

# NATIONAL Assessment Centre Services

Form 1 (2000)

NA18066305

Date In: 21/05/2018 20:35  
Ref No: NBA/947/8009246/y  
Veh No: KEM 1669Y  
O.O.A: 19/05/2018 08:30  
OD TP / Reporting Only

Job description	Date & Time Completed	Done by
SAS e-illing		
E-mail (with photo, etc)		
1-Motor Claim Form		
1-Motor W/O (with photo, etc)		
1-Photo Uploaded		
Assessment/Survey Report		
Assl Report by FAX/Hand to Owner/Whse		

TP Insured:

Preferred Wkg / INC Assign Wkgp / OWI

TP Particulars: Yeh No: SLJ 2978X INC ( ) / Non-INC ( )  
Owner / Drivers ( ) Tel: ( )  
Policy No: ( ) Period: ( ) Cover Type: ( )  
Confirmed by: ( ) Date: ( ) Time: ( )  
Insured/Driver Liability: ( ) % (Note: Bil. Stm (WO): NI 0.20%, P: 21.79%, P: 30.100%)  
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 Survey Photo (Repair Cost > \$3000) ( )

Injury:

Date Time: ( )  
Assigned: ( )  
Status: ( )

NA1803210

Human Resources	Invoice Breakdown (Charged)	Bill	Ind Bill
Driver/Owner:	1) ARI Accident Reporting (\$30)		
Policy No:	2) DA: Damage Assessment (\$100)	INC (\$10)	
Assigned Person:	3) TP: Towing Fee (\$100)		
	4) PT: Follow Through Survey (\$100)		
	5) PT: Follow Through Survey (Survey)		
	6) TR: Multi-Inspection (\$100)		
	7) NI: GVOA + SMAT Survey (\$100)		
	8) NTUC Additional Survey (\$100)		
	9) NI: Courtesy Car / Trip Allowance (\$100)		
	10) NI: Repair Coordination Van (\$100)		
	11) NI: Post Repair Inspection (\$100)		
	12) NI: GVOA / GVOA Coordination (\$100)		
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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	21/05/2018 20:35
Date Of Accident	19/05/2018 03:30
Exact Location Of Accident	ALONG YISHUN STREET 72
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM1669Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SHAH FIRMAN BIN SALIMAN
NRIC No	S9330944H
Email Address	SHAHFSF@LIVE.COM.SG
Mobile Phone No	(LOCAL) +65-98426208
Alternative Phone No	OFFICE-98426208

### Vehicle Particulars

Manufacturer	SUZUKI
Model	DRZ-398CC 400SM (M)
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	THIRD PARTY
Vehicle Category	MOTORCYCLE

### Insurance Company

Name of Insurance Company	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	
Cover Note Number	MT2017TR02005

### Driver

Name of Driver	SHAH FIRMAN BIN SALIMAN
NRIC No	S9330944H
Date Of Birth	25/08/1993
Occupation	OUTDOOR
Date Of Driving Pass	28/11/2017
Driving Experience	0 YEAR AND 5 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98426208
Fax Number	
Contact Number	OFFICE-98426208
Email Address	SHAHFSF@LIVE.COM.SG



Address	BLK 731 YISHUN STREET 72 #04-51
Postcode	760731
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
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	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLIUCE REPORT T/201805192150

#### 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	SLJ2978X
Vehicle Make/Model/Colour	HONDA GRACE HYBRID 1.5DX A
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ONG BENG LIANG
NRIC/Passport Number	S9212102Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER: :

#### DETAILS OF INJURED PERSON 1

Name

SHAH FIRMAN BIN SALIMAN

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBM1669Y

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

## 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: 21/05/18 17:05HES

Driver's Signature

(If driver is not the policyholder)

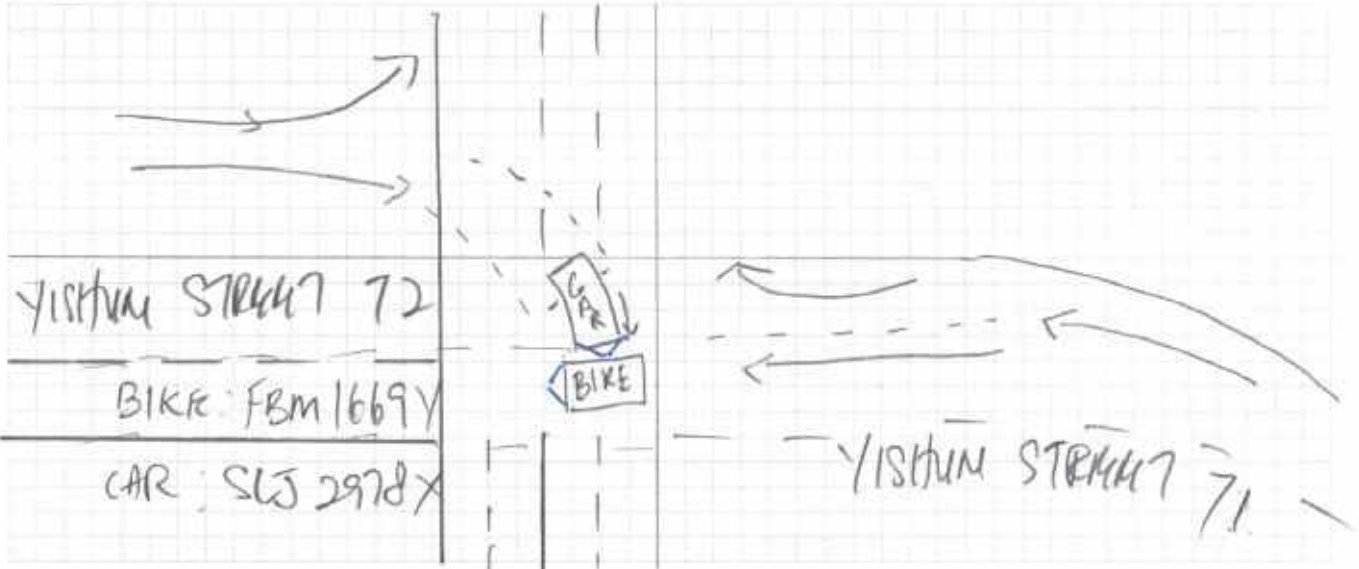
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS REFER TO POLICE REPORT  
7/20180519/2150

## DECLARATION

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

Policyholder's Signature  
Date & Time: 21/5/18 1700HRS

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

Reporting Centre Personnel's Signature  
Name: Rosli Watters  
NRIC/FIN No.:





# SINGAPORE POLICE FORCE



T/20180519/2150

1 of 4

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

Report No. T/20180519/2150

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 19/05/2018 22:06		Vide Report No.:		Station Diary No.: 100	
<b>Informant's Particulars</b>					
Name of Informant: SHAH FIRMAN BIN SALIMAN			Address: APT BLK 731 YISHUN STREET 72 #04-51 SINGAPORE 760731		
ID Type / ID No.: NRIC NO / S9330944H			Contact No.: Home/Office: Mobile: 94826208		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 24	Date of Birth: 25/08/1993	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: LASHING OFFICER			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/05/2018 03:30	Type of Location: X-Junction
Location: Along Road 1 YISHUN STREET 72				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Opposite Direction				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM1669Y	Motorcycle	SUZUKI	DRZ400SMK 6	Yellow	Seriously Damaged	0
SLJ2978X	Car	HONDA	GRACE HYBRID 1.5DX A	White	Slightly Damaged	1

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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# SINGAPORE POLICE FORCE



T/20180519/2150

2 of 4

Police Station Of Origin:

Yishun North N.P.C

31 Yishun Central SINGAPORE 768827

Tel No: 1800-8529999

Report No. T/20180519/2150

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBM1669Y	GREAT AMERICAN INSURANCE COMPANY	MT2017TR02005	13/12/2017	12/12/2018

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	SHAH FIRMAN BIN SALIMAN		ID No.	S9330944H
Related Vehicle	FBM1669Y (Motorcycle)		Contact No.	94826208
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	19/05/2018		Date Discharge	19/05/2018
No. of Days granted Medical Leave	07		Degree of Injury	Slight
Driver				
Name	Ong Beng Liang		ID No.	S9212102Z
Related Vehicle	SLJ2978X (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL 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 19/05/2018 at about 0330hrs, I was travelling in my motorcycle bearing of FBM1669Y on the left lane of a 2 lane road heading straight along Yishun Street 72. There is one car bearing of SLJ2978X from the opposite side had then turn right while the traffic light is green and not to his favour.

As such driver of SLJ2978X had then collided onto to me.

No one was conveyed to the hospital on the day itself.

I had then go to Khoo Teck Puat Hospital as I felt pain on the lower right back, both legs and both palms.

As such I was then granted unfit for duty for 7 days from 19 May 2018 to 25 May 2018.

The damage to my vehicle as follows:

- Engine badly damaged.





**SINGAPORE  
POLICE FORCE**



T/20180519/2150

Police Station Of Origin:

Yishun North N.P.C

31 Yishun Central SINGAPORE 768827

Tel No: 1800-8529999

3 of 4

Report No. T/20180519/2150

**CONTINUATION OF REPORT**

- Brake, Gear lever dented
- Right handle bar chipped off
- Steering Cone wobbly
- Rear wheel shaky
- Scratches on the bodyframe
- Rear brake pump leaking



**SINGAPORE  
POLICE FORCE**



T/20180519/2150

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

4 of 4

Report No. T/20180519/2150

**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:

F /

Sgt 2 KOH JIN BAO

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

19/05/2018 22:06

Officer In Charge Of Case:

TP / AEIT /

Staff Sgt TANG SIEW PING

Contact No.: 65476430

Classification Of Case:

Authentication Stamp

NP168

## ACCIDENT STATEMENT

ACCIDENT DATE: (19/05/2018) (DD/MM/YYYY), TIME: (03:30) (HH:MM)

LOCATION: YISHUN STREET 72 CALANG ROAD 1

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBM169Y  
b) INSURANCE COMPANY: GREAT AMERICAN  
c) POLICY NUMBER:  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: SUZUKI / DR400SMK6  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: TRANSPORT  
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: SHAH FIRMAN BIN SALMAN (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S93509444 CONTACT: 94826208  
c) ADDRESS: YISHUN STREET 72 BIR 731 #04-51  
S(760731)

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

### 3. DRIVER

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

\*d) DATE OF BIRTH: (25/08/1993) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 28 NOV 2017

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: YISHUN NORTH N.P.C.

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLJ2978X MODEL: GRACE HYBRID / 50X A  
b) DRIVER'S NAME: ONG BENQ LIANG  
c) NRIC/FIN/PASSPORT: S92121022 CONTACT:

### 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:  
e) DRIVER'S NAME:  
f) NRIC/FIN/PASSPORT: CONTACT:

(1)  
NUMBER OF  
PASSENGER  
INCLUDING DRIVER

( )  
NUMBER OF  
PASSENGER  
INCLUDING DRIVER  
( )  
NUMBER OF  
PASSENGER  
INCLUDING DRIVER

1) EMAIL: shahfsf@live.com.sg

2) VIDEO:



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9330944H



Name

SHAH FIRMAN BIN SALIMAN

شاه فرمان بن سليمان

Race

MALAY

Date of birth

25-08-1993

Sex

M

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Identity Number S9330944H

SHAH FIRMAN BIN SALIMAN

Birth Date: 25 Aug 1993

Issue Date: 17 Feb 2015



002538632H



NRIC No. S9330944H



Date of issue

29-08-2008

Address

APT BLK 731 YISHUN STREET 72  
#04-51  
SINGAPORE 760731

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

EXPIRY DATE

Class 2B	Motorcycles <= 200 CC	17 Feb 2016
Class 2A	Motorcycles between 201 CC and 400 CC	28 Nov 2017
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver and motor tricycles <= 1500 kg	03 Jan 2017

S / No. 9000275984



Licence No: S9330944H

NP 428A

**GREAT AMERICAN INSURANCE COMPANY**

UEN: T15FC0029B GST REG. NO.: M003700817  
3 TEMASEK AVENUE, #15-01 CENTENNIAL TOWER  
SINGAPORE 039180  
TEL: +65 6804 8000  
FAX: +65 6235 2616

**MOTOR COVER NOTE: MT2017TR02005**

The Insured mentioned in this Covernote, having proposed for insurance in respect of the Motor Vehicle described, is hereby HELD COVERED under the terms of the Insurer's usual form of Motor Policy applicable thereto for the period mentioned unless the cover be terminated by the Insurer 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.

The Insurer	: GREAT AMERICAN INSURANCE COMPANY
The Insured	: SHAH FIRMAN BIN SALIMAN
Insured NRIC/Passport No/ Roc	: S9330944H
Named Rider	: N.A
Policy Coverage	: THIRD PARTY ONLY
Make And Description Of Vehicle	: SUZUKI / DRZ400SMK8
Vehicle Registration No.	: FBM1669Y
Year Of Manufacture	: 2005
Engine No.	: K419149203
Chassis No.	: JS1B81112C0103523
Engine Capacity	: 398
Hire Purchase	: SOUTHERN WIND MOTOR CREDIT & TRADING PTE LTD
Value (\$\$)	: AS PER MARKET VALUE (FOR COMPREHENSIVE/TPFT)
Period Of Insurance	: FROM: 13/12/2017 TO: 12/12/2018
Excess (\$\$)	: Section I N.A
Optional Benefits	: N.A
Authorised Workshop	: DE XING MOTOR PTE LTD

WE HEREBY CERTIFY THAT POLICY TO WHICH THIS CERTIFICATE RELATES IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) ACT (CHAPTER 189) AND PART IV OF THE ROAD TRANSPORT ACT 1987 (MALAYSIA)

For and on behalf of Great American Insurance Company

Great American Insurance Company  
Authorised Signatory

Date of Issue : 13/12/2017

Intermediary : TENA RISK SOLUTIONS PTE LTD  
MTR/COVERNOTE/V01/15