

# NATION 11 Assessment Centre Services

SM0921040005

Date: 28/12/2021 14:47	Subject description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NBS/SM021013059/Y	E-mail: (attach file - 210)		
Ref No: TBS 66112	i-Motor Claim Form		
Date: 14/12/2021 13:30	i-Motor W/O (Attach file - 210, 13059)		
Ref: IP (Attach file)	i-Photo Uploaded		
IP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( )	Tel: ( )	Fax: ( )
TP Particulars:	Veh No: SMS 281B	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%, F: 80-100%]	
Year of Registration: ( )	Warranty: YES ( ) / NO ( )	
Excess: (\$ )	Loading: \$1,000 ( ) / \$2,000 ( )	

**General Remarks:-**

( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer or repairer

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

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

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

**Injury:** \_\_\_\_\_

Date/Time	Actions

Claimant's Particulars :-	Invoice Preparation Checklist	And (\$)	And (\$)
		Est Bill	Adj Bill
Driver/Owner:	1) AR: Accident Reporting (\$10)		
Contact No:	2) DA: Damage Assessment (\$100), INC (\$30)		
Damaged Portion:	3) TF: Towing Fee \$40-\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) RT: Follow-Through Survey (Resurvey) \$10		
Cat 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat 2 & 3:	6) FR: Re-inspection \$15		
	7) N1: 10ac DA + SMRT Survey \$160		
	8) N11: Additional Services:-		
	Q12		
	* N5: Courtesy Car / Tpt Allowance \$5		
	* N6: Repair Coordination \$10		
	* N7: Post Repair Inspection \$25		
	* N8: DV / Collect Excess Coordination \$5		
	EP (N11) TP (N1) INC against INC \$20		
	9) N12: Mac Mobile \$10		
	Invoice dated	See Charges	
	Invoice dated	See Charges	

# 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	23/12/2021 14:47 (SGT)
Date of Accident	14/12/2021 13:30 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS TUAS
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBS6611Z
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	MUHAMAD IRFAN BIN MUHAMAD FAHMY
NRIC No	TXXXX062D
Email Address	irfanfahmy@gmail.com
Mobile Phone No	(Phone) +65-87425854
Alternative Phone No	+65-87425854

## 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 - Reporting only
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	D21MTMC01004131
Cover Note Number	-

## DRIVER

Name of Driver	MUHAMAD IRFAN BIN MUHAMAD FAHMY
NRIC No	TXXXX062D



Date Of Birth	24/06/2001
Occupation	Indoor
Date Of Driving Pass	23/06/2021
Driving experience	6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87425854
Alt. Phone Number	+65-87425854
Email Address	irfanfahmy@gmail.com
Address	BLK 233 JURONG EAST STREET 21 #06-418
Address complement	-
Postcode	600233
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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 to Rear
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle 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/20211221/7033

#### 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	SMS281B
Vehicle Manufacturer	LandRover
Vehicle Model	Discovery
Vehicle Variant	-
Vehicle Colour	-
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)	-

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMN2613R
Vehicle Manufacturer	Honda
Vehicle Model	Vezel
Vehicle Variant	-
Vehicle Colour	-
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	MUHAMAD IRFAN BIN MUHAMAD FAHMY
Gender	Male
Phone No	(Phone) +65-87425854
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURIES
Injured person in which vehicle?	FBS6611Z
Were seat belts worn?	No
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' 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 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' law yers/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.

*Whe* 23/12/21 12pm

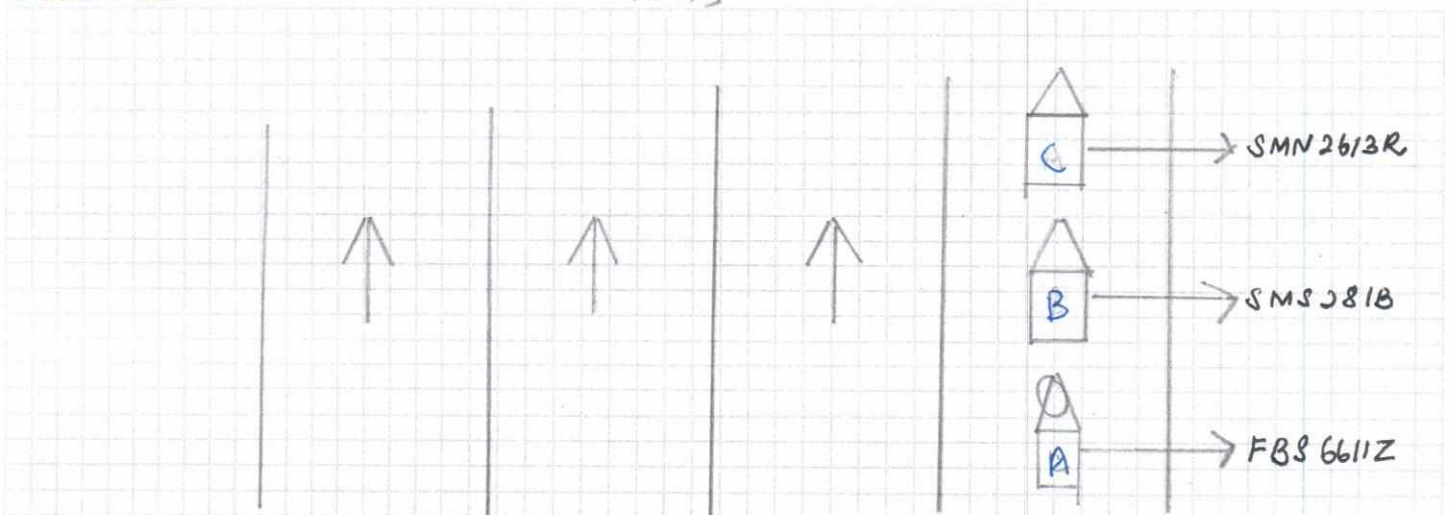
Policyholder's Signature / Date & Time

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

*gaw* 23/12/2021  
Witnessed by Reporting Centre Personnel

### Sketch Plan

*Tuas*




*P1E*

Describe Circumstances of the Accident

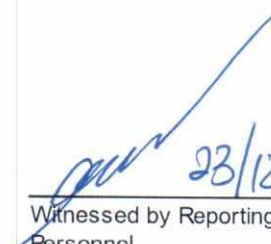
REFER TO POLICE REPORT 7/2021/221/7033

Declaration

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

 23 Dec 2021  
Policyholder's Signature / Date &  
Time 12 pm

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

 23/12/2021  
Witnessed by Reporting Centre  
Personnel



## ACCIDENT STATEMENT

ACCIDENT DATE: (14 / 12 / 2021) (DD/MM/YYYY), TIME: (13 : 30) (HH:MM)

LOCATION: PAN ISLAND EXPRESSWAY TOWARDS TUAS

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBS 66112  
b) INSURANCE COMPANY: SOMPO INSURANCE  
c) POLICY NUMBER: D21MTMC01004131  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: YAMAHA XSR 155 MANUAL  
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: MUHAMAD IRFAN BIN MUHAMAD FAHMY (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: T01190620 CONTACT: 87425854  
c) ADDRESS: 233 JURONG EAST ST 21 #06-418 (600233)

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

#### DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: (24 / 06 / 2001) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 23 JUN 2021

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  
b) ROAD SURFACE: (DRY / WET / OTHERS)

### 6. WAS ANYBODY INJURED? (YES / NO)

### 7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: TP

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMS 2818 MODEL: LAND ROVER  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

### 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SMN 2613 R MODEL: HONDA VEZEL  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

email = irfanfahmy@gmail.com

VIDEO



# SINGAPORE POLICE FORCE



T/20211221/7033

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

1 of 3

Report No. T/20211221/7033

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 21/12/2021 17:31	Vide Report No.: G/20211214/0122	Station Diary No.:
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Informant's Particulars			
Name of Informant: MUHAMAD IRFAN BIN MUHAMAD FAHMY		Address: 233 JURONG EAST STREET 21 #06-418 SINGAPORE 600233	
ID Type / ID No.: NRIC NO / T0119062D		Contact No.: Home/Office: Mobile: 87425854	
Nationality: SINGAPORE CITIZEN		Email: IRFANFAHMY@GMAIL.COM	
Sex: Male	Age: 20	Date of Birth: 24/06/2001	Type of Informant: Rider
Race: Malay		Language: English	Institution / School Name:
Occupation: Student		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: 14/12/2021 13:30	Type of Location: Straight Road
Location:  PAN ISLAND EXPRESSWAY				
Weather: Cloudy		Road Surface: Dry		Road Speed Limit: 80 Km/h
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBS6611Z	Motorcycle	YAMAHA	XSR155+MANUAL	Silver		0
SMN2613R	Car	HONDA	Vezel	White	No Damage	1
SMS281B	Car	LAND ROVER	Discovery	Brown	Slightly Damaged	1





**SINGAPORE  
POLICE FORCE**



T/20211221/7033

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

2 of 3

Report No. T/20211221/7033

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBS6611Z	TENET SOMPO INSURANCE PTE. LTD.	D21MTMC0100413 1	28/06/2021	27/06/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMAD IRFAN BIN MUHAMAD FAHMY	ID No.	T0119062D
Related Vehicle	FBS6611Z (Motorcycle)	Contact No.	87425854
Hospital/Clinic	RAFFLES HOSPITAL	Class of Driving Licence & Expiry	Class: 2B Date of Expiry: NIL
Date	14/12/2021	Date	15/12/2021
No. of Days granted Medical Leave	11	Degree of	Serious

Brief Details.

I was riding behind car number: SMS281B on the first lane at 1:30pm at PIE near Nexus school. The traffic was quite moderate to heavy as it is peak hour. I was only driving at 70-80km/h. The car immediately jambrake and i am not able to swerve to the lane 2 as there will be incoming vehicle. I applied my emergency brakes front and rear brake but i collided to the boot of the car. I woke up on the ground with my bike between my thighs. There were people who help me get out from my bike as my bike was pinning me down. They brought me to the side of the expressway at PIE. I asked the driver why did he jambrake and he told me because the car infront of him jambraked. I was bleeding from my mouth and i lose my front tooth with the other loose. I needed assistance to stand and sit.



**SINGAPORE  
POLICE FORCE**



T/20211221/7033

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

3 of 3

Report No. T/20211221/7033

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
TAN JUN YAN  
Contact No.: 65476311

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

Date/Time:  
21/12/2021 17:31

Classification Of Case:

NP168



MC No : 3910804  
NRIC : T0119062D  
NAME : MUHAMAD IRFAN BIN MUHAMAD FAHM  
ADMISSION DATE : 14 Dec 2021  
DISCHARGE DATE : 15 Dec 2021  
VISIT NO : 2021815845

Issue Date: 15 Dec 2021 (12:26)

This is to certify that the above mentioned has been given:

**HOSPITALIZATION / POST HOSPITALIZATION LEAVE**  
For 11 days  
From 14 Dec 2021 to 24 Dec 2021

PRINCIPAL DOCTOR : YANG CHING YU (RD) (02858D)  
PREPARED BY : CHAW YAW LIM (M61168I)  
DEPARTMENT : Inpatient, Raffles Hospital  
ADDRESS : 585 North Bridge Road Raffles Hospital 188770

Printed: 15 Dec 2021, 12:49PM

This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.

\*This certificate is electronically generated. No signature is required.



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Raffles Hospital | 585 North Bridge Road | Singapore 188770 | Tel: 6311 1111 | Fax: 6338 1318 | Website: [www.raffleshospital.com](http://www.raffleshospital.com) | Registration No. 199303

Raffles Hospital | Raffles Medical | Raffles Dental | Raffles Japanese Clinic | Raffles Chinese Medicine | Raffles Medical International | Raffles Health | Raffles Health Insurance | Raffles Healthcare



**Certificate of Insurance**

ROAD TRAFFIC ACT (CHAPTER 276) (REPUBLIC OF SINGAPORE)  
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
ROAD TRANSPORT ACT 1987 (MALAYSIA)  
ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (MALAYSIA)

Cert No./Policy No. : D21MTMC01004131  
Insured : MUHAMAD IRFAN BIN MUHAMAD FAHMY  
Motor Vehicle (Regn No.) : FBS6611Z  
Cover : Third Party, Fire & Theft  
Policy Commencement Date : 28 JUNE 2021 00:00  
Policy Expiry Date : 27 JUNE 2022 23:59  
Maximum Liability (Section I) : Market value at time of loss  
Excess\* : \$300 - Section I  
Named Driver 1 : MUHAMAD IRFAN BIN MUHAMAD FAHMY  
Named Driver 2 : MUHAMAD FAHMY BIN JAMARY  
HIRE PURCHASE OWNER : YEW HENG CREDIT ENTERPRISE PTE LTD

\* Subject to GST wherever applicable

Persons or Classes of Persons entitled to drive\*  
MUHAMAD IRFAN BIN MUHAMAD FAHMY, MUHAMAD FAHMY BIN JAMARY

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 pacemaking, 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.sompo.com.sg](http://www.sompo.com.sg) or call our Emergency Hotline: (65) 6461 6555.

We hereby certify that the Policy to which this Certificate relates is issued in accordance with (1) the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Transport Act, 1987 (Malaysia); and (2) the policy terms, conditions and exceptions of the Motorcycle Policy (Ref.MCY-MTMC.04)

Sompo Insurance Singapore Pte. Ltd.

*Li J*

Authorised Signatory

Date/Time of Issue : 26 JUNE 2021 16:09

**IMPORTANT NOTICE**

- o Keep the Certificate in your Motor Vehicle.
- o Under the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189), 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 if for any reason the Insurance is terminated during its currency, the Insured must surrender the Certificate of Insurance and the Policy to the insurance 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 189).
- 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.

Intermediary Code & Name : 11E07901 & ENSURE PTE. LTD. (MOTORCYCLE) CI Code: MY3 JDIDBH54\_4F1DMYA



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

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SW0921CN/0005 Vehicle Registration No: FBS6611Z  
Name (as shown in NRIC): Muhammad Irfan NRIC/FIN/Passport No: TXXXX062D  
(\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
Address: \_\_\_\_\_ Singapore ( )  
Contact (Tel): \_\_\_\_\_ Mobile No.: 87425854  
Email Address: \_\_\_\_\_  
Date of Accident: 14/12/2021 Time of Accident: 13:30  
Place of Accident: RR JOURNALS MAS  
Insurance Company: SAIIPPO

**(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:

INSURED VEHICLE NUMBER TO FBS6611Z

\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

23/12/2021  
Reporting Centre Personnel's Signature  
Name: Rashid  
NRIC/FIN No.: Muhammad  
Date: