(08/11/13) Wef ASS. REC. BY: Marcas REF: CS/ C	T121006110/49c
	NMENT
	Veh No: FSM SOSCR Yr Regn: 27/11/7 Type: M.Car (M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or Make: Sytuki UH 200 A
Date / Time Action / Instruction NOTE \$194 874 4/5 \$5100 conf. medw 16/21210 (.36m mussed to Alfred Date/Time. File Pass to? : Preli. Report	
2) : Final Report Date/Time, File Return to? Add Fe Report Format: Lump Sum / I.B.H. (\$ 500)	Resurvey No. of Trip:





MOTORCYCLE ACCESSORIES | SERVICE CENTRE MODIFICATIONS | SPRAY PAINTING AND BODY WORK | METAL WORKS | LEASING & RENTALS | FLEET SALES | INSURANCE SALES

Customer:

CHINA TAIPING INSURANCE (S) PTE LTD

105 CECIL STREET #18-00 / 19-00 THE OCTAGON S'PORE 069534

ATTN: CHINA TAIPING INSURANCE (S) PTE LTD

QUOTATION

NO. : 38395

DATE

: 20/05/2021

CLAIM NO.

: 11732

POLICY NO. : PNMC2020-00004627

FROM

: HASRIANAH

VEHICLE NO.

: FBM5095B

MAKE/MODEL

: SUZ / UH200AL5

(Page 1 of 5)

					(i age	6 1 01 3)
S/N	Description	<u>Action</u>	Qty	Unit Price		<u>Amount</u>
	BALANCER HANDLE P/N: 70265 - (REPORTED BY MECHANIC)	REPLACE	2.00	\$17.00	NISCUT	34.00
	BEARING STEERING CONE P/N: 44475 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$83.00	121	83.00
	BEARING STEERING CONE (25X47X15) P/N: 65372 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$83.00	ren	83.00
	BEARING WHEEL FRONT P/N: 70254 - (REPORTED BY MECHANIC)	REPLACE	2.00	\$24.00	nec	48.00
	BELLY PAN P/N: 61586 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$122.00	Dis	122.00
	BOX REAR (GIVI) E450N BLACK W/O STOP LIGHT P/N: 27220 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$230.00	Cu7	230.00
	BOX, FRONT (BLACK) P/N: 65382 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$259.00	cui	259.00
	BRACKET UNDER FORK P/N: 65380 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$723.00	Serf/m	723.00
	CAP TANK COOLANT P/N: 70259 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$5.00	m·s	5.00

*38395



S/N	Description	Action	Qty	Unit Price		Amount
10	CLIP (BLACK) P/N: 63231 - (REPORTED BY MECHANIC)	REPLACE	8.00	\$3.00	ner	24.00
11	COOLANT (MOBIL) ANTIFREEZE P/N: 60213 - (REPORTED BY MECHANIC)	REPLACE	2.00	\$19.00	ner	38.00
12	COVER FRONT LOWER (GREY) P/N: 61593 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$139.00	(u)	139.00
13	COVER FUEL TANK P/N: 70268 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$24.00	cna	24.00
14	COVER SAFE BOX COMPARTMENT P/N: 70260 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$47.00	647	47.00
15	COVER SHIELD, LEG SIDE RH (BLACK) P/N: 65364 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$128.00	cuy	128.00
16	COVER TANK COOLANT P/N: 70264 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$14.00	17	14.00
17	COVER TRANSMISSION P/N: 61589 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$150.00	Cuz	150.00
18	COVER, FRONT (BLACK) P/N: 70252 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$136.00	Cun	136.00
19	COVER, MUFFLER P/N: 65386 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$76.00	2	76.00
20	COVER, MUFFLER RR P/N: 68131 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$47.00	2	47.00
21	COWLING FRONT COVER RH (GREY) P/N: 70257 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$331.00	Cne	331.00
22	CUSHION P/N: 63225 - (REPORTED BY MECHANIC)	REPLACE	2.00	\$7.00	nu	14.00
23	CUSHION COVER P/N: 65387 - (REPORTED BY MECHANIC)	REPLACE	2.00	\$5.00	ner	10.00
24	CUSHION, BOX P/N: 63232 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$10.00	su	10.00
25	DAMPER ASSY, FRONT FORK LH P/N: 63238 - (REPORTED BY MECHANIC)	REPLACE	1.00	\$730.00	serllery	730.00

*38395

bizSAFE3



S/N	Description		Action	Qty	Unit Price	Amo	unt
6	EMBLEM ABS P/N: 70253 - (REPORTED BY MECHANIC)		REPLACE	2.00	\$10.00	nec 20	.00
7	EMBLEM, "S" P/N: 63216		REPLACE	1.00	\$26.00	Nec 26	.00 /
8	- (REPORTED BY MECHANIC) FOOTBOARD, LH (BLACK) P/N: 63224		REPLACE	1.00	\$28.00	cu7 28	.00
9	- (REPORTED BY MECHANIC) FOOTBOARD, RH (BLACK) P/N: 68133 - (REPORTED BY MECHANIC)		REPLACE	1.00	\$28.00	(M) 28	.00
)	FRAME FRONT SUB P/N: 63235 - (REPORTED BY MECHANIC)		REPLACE	1.00	\$142.00	Serf 142	
1	FRONT FORK RH ASSY P/N: 65371 - (REPORTED BY MECHANIC)		REPLACE	1.00	\$730.00	Suffer, 730	.00
2	HANDLE, PILLION RIDER LH P/N: 70267 - (REPORTED BY MECHANIC)		REPLACE	1.00	\$128.00	128	.00
3	HEADLAMP ASSY P/N: 63228 - (REPORTED BY MECHANIC)		REPLACE	1.00	\$430.00	Bno 430	.00
	LABOUR P/N: 06766 - LABOUR QUOTED FOR DISMANTLING AND INSTALLATION OF PARTS.	*	Supply/Install	16.00	\$63.00	450 1,008.	.00
	LAMP ASSY, FRONT TURNSIGNAL, L P/N: 63229 - (REPORTED BY MECHANIC)		REPLACE	1.00	\$89.00	Cra 89	.00
	LEG SHIELD LH (BLACK) P/N: 61591 - (REPORTED BY MECHANIC)		REPLACE	1.00	\$128.00	C/2 128.	.00
	LEVER ASSY, REAR BRAKE P/N: 63218 - (REPORTED BY MECHANIC)		REPLACE	1.00	\$35.00	Cu7 35.	.00
	LEVER, FRONT BRAKE RM P/N: 63226 - (REPORTED BY MECHANIC)		REPLACE	1.00	\$37.00	CUT 37.	.00
	MAT FLOOR LH (BLACK) P/N: 70262 - (REPORTED BY MECHANIC)		REPLACE	1.00	\$63.00	M; 5 63.	00
	MIRROR ASSY RH P/N: 65369 - (REPORTED BY MECHANIC)		REPLACE	1.00	\$51.00	SU 51.	00X

*38395 *

bizSAFE3



S/N	Description	Action	Qty	Unit Price	Amount
41	MIRROR LH	REPLACE	1.00	\$51.00	Amount 51.00
* 1	P/N: 70263	TIET EXOL	1.00	φ51.00	CUT 51.00
	- (REPORTED BY MECHANIC)				
12	MUDGUARD FRONT (BLACK)	REPLACE	1.00	\$143.00	S 10 143.00
	P/N: 70266		1.00	φ140.00	5 10 143.00
	- (REPORTED BY MECHANIC)				,
13	PLATE DISC FRONT	REPLACE	1.00	\$118.00	118.00 X?
	P/N: 70261			* 1.1.5.15.5	//
	- (REPORTED BY MECHANIC)				
4	RADIATOR TANK	REPLACE	1.00	\$271.00	7 17 271.00
	P/N: 70258				
	- (REPORTED BY MECHANIC)				
15	REFLECTOR ASSY	REPLACE	2.00	\$17.00	N/S400 34.00 8
	P/N: 65381				
	- (REPORTED BY MECHANIC)				1 (1 0
6	RIM SPORT FRONT (BLACK)	REPLACE	1.00	\$681.00	Berthagel 681.00
	P/N: 70256				
	- (REPORTED BY MECHANIC)				
7	SEAL STEERING UPPER DUST	REPLACE	1.00	\$12.00	Nec 12.00
	P/N: 44470				
0	- (REPORTED BY MECHANIC)	DEDLAGE	4.00	* 110.00	
8	STAND MAIN	REPLACE	1.00	\$118.00	118.00 ×
	P/N: 61584 - (REPORTED BY MECHANIC)				/
.9	STICKER NUMBER PLATE FRONT (BLACK)	REPLACE	1.00	\$21.00	Nes 21.00
	STRAIGHT		1.00	φ21.00	100
	P/N: 32921				
	- (REPORTED BY MECHANIC)				A
0	SWITCH IGNITION ASSY	REPLACE	1.00	\$206.00	19 206.00
	P/N: 65374				
	- (REPORTED BY MECHANIC)				ìX
1	TERMINAL, POWER SOURCE (GRAY)	REPLACE	1.00	\$42.00	1 42.00
	P/N: 70255				
0	- (REPORTED BY MECHANIC)		4.00	#00.00	2 00 0000
2	TRANSPORT CHARGES (MOTORCYCLE) CLASS 2A P/N: 45835	*	1.00	\$63.00	3 5 63.00
	- BIKE TOWED BACK TO BHH				
3	VALVE RIM	REPLACE	1.00	\$10.00	10.00
0	P/N: 70269	TEI LAGE	1.00	φ10.00	ru 10.00
	- (REPORTED BY MECHANIC)				
4	WINDSCREEN	REPLACE	1.00	\$975.00	CM 975.00
	P/N: 63233			, , , , , ,	10000
	- (REPORTED BY MECHANIC)				
		as notify .			
	the Repairer of the for SUB • To resurvey before/after sGST	TOTAL			\$9,193.00
	• To display damaged part(s) duri	ng resurvey			\$643.51

To display damaged part(s) during resurve

Parts prices are subject to GRAND TOTAL (SGD)

Third party survey is on a "Without Prejudice" basis

No illegal modification(s) is allowed

Supplementary item(s) must be resurveyed and
 supplementary item(s) must be resurveyed and
 supplementary item(s) must be resurveyed and
 supplementary item(s) must be resurveyed and

*38395 *



\$9,836.51

CERT NO : 2002-1-0383 ISO 9001 : 2015

Quotation Nos.: 38395

(Page 5 of 5)

S/N Description

Action

Qty Unit Price

Amount

50% deposit required before ordering of parts.

Validity: 30 days

For & on Behalf of

Acknowledge & Accepted By

BAN HOCK HIN CO PTE LTD



HASRIANAH

This quotation is sent via email / LAN-Fax and will bear a computer generated signature.

*38395

bizSAFE3





Vehicle Details

Vehicle No.	Make / Model
FBM5095B	SUZUKI/UH200A
/ehicle Type :	Vehicle Attachment 1:
P01 - Passenger Scooter	No Attachment
Vehicle Scheme :	Chassis No.:
Normal	MLCC91327J0404349
Propellant:	Engine No. :
Petrol	H405404349
Motor No.:	Engine Capacity :
	200 cc
Power Rating :	Maximum Power Output :
•	
Maximum Laden Weight :	Unladen Weight :
350 kg	164 kg
Year Of Manufacture :	Original Registration Date :
2017	27 Nov 2017
Lifespan Expiry Date :	COE Category:
	D - Motorcycle
Quota Premium :	COE Expiry Date:
\$5,851.00	26 Nov 2027
Road Tax Expiry Date :	PARF Eligibility Expiry Date:
26 May 2021	
Inspection Due Date :	Intended Transfer Date :
26 Nov 2021	21 May 2021
CO2 Emission :	CEV/VES Rebate Utilised Amount:
•	-
CO Emission :	HC Emission



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed</u> 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.

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 06/05/2021 05:20 (SGT) Date of Accident 28/04/2021 19:55 (SGT) Exact Location of Accident Upper Bukit Timah Rd, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBM5095B

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner ZILSHAM BIN MAN NRIC No SXXXXX011I **Email Address** samzubai1969@gmail.com Mobile Phone No (Phone) +65-88730830 Alternative Phone No +65-88730830

VEHICLE PARTICULARS

Manufacturer Suzuki Model **BURGMAN 200** Variant Exact purpose for which vehicle was being used at time of Private use

Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Motorcycle Transmission Auto

INSURANCE COMPANY

Name of Insurance Company FWD Singapore Pte. Ltd. Type of Coverage ThirdParty Fleet Policy Policy Number PNMC2020-00004627 Cover Note Number NA

DRIVER

CC

Name of Driver ZAKIR ZIKRI BIN ZILSHAM SXXXX166D

Date Of Birth 31/10/1998 Occupation Indoor Date Of Driving Pass 02/05/2018 Driving experience 2 YEARS AND 11 MONTHS Gender Mobile Number (Phone) +65-84286696 Alt. Phone Number Email Address ZAKIRZIKRI1998@gmail.com Address 703 West Coast Rd Address complement #04-377 Postcode 120703 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 - U-Turn Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Yes 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

On the 28/04/2021 at around 7.55hrs, I was travelling straight in vehicle FBM5095B. Suddenly vehicle SKP7288B made a U turn abruptly which caused my bike to collide onto him. I suffered injuries from the above mentioned accident and was granted 59 days mc.

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No
Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKP7288B
Vehicle Manufacturer	BMW
Vehicle Model	X3
Vehicle Variant	-



Vehicle Colour	Gray
Vehicle Category	Private car
Name of Driver	_
Contact Number	_
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	ZAKIR ZIKRI BIN ZILSHAM
Address	703 West Coast
Address Complement	#04-377
Post Code	120703
Approximate Age Years Old	-
Injuries Sustained	Collar bone fractured
	Ribcage and side stomachs cracked
	59 days m.c given by doctor
Injured person in which vehicle?	FBM5095B
Were seat belts worn?	Yes
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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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 .
 - 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.

laren

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMMAD AZALY BIN ABDULLAH

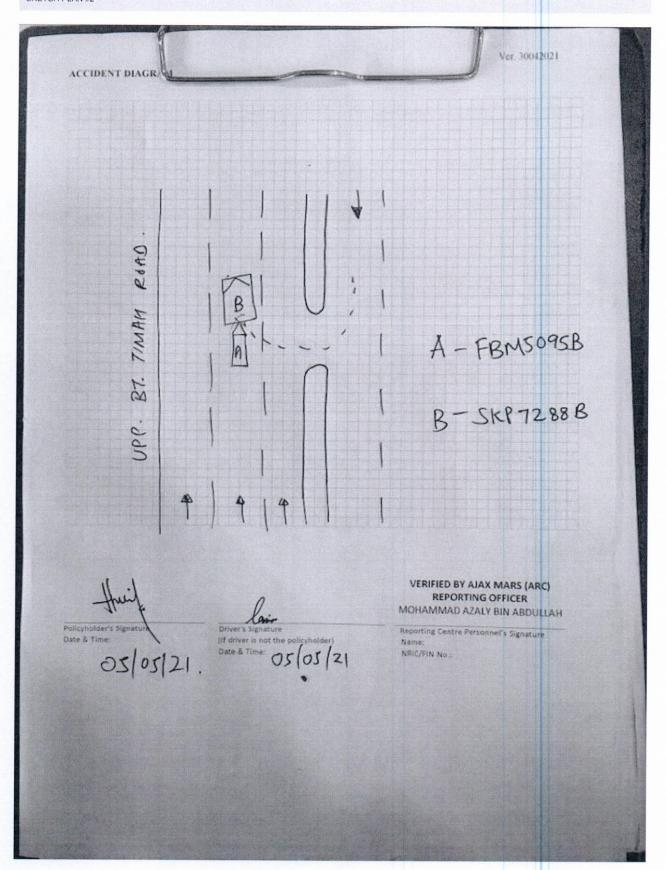
Reporting Centre Personnel's Signature

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

Name: NRIC/FIN No.:

05052021

GIARMIC Sketchillaisform 3/3







Police Station Of Origin: Traffic Police

Report No. T/20210503/7046

10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

	ne Report N 021 16:32	Made:	Vide Report No.:	Station Diary No.
Informa	nt's Partic	ulars		
PERSONAL SURVEY OF SECTION	f Informant: ZIKRI BIN Z		Address: 703 WEST COAST ROAD #6	04-377 SINGAPORE 120703
ID Type NRIC N	/ ID No ·		Contact No.: Home/Office:	Mobile: 84286696
National SINGAP	ity: ORE CITIZ	EN	Email: ZAKIRZIKRI1998@GMAIL.C	OM
Sex: Male	Age: 22	Date of Birth: 31/10/1998	Type of Informant: Rider	
Race: Malay			Language: English	Institution / School Name:
Occupat Security			Driving Licence Information: Class:	Date of Expiry:

General Inform	mation of the Accident			
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/04/2021 07:55	Type of Location: Straight Road
Location: UPPER BUKI Weather:	T TIMAH ROAD	Road Surface:		Road Speed Limit:
Clear		Dry		riodo opeeo Liniit.
Traffic Flow: One Way		Traffic Control: Traffic Light - Wo	rking	Traffic Volume: Moderate
Type of Collis Between Mov	ion: ing Vehicles - Head To S	ide		Anyone conveyed by ambulance:

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
FBM5095B	Motorcycle					0
SKP7288B	Car			1		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 2 of 3 Report No. T/20210503/7046

CONTINUATION OF REPORT

Rider					
Name	ZAKIR ZIKRI BIN ZILSHAM		ID No.		
Related Vehicle	FBM5095B (Motorcycle)		Contact N	No. 84286696	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	N	L
No. of Days granted Medical Leave 59		Degree o	f Se	erious	

Brief Details.

On the 28/04/2021 at around 7.55hrs, I was travelling straight in vehicle FBM5095B. Suddenly vehicle SKP7288B made a U turn abruptly which caused my bike to collide onto him. I suffered injuries from the above mentioned accident and was granted 59 days mc.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20210503/7046

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 03/05/2021 16:32
Officer In Charge Of Case: TP / TPHQ / MARIAH BINTE ZAKARIA Contact No.: 65476433	Classification Of Case:
Authentication Stamp	

NP168



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE 6 Raffles Quay #18-00 Singapore 048580.
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 – 17:00
UEN: \$66550020G / GST Reg. No.: M400017735

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

		ADDE	NDUM				
4)	PARTICULARS OF PERSON MAKING THE AMENDMENTS:						
	Original Report No	: SA0A21550002-01	Vehicle Registration No: FBM5095B				
	Name(as shown in NRIC)	: ZAKIR ZIKRI BIN ZILSHAM	NRIC/FIN/Passport No :SXXXX166D				
	(*Vehicle Driver / Ve	ehicle Owner) (*) Please delete a	is appropriate				
	Address	;	Singapore(
	Contact (Tel)	:	Mobile No.: 84286696				
	Email Address	:					
	Date of Accident	: _28/04/2021	Time of Accident : 1955				
	Place of Accident	: Upper Bukit Timah Rd, Singap	ore				
	Insurance Company	:_FWD Singapore Pte. Ltd.					
3	1.AMEND THE ACCID	ENT TIME.					
3							
8							
0							
			140 .				
	Policyholder / Driver' Date:	s Signature	Reporting Centre Personnel's Signature Name: MEERA				

NRIC/FIN No .: Date: 06/05/2021

GIARMC addendumform_V3