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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 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.
- 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.

STREET, STREET	ACCIDENT STATEMENT
Date Of Report	21/11/2018 18:27
Date Of Accident	21/11/2018 08:15
Exact Location Of Accident	ALONG LOYANG AVENUE
Country/State of Loss	SINGAPORE
Treasure and the second of the second of the D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FT5215M
Insured/Policyholder	
Name Of Registered Owner	SUDARMAN BIN SUPAR
NRIC No	S8222239A
Email Address	SUDARMANSUPAR@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91090011
Alternative Phone No	OTHERS-91090011
Vehicle Particulars	
Manufacturer	HONDA
Model	AFRICAN TWIN XRD750
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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MC/00416106
Cover Note Number	
Driver	
Name of Driver	SUDARMAN BIN SUPAR
NRIC No	S8222239A
Date Of Birth	11/07/1982
Occupation	INDOOR
Date Of Driving Pass	21/09/2010
Driving Experience	8 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91090011
Fax Number	
Contact Number	OTHERS-91090011
EMail Address	SUDARMANSUPAR@GMAIL.COM

Address	BLK 313C SUMANG LINK #02-143
Postcode	823313
Was driver an employee of the Insured's Company	
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own	000 000 100 000 000 000 000 000 000 000
Vehicle	ta .
Insurance Company of Driver's Own Vehicle	(5) (2)
insurance company of briver's Own Verlicle	
	*
General Information of the Accident	
Type Of Accident	SIDE SWIPE
Weather Conditions	RAINING
Road Surface	WET
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?	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?	NO
If Yes,Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes,against whom?	
Circumstances of Accident	
PLEASE REFER TO SKETCH PLAN	
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	SGY2188P
Vehicle Make/Model/Colour	SUBARU
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	98539929
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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)
 - (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 /11 /17

HOUSE

Driver's Signature

(If driver is not the policyholder)

Date & Time:

ON	THE	MORN	JING	op	21	NOV	18 A	1 08	15 H	, #5	7	WAS	RID	2NG	70	WUZK	
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DECLARATION

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

Policyholder's Signature Date & Time: 21/11/18

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

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

ACCIDENT DATE: 21/11/2011 (DDD/MM/YYY), TIME: 01/21 15) (HHMM LOCATION: LOYANG AV) 1. DETAILS OF VEHICLE 0/VEHICLE NUMBER: FT 5215 M. b) INSURANCE COMPANY: DTRECT 45 24 c) POLICY TYPE: 4000 PREMEMBERS AT THE PARTY / THIRD PARTY FIRE ATHEFT OF POLICY TYPE: 4000 PROMPREMEMBERS AND LORRY / MOTORCYCLE) / OTHERS) 1/17PE: (SALOON / COUPE / MPY / VAN / LORRY / MOTORCYCLE) / OTHERS) 1/17PE: (SALOON / COUPE / MPY / VAN / LORRY / MOTORCYCLE) / OTHERS) 1/17PE: (SALOON / COUPE / MPY / VAN / LORRY / MOTORCYCLE) / OTHERS) 1/17PE: (SALOON / COUPE / MPY / VAN / LORRY / MOTORCYCLE) / OTHERS) 1/17PE: (SALOON / COUPE / MPY / VAN / LORRY / MOTORCYCLE) / OTHERS) 1/17PE: (SALOON / COUPE / MPY / VAN / LORRY / MOTORCYCLE) / OTHERS) 1/17PE: (SALOON / COUPE / MPY / VAN / LORRY / MOTORCYCLE) / OTHERS) 1/17PE: (SALOON / COUPE / MPY / VAN / LORRY / MOTORCYCLE) / OTHERS) 1/17PE: (SALOON / MOTORCYCLE) / OTHERS 1/17PE: (SALOON / MALE) / FEMALE / MALE / MALE / FEMALE / MALE / MALE / FE
DINSURANCE COMPANY: DIRECT #5 IA DINSURANCE COMPANY: DIRECT #5 IA CIPOLICY NUMBER: MC / 2041 61 06 DIPOLICY TYPE: FOOMPREHENSINE / THIRD PARTY FIRE & THEFT E)MAKE & MODEL: #FRICAN TWINNINGS): (I)TYPE: (SALOON / COUPE / MPY / VAN / LORRY / MOTORCYCLE) / OTHERS) G)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / (MOTORCYCLE) / OTHERS) G)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / (MOTORCYCLE) / OTHERS) G)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / (MOTORCYCLE) / OTHERS) G)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / (MOTORCYCLE) / OTHERS) G)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / (MOTORCYCLE) / OTHERS) G)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / (MOTORCYCLE) / OTHERS) (INSURED / POLICY HOLDER A) MAKE: SUPHRIMAN SUPPER. (MALE) / FEMALE) D)NRIC/FIN/PASSPORT: SP2223 9H CONTACT: 01 29 001 O]ADDRESS: SI3C SUMMING LINK #02-143 S(£23313) **CONTINUE TO 3, d IF DRIVER ALSO POLICY HOLDER D)NRIC/FIN/PASSPORT: CONTACT: 01 29 001 O]ADDRESS: MAKE: AS ASOVE! (MALE / FEMALE) D)NRIC/FIN/PASSPORT! CONTACT: O]AMME: AS ASSOVE! (DOOR) OUTOOR! (I)DATE OF BIRTH: [11 / 07 / 1922] (DD/MM/YYYY) e)OCCUPATION: ((NOOOR) OUTOOR!) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 0W MER 5. DIWEATHER CONDITION: (CLEAR / (RAINING) / OTHERS) D)ROAD SUFFACE: (DRY WEF) OTHERS D)ROAD SUFFACE: (DRY WEF) OTHERS **ANDROAD SUFFACE: (DRY WEF) OTHERS **ONS ANYBODY INJURED (YES / (NO)) IF YES, PLEASE STATE WHICH POLICE STATION: **THERS A BAY VEHICLE.**
O)VEHICLE NUMBER: FT 5215 M. b)INSURANCE COMPANY: DIRECT #57# c)POLICY NUMBER: MC / 204161 06 d)POLICY TYPE: +COMPREHENSIVE / THIRD PARTY FIRE & THEFT e)MAKE & MODEL: #FEZCAN TO TANK \$5,0: ()TYPE: (SACOON / COUPE / MPY / VAN / LORRY / MOTORCYCLE) / OTHERS) g)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / (MOTORCYCLE) / OTHERS) g)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / (MOTORCYCLE) / OTHERS) h)PURPOSE OF USING AT ACCIDENT TIME: PRIVATE M SE l)ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A)NAME: SWORM MW SUPPR. (MALE) FEMALE! b)NRIC/FIN/PASSPORT: SP2223 9H CONTACT: 91 29 001 c)ADDRESS: 313C SUMMMY LINK \$02-143 (\$23313) **CONTINUE TO 3, d IF DRIVER ALSO POLICY HOLDER d)NAME: AS ABOVE! (MALE / FEMALE) b)NRIC/FIN/PASSPORT! CONTACT: c)ADDRESS: **d)DATE OF BIRTH: 11 / 07 / 1992 J(DD/MM/YYYY) e)OCCUPATION: ((NOOOR) OUTOOR) I)DATE OF DRIVING PRSS 2 21 SEP 2010 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES Y/NO IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 0W MER 5. c)WEATHER CONDITION: (CLEAR / RAINING) / OTHERS b)ROAD SUFFACE: (DRY WET) OTHERS 6. WAS ANYBODY INJURED (YES / (NO)) IF YES, PLEASE STATE WHICH POLICE STATION: THERE A THE ACCOMPANY (YES / (NO)) IF YES, PLEASE STATE WHICH POLICE STATION:
D)INSURANCE COMPANY: DIRECT AS IA O)POLICY NUMBER: MC / 20416106 O)POLICY TYPE: FOOMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT O)MAKE & MODEL: HFRZIAM TWINKEDSD: ()TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE) / OTHERS) O)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / (MOTORCYCLE) / H)PURPOSE OF USING AT ACCIDENT TIME: PRIVATE & SE 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: SWARM MU SUPHR. MALE / FEMALE D)NRIC/FIN/PASSPORI: SP22239H CONTACT: 01 29001 C)ADORESS: 313C SUMMMY LINK #02-143 (823313) **CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER O)NAME: AS ABOVE! MALE / FEMALE D)NRIC/FIN/PASSPORI! CONTACT: (A)DAME: AS ABOVE! MALE / FEMALE D)NRIC/FIN/PASSPORI! CONTACT: (A)DAME: AS ABOVE! CONTACT: (B)DOCCUPATION: (INDOOR) OUTDOOR) (I)DATE OF BIRTH: 1 07/1921 [DD/MM/YYYY) (B)OCCUPATION: (INDOOR) OUTDOOR) (I)DATE OF DRIVING PRSS 2 21 SEP 2010 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 0W WER 5. O)WEATHER CONDITION: (CLEAR / RAINING) OTHERS D)ROAD SUFFACE: (DRY WED) OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. O)REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION:
C)POLICY NUMBER: MC / 204161 06 d)POLICY TYPE: +COMPREHENSIVE / THIRD PARTY FIRE &THEFT e)MAKE & MODEL!
DIPOLICY TYPE: 100MPREHENSIVE / THIRD PARTY FIRE ATHEFT e) MAKE & MODEL: AFRICAN TWINKINGS. () TYPE: (SALOON / COUPE / MPY / VAN / LORRY / MOTORCYCLE) / OTHERS) g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE 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: SWOARM AN CUPPR. (MALE) / FEMALE! b) NRIC/FIN/PASSPORT: SP2223 9H CONTACT: 91 09 001 c) ADDRESS: 313C SMMMMG LINK #02-143 S (\$23313) **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: (11 / 07) 982 J(DD/MM/YYYY) e) OCCUPATION: (INDOOR) OUTDOOR) I) DATE OF DRIVING PASS 2 21 SEP 2010 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES //NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED; OW WER 5. a) WEATHER CONDITION: (CLEAR / RAINING) / OTHERS b) IROAD SURFACE: (DRY WED) OTHERS 6. WAS ANYBODY INJURED (YES /(NO)) IF YES, PLEASE STATE WHICH POLICE STATION: THERE & BARY SUBJECT THERE & PARTY STATION: 1 THERE & BARY SUBJECT THERE & PARTY STATION: 1 THE OR DATE OF THE OBJECT THIRD & BARY SUBJECT THERE & PARTY STATION: 1 THE OR DATE OF THE OBJECT THERE & BARY STATION: 1 THE OR DATE OF THE OBJECT THERE & PARTY STATION: 1 THE OBJECT THE OBJECT THERE & PARTY STATION THERE & PARTY STATION THERE & PARTY STATION THE OBJECT TH
e) MAKE & MODEL: HFRZEAN TWINKING. () TYPE: (SALOON / COUPE / MPY / VAN / LORRY / MOTORCYCLE) / OTHERS) g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h) PURPOSE OF USING AT ACCIDENT TIME: PRZVATE WEE 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: SWARMAN SUPPR. MALE / FEMALE D) NRIC/FIN/PASSPORT: SPZZZZZ 94 CONTACT: 91 09 001 C) ADDRESS: 313C SWMHMG LINK #02-143 S(823313) **CONTINUE TO 3, d IF DRIVER ALSO POLICY HOLDER DRIVER d) NAME: AS ABOVE! [MALE / FEMALE] b) NRIC/FIN/PASSPORT: CONTACT: c) ADDRESS: **O) DATE OF BIRTH: [11 / 07 / 1972 [DD/MM/YYYY) e) OCCUPATION: (INDOOR) OUTDOOR) I) DATE OF DRIVING PASS 21 SEP 2010 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES //NO IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 0W NER 5. C) WEATHER CONDITION: (CLEAR / RAINING) OTHERS b) ROAD SURFACE: (DRY WED) OTHERS 6. WAS ANYBODY INJURED (YES /(NO)) IF YES, PLEASE STATE WHICH POLICE STATION: 1. THE REPORTED TO POLICE (YES /(NO)) IF YES, PLEASE STATE WHICH POLICE STATION:
(1) TYPE: (SALOON / COUPE / MPY / VAN / LORRY / MOTORCYCLE) / OTHERS) 9) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) 1) PURPOSE OF USING AT ACCIDENT TIME: PR 2 V A TE WEE 1) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES (NO) 1F NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: SWARMAN SUPPR. (MALE) FEMALE) b) NRIC/FIN/PASSPORT: SP2223 9H CONTACT: 91 09 001 c) ADDRESS: 313C SMM+MG LINK #02-143 S(823313) **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER d) NAME: AS ABOVE: (MALE) FEMALE) b) NRIC/FIN/PASSPORT: CONTACT: c) ADDRESS: "d) DATE OF BIRTH: (11/07/1982) (DD/MM/YYYY) e) OCCUPATION: (INDOOR) OUTDOOR) 1) DATE OF DRIVING PRSS 2 21 SEP 2010 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO 1F NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER 5. Q) WEATHER CONDITION: (CLEAR / RAINING) OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. Q) REPORTED TO POLICE (YES / NO) 1F YES, PLEASE STATE WHICH POLICE STATION:
DIVERIOLE CATEGORY: (PRIVATE / COMMERCIAL /MOTORCYCLE) h)PURPOSE OF USING AT ACCIDENT TIME: PRZVATE WEE 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: SWOARMAN CUPAR. (MALE) FEMALE! b) NRIC/FIN/PASSPORT: SP2223 9H CONTACT: 0109001 c) ADDRESS: 313C SUMMING LINK #02-143 S (\$23313) **CONTINUE TO 3, d IF DRIVER ALSO POLICY HOLDER DRIVER d) NAME: AS ABOVE! (MALE) FEMALE! b) NRIC/FIN/PASSPORT! (CONTACT: c) ADDRESS: "d) DATE OF BIRTH: (11/07/1982) (DD/MM/YYYY) e) OCCUPATION: (INDOOR) OUTDOOR) I) DATE OF DRIVING PASS 2 21 SEP 2010 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER 5. G) WEATHER CONDITION: (CLEAR / RAINING) OTHERS b) ROAD SURFACE: (DRY WE) OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. G) REPORTED TO POLICE (YES / NO) 16 TESS, PLEASE STATE WHICH POLICE STATION:
hipurpose of using at accident time: Przunte use 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: Sudarman Cupar. (Male) Female: b) nric/fin/passpori: Sp2223 9# Contact: 010900! c) address: 313C Sumanuf Link #02-143 (\$23313) * Continue to 3.d if driver also policy holder driver d) Name: As About! (Male / Female) b) nric/fin/passpori! (Contact: c) address: "d) date of birth: (11/07/1982)[dd/mm/yyyy) e) occupation: (Indoor) outdoor) I) DATE of driving Pass 4. Was driver an employee of the insured's company? (Yes / No If no, relationship of the driver with insured: owner 5. d) Weather condition: (Clear / Raining) others b) ROAD surface: (DRY (WE) others) 6. Was anybody injured (Yes / No) 7. c) reported to Police (Yes / No) If yes, please state which Police station:
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: SWARM AN SWARM. D) NRIO/FIN/PASSPORI: SP2223 9H CONTACT: 91 09 0011 C) ADDRESS: 313C SWMHNG LINK #02-143 S(823313) **CONTINUE TO 3, d IF DRIVER ALSO POLICY HOLDER DRIVER D) NRIC/FIN/PASSPORT! [MALE / FEMALE] b) NRIC/FIN/PASSPORT! CONTACT! C) ADDRESS: **d) DATE OF BIRTH: [11/07/1982] [DD/MM/YYYY) **e) OCCUPATION: (INDOOR) OUTDOOR) IDATE OF DRIVING PASS 2 21 St P 2010 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 0W NER 5. a) WEATHER CONDITION: (CLEAR / RAINING) OTHERS b) ROAD SURFACE: (DRY WE) OTHERS 6. WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION:
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: SWOARM AN SUPAR. (MALE) FEMALE; b) NRIC/FIN/PASSPORT: SP2223 94 CONTACT: 91 09 0011 C) ADDRESS: 313C SUMMING LINK #02-143 S(823313) **CONTINUE TO 3, d IF DRIVER ALSO POLICY HOLDER DRIVER d) NAME: AS ABOVE! (MALE / FEMALE) b) NRIC/FIN/PASSPORT! (CONTACT: c) ADDRESS: **d) DATE OF BIRTH: [11 / 07 / 1982] (DD/MM/YYYY) e) OCCUPATION: (INDOOR) OUTDOOR) I) DATE OF DRIVING PASS 21 SEP 2010 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 WE) OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION:
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D) NRIC/FIN/PASSPORT: SP22239H CONTACT: 01 09001 C) ADDRESS: 313C SUMMMY LINK #02-143 S(823313) CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER DNIVER
CONTINUE TO 3, d IF DRIVER ALSO POLICY HOLDER DRIVER DRIVER DINAME: AS ABOVE! [MALE / FEMALE] DINRIC/FIN/PASSPORT! [CONTACT!] CIADDRESS: DIDATE OF BIRTH: [11 / 07 / 1982][DD/MM/YYYY] e)OCCUPATION: (INDOOR) OUIDOOR) IIDATE OF DRIVING PASS 21 SEP 2010 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 DIROAD SURFACE: (DRY (WET) OTHERS 4. WAS ANYBODY INJURED (YES / NO) 7. a)REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION:
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Including driver) DINRIC/FIN/PASSPORT!
b) NRIC/FIN/PASSPORT! CONTACT! c) address: d) Date of birth: [11 / 07 / 1982] [DD/MM/YYYY) e) occupation: [INDOOR] outdoor] i) DATE of DRIVING PASS 21 SEP 2010 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED! OW NER 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:
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IF YES, PLEASE STATE WHICH POLICE STATION:
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NO AP DATE MARKET OF VEHICLE NUMBER!
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Induding driver) b) DRIVER'S NAME: CONTACT: 985 3992
(O) NRIC/FIN/PASSPORT! CONTACT:
9. THIRD, P'ARTY VEHICLE
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Including driver) () NRIC/SIN/PASSPORT! CONTACT!
) KKIC/FA/FASSFORM
The second secon

email = sudarmansupar @gmail. com fax =

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8222239A





SUDARMAN BIN SUPAR

سودارهن ين سوفر JAVANESE Date of Brin 11-07-1982 Country of Birth SINGAPORE

\$8222239A



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

Class 2B Motorcycles =< 200 CC
Class 2A Motorcycles between 201 CC and 400 CC
Class 2 Motorcycles > 400 CC
Class 3 Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors/vehicles =< 2500 kg



Date: 27/12/2014

APT BLK 313C SUMANG LINK #02-143 SINGAPORE 823313

HRC No: \$8222239A

S8222239A

PASS DATE

NP 428A



Contact us at

Hotline: (65) 6532 2888

E-mail: CustomerService@DirectAsia.com

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) (Singapore) (the "Act") Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 (Singapore) Road Transport Act, 1987 (Malaysia)

Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

This document forms part of your contract with us and should be read together with your Policy Schedule and your Policy Details. Do let us know if any of the details shown here need to be amended or updated.

Certificate No.	2	MC/00416106

Type of Coverage : Third-Party Fire and Theft Cover

1) Vehicle Registration No. : FT5215M

Chassis No. : JH2RD07A3YM415190

2) Name of Policy Holder : SUDARMAN BIN SUPAR

3) Effective Date of Commencement of Insurance : 21/09/2017

for the Purpose of the Act

5) Persons or Classes of Persons Entitled to Drive

(a) The Insured

4) Date of Expiry of Insurance

(b) A named driver who is driving on the Insured's order or with his permission.

Provided that the person driving has a valid Motorcycle driving licence to drive in Singapore and is not under suspension or disqualification from driving.

14/12/2018

Limitations as to use

Use only for private purposes, in accordance with the declared motorcycle usage stated on your Policy Schedule. The policy does not cover use for hire or reward, tuition, driving test, racing, pace-making, reliability trials, speed tests, the carriage of goods for payment or for any purpose in connection with the motor trade business.

*Limitations rendered inoperative by Section 8 of the Act and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under this heading.

Sum Insured : Market Value
Policy Excess : 5\$ 600.00

tain driver : SUDARMAN BIN SUPAR

Important Note: The policy only cover the main driver and the following named driver:

No named driver declared

Finance Company / Hire Purchase : NIL

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 the Road Transport Act, 1987 (Malaysia).

Issued on:

15/09/2017

Direct Asia Insurance (Singapore) Pte. Ltd.

Edip Okur Chief Underwriting Officer outnound Recentration 2008225115