

ASS. REC. BY:

Tang Jkh

REF:

CB/CT/21007285/Tt

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value: \$14,500

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: Mr. Kee

Vehicle: IN / OUT

Veh No: FBS3842T Yr Regn: 2021, Apr 1

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Yamaha XSR155 C.C. 155

Colour: Black A/C: Insured / Std / NI / NA

Sp. Reading: — T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MH 3RG 4760 MK 01/9015

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 110/70R12

R: 140/70R12

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Trail Winner

Front: _____ Rear: _____

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. _____ mm L/Bal. _____ mm

D.O.A. _____ D.O.I. 5/7/21

Survey held at AS Plooon Joh Guan

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

Battery month

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Rep. Format: _____

Lump Sum / L.B. ()

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$) S + RS. SI☐ : Interview (\$) Photos☐ : Tech. Invs (\$) Others☐ : Weekend (\$)

Survey Fee:

Transportation:

TOTAL



潘發展私人有限公司
A. S. PHOON PTE LTD
'cos no one else

Head Off : 399, Changi Road S'pore 419846. Tel: (65) 6747 0770 Fax: (65) 6841 1263
Ubi : Blk 3007 #01-432/436 Ubi Road 1, S'pore 408701. Tel: (65) 6744 0770 Fax: (65) 6742 0250
Toh Guan : Blk 36 Toh Guan Road East #01-35 S'pore 608580 Tel: (65) 6515 0770 Fax: (65) 6515 0779
Website : www.asphoon.com Email: Enquiry@asphoon.com Co Reg No: 197701213H

FBS3824T YAMAHA MTM155 XSR155 MATT BLACK

ITEM	DESCRIPTION	AMOUNT
1	FRONT FENDER	\$75.00 <i>cut</i>
2	FRONT FENDER SIDE COVER	\$28.00 <i>X</i>
3	FRONT WHEEL AXLE	\$28.00 <i>del</i>
4	CAST WHEEL, FRONT	\$320.00 <i>del</i>
5	HEADLIGHT ASSY	\$285.00 <i>cut</i>
6	COVER, HEADLIGHT	\$48.00 <i>cut</i>
7	STAY, HEADLIGHT 2 <i>silver</i>	\$45.00 <i>del</i>
8	STAY, HEADLIGHT <i>black</i>	\$85.00 <i>?</i>
9	LEVER 1	\$28.00 <i>at</i>
10	END, GRIP	\$12.00 <i>mis</i>
11	HANDLEBAR	\$85.00 <i>bt</i>
12	FRONT FORK ASSY RH & LH \$350	\$700.00 <i>?</i>
13	STEM STEERING	\$175.00 <i>?</i>
14	CONE BEARING SET	\$80.00 <i>?</i>
15	COVER, CRANKCASE 1	\$120.00 <i>del</i>
16	GASKET, CRANKCASE 1	\$8.50 <i>na</i>
17	SHIFT PEDAL ASSY	\$85.00 <i>bt</i>
18	STAND, SIDE	\$35.00 <i>bt</i>
19	FRONT FOOTREST BRACKET LH	\$55.00 <i>bt</i>
20	BOLT	\$8.00 <i>no</i>
21	FOOTREST REAR 1	\$48.00 <i>del</i>
22	DOUBLE SEAT ASSY	\$285.00 <i>tn</i>
23	TAILLIGHT ASSY	\$120.00 <i>cut</i>
24	REAR REFLECTOR ASSY	\$15.00 <i>X</i>
25	REAR SIGNAL RH	\$55.00 <i>cut</i>
26	MUFFLER COMP. 1	\$450.00 <i>?</i>
27	PROTECTOR, MUFFER 1	\$70.00 <i>cut</i>
28	CAP	\$48.00 <i>cut</i>
29	BOLT, HEX. SOCKET BUTTON	\$5.00 <i>na</i>
30	FOOTREST, REAR RH	\$48.00 <i>del</i>
31	FRONT FOOTREST RH	\$48.00 <i>pro</i>
32	PEDAL, BRAKE	\$85.00 <i>bt</i>
33	SIDE MIRROR LH & RH @\$45	\$90.00 <i>cut</i>
34	THROTTLE CABLE ASSY	\$75.00 <i>cut</i>
35	HANDLEGRIP	\$35.00 <i>cut</i>
36	THROTTLE CABLE INNER TUBE	\$25.00 <i>cut</i>
37	CAP GRIP UPPER	\$30.00 <i>cut</i>
38	CAP GRIP UNDER	\$30.00 <i>cut</i>
39	MASTER CYLINDER ASSY	\$255.00 <i>del</i>



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Website : www.asphoon.com Email: Enquiry@asphoon.com Co Reg No: 197701213H

FBS3824T YAMAHA MTM155 XSR155 MATT BLACK

ITEM	DESCRIPTION	AMOUNT
40	BRAKE LEVER	\$28.00 <i>cut</i>
41	WEIGHT	\$25.00 <i>m.s</i>
42	DAMPER LOCATING 1 @\$4	\$8.00 <i>net</i>
43	BOLT @\$4	\$8.00 <i>net</i>
44	COVER SIDE 1	\$145.00 <i>cut</i>
45	COVER SIDE 2	\$145.00 <i>cut</i>
46	EMBLEM @\$8	\$16.00 <i>net</i>
47	4T	\$18.00 <i>net</i>
48	REALIGNMENT FRONT FORK ASSY	\$250.00 <i>\$130</i>
49	WORKMANSHIP	\$450.00 <i>250</i>
50	TRANSPORT TP-IDAC-WORKSHOP @\$80	\$160.00 <i>100</i>
51	BODY CHASSIS REPAIR	\$450.00 <i>260? plus</i>
52	TRANSPORT 02 WAY TO REPAIR CHASSIS @\$80	\$160.00 <i>100?</i>
53	SIDE BAG	<i>180</i> \$250.00 <i>for</i>
54	HELMET	\$120.00 <i>cut</i>
TOTAL		\$6,355.50

Tanjiu 17445749
'WP' 5/7/21 2/10
P/P Resurvey new parts.
6 days
Tanjiu e/manto.com

**LKK Auto Consultants hence notify
the Repairer of the following:**

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:



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	11/05/2021 16:40 (SGT)
Date of Accident	07/05/2021 16:00 (SGT)
Exact Location of Accident	Near 2 Kallang Sector, Singapore 349277
Additional Location Information	ALONG PIE TOWARDS CHANGI
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBS3842T
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	MOHAMED HAMDAN BIN MOHAMED MOHAIDEEN
NRIC No	SXXXX186G
Email Address	HAZIQKINGKONG@GMAIL.COM
Mobile Phone No	(Phone) +65-96574548
Alternative Phone No	+65-96574548

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	XSR155
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
Transmission	Manual
CC	155

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	-
Cover Note Number	-

DRIVER

Name of Driver	MUHAMMAD HAZIQ BIN MOHAMED MOHAIDEEN
NRIC No	TXXXX544I



Date Of Birth	03/05/2002
Occupation	Indoor
Date Of Driving Pass	16/03/2021
Driving experience	2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92720400
Alt. Phone Number	-
Email Address	HAZIQKINGKONG@GMAIL.COM
Address	BLK 32, CHAI CHEE AVENUE
Address complement	#12-218
Postcode	461032
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	Collided into Motorcyclist
Weather Conditions	DRIZZLING
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	Sembawang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005549999
Police Station Address	4 Sembawang Crescent Singapore 757633
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO THE POLICE REPORT T20210508/2096

ATTACHMENT(S)

Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMM2275M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
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
Address
Address Complement
Post Code
Approximate Age Years Old
Injuries Sustained
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?

MUHAMMAD HAZIQ BIN MOHAMED MOHAIDEEN
-
-
-
-
REFER TO THE MC ATTACHED
FBS3842T
No
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 willful 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 be 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 the 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 the accident and the Insurers' lawyers/law firms, may be 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

Sketch Plan

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

Witnessed by Reporting Centre Personnel



A: PBS38427
B: smm2275m

Describe Circumstances of the Accident

[illegible]

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




**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Sembawang N P C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999



T/20210508/2096

* of 3

Report No: T/20210508/2096

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made
08/05/2021 21:33

Vide Report No.:

Station Diary No
99

Informant's Particulars

Name of Informant:
MUHAMMAD HAZIQ BIN MOHAMED
HAMDAN

ID Type / ID No.
NRIC NO / T02135441

Nationality
SINGAPORE CITIZEN

Sex Age Date of Birth
Male 19 03/05/2002

Race
Indian

Occupation
Student

Address

APT BLK 32 CHAI CHEE AVENUE #12-218 SINGAPORE
461032

Contact No

Home/Office

Mobile: 92720400

Email

Type of Informant
Rider

Language
English

Institution / School Name:
Nanyang Polytechnic

Driving Licence Information
Class: 2B

Date of Expiry

General Information of the Accident

Type of Accident	Injury Others	Drink Drive No	Date/Time of Accident: 07/05/2021 16:00	Type of Location Straight Road
------------------	------------------	----------------------	---	-----------------------------------

Location

PAN-ISLAND EXPRESSWAY

Weather:
Drizzling

Road Surface
Wet

Road Speed Limit:

Traffic Flow
One Way

Traffic Control:
Not Controlled

Traffic Volume:

Type of Collision:
Between Moving Vehicles - Head To Rear

Anyone conveyed by
ambulance
No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBS3842T	Motorcycle	YAMAHA	XSR155 Manual	Black		0
SMM2275M	Car	HONDA	FIT			0

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**

Police Station Of Origin
Sembawang N P C
4 Sembawang Crescent SINGAPORE
757633
Tel No 1800-5549999



T-20210508/2096

2 of 3

Report No T/20210508/2096

CONTINUATION OF REPORT

Rider			
Name	MUHAMMAD HAZIQ BIN MOHAMED HAMDAN	ID No	T02135441
Related Vehicle	FBS3842T (Motorcycle)	Contact No	92720400
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class 2B Date of Expiry NIL
Date Treatment	07/05/2021	Date Discharge	08/05/2021
No. of Days granted Medical Leave	10	Degree of Injury	Serious
Name	Wan Khoi Zhi	ID No	S9871298D
Related Vehicle	NIL	Contact No	96317879
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class NIL Date of Expiry NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 07/05/2021 at about 1600hrs I was riding my vehicle bearing FBS3842T along PIE, unsure of the exact location. To the best of my memory out of a sudden, I was hit from the back and I fell to the front. After which, I had blanked out and I believe I had turned unconscious. The next thing that I remember was that I woke up in the hospital.

I was told that the driver who was involved in the accident with me, had picked me up from the road and brought me to the hospital at CGH while I was unconscious. While I was being treated there, my family members came and had spoken to the driver. He informed my family members that my bike was left on the road.

I was discharged from the hospital on 08/05/2021 at about 1500hrs. I had suffered from a fractured collar bone, toe, bruise on the face, lips and nose. I also have some injuries to my arm and right side of my hip area. I was given 10 days MC.

I believe my motorcycle had been compounded.



SINGAPORE POLICE FORCE

Police Station Of Origin
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No 1800-5549999



T/20210508/2096

3 of 3

Report No. T/20210508 2056

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 /

Staff Sgt HAZIQ HAMIZI BIN MAZURI

Signature Of Informant

Signature Of Interpreter:

Not applicable

Date/Time

08/05/2021 21:33

Officer In Charge Of Case:

TP / AEIT /

SSI TAY CHUN KEEN

Contact No.: 65476179

Classification Of Case:

Authentication Stamp

NP168

Sampo Insurance Singapore Pte. Ltd.
60 Raffles Place, #03-03
Singapore 048623
Tel: 65 6333 1111 | Fax: 65 6333 3303 | www.sampo.com.sg
D.O. Reg. No.: 19005490E | GST Reg. No.: R020000126



Certificate of Insurance

ROAD TRAFFIC ACT (CHAPTER 276) (REPUBLIC OF SINGAPORE)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 185)
ROAD TRANSPORT ACT 1987 (MALAYSIA)
ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (MALAYSIA)

Cert No./Policy No. : D21MTM001002252
Insured : MUHAMMAD HAZIQ BIN MUHAMMAD MAHADEEN (NOT DRIVING)
Motor Vehicle (Regn No) : FB5384ZT
Cover : Third Party, Fire & Theft
Policy Commencement Date : 06 APRIL 2021 18:05
Policy Expiry Date : 05 APRIL 2022 23:59
Maximum Liability (Section I) : Market value at time of loss
Excess* : \$300 - Section I
Named Driver 1 : MUHAMMAD HAZIQ BIN MUHAMMAD MAHADEEN
HIRE PURCHASE OWNER : WILL MOTOR TRADING & CREDIT PTE LTD

* Subject to GST, wherever applicable

Persons or Classes of Persons entitled to drive*
MUHAMMAD HAZIQ BIN MUHAMMAD MAHADEEN

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 under the Road Traffic Act (Chapter 276) and its registration under the Road Traffic Act (Chapter 276) has not been cancelled at the time of the accident, loss or damage.

Limitations As To Use

Use only for social, domestic and pleasure purposes and
(a) by the insured in person in connection with his business or profession or
(b) in connection with the insured's business or profession

The Policy does not cover

- (i) Use for hire or reward
- (ii) Use for racing, steeplechasing, reliability trial or speed-testing
- (iii) Use for the carriage of goods (other than samples) in connection with any trade or business
- (iv) Use for any purpose in connection with the Motor Trade

Accident Reporting

It is a condition precedent to liability that the insured shall call at the Company's Accident Reporting Center with the Motor Vehicle within 24 hours of the accident or by the next working day thereof.

For list of Accident Reporting Centres, please visit our website at www.sampo.com.sg or call our Emergency Hotline: (65) 6451 6555.

We hereby certify that the Policy to which this Certificate relates is issued in accordance with (i) the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 185) and Part IV of the Transport Act 1987 (Malaysia); and (ii) the policy terms, conditions and exclusions of the Motorcycle Policy (Ref: EUC-MTMG-01).

Sampo Insurance Singapore Pte. Ltd.

Authorized Signatory

Date/Time of Issue : 06 APRIL 2021 18:05

IMPORTANT NOTICE

- o Keep the Certificate in your Motor Vehicle.
- o Under the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 185), it shall be unlawful for any person to use or cause to permit any other person to use a motor vehicle without a valid policy of insurance under the Act.
- o On the sale of the Motor Vehicle or for any reason the Insured is transferred, the Insured must surrender the Certificate of Insurance and the Policy to the Insurer's company. If the Certificate of Insurance has been lost or destroyed, a statutory declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 185).
- o This Policy will cease to be valid once the Motor Vehicle has been sold to another person. The Policy is not transferable to the new owner of the Motor Vehicle.

Informed by Code & Name : 51E07031 & ENSURE PTE LTD (MOTORCYCLE)

CI Code: MY3 _WICP2104P4TYTMRAJ

5247409



NRIC No S1786186G



Date of Issue

26-11-2013

APT BLK 32 CHAI CHEE AVENUE #12-218
SINGAPORE 461032

S1786186G

27/12/2013

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1786186G



Name

MOHAMED HAMDAN BIN MOHAMED
MOHAIDEEN

Race

INDIAN

Date of birth

01-12-1967

Sex

M

S1786186G

Country/Place of birth

SINGAPORE

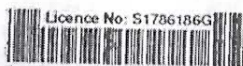


I AM LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of
which unladen does not exceed 2500 kilograms 01 Oct 1993

428A



Licence No: S1786186G

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S1786186G

Name

MOHAMED HAMDAN BIN
MOHAMED MOHAIDEEN

Birth Date 01 Dec 1967

Issue Date 12 Sep 2003



000824631C