

NATIONAL Assessment Centre Services.

[ver 1 Jan 2021]

SN08211ED008

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 14/01/2021 12:43 | Job description | Date & Time Completed | Done by |
| Ref No: N8018421000678/4 | SAS e-Milling | | |
| Veh No: FBK 21419 | E-mail (Adjust 3hrs, A/C 2hrs) | | |
| D.O.A: 21/01/2021 12:43 | I-Motor Claim Form | | |
| OID (TP) Reporting Only | I-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| TP Insurer: | I-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Whse | | |

| | | |
|--|--|-----------------------|
| Preferred Wkep / INC Assign Wkep / QW: (| Tel: | Fax: |
| TP Particulars: | Veh No: SNH 2175 | 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% P: 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 () : Invoices: 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: _____

| | | |
|---------------------------------|---|------------|
| NA2100.615 | 1) All Accident Reporting (\$30) | |
| Driver/Owner: | 2) DA: Damage Assessment (\$100) | INC (\$10) |
| Contact No: | 3) T/T: Towing Fee | \$120 |
| Damaged Portion: | 4) PF: Follow-Through Survey | \$120 |
| QC Checked by (Engr-In-Charge): | 5) PF: Follow-Through Survey (Resurvey) | \$30 |
| _____ | For claim against INC Only (over 10 Jan 2021) | \$75 |
| _____ | 6) TR: Re-inspection | \$160 |
| _____ | 7) NI: IDA + SMRT Survey | |
| _____ | 8) NTUC Additional Services | |
| _____ | ON: | |
| _____ | * NS: Courtesy Car / Tpl Allowance | \$3 |
| _____ | * NG: Repair Coordination | \$10 |
| _____ | * NT: Post Repair Inspection | \$25 |
| _____ | * ND: DV / Collect Excess Coordination | \$3 |
| _____ | TP (NI) / TP (Non INC) against INC | \$20 |
| _____ | 9) NI: Idea Mobile | \$0 |
| _____ | Invoice dated | |
| _____ | Invoice dated | |
| _____ | Fee Charged | |
| _____ | 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 Submission | 14/01/2021 12:43 (SGT) |
| Date of Accident | 09/12/2020 19:51 (SGT) |
| Exact Location of Accident | Woodlands Ave 9, Singapore |
| Additional Location Information | JUNCTION OF WOODLANDS ST 81 |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | FBK2141G |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|---------------------------|
| Is company? | No |
| Name Of Registered Owner | THUILLIER EMILIE ISABELLE |
| Passport No/FIN | GXXXX149M |
| Email Address | kingjowo98@gmail.com |
| Mobile Phone No | (Phone) +65-87226028 |
| Alternative Phone No | +65-81676400 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Yamaha |
| Model | MAJESTY S 150 |
| Variant | - |
| 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 - Claiming third party |
| Vehicle Category | Motorcycle |

INSURANCE COMPANY

| | |
|---------------------------|-----------------------|
| Name of Insurance Company | MSIG |
| Type of Coverage | ThirdPartyFireTheft |
| Fleet Policy | No |
| Policy Number | MSD/VMS/20-508122-WTT |
| Cover Note Number | - |

DRIVER

| | |
|----------------|-------------------------------|
| Name of Driver | ADY DZIKRY BIN MUHAMMAD FAUZI |
| NRIC No | SXXXX916C |

| | |
|--|-------------------------------------|
| Date Of Driving Pass | 26/05/2016 |
| Driving experience | 4 YEARS AND 7 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-81676400 |
| Alt. Phone Number | - |
| Email Address | kingjowo98@gmail.com |
| Address | BLK 152 WOODLANDS STREET 13 #03-783 |
| Address complement | - |
| Postcode | 730152 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Child |
| Does Driver Own Other Vehicles? | No |
| Vehicle Registration Number of Other Vehicle Owned by Driver | - |
| Insurance Company of Other Vehicle Owned by Driver | - |

GENERAL INFORMATION OF THE ACCIDENT

| | |
|--------------------------|-------------------------------|
| Type of Accident | Collision - Head on collision |
| Weather Conditions | AFTER RAIN |
| Road Surface | Wet |

OTHER INFORMATION

| | |
|---|-----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 2 |
| Was anybody injured in the Accident? | Yes |
| Was any injured conveyed to hospital by ambulance? | Yes |
| Was any other material or property damaged? | Yes |
| Number of Passengers (Including Driver) | 1 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

DETAILS OF POLICE ACTION

| | |
|---|----------------------------------|
| Was the accident reported to the police? | Yes |
| Police Station Name | Traffic Police |
| Police Station Phone No | (Phone) +65-65470000 |
| Alt. Police Station Phone No | (Fax) +65-65474900 |
| Police Station Address | 10 Ubi Avenue 3 Singapore 408865 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20201215/7003 AND T/20210102/7000

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 | SGH217S |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | |

Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

| | |
|---|-------------------------------|
| Name of injured person | ADY DZIKRY BIN MUHAMMAD FAUZI |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | SERIOUS INJURY |
| Injured person in which vehicle? | FBK2141G |
| Were seat belts worn? | - |
| Was this injured conveyed to hospital by ambulance? | Yes |

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 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.

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

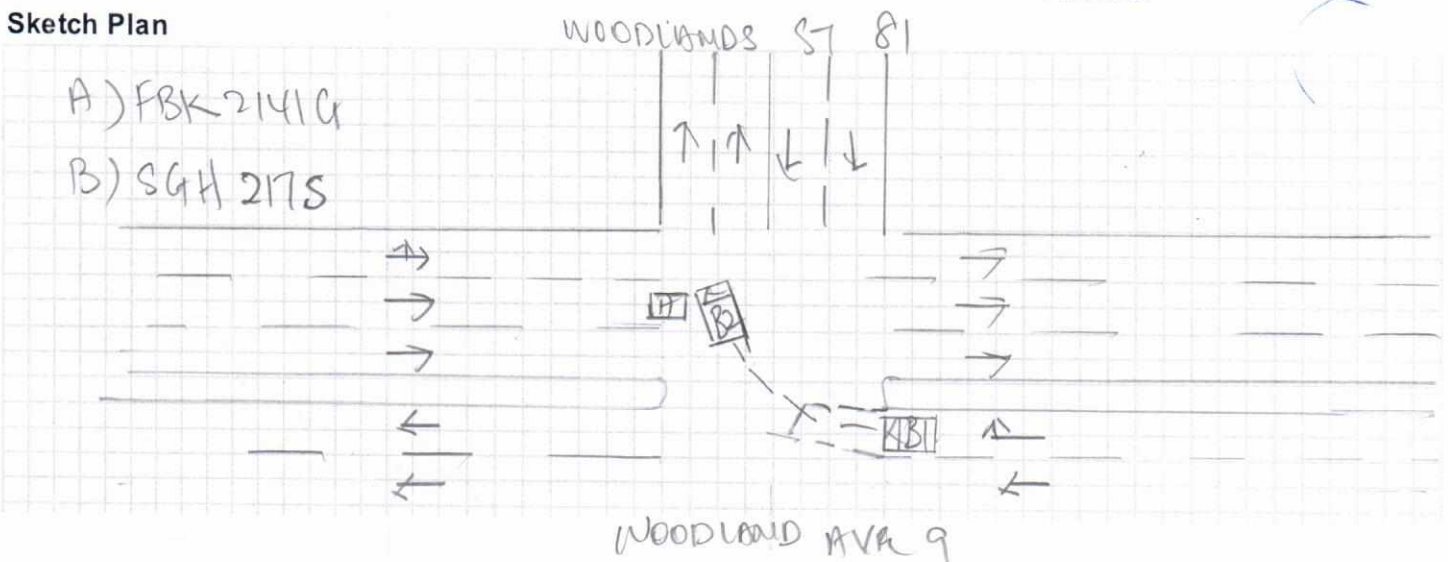
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

REFER TO POLICE REPORT 1/20210102/7000 & 7/20210125/7003

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (09 / 12 / 2020) (DD/MM/YYYY), TIME: (19 : 51) (HH:MM)

LOCATION: WOODLANDS AVENUE 9 (WOODLANDS STREET 81 JUNCTION)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBK 21916
b) INSURANCE COMPANY: MSIG
c) POLICY NUMBER: MSD/VMS/20-508/22-WTT A0633-00T
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: YAMAHA MAJESTY S 150
f) TYPE: (SALOON / COUPE / MPV / 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: THUILLIER EMILIE ISABELLE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 65297149M CONTACT: 87226028
c) ADDRESS: 152 WOODLANDS ST 13 #03-783 730152
ST NGAPORE

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: ADY DZIMBY BIN MUHAMMAD FANZI (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 59203916C CONTACT: 81676400
c) ADDRESS: 152 WOODLANDS STREET 13 #03-783 (730152)

* d) DATE OF BIRTH: (02 / 02 / 1998) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 26/05/2016

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) AFTER RAIN

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 POLICE

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SGH 2175 MODEL: TOYOTA WISH
b) DRIVER'S NAME:
c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

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

email = kingjowo98@gmail.com
VIDEO



SINGAPORE POLICE FORCE



T/20201215/7003

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

1 of 3

Report No. T/20201215/7003

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|---|------------|------------------------------|--|--------------------|----------------------------|
| Date/Time Report Made: 15/12/2020 09:52 | | Vide Report No.: | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: ADY DZIKRY BIN MUHAMMAD FAUZI | | | Address: 152 WOODLANDS STREET 13 #03-783 SINGAPORE 730152 | | |
| ID Type / ID No.: NRIC NO / S9803916C | | | Contact No.: Home/Office: Mobile: 81676400 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: FORM1DABL398@GMAIL.COM | | |
| Sex: Male | Age: 22 | Date of Birth: 02/02/1998 | Type of Informant: Rider | | |
| Race: Javanese | | | Language: English | | Institution / School Name: |
| Occupation: Motorcycle delivery man | | | Driving Licence Information: Class: 2B Date of Expiry: | | |

| | | | | |
|--|---------------------------|---|--|--------------------------------------|
| General Information of the Accident | | | | |
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 09/12/2020 19:50 | Type of Location: X-Junction |
| Location: WOODLANDS STREET 81 | | | | |
| Weather: Clear | | Road Surface: Wet | Road Speed Limit: 50 Km/h | |
| Traffic Flow: Two Way | | Traffic Control: Traffic Light - Working | | Traffic Volume: Moderate |
| Type of Collision: Between Moving Vehicles - Head To Side | | | | Anyone conveyed by ambulance: Yes |

| | | | | | | |
|------------------------------------|------|------|-------|-------|----------|-------|
| Details of Vehicle Involved | | | | | | |
| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
| SGH217S | Car | | | | | 0 |

| | |
|-----------------------------------|--------------------------------|
| Details of Person Involved | |
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



**SINGAPORE
POLICE FORCE**



T/20201215/7003

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

2 of 3

Report No. T/20201215/7003

CONTINUATION OF REPORT

| Rider | | | |
|-----------------------------------|-------------------------------|-----------------------------------|----------------------------------|
| Name | ADY DZIKRY BIN MUHAMMAD FAUZI | ID No. | S9803916C |
| Related Vehicle | SGH217S (Car) | Contact No. | 81676400 |
| Hospital/Clinic | KHOO TECK PUAT HOSPITAL | Class of Driving Licence & Expiry | Class: 2B Date of Expiry: NIL |
| Date | 09/12/2020 | Date | 14/12/2020 |
| No. of Days granted Medical Leave | 24 | Degree of | Serious |

Brief Details.

I was riding back home after sending my colleague back home, when im nearing the traffic light, the car suddenly just moved , i tried to horn and i think the other party was shocked and stopped in the middle of the road, i had no time to brake as the floor is not dry, as soon as i hit the side of the car, i'm very sure there is a witness as before i passed out there's someone shouting at the driver.



**SINGAPORE
POLICE FORCE**



T/20201215/7003

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

3 of 3

Report No. T/20201215/7003

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 / TPHQ /
QHAIRIL BIN ZULKEFLEE
Contact No.: 65476187

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:
15/12/2020 09:52

Classification Of Case:



SINGAPORE POLICE FORCE



T/20210102/7000

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

1 of 3

Report No. T/20210102/7000

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|-------------------------------------|--|--------------------|----------------------------|
| Date/Time Report Made: 02/01/2021 00:36 | | Vide Report No.: T/20201215/7003 | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: ADY DZIKRY BIN MUHAMMAD FAUZI | | | Address: 152 WOODLANDS STREET 13 #03-783 SINGAPORE 730152 | | |
| ID Type / ID No.: NRIC NO / S9803916C | | | Contact No.: Home/Office: Mobile: 81676400 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: FORM1DABL398@GMAIL.COM | | |
| Sex: Male | Age: 22 | Date of Birth: 02/02/1998 | Type of Informant: Rider | | |
| Race: Javanese | | | Language: English | | Institution / School Name: |
| Occupation: Motorcycle delivery man | | | Driving Licence Information: Class: 2B Date of Expiry: | | |

| | | | | |
|--|------------------------------|---|--|--------------------------------------|
| General Information of the Accident | | | | |
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 09/12/2020 19:50 | Type of Location: X-Junction |
| Location: WOODLANDS STREET 81 | | | | |
| Weather: Clear | | Road Surface: Wet | | Road Speed Limit: 50 Km/h |
| Traffic Flow: Two Way | | Traffic Control: Traffic Light - Working | | Traffic Volume: Moderate |
| Type of Collision: Between Moving Vehicles - Head To Side | | | | Anyone conveyed by ambulance: Yes |

| | | | | | | |
|------------------------------------|------------|--------|-------|-------|----------|-------|
| Details of Vehicle Involved | | | | | | |
| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
| FBK2141G | Motorcycle | | | | | 0 |
| SGH217S | Car | TOYOTA | Wish | Pink | | 0 |

| | |
|-----------------------------------|--------------------------------|
| Details of Person Involved | |
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



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

Report No. T/20210102/7000

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|-------------------------------|-----------------------------------|----------------------------------|
| Rider | | | |
| Name | ADY DZIKRY BIN MUHAMMAD FAUZI | ID No. | S9803916C |
| Related Vehicle | FBK2141G (Motorcycle) | Contact No. | 81676400 |
| Hospital/Clinic | KHOO TECK PUAT HOSPITAL | Class of Driving Licence & Expiry | Class: 2B Date of Expiry: NIL |
| Date | 09/12/2020 | Date | 14/12/2020 |
| No. of Days granted Medical Leave | 24 | Degree of | Serious |

Brief Details.

This report is to add on based on my previous police report number: (T/20201215/7003) . I, Ady Dzikry Nric: (S9803916C), was riding along Woodlands Avenue 9 towards Republic Polytechnic. The traffic light was on my favour and it was green. When I was approaching the junction I suddenly saw a car at the junction turning right from the opposite road. I horned at the vehicle continuously but the driver suddenly stop in the middle of the road. I couldn't brake in time as the road is abit wet at that point of time and i hit onto the Vehicle side. After the collision i was in and out of consciousness. I could hear voices around me, i heard a man's voice telling me that he witnessed the whole incident and the driver was at fault, turning at the junction without checking on vehicles travelling straight on the main road on the opposite road. The man told me to calm down as i have a broken leg. Few seconds after that i lost consciousness totally and only woke up in the hospital. When i was in hospital, after regaining consciousness, i was told by the medical staff there that i had a broken thigh bone, i had open wound on my right cheek and just below my chin which was required to be stitched up. I was conveyed to KTPH on the 9th of December and had to undergo an emergency surgery on the 10th of December. I was discharged on the 14th of December 2020. At this very moment i am still at home looking forward for a slow recovery and expected to be on a very long hospitalization medical leave. This report is based on the true incident which happened to me on the 9th of December at 7.51pm. That's all.

**MSIG**

W 729168
 MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200412212G)
 4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807
 Tel +65 6827 7888, Fax +65 6827 7800
 msig.com.sg

CERTIFICATE OF INSURANCE

Road Transport Act 1987 (Malaysia), Road Transport (Amendment) Act 2019 (Malaysia)
 The Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)
 The Motor Vehicles (Third Party Risks and Compensation) Act (CAP. 189 of the Revised Edition) (Republic of Singapore)
 The Motor Vehicles (Third Party Risks and Compensation) Rules, 1996 Edition (Republic of Singapore)
 Or any Amendment, Act or Acts passed in substitution thereof.

CERTIFICATE NO : **MSD/VNS/20-508122-WTT A0633-001/W0845 S131088**

SUM INSURED : **PMV**
 EXCESS : **\$300 (FIRE & THEFT) \$600 (ENDT 2K)**

1. Index mark and Registration Number of Vehicle **G5297149N**
FBK2141G
YAMAHA
 2. Name of Policyholder **THUILLIER EMILIE ISABELLE** **155 c.c.**

3. Effective date of the Commencement of Insurance
 for the purposes of the Act
 4. Date of Expiry of Insurance **1250PM 16/09/2020**
07/05/2021

5. Persons or Classes of Persons entitled to drive

a. The Policyholder.

b. **ADY DZIKRY BIN MUHAMMAD FAUZI ONLY**

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. And provided further that the Motor Vehicle is registered and licensed under the Road Traffic Act and its registration and licensing under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

6. Limitation as to Use

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

7. The Policy does not cover

1. Use for hire or reward.
2. Use for racing, pace-making, reliability trial or speed-testing.
3. Use for any purpose in connection with the Motor Trade.

* 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) or any Amendment, Act or Acts passed in substitution thereof."

WTT INSURANCE AGENCIES PTE LTD
 Insurance Agent

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 : SNE821/F00003 Vehicle Registration No: FBK 2141G
Name (as shown in NRIC) : HOY DZAIKEI Bin Muhammad Fauzi NRIC/FIN/Passport No : S9803916C
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 87676400
Email Address : _____
Date of Accident : 09/01/2021 Time of Accident : 19:51
Place of Accident : Woodlands A1M 9 / Woodlands 87 87
Insurance Company : _____

(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:

Location of accident of 2 Woodlands A1M 9

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name:

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 : SN0821E0003 Vehicle Registration No: FBK2141G
Name (as shown in NRIC) : ADY DEIKRY Baw Muhammad Fauzi NRIC/FIN/Passport No : SXXXX 916C
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 81676400
Email Address : _____
Date of Accident : 09/12/2021 Time of Accident : 19:51
Place of Accident : WOODLAND AVE 9 Junction of Woodlands STN
Insurance Company : M816

(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:

DATE OF ACCIDENT To 09/12/2020

Policyholder / Driver's Signature
Date:

22/01/2021
Reporting Centre Personnel's Signature
Name: