# ACCIDENT STATEMENT

ACCIDENT DATE: 21 / 06 / 2011 (DD/MM/YYYY), TIME: 16 00 (MH:MM)  LOCATION: AYE (Towards MCE) before (Gillman Flyover)  1. DETAILS OF VEHICLE  a)VEHICLE NUMBER: FBH 22245  b)INSURANCE COMPANY: MTOC  c)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  e)MAKE & MODE: F216 YAMAHA.  i)TYPE: (SALOON / COUPE / MPV / V AN / LORRY / MOTORCYCLE / OTHERS)  g)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  h)PURPOSE OF USING AT ACCIDENT TIME: HOME  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: INFAN AHMED SO MOHAMMED IRBAL(MALE / FEMALE)  b)NRIC/FIN/PASSPORT: 59609855 J CONTACT:  c)ADDRESS: BIK 42 1 TAMPINGS 51 41 \$04-429  520426  CONTINUE TO 3.6 IF DRIVER ALSO POLICY HOLDER  d)NAME: PANIEL MUHAMAP NOR  c)NAME: PANIEL MUHAMAP NOR  d)NAME: PANIEL MUHAMAP NOR  c)NAME: PANIEL MUHAMAP NOR  d)NAME: PANIEL MUHAMAP NOR  c)NAME: PANIEL MUHAMAP NOR  d)NAME: PAN			
1. DETAILS OF VEHICLE  GIVEHICLE NUMBER: FBH 2224 S  DINSURANCE COMPANY: NTOC  CIPOLICY NUMBER: 5112 944685 - 01  CIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)  B)MAKE & MODEL: F216 YAMAHA.  TITYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  G)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  H)PURPOSE OF USING AT ACCIDENT TIME: HOME  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: IRFAN AHMED S/O MOHAMMED IRBUM(MALE / FEMALE)  b)NRIC/FIN/PASSPORT: 59609865 T CONTACT:  C)ADDRESS: BIK 426 TAMPINES 57 41 #04-929  S20426  "CONTINUE TO 3616 FORIVER ALSO POLICY HOLDER  DINRIC/FIN/PASSPORT: 595244806 CONTACT:  C)ADDRESS: BIK 14 BROWN SOUTH AVE 2 #03-580  S(46014)  "d)DATE OF BIRTH: (14 / 07 / 1995 ) [DD/MM/YYYY)  B)OCCUPATION: (INDOOR / OUTDOOR)  T)YEARS OF DRIVING EXPRENENCE: 16 mths:  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  5. CI)WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  B)ROAD SURFACE: (DEY / WET / OTHERS  6. WAS ANYBODY INJURED (YES / NO)		- MEIS BASEL 21 : 06 / 201 VDD/MM/YYY	Y) TRAE: ( 16 .00 )(HH:MM)
DETAILS OF VEHICLE  GIVEHICLE NUMBER: FBH 22245  b)INSURANCE COMPANY: NTOC  C)POLICY NUMBER: 5112 944685—01  c)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)  e)MAKE & MODEL: F216 YAMAHA.  f)TYPE: (SALOON / COUPE / MPV /V AN / LORRY / MOTORCYCLE / OTHERS)  g)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE /  h)PURPOSE OF USING AT ACCIDENT TIME: HOME  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: TRFAN AHMED S/O MOHAMMED ROME (MALE / FEMALE)  b) NRIC/FIN/PASSPORT: 5960965 J CONTACT:  C) ADDRESS: BIK 426 TAMPINES ST 41 # 04 - 429  **CONTINUE TO 3.6 IF DRIVER ALSO POLICY HOLDER  DRIVER  Q)NAME: PANIEL MUHAMAP NOR  C)NAME: PANIEL MUHAMAP NOR  D)NRIC/FIN/PASSPORT: 595244800  CONTACT:  C) ADDRESS: BIK 14 / 07 / 1995   (DD/MM/YYYY)  e) OCCUPATION: (INDOOR / OUTDOOR)  f) YEARS OF DRIVING EXPRERIENCE: 16 mths:  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  5. C) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  b) ROAD SURFACE: (DRY / WET / OTHERS)  6. WAS ANYBODY INJURED (YES / NO)	ACCI	DENI DATE: C. / SO / S	I Car Cill Elinias
DETAILS OF VEHICLE  GIVEHICLE NUMBER: FBH 22245  b)INSURANCE COMPANY: NTOC  C)POLICY NUMBER: 5112 944685—01  c)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)  e)MAKE & MODEL: F216 YAMAHA.  f)TYPE: (SALOON / COUPE / MPV /V AN / LORRY / MOTORCYCLE / OTHERS)  g)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE /  h)PURPOSE OF USING AT ACCIDENT TIME: HOME  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: TRFAN AHMED S/O MOHAMMED ROME (MALE / FEMALE)  b) NRIC/FIN/PASSPORT: 5960965 J CONTACT:  C) ADDRESS: BIK 426 TAMPINES ST 41 # 04 - 429  **CONTINUE TO 3.6 IF DRIVER ALSO POLICY HOLDER  DRIVER  Q)NAME: PANIEL MUHAMAP NOR  C)NAME: PANIEL MUHAMAP NOR  D)NRIC/FIN/PASSPORT: 595244800  CONTACT:  C) ADDRESS: BIK 14 / 07 / 1995   (DD/MM/YYYY)  e) OCCUPATION: (INDOOR / OUTDOOR)  f) YEARS OF DRIVING EXPRERIENCE: 16 mths:  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  5. C) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  b) ROAD SURFACE: (DRY / WET / OTHERS)  6. WAS ANYBODY INJURED (YES / NO)	LOCA	TION: AYE (Towards MCE) 1	before Gillman 1 14 0000
DINSURANCE COMPANY: NTUC  CIPOLICY NUMBER: 5112 944685-01  CIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  B)MAKE & MODEL: F216 YAMAHA.  FITYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  G)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE /  H)PURPOSE OF USING AT ACCIDENT TIME: HOME  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: IRFAN AHMED 3/0 MOHAMMED 10M (MALE / FEMALE)  B)NRIC/FIN/PASSPORT: 5960965 J CONTACT:  C)ADDRESS: BIL 426 TAMPINES 57 41 # 04-929  520426  CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  C)NAME: PANISC MUHAMAP NOR  D)NRIC/FIN/PASSPORT: 595244806 CONTACT:  C)ADDRESS: BIL 14 BOOK SOUTH AVE 2 #03-580  54460014)  **O)DATE OF BIRTH: (14 / 07 / 1995 ) (DD/MM/YYYY)  B)OCCUPATION: (INDOOR / OUTDOOR)  F)YEARS OF DRIVING EXPRERIENCE: 16 mths  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  5. C)WEATHER CONDITION: (CLEAR / RAINING / OTHERS  B)ROAD SURFACE: (DRY / WET / OTHERS  6. WAS ANYBODY INJURED (YES / NO)			
b)INSURANCE COMPANY: NIOC c)POLICY NUMBER: 5112 944685-01 d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THÎRD PARTY FIRE & THEFT) e)MAKE & MODE: F216 YAMAHA. f)TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) g)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h)PURPOSE OF USING AT ACCIDENT TIME: HOME 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: IRFAN AHMED S/O MOHAMMED IQUM (MALE / FEMALE) b)NRIC/FIN/PASSPORT: 59609865 J CONTACT: c)ADDRESS: B)IC 426 TAMP INCS 51 41 #04-929	Ĩ.	DETAILS OF VEHICLE	
C)POLICY NUMBER: 5112 944685 - OI  d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY FIRE & THEFT)  e)MAKE & MODEL: F216 YAMAHA.  f)TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  g)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  h)PURPOSE OF USING AT ACCIDENT TIME: HOME  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: IRFAN AHMED 5/0 MOHAMMED IRM (MALE / FEMALE)  b)NRIC/FIN/PASSPORT: 59609865 J CONTACT:  c)ADDRESS: B)IK 426 TAMP INFS 51 41 # 04 - 429  **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  a)NAME: PANIEL MUHAMAP NOR  b)NRIC/FIN/PASSPORT: 595 244800 C CONTACT:  c)ADDRESS: B)IK 14 B366K SDUTH AVE 2 #03-580  \$(460014)  *d)DATE OF BIRTH: (14 07 / 1995 ) (DD/MM/YYYY)  e)OCCUPATION: (INDOOR / OUTDOOR)  f) YEARS OF DRIVING EXPRENIENCE: 16 mHs:  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  b)ROAD SURFACE: (DRY / WET / OTHERS)  6. WAS ANYBODY INJURED (YES / NO)		a) VEHICLE NUMBER: FORT LUCY	
d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  e)MAKE & MODEL: F216 YAMAHA.  f)TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  g)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  h)PURPOSE OF USING AT ACCIDENT TIME: HOME  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: TRFAN AHMED 5/0 MOHAMMED TRIM (MALE / FEMALE)  b)NRIC/FIN/PASSPORT: 59609865 J CONTACT:  c) ADDRESS: BIK 42 6 TAMP INES 51 41 # 04-429  **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  a)NAME: PANIEL MUHAMAN NOR  b)NRIC/FIN/PASSPORT: 595 244800 C CONTACT:  c)ADDRESS: BILLY BROKE SDUTH AVE 2 #03-580  5 (460014)  *d)DATE OF BIRTH: (14 07 / 1995 ) (DD/MM/YYYY)  e)OCCUPATION: (INDOOR / OUTDOOR)  f) YEARS OF DRIVING EXPRENENCE: 16 mths:  WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS  6. WAS ANYBODY INJURED (YES / NO)		b)INSURANCE COMPANY: NICE	
6)MAKE & MODEL: FZ 6 YAMAPIA.  F)TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  G)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  H)PURPOSE OF USING AT ACCIDENT TIME: HOME  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: IRFAN AHMED S/O MOHAMMED IQM (MALE / FEMALE)  D)NRIC/FIN/PASSPORT: 5960 9865 J CONTACT:  C) ADDRESS: 131C 42 6 TAMP INES 51 41 # 04 - 929  \$20416  **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  A)NAME: PANIGE MUHAMAP NOR  (MALE / FEMALE)  D)NRIC/FIN/PASSPORT: 595 244800  CONTACT:  C) ADDRESS: 131C 14 1860		C)POLICY NUMBER: 5112 944685 -01	DTV / TUIDD BARTY FIRE &THEFT
F)TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  G)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  h)PURPOSE OF USING AT ACCIDENT TIME: Home  i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  INSURED / POLICY HOLDER  A)NAME: IRAM AHMED S/O MOHAMMED IRM (MALE / FEMALE)  b)NRIC/FIN/PASSPORT: 59609865 J CONTACT:  C)ADDRESS: [B]IC 426 TAMPINES ST 41 # 04 - 429  **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  a)NAME: PANIGL MUHAMAD NOR  (MALE / FEMALE)  b)NRIC/FIN/PASSPORT: 395 244800 CONTACT:  C)ADDRESS: [B]IC 14 Bedok SOUTH AVE 2 #03-580  S(460014)  **d)DATE OF BIRTH: (14 07 1995 ) (DD/MM/YYYY)  e)OCCUPATION: (INDOOR / OUTDOOR)  f) YEARS OF DRIVING EXPRERIENCE: 16 Mths:  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  5. CI WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  6. WAS ANYBODY INJURED (YES / NO)		d)POLICY TYPE: (COMPREHENSIVE / THIRD PAI	RIT / IMIRD PARTITING GITTERY
G)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h)PURPOSE OF USING AT ACCIDENT TIME: Home 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: IRFAM AHMED SO MOHAMMED IQUAL(MALE / FEMALE) b) NRIC/FIN/PASSPORT: 59609865 J CONTACT: C) ADDRESS: B)IC 426 TAMP IMES 51 41 #04-429  520426  CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER C) NAME: PANIEL MUHAMAP NOR (MALE / FEMALE) b) NRIC/FIN/PASSPORT: 595 244800 CONTACT: C) ADDRESS: B)IC 14 Bedek SOUTH AVE 2 #03-580  5(460014)  *d) DATE OF BIRTH: (14 / 97 / 1995 ) (DD/MM/YYYY) e) OCCUPATION: (INDOOR / OUTDOOR) f) YEARS OF DRIVING EXPRENIENCE: 16 mths: 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. C) WAS ANYBODY INJURED (YES / NO)		e)MAKE & MODEL: FZ16 YAMAFIA	NATIONAL OTHERS
h)PURPOSE OF USING AT ACCIDENT TIME: HOME  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: TRFAN AHMED S/O MOHAMMED IRM (MALE / FEMALE)  b) NRIC/FIN/PASSPORT: 59609865 T  C) ADDRESS: 15/IL 426 TAMP INES 51 41 #04-929  520426  **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  a) NAME: PANIEL MUHAMAD NOR  (MALE / FEMALE)  b) NRIC/FIN/PASSPORT: 595 244806  CONTACT:  c) ADDRESS: 16/IL 14 16/16 × 50017H AVE 2 #03-580  5 (460014)  **d) DATE OF BIRTH: (14 / 07 / 1995) (DD/MM/YYYY)  e) OCCUPATION: (INDOOR / OUTDOOR)  f) YEARS OF DRIVING EXPRERIENCE: 16 mths  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  5. C) WEATHER CONDITION: (CLEAR / RAINING / OTHERS  b) ROAD SURFACE: (DRY / WET / OTHERS  6. WAS ANYBODY INJURED (YES / NO)		f)TYPE:(SALOON / COUPE / MPV / VAN / LORK	RY / MOTORCYCLE!
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: TRFAN AHMED S/O MOHAMMED IQUAL(MALE / FEMALE)  b) NRIC/FIN/PASSPORT: 59 60 9865 J CONTACT:  c) ADDRESS: B) K 42 6 TAMP INES 51 41 # 04 - 429  520426  **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  d) NAME: PANIEL MUHAMAP NOR  (MALE / FEMALE)  b) NRIC/FIN/PASSPORT: 595 24480G CONTACT:  c) ADDRESS: B) K 14 Bedok SOUTH AVE 2 # 03 - 580  5 (460014)  **d) DATE OF BIRTH: (14 / 07 / 1995 ) (DD/MM/YYYY)  e) OCCUPATION: (INDOOR / OUTDOOR)  f) YEARS OF DRIVING EXPRERIENCE: 16 mths.  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  5. C) WEATHER CONDITION: (CLEAR / RAINING / OTHERS  b) ROAD SURFACE: (DRY / WET / OTHERS  6. WAS ANYBODY INJURED (YES / NO)		g) VEHICLE CATEGORY: (PRIVATE / COMMERC	MAL/MOTORCICLE
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  2. INSURED / POLICY HOLDER  A) NAME: TRFAN AHMED S/O MOHAMMED IQBAL(MALE / FEMALE)  b) NRIC/FIN/PASSPORT: 59609865 J CONTACT:  c) ADDRESS: BIK 426 TAMPINES 57 41 #04-429  520426  "CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  d) NAME: PANIEL MUHAMAP NOR  (MALE / FEMALE)  b) NRIC/FIN/PASSPORT: 595 24480G CONTACT:  c) ADDRESS: BIK 14 Bedok SOUTH AVE 2 #03-580  5 (460014)  "d) DATE OF BIRTH: (14 / 07 / 1995 ) (DD/MM/YYYY)  e) OCCUPATION: (INDOOR / OUTDOOR)  f) YEARS OF DRIVING EXPRERIENCE: 16 mths.  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  5. G) WEATHER CONDITION: (CLEAR / RAINING / OTHERS  b) ROAD SURFACE: (DRY / WET / OTHERS  6. WAS ANYBODY INJURED (YES / NO)		h)PURPOSE OF USING AT ACCIDENT TIME:	TOME
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A)NAME: IRFAN AHMEN 3/0 MOHAMMEN TO BALL (MALE / FEMALE) b)NRIC/FIN/PASSPORT: 59609865 J CONTACT: c)ADDRESS: BIK 42 6 TAMPINES 51 41 #04-429  520426  "CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER a)NAME: PANIEL MUHAMAN NOR (MALE / FEMALE) b)NRIC/FIN/PASSPORT: 395 2448067 CONTACT: c)ADDRESS: BIK 14 BEDOK SOUTH AVE 2 #03-580			EPORTING ONLY)
b)NRIC/FIN/PASSPORT: 59609865 ) CONTACT: c)ADDRESS: BIK 426 TAMPINES 51 41 #04-429  520426  **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER a)NAME: PANIEL MUHAMAP NOR b)NRIC/FIN/PASSPORT: 3952448067 CONTACT: c)ADDRESS: BIK 14 BEGK SONTH AVE 2 #03-580  5(460014)  *d)DATE OF BIRTH: (14/07/1995) (DD/MM/YYYY)  B)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: 16 mths.  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. a)WEATHER CONDITION: (CLEAR / RAINING / OTHERS) b)ROAD SURFACE: (DRY / WET / OTHERS)  6. WAS ANYBODY INJURED (YES / NO)	Toe.	INSURED / POLICY HOLDER	ACO LOSMINANE ( EENANIE)
*CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  a) NAME: PANISC MUHAMAP NOR  (MALE / FEMALE)  b) NRIC/FIN/PASSPORT: 595 244806 CONTACT:  c) ADDRESS: BIC 14 Bedok SOUTH AVE 2 #03-580  5 (460014)  *d) DATE OF BIRTH: (14 / 07 / 1995 ) (DD/MM/YYYY)  e) OCCUPATION: (INDOOR / OUTDOOR)  f) YEARS OF DRIVING EXPRERIENCE: 16 mths  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS  b) ROAD SURFACE: (DRY / WET / OTHERS  6. WAS ANYBODY INJURED (YES / NO)		A)NAME: IRFAN AHMEN SIUMUHAMIN	OCHE ACT:
*CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  a) NAME: PANIGUM UHAMAP NOR  b) NRIC/FIN/PASSPORT: \$95 244806   CONTACT:  c) ADDRESS: BILL 14 BELOK SOUTH AVE 2 #03-580  5 (460014)  *d) DATE OF BIRTH: (14 / 07 / 1995 ) (DD/MM/YYYY)  e) OCCUPATION: (INDOOR / OUTDOOR)  f) YEARS OF DRIVING EXPRERIENCE: 16 mths.  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS )  b) ROAD SURFACE: (DRY / WET / OTHERS )  6. WAS ANYBODY INJURED (YES / NO)		b)NRIC/FIN/PASSPORT: 39609865 J	161 # 04 - 429
*CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  a) NAME: PANISC MUHAMAP NOR  (MALE / FEMALE)  b) NRIC/FIN/PASSPORT: 595 244806 CONTACT:  c) ADDRESS: BIC 14 Bedok SOUTH AVE 2 #03-580  5 (460014)  *d) DATE OF BIRTH: (14 / 07 / 1995 ) (DD/MM/YYYY)  e) OCCUPATION: (INDOOR / OUTDOOR)  f) YEARS OF DRIVING EXPRERIENCE: 16 mths  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS  b) ROAD SURFACE: (DRY / WET / OTHERS  6. WAS ANYBODY INJURED (YES / NO)		CIADDRESS: BIL 426 TAMPINES ST	71 704 1-1
DRIVER  a) NAME: PANIEL MUHAMAP NOR  b) NRIC/FIN/PASSPORT: 395 24480G  c) ADDRESS: BILLIY BELOK SOUTH AVE 2 #03-580  3 (460014)  *d) DATE OF BIRTH: (14 / 07 / 1995) (DD/MM/YYYY)  e) OCCUPATION: (INDOOR / OUTDOOR)  f) YEARS OF DRIVING EXPRERIENCE: 16 mths:  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS  b) ROAD SURFACE: (DRY / WET / OTHERS  6. WAS ANYBODY INJURED (YES / NO)		520466	AND THE PROPERTY OF THE PROPER
a) NAME: PANIEL MUHAMAN NOK (MALE / FEMALE) b) NRIC/FIN/PASSPORT: 395 244800 CONTACT: c) ADDRESS: BILLIY BELOK SOUTH AVE 2 #03-580			OLDER
a) NAME:   PANILO FOTTA TO THE DISTRIBUTION:   D) NRIC/FIN/PASSPORT:   395 2448067   CONTACT:   C) ADDRESS:   B) IL 14   Bedok SOUTH   AVE 2 #03-580    *d) DATE OF BIRTH: (14 / 07 / 1995   (DD/MM/YYYY)    *e) OCCUPATION: (INDOOR / OUTDOOR)    *f) YEARS OF DRIVING EXPRERIENCE:   16 mths    4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)    IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:    5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS    b) ROAD SURFACE: (DRY / WET / OTHERS    6. WAS ANYBODY INJURED (YES / NO)	Alo of pession and.	DRIVER DANIEL MINER MAR NOR	(MAIE / FEMALE)
C)ADDRESS: BIK 14 Bedok SOUTH AVE D #03-3  5 (460014)  *d)DATE OF BIRTH: (14 / 07 / 1995 ) (DD/MM/YYYY)  e)OCCUPATION: (INDOOR / OUTDOOR)  f)YEARS OF DRIVING EXPRERIENCE: 16 mths  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  5. a)WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  b)ROAD SURFACE: (DRY / WET / OTHERS)  6. WAS ANYBODY INJURED (YES / NO)	100	a) NAME: // ANTEC PLUMAPIAN 1001	CONTACT:
*d)DATE OF BIRTH: (14 / 07 / 1995 ) (DD/MM/YYYY)  e)OCCUPATION: (INDOOR / OUTDOOR)  f)YEARS OF DRIVING EXPRERIENCE: 16 mths:  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  5. a)WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  b)ROAD SURFACE: (DRY / WET / OTHERS)  6. WAS ANYBODY INJURED (YES / NO)	The state of the s	b) NRIC/FIN/PASSPORT: 393 LT400CT	AVE 2 #03-580
*d)DATE OF BIRTH: (14 07 1993 ) (DD/MM/YYYY)  e)OCCUPATION: (INDOOR / OUTDOOR)  f)YEARS OF DRIVING EXPRERIENCE: 16 mths  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  5. a)WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  b)ROAD SURFACE: (DRY / WET / OTHERS)  6. WAS ANYBODY INJURED (YES / NO)	- more	CIADDRESS: 15/16/14 17/20/6 2001/1	D. Mariana and Mar
e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: 16 mths  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  5. a)WEATHER CONDITION: (CLEAR / RAINING / OTHERS  b)ROAD SURFACE: (DRY / WET / OTHERS  6. WAS ANYBODY INJURED (YES / NO)		3 4 50017	/MM/YYYY)
f) YEARS OF DRIVING EXPRERIENCE: 16 mths.  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  b) ROAD SURFACE: (DRY / WET / OTHERS)  6. WAS ANYBODY INJURED (YES / NO)		#d)DATE OF BIRTH: [	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANT? (1237.1927)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  b) ROAD SURFACE: (DRY / WET / OTHERS)  6. WAS ANYBODY INJURED (YES / NO)		DIVERDE OF DONANC EXPREDIENCE. 16 MTh.	5.
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  b) ROAD SURFACE: (DRY / WET / OTHERS)  6. WAS ANYBODY INJURED (YES / NO)	4	WAS DRIVED AN EMPLOYER OF THE INSUR	RED'S COMPANY? (YES / NO)
<ul> <li>a)WEATHER CONDITION: (CLEAR / RAINING / OTHERS)</li> <li>b)ROAD SURFACE: (DRY / WET / OTHERS)</li> <li>WAS ANYBODY INJURED (YES / NO)</li> </ul>	4,	TE NO DELATIONSHIP OF THE DRIVER WIT	TH INSURED:
6. WAS ANYBODY INJURED (YES / NO)	_	AWEATHER CONDITION: ICLEAR / RAINING /	OTHERS
6. WAS ANYBODY INJURED (YES / NO)	٥.	DIPOAD SURFACE: (DRY / WET / OTHERS	
o. WAS ALTERED I MOSTLE (1.2)	4	WAS ANYBODY IN HIRED (YES / NO)	
7 GIPEPORTED TO POLICE (YES / NO).	7	a) REPORTED TO POLICE (YES / NO)	
IF YES, PLEASE STATE WHICH POLICE STATION:		IE YES PLEASE STATE WHICH POLICE STATION	V:
O TUBB BARTY VEW (E	9	PLUB BABTY VELUCIE	
is at passenger a) VEHICLE NUMBER: SFW 64092 MODEL: MERC		OL VEHICLE NUMBER: SFW 64092	MODEL: MERC
A South State Stat	of passenger	b) DRIVER'S NAME:	
nduding driver) b) DRIVER'S NAME:CONTACT:	nouding driver)	C) NRIC/FIN/PASSPORT:	CONTACT:
9. THIRD PARTY VEHICLE	(_) ,	THIRD PARTY VEHICLE	
MODEL.		THE CONTRACT OF THE PERSON	MODEL:
to of passanger of DRIVER'S NAME:	to of passenger	e) DRIVER'S NAME:	•
d) VEHICLE NUMBER:		DIST WILL BUT	CONTACTO
	induding, driver)	f) NRIC/FIN/PASSPORT:	CONTACT



# 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)

ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5112944685-01

1. Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

5. Persons or Classes of Persons entitled to drive#

(a) Named Driver(s) 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.

Cover : Third Party

: ME121COD2D2023987

: IRFAN AHMED S/O MOHAMMED IQBAL

: FBH2224S

: 15 Oct 2020

: 14 Oct 2021

- 6. Limitations as to Use#
  - (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or 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.
  - # Limitations rendered inoperative by Section 8 of the Motor Vehicle (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.

: N/A EXCESS (SECTION 1) : N/A EXCESS (SECTION 2) : N/A INSURE WITH COE

: IRFAN AHMED S/O MOHAMMED IQBAL NAMED DRIVER (1)

: DANIEL MUHAMAD NOR NAMED DRIVER (2) : A.S. PHOON PTE LTD HIRE PURCHASE COMPANY

: N/A SUM INSURED

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)

Agency

: A S PHOON PTE LTD (00000571911)

Date of Issue

: 21 Aug 2020 16:19 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

**Chief Executive** 

# TITY CARD NO. \$9609865J UBLIC OF SINGAPORE



Name

# IRFAN AHMED S/O MOHAMMED IGBAL



NDIAN
Date of birth
27-03-1996
Country of birth
SINGAPORE



Sex



NRIC No. \$9609865J

Date of issue

17-08-2011

BLK 426 TAMPINES STREET 41

1-429 GAPORE 520426

RIDER

# REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9524480G





Name

DANIEL MUHAMAD NOR

Sex

دانيال محمد نور

Race MALAY Date of birth

14-07-1995

Country/Place of birth SINGAPORE

. 89524460G



RIDER

5432227





NRIC No. S9524480G

Date of Issue 13-02-2015

APT BLK 14 BEDOK SOUTH AVENUE 2 #03-580 SINGAPORE 460014

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

EFFECTIVE DATE

Class 2B Motorcycles =< 200 cc

01 Mar 2020

Licence No:S9524480G

NP 428A

### SKETCH PLAN

### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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' law yers/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
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

- (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 law yers/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
A: FBH 22243 B: SFW 64092 C: SMD 8762G		3
	AYE toward 1	MCE 3

escribe	Circum	stances	of the Acc	ident	1 +	ine I	W.	n +1	avelli.	ng	along
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## Declaration

WWe declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel