrs. I wish to state that I did not hit any vehicles on that day as I was exiting the place.





**SINGAPORE  
POLICE FORCE**



T/20180412/2052

3 of 3

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

Report No. T/20180412/2052

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:  
D /  
Sgt 2 GURU SAI DHARSHAN S/O  
SIVASUPRAMANIAM

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / G'A /  
Staff Sgt TANG SIEW PING  
Contact No.: 65476430

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
12/04/2018 12:22

Classification Of Case:



**SINGAPORE  
POLICE FORCE**

Traffic Police  
Singapore Police Force  
10, Ubi Avenue 3  
Singapore 408865  
Tel : 6547 0000  
Fax : 6547 6259

Date : 06 Apr 2018

Your Ref :  
Our Ref : TP/IP/21489/2018

OSMAN BIN DOLLAH  
APT BLK 627 YISHUN STREET 61  
#05-65  
SINGAPORE 760627

000067



Dear Sir / Madam,

**CASE OF TRAFFIC ACCIDENT ALONG ANG MO KIO AVENUE 4 ON 25 MAR 2018 @ 4.20 PM**

Please be informed that Traffic Police is investigating into the above matter and will update you the status in due course.

2 IF you have not lodged a Police Report of a Traffic Accident (NP168) in respect of the said accident which is now required for police investigation, please do so as soon as possible at the nearest police station, Neighbourhood Police Centre (NPC), Neighbourhood Police Post (NPP) or online via Singapore Police Force Electronic Police Centre (<http://www.police.gov.sg/epc>).

3 Please note that the information given by you in the Police Report of a Traffic Accident (NP168) will be carefully considered. You may not be called upon for an interview if the information in the Police Report is sufficient for our investigation. However, if you have any further information or other evidence (such as CCTV footages) which you have not stated in your report and which you think will assist in the investigation, you are advised to contact the Investigation Officer within 2 weeks of this letter to arrange for an appointment.

4 You may contact the Investigation Officer TAN LEE HWANG at his / her office number: 65476215 or the supervisor CHEW SOOK YENG at 65476425 if you have any further queries.

5 Thank you.

Yours faithfully,

PUTEH BTE SHARIFF (DSP)  
CHIEF INVESTIGATION OFFICER  
INVESTIGATION BRANCH  
TRAFFIC POLICE

This is computer generated and does not require a signature.

## NON-REPORTING / NOTIFICATION LETTER

Date : 06 April 2018  
Your Vehicle : FBM5923L  
Third Party Vehicle : FBE4311B & ETC  
Accident Location : CAR PARK OF BLK 626 ANG MO KIO AVE 4

LIPL Ref : AVS18/0933  
Policy No. : SD18V01146  
Accident Date : 25 March 2018

To Insured : OSMAN BIN DOLLAH  
627 YISHUN STREET 61, #05-65,  
SINGAPORE 760627

Agent/Broker : COMMERCIAL AGENCY PTE LTD (Via E-mail only)

- ☐ We acknowledge receipt of your accident report.
- ☒ Please submit an accident report at any of our Preferred Workshops or Reporting Centres urgently.  
Kindly ignore if you have already submitted the report.
- ☒ We have received Third Party Property claim(s) against your policy.  
**If you have any additional information (photos/videos/witness) which would assist us in the handling of the claim, please revert within the next 5 working days.**

In the meantime, please forward any letters or court documents from third parties to our office.  
Kindly note that your No Claims Discount (NCD) may be affected as a result of this claim.

**Please provide us with the following information where applicable**

If you are submitting a claim against the third party insurer.  
If any of your passenger(s) has made a claim against the third party insurer.  
Traffic Police Investigation Report and any action taken against you or any other party including the final outcome.

- ☐ Section II / All Claims excess, (if applicable) an amount as indicated in the Schedule or Certificate of Insurance, is payable upon demand.

☐ Others Remarks:

Claims Handler : HUANG SHIQING

Email: huang.cynthia@libertyinsurance.com.sg

Contact No : 1800 5423 789



# ACCIDENT STATEMENT

ACCIDENT DATE: 25 / 03 / 2018 (DD/MM/YYYY), TIME: 16:20 (HH:MM)

LOCATION: ANG MO KIO, AVENUE 4, AT THE CARPARK

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: F6M 5923 L  
 b) INSURANCE COMPANY: LIBERTY  
 c) POLICY NUMBER: \_\_\_\_\_  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: HONDA  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) \_\_\_\_\_  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) \_\_\_\_\_

## 2. INSURED / POLICY HOLDER

- a) NAME: OSMAN B. DOLLAH (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S158J019 A CONTACT: 96378070  
 c) ADDRESS: BLK 627 TISERAN ST. 61 H 05-65  
SC 766277

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: 30 / 05 / 1963 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 14 MAR 1980

## 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

## 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

## 6. WAS ANYBODY INJURED (YES / NO)

## 7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: BUKIT MERAH WEST N.P.C.

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: FBE 4311 B MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: FV 1173 R MODEL: \_\_\_\_\_  
 e) DRIVER'S NAME: \_\_\_\_\_  
 f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

FBLP339J

Email =

osmanbindollah.od@gmail.com

fax =

VIDEO =

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1585019A



OSMAN BIN DOLLAH

Race: BOYANESE  
Date of Birth: 30-05-1963  
Sex: M  
Country of Birth: SINGAPORE



cos no one else

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S1585019A

OSMAN BIN DOLLAH

Birth Date: 30 May 1963  
Issue Date: 27 Mar 2003



1000330795C

潘發展私人有限公司  
A. S. PHOON PTE LTD

Head Office: 399, Chong Ewe Road, Singapore 408701 Tel: (65) 6744 0770 Fax: (65) 6298 0824  
Serangoon: 1006-1008 Serangoon Road, Singapore 556106 Tel: (65) 6299 0770 Fax: (65) 6298 0824  
Ubi: 800-200-200 Ubi Road 1, Singapore 408701 Tel: (65) 6744 0770 Fax: (65) 6742 0250  
Toh Guan: 800-200-200 Toh Guan Road East #01-35 Singapore 608580 Tel: (65) 6515 0770 Fax: (65) 6515 0779  
Website: www.asphoon.com Email: Enquiry@asphoon.com



APR 06 2003

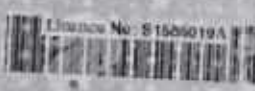
APT BLK 627 YISHUN STREET B1 #05-65  
SINGAPORE 760627

NRIC No: S1585019A Date: 09-12-2003 No: 4777297

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

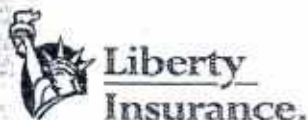
Class	Description	Valid Date
Class 2B	Motorcycles not exceeding 200 cc	14 Apr 1960
Class 2A	Motorcycles between 201 cc and 400 cc	14 Apr 1960
Class 2	Motorcycles exceeding 400 cc	14 Apr 1960
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2000 kilograms	03 Oct 1961

46-426A



License No: S1585019A





www.libertyinsurance.com.sg

# Motor Cover Note

**Name of Producer:**  
COMMERCIAL AGENCY PTE LTD (A1598)

**Cover Note No.:**

C0079627

**Date of Issue:**

23 Jan 2018

**Quotation/ Proposal/ Policy No.:**

The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule, is hereby HELD COVERED under the terms of the Company's usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium payable for such insurance will be charged for the time the Company has been on risk.

## Details of Schedule

<b>Name of Insured:</b>	OSMAN BIN DOLLAH
<b>Period of Insurance:</b>	From: 23 Jan 2018 13:05 To: 22 Jan 2019 23:59
<b>Registration No.:</b>	FBM5923L
<b>Make and Model:</b>	HONDA NC750X
<b>Type of Body:</b>	MOTORCYCLE
<b>Capacity/Tonnage:</b>	745
<b>Year of Manufacture/Registration:</b>	2017/2017
<b>Chassis No.:</b>	RC901100106
<b>Engine No.:</b>	RC88E1001554
<b>Sum Insured:</b>	MARKET VALUE AT TIME OF LOSS
<b>Name of Finance Company:</b>	-
<b>Type of Plan:</b>	Third Party, Fire and Theft (TPFT)
<b>Excess:</b>	FIRE & THEFT - SINGAPORE S\$750 OUTSIDE SINGAPORE S\$2500

The Motor Vehicle (Third Party Risks and Compensation) Act (Cap 189), Motor Vehicles (Third Party Risks and Compensation) Rules, 1960, Road Transport Act, 1987 (Malaysia), Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia), and any subsequent revisions to the above Acts and Agreements.

We hereby certify that this Cover Note 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).

Not valid unless counter-signed by authorized person.



Date: 23 Jan 2018 13:05

For and on behalf of  
LIBERTY INSURANCE PTE LTD

## IMPORTANT NOTICE

Administrative Charge is payable for Cover Note issued and Policy not taken up.

Subject to Premium Payment Warranty Clause.

This Cover Note is issued for TEMPORARY USE only and is valid for 30 days from the date of issue, unless replaced by a Certificate of Insurance issued by the Company.