

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 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 Report	25/05/2019 15:13
Date Of Accident	30/01/2019 00:00
Exact Location Of Accident	JUNCTION OF BEDOK RESERVOIR ROAD & JALAN EUNOS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM686D
Insured/Policyholder	
Name Of Registered Owner	AHMAD SHAHRUL BIN SAHAD
NRIC No	S8610590Z
Email Address	AHMAD.SHAHRUL86@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81180668
Alternative Phone No	OTHERS-81180668

Vehicle Particulars

Manufacturer	YAMAHA
Model	XABRE-150CC TFX150
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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	P2171407
Cover Note Number	

Driver

Name of Driver	AHMAD SHAHRUL BIN SAHAD
NRIC No	S8610590Z
Date Of Birth	16/04/1986
Occupation	INDOOR
Date Of Driving Pass	20/06/2016
Driving Experience	2 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81180668
Fax Number	
Contact Number	OTHERS-81180668
Email Address	AHMAD.SHAHRUL86@GMAIL.COM

Address	BLK 664A PUNGGOL DRIVE #17-206 SINGAPORE
Postcode	821664
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	COLLISION - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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	PUNGGOL N.P.C
Police Station Address	ROAD: 21A TEBING LANE , POSTCODE: 828837 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

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	SKB3441A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	AHMAD SHAHRUL BIN SAHAD
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FBM686D
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

Sketch Plan


SKETCH PLAN

IMPORTANT NOTICE

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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: 25/5/19
3:11pm

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


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



Sketch Plan #2

SKETCH PLAN

Vehicle

A - FBM686
B - SKB3441

Legend

 Vehicle
 Motorcycle

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to police report

DECLARATION

I/We declare the foregoing particulars are true in every respect.
Please be advised that your insurer may have a fourteen (14) days clause whereby the claim against own policy must be made within the stipulated timeframe from the day of occurrence. Kindly check your policy for more details.

Policyholder's Signature

Date & Time:

3:11 PM
25/5/19

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Primer's Signature
pewer

Common Statement

ACCIDENT STATEMENT (Part I)

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

1 Date of accident Time 2 Exact location of accident

30/1/19 0000 Junction of Bedok Reservoir Rd & Jalan Eunos

To be signed by BOTH drivers

3 Injuries even if slight

No ☐ Yes ☒

4 Material damage

To vehicles other than vehicles A and B No ☒ Yes ☐

To objects other than vehicles No ☒ Yes ☐

5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B)

Vehicle Video Camera Available

No ☒ Yes ☐

Registration No. (VEHICLE A) FBM686D

6 Insured / policyholder (see insurance cert.)

Name Ahmad shahrul

(capital letters) Bin sahad

Address

NRIC / Passport no. 586105902

Tel no. (from 9am till 5pm) 8118 0668

HP

7 Vehicle

Make, type Yamaha Xabre T 150

8 Insurance company

AAA ☒ C ☐ TPFT ☐ TPO

Does the policy cover damage to vehicle A?

No ☐ Yes ☒

Policy No. P2171407

9 Driver

☒ Same as Owner

Name

(capital letters)

NRIC / Passport no.

Class of licence 3

HP

Gender Male ☒ Female ☐

12 CIRCUMSTANCES

Put a cross (X) in each of the relevant boxes applicable to your vehicle

- A
- Q1 Chas Collision
- Q2 Collided into Bicycle
- Q3 Collided into Motorcycle
- Q4 Collided into Parked Vehicle
- Q5 Collided into Pedestrian
- Q6 Collided into Property
- Q7 Collision - Change/Cross Lane
- Q8 Collision - Cross Junction
- Q9 Collision - Head on Collision
- Q10 Collision - Head to Rear
- Q11 Collision - Major/Minor Hit
- Q12 Collision - Opening Door of Vehicle
- Q13 Collision - Roundabout
- Q14 Collision - U-Turn
- Q15 Road Driving / Drug Influence
- Q16 TPA, Explosion or Lightning
- Q17 Road
- Q18 Hit and Run / Vandalism / Damaged whilst Parked
- Q19 Hit by Fallen Tree / Other Object
- Q20 No Collision
- Q21 Side Swing
- Q22 Theft

State TOTAL number of boxes marked with a cross

Registration No. (VEHICLE B) SKB 341A

6 Insured / policyholder (see insurance cert.)

Name

(capital letters)

Address

NRIC / Passport no.

Tel no. (from 9am till 5pm)

HP

7 Vehicle

Make, type

8 Insurance company

☐ C ☐ TPFT ☐ TPO

Does the policy cover damage to vehicle B?

No ☐ Yes ☐

Policy No. (if available)

9 Driver (See driving licence)

(if different from insured B above)

Name

(capital letters)

NRIC / Passport no.

Class of licence

HP

Gender Male ☐ Female ☐

10 Indicate the point of initial impact with an arrow (→)

11 Visible damage to vehicle A

12 Sketch of accident when impact occurred

Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads

REFER TO ATTACHED

10 Indicate the point of initial impact with an arrow (→)

11 Visible damage to vehicle B

13 My remarks

14 Signatures of drivers

A

B

13 My remarks

In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf

Do not alter anything in the statement after signing. Subsequently, each driver should take one copy.

For insured's Individual Statement (Part II) see overleaf →

Individual Statement

INDIVIDUAL STATEMENT (Part II)		Own Workshop Email / Fax (if any)		
To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)				
Insured	1. Occupation (if more than one, state all)			Email: <u>ahmad.shahrul86@gmail.com</u>
	2. Vehicle registration no.		C.C.	If commercial vehicle, state permissible carrying capacity
	3. Is driver the owner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		2 no.	State the vehicle number and name of insurer of driver's own vehicle (where applicable)
	4. Exact purpose for which vehicle was being used at time of accident <input type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private Hire			
	5. Is the vehicle still in use? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, state where it is at present			Tel no.
	6. Are you claiming under your own insurance policy for repair to your vehicle? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
Of which vehicle are you the owner?	<input checked="" type="checkbox"/> A			
	<input type="checkbox"/> B			
	If no, state action to be taken <input type="checkbox"/> Third Party <input checked="" type="checkbox"/> Reporting Only <input type="checkbox"/> Third Party (Own Workshop)			
	7. Date of birth			Occupation
	Date of license pass			Was vehicle driven with the insured's permission?
	Was driver an employee of the insured's company?			
Driver or person in charge of vehicle at the time of accident (including insured)	16/4/86 Indoor Outdoor			4/5/2007
	8. Give details of any pre-existing impairment of sight or hearing and of any other disability			
	9. Full details of all driving convictions including pending prosecutions in the last 36 months			
	Date	Offence	Penalty	
Injured persons	10. Name(s), address(es) and approximate age(s)		Injuries sustained	If vehicle occupants, state in which vehicle
Damage to property & vehicles (other than vehicles A and B)	11. Name(s) and address(es) of owner(s)		Vehicle registration no. or details of property	Nature of damage
Police action	12. Was the accident reported to the Police? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			Punggol NPC
	If yes, please state which Police station			
	13. Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
	If yes, against whom?			
	14. Weather conditions Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others <input type="checkbox"/>			
	15. Road surface Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others <input type="checkbox"/>			
Accident details	16. Speed of vehicles A <input type="checkbox"/> km/hr B <input type="checkbox"/> km/hr			
	17. What warnings were given by driver or other party?			
	18. Were street lights illuminated? Yes <input type="checkbox"/> No <input type="checkbox"/>			
	19. What lights were displayed on your vehicle/the other vehicle(s)?			
	20. If your vehicle is commercial, state weight of load carried at time of accident			
	21. State how accident happened, width of roads, speed limits, etc (Refer to attached)			
Declaration	22. State number of Passengers (including Driver) <input checked="" type="checkbox"/>			
	I/We declare the foregoing particulars are true in every respect			
	Policyholder's signature			Date
	Driver's signature (if driver is not the policyholder)			Date



**SINGAPORE
POLICE FORCE**



T/20190201/2001

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

1 of 3

Report No. T/20190201/2001

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/02/2019 00:04	Vide Report No.:	Station Diary No.: 1
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Informant's Particulars				
Name of Informant: AHMAD SHAHRUL BIN SAHAD			Address: APT BLK 664A PUNGGOL DRIVE #17-206 SINGAPORE 821664	
ID Type / ID No.: NRIC NO / S8610590Z			Contact No.: Home/Office: Mobile: 81180668	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 32	Date of Birth: 16/04/1986	Type of Informant: Rider	
Race: Javanese			Language: English	Institution / School Name:
Occupation: DESPATCH RIDER			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/01/2019 00:00	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 BEDOK RESERVOIR ROAD JALAN EUNOS Along Bedok Reservoir Road towards Eunos Link				
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 - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM686D	Motorcycle	YAMAHA	XABRE TFX150	Silver	Seriously Damaged	0
SKB3441A	Car					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBM686D	AXA INSURANCE SINGAPORE PTE LTD	P2171407	24/06/2018	23/06/2019



**SINGAPORE
POLICE FORCE**



T/20190201/2001

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

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Report No. T/20190201/2001

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	AHMAD SHAHRUL BIN SAHAD	ID No.	S8610590Z
Related Vehicle	FBM686D (Motorcycle)	Contact No.	81180668
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	30/01/2019	Date Discharge	30/01/2019
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Driver			
Name	MUHAMMAD AFIQ BIN MUHAMMAD SALMAN TAN	ID No.	S3543649H
Related Vehicle	NIL	Contact No.	97806210
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 30th January 2019 at about 12am, I was riding my motorcycle FBM 686D along Bedok Reservoir Road towards Eunos Link. I was approaching the junction of Bedok Reservoir Road and Jalan Eunos when I noticed one vehicle SKB 3441A from the opposite direction. I observed that the traffic lights were green and carried on riding. Suddenly, the said vehicle turned to the right into Jalan Eunos and I applied my brakes. However, my motorcycle hit the side portion of the said vehicle. Due to the impact, I flew over the said vehicle and landed on the ground. Subsequently, the ambulance arrived and rendered first aid to me. I was not conveyed to the hospital. My motorcycle had damages on the front.

On the same day at about 1815hrs, I went to National University Hospital as I had difficulties in walking. I was given 4 days medical leave.

POLICE REPORT PAGE 3



**SINGAPORE
POLICE FORCE**



T/20190201/2001

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

3 of 3

Report No. T/20190201/2001

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 / Staff Sgt ZAKI FAHMY RAZALI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 01/02/2019 00:04
Officer In Charge Of Case: TP / GIT / SI THABAGESH JEYATHESH Contact No.: 65476232	Classification Of Case: SN 005
Authentication Stamp NP168	Signature: Singapore Police Force

AXA INSURANCE PTE LTD
8 Shenton Way, #24-01
AXA Tower, Singapore 068811
Customer Centre #01-21
Tel: 1800 8804888 Fax:-
Website: www.axa.com.sg
GST Registration Number: 199903512M
customer.care@axa.com.sg



CERTIFICATE OF INSURANCE

■ Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) ■ Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 ■ Road Transport Act, 1987 (Malaysia) ■ Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE NO. : VMZ/P2171407 Account No. : 03375
Coverage : Third Party Fire & Theft Only
Sum Insured : Market Value At The Time Of Loss
Name of Policy Holder : AHMAD SHAHRUL BIN SAHAD
Vehicle Registration No. : FBM686D
Period of Insurance : From 24/06/2018 To 23/06/2019 (Both Dates Inclusive)

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE*

- (a) The Policyholder
(b) 1. AHMAD SHAHRUL BIN SAHAD

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.

LIMITATIONS AS TO USE*

Use only for social, domestic and pleasure purposes and in connection with the Policyholder's business or profession

The Policy does not cover:

- a) Use for hire and 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

(11)

Fire & Theft - Insured & Named Dr. : SGD 300.00

THEFT OUTSIDE SINGAPORE : SGD 600.00

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (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 headings.

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).

AXA INSURANCE PTE LTD

Authorized Signature

Issued by - SGRAN04 on 04/09/2018

IMPORTANT :

Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation Act (Cap. 189)).


The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate, covernote and endorsement etc.

WARRANTED ALL
ACCIDENT REPAIRS
MUST BE CARRIED
OUT ONLY AT OUR
AUTHORISED
WORKSHOPS

ANDA INSURANCE AGENCIES PTE LTD
(MOTOR DEPARTMENT)
1 King George's Avenue
#06-00 Rehau Building, Singapore 208557
Tel: 6554 2288 Fax: 6453 4466
Email: thomson@anda.com.sg

DRIVER NRIC & LICENSE Pg. 1

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8610590Z**



Name
AHMAD SHAHRUL BIN SAHAD

احمد شهرول بن ساحد


Race
JAVANESE

Date of birth
16-04-1986

Country/Place of birth
SINGAPORE


Sex
M

REPUBLIC OF SINGAPORE **DRIVING LICENCE**




Licence Number: **S8610590Z**
Name: **AHMAD SHAHRUL BIN SAHAD**

Birth Date: **16 Apr 1986**
Issue Date: **20 Jun 2016**




002580116C

5667312



NRIC No. **S8610590Z**




Date of issue
01-11-2016

Address
**APT BLK 664A PUNGGOL DRIVE
#17-206
SINGAPORE 821664**

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

		EFFECTIVE DATE
Class 2B	Motorcycles <= 200 cc	04 May 2007
Class 2A	Motorcycles between 201 cc and 400 cc	24 Mar 2009
Class 2	Motorcycles > 400 cc	29 Mar 2011
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	20 Jun 2016

Licence No: **S8610590Z**



NP 428A

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

