

NATIONAL Assessment Centre Services. Just 1 Job! *MA 2006192*

Date In: <i>23/11/2020 16:37</i>	Job description	Date & Time Completed	Done by
Ref No: <i>1/30/PND 2001289814</i>	SAS e-Milling		
Veh No: <i>PBL 1619Y</i>	E-mail (7 Julia 2hrs, AIG 2hrs)		
D.O.A: <i>20/11/2020 07:40</i>	1-Motor Claim Form		
OID: TP Reporting Only	1-Motor W/O (with/without OD 2hrs, TP 4hrs)		
	1-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax/Hand to Owner/Witness		

Preferred Wkep / INC Assign Wkep / QW: () Tel: () Fax: ()

TP Particulars: Vch No: *SJB 4269L* INC () / Non-INC ()

Owner / Driver: () Tel: ()

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

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

Insured/Driver Liability: () % [Note-Est Status (WO): N: 0-20%; P: 21-79%; R: 80-100%]

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

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

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

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

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

- 1) Apply for Transport Allowance () / Courtesy Car ()
- 2) QC Check / Post Repair Inspection ()
- 3) Upload Resurvey Photo (Repair Cost > \$3000) ()

Injury: _____

Date: _____

NA 2006192

Driver/Owner:	1) AIT Accident Reporting (\$30)	INC ()
Contact No:	3) DA: Damage Assessment (\$100)	\$40/45
Damaged Portion:	5) TP: Towing Fee	\$120
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	\$30
	5) PF: Follow-Through Survey (Resurvey)	\$30
	6) TR: Re-inspection	\$70
	7) NI: I/O DA + EMRT Survey	\$160
	8) NTUG Additional Services	
	OID:	
	*NS: Courtesy Car / Tpl Allowance	\$3
	*NC: Repairs Coordination	\$23
	*NR: Post Repair Inspection	\$3
	*ND: DV / Collect Excess Coordination	\$20
	TP (NI) / TP (NS/INC) against INS	\$0
	*NI: Idea Mobile	
	Invoice dated	Fee Charged
	Invoice dated	Fee Charged

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	23/11/2020 16:37
Date Of Accident	20/11/2020 07:40
Exact Location Of Accident	CTE TOWARDS CITY AFTER YIO CHU KANG ROAD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL1619Y
Insured/Policyholder	
Name Of Registered Owner	ANUAR BIN MOHD ISA
NRIC No	SXXXX566E
Email Address	HAIRIANUAR@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90277909
Alternative Phone No	OTHERS-90032413

Vehicle Particulars

Manufacturer	YAMAHA
Model	YZF-R1-998CC (M)
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY TO SCHOOL
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	FWD SINGAPORE PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	PNMC2019-00003499-01
Cover Note Number	

Driver

Name of Driver	HAIRI BIN ANUAR
NRIC No	SXXXX673A
Date Of Birth	06/02/1996
Occupation	INDOOR
Date Of Driving Pass	24/06/2019
Driving Experience	1 YEAR AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90277909
Fax Number	
Contact Number	OTHERS-90032413

Address	BLK 343 YISHUN AVENUE 11 #05-131
Postcode	760343
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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 (including own vehicle) involved in the accident	3
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20201122/7019 AND T/20201123/2151

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	SJB4269L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Nature Of Damage:

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLJ6778E

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: HAIRI BIN ANUAR

Approximate Age

Injuries Sustain SERIOUS INJURIES

Injured person in which vehicle? FBL1619Y

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

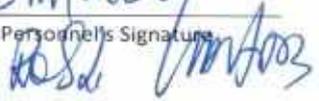
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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:

 23/11 1412
Driver's Signature
(If driver is not the policyholder)
Date & Time:

 23/11/2020
Reporting Centre Personnel's Signature
Name: 
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT T/2020/122/7019

DECLARATION

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

Policyholder's Signature
Date & Time:

[Signature] 23/11 1412
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:

[Signature] 23/11/2020
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

[Signature]

ACCIDENT STATEMENT

ACCIDENT DATE: (20 / 11 / 2020) (DD/MM/YYYY), TIME: (07:40) (HH:MM)

LOCATION: CITE TOWARDS CITY A/F YIO CITE KANGS EXIT

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBL 16194
b) INSURANCE COMPANY: FWD
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: YAMAHA R1
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: SCHOOL PURPOSES
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: AKUAR BIN MOHD ISA (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1313566E CONTACT: 90277909
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: HAIRI BIN AKUAR (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 99604673A CONTACT: 90032413
c) ADDRESS: _____

*d) DATE OF BIRTH: (/ /) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SON

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: TRAFFIC

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SJB 4269L MODEL: _____

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: ~~SJB~~ SJB 678E MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
()

email = hairianuar@hotmail.com

VIDEO



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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/11/2020 19:03	Vide Report No.: F/20201120/0057	Station Diary No.:
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Informant's Particulars

Name of Informant: HAIRI BIN ANUAR		Address: 343 YISHUN AVENUE 11 #05-131 SINGAPORE 760343	
ID Type / ID No.: NRIC NO / S9604673A		Contact No.: Home/Office: Mobile: 90032413	
Nationality: SINGAPORE CITIZEN		Email: HAIRIANUAR@HOTMAIL.COM	
Sex: Male	Age: 24	Date of Birth: 06/02/1996	Type of Informant: Rider
Race: Malay		Language: English	Institution / School Name:
Occupation: Student		Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry: 31/12/2020

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/11/2020 07:40	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Sunny		Road Surface: Dry		Road Speed Limit: 90 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBL1619Y	Motorcycle	YAMAHA	R1	Red	Seriously Damaged	0
SJB4269L	Car	HONDA	STREAM	Blue	Slightly Damaged	1



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

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL1619Y	FWD Singapore Pte. Ltd		02/08/2020	01/08/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Rider				
Name	HAIRI BIN ANUAR	ID No.	S9604673A	
Related Vehicle	FBL1619Y (Motorcycle)	Contact No.	90032413	
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry	Class: 2B,2A,2,3 Date of Expiry: 31/12/2020	
Date	20/11/2020	Date	21/11/2020	
No. of Days granted Medical Leave	04	Degree of	Serious	
Passenger				
Name	Unknown Passenger	ID No.	NIL	
Related Vehicle	SJB4269L (Car)	Contact No.	NIL	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	NIL	Date	NIL	
No. of Days granted Medical Leave	NIL	Degree of	NIL	

Brief Details.

The accident took place at CTE towards town near the entrance from YCK road at about 0740. I am riding my motorbike, Red Yamaha R1, FBL1619Y on the 2nd lane at about 60Km/h when a blue honda stream car, SJB4269L changed of lane abruptly from the 1st lane to the 2nd lane without checking and giving proper lookout and sideswept me. Due to the impact, i was thrown off my bike and slid across from the 2nd lane to the chevron beside the 4th lane. I suffered from serious abrasions and bruises. Passerbys assisted me and call for Ambulance and TP which arrived roughly 10 minutes later. I was then being conveyed to Sengkang General Hospital. My said motorbike was badly damaged.



**SINGAPORE
POLICE FORCE**



T/20201122/7019

3 of 3

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

Report No. T/20201122/7019

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
VILTON HIA WEE SIANG
Contact No.: 65476232

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
22/11/2020 19:03

Classification Of Case:



**SINGAPORE
POLICE FORCE**



T/20201123/2151

2 of 3

Report No. T/20201123/2151

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

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	HAIRI BIN ANUAR	ID No.	S9604673A
Related Vehicle	FBL1619Y (Motorcycle)	Contact No.	90032413
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	21/11/2020	Date Discharge	NIL
No. of Days granted Medical Leave	04	Degree of Injury	Serious

Brief Details.

I had lodged an online traffic accident report - T/20201122/7019. I would like to add more information to the report.

After I had lodged the police report, I received an email from the insurance company the next day, stating that a car SLJ6778E was also involved in the accident and is making third party claims for its damages. I believe that due to the impact of the sideswept caused by the car SJB4269L, my motorcycle had skidded and hit into the other car SLJ6778E. However, at that point of time, I did not notice that my motorcycle had collided into SLJ6778E. I only came to know when I received the email from the insurance company.

I would also like to add that after the accident happened, the driver of SJB4269L had moved its car from the original position and parked at the chevron.

YISHUN NORTH NPC
31 YISHUN CENTRAL
SINGAPORE 768827
TEL: 6852 9999
FAX: 6852 2299



**SINGAPORE
POLICE FORCE**



T/20201123/2151

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

3 of 3

Report No. T/20201123/2151

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:

L /

Sr Staff Sgt MUHAMMAD IMRAN BIN MESLAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

23/11/2020 23:09

Officer In Charge Of Case:

TP / GIT /

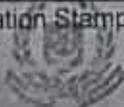
SI VILTON HIA WEE SIANG

Contact No.: 65476232

Classification Of Case:

Authentication Stamp

NP168

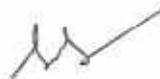


Signature: _____

Singapore Police Force

ORIGINAL

MEDICAL CERTIFICATE

Name: HAIRI BIN ANUAR		NRIC No. S9604673A
This is to certify that the above-named is unfit for duty for a period of <u>4</u> days from <u>20-Nov-2020</u> to <u>23-Nov-2020</u> inclusive.		
Type of medical leave granted :		
<input checked="" type="checkbox"/> Hospitalization Leave	<input type="checkbox"/> Outpatient Sick Leave	
Admitted on : <u>20-Nov-2020</u>	<input type="checkbox"/> Maternity Leave	Delivered on : _____
Discharged on : _____	<input type="checkbox"/> Sterilization Leave	Operated on : _____
This certificate is not valid for absence from court attendance.		
Fit for light duty from <u>N.A.</u> to <u>N.A.</u>		
Time Chit: Time in <u>N.A.</u> Time out <u>N.A.</u>		
Diagnosis	Surgical Operation (if applicable)	
Comments :		
Hospital/Clinic Emergency Medicine Sengkang General Hospital	Ward No. SKH-EM DIAGNOSTICS & TRMT Unit Date 21-Nov-2020	Signature, Name (In BLOCK LETTERS) and Designation/MCR No.  SAMUEL KANA ANAK LIS , 65519H



ORIGINAL

MEDICAL CERTIFICATE

Name HAIRI BIN ANUAR		NRIC No. S9604673A
This is to certify that the above-named is unfit for duty for a period of <u>N.A.</u> days from <u>N.A.</u> to <u>N.A.</u> inclusive.		
Type of medical leave granted :		
<input type="checkbox"/> Hospitalization Leave	<input type="checkbox"/> Outpatient Sick Leave	
Admitted on : _____	<input type="checkbox"/> Maternity Leave	Delivered on : _____
Discharged on : _____	<input type="checkbox"/> Sterilization Leave	Operated on : _____
This certificate is not valid for absence from court attendance.		
Fit for light duty from <u>24-Nov-2020</u> to <u>27-Nov-2020</u>		
Time Chit: Time in <u>N.A.</u> Time out <u>N.A.</u>		
Diagnosis	Surgical Operation (if applicable)	
Comments :		
Hospital/Clinic Emergency Medicine Sengkang General Hospital	Ward No. SKH-EM DIAGNOSTICS & TRMT Unit Date 21-Nov-2020	Signature, Name (In BLOCK LETTERS) and Designation/MCR No.  KWAN JIA RUI , 66198H

CERTIFICATE OF INSURANCE

Please call +65-6322-2072 for FWD Emergency Assistance
if Your Motorcycle breaks down or is involved in an accident.
All accidents must be reported within 24 hours or by the next working day of the incident
regardless of whether it will lead to a claim.

POLICY NUMBER: PNM2019-00003499-01

Plan Name: Third Party Fire & Theft

Motorcycle plate number: FBL1619Y

Your name (As the policyholder): Anuar Bin Mohd Isa

Coverage start date: 02/08/2020

Coverage end date: 01/08/2021

Covered geographical area: Singapore, West Malaysia and Southern Thailand

Who is insured to ride: You and Anyone with a valid driving license who You give permission to ride Your Motorcycle

Important things to know:

Your Policy comprises this Certificate of Insurance, the Contract, the Motorcycle Insurance Summary and any Endorsements attached by Us. These documents should be read together as one. You must make sure that any person You give permission to ride Your Motorcycle understands Your duties under this Policy and complies with its conditions.

Your Policy is only valid if Your Motorcycle is being used for personal use in accordance with Your contract.

This Policy does not cover use for hire or reward, delivery of goods, and any renting or leasing purposes.

We confirm that this Policy complies with the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189).

Issued on: 22/06/2020



Khor Kee Eng
Chief Executive Officer
FWD Singapore Pte Ltd

Please immediately inform us at +65-6820-9999
or email us at contact.sg@fwd.com if any details in
this Certificate of Insurance needs to be changed.

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MHA480/04/22 Vehicle Registration No: FBL 1619 Y
Name (as shown in NRIC) : HARI BIN ANUAR NRIC/FIN/Passport No : _____
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 90032413
Email Address : _____
Date of Accident : 20/11/2020 Time of Accident : 07:40
Place of Accident : LTE TOWARDS CITY BEHIND Y10 CTR KONEK ROAD EX17
Insurance Company : FWD

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

AMENDED POLICE REPORT 7/2020/123/2151

Policyholder / Driver's Signature
Date:

[Signature] 24/11/2020
Reporting Centre Personnel's Signature
Name: [Signature]