

NATIONAL Assessment Centre Services 84092230006

Date In: 01/03/2022 17:36	Job Description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: X138/SM022001978/Y	E-mail (within date: Apr 2hrs):		
Veh No: FBS 8290C	i-Motor Claim Form		
DDA: 02/03/2022 18:15	i-Motor W/O (within date: 2hrs, TP 4hrs)		
OD: TP Reporting Only	i-Photo Uploaded		
TP 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: SKW 5763D	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%, R: 21-79%, P: 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 of 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

<p>142200566</p> <p>Claimant's Particulars :-</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments :-</p> <p>Cat 1:</p> <p>Cat 2 / 3:</p>	<p>Invoice Preparation Checklist</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Amt (\$)</th> <th>Amt (\$)</th> </tr> <tr> <th></th> <th>1st Bill</th> <th>Add Bill</th> </tr> </thead> <tbody> <tr> <td>1) AR: Accident Reporting (\$30)</td> <td></td> <td></td> </tr> <tr> <td>2) DA: Damage Assessment (\$100); INC (\$30)</td> <td></td> <td></td> </tr> <tr> <td>3) TF: Towing Fee \$40/\$45</td> <td></td> <td></td> </tr> <tr> <td>4) FT: Follow-Through Survey \$120</td> <td></td> <td></td> </tr> <tr> <td>5) RT: Follow-Through Survey (Resurvey) \$30</td> <td></td> <td></td> </tr> <tr> <td colspan="3">For claiming against INC Only (wef 10 Jan 2005)</td> </tr> <tr> <td>6) TR: Re-inspection \$75</td> <td></td> <td></td> </tr> <tr> <td>7) N1: Idac DA + SMRT Survey \$160</td> <td></td> <td></td> </tr> <tr> <td>8) NTUC Additional Services:-</td> <td></td> <td></td> </tr> <tr> <td> • N5: Courtesy Car / Tpt Allowance \$5</td> <td></td> <td></td> </tr> <tr> <td> • N6: Repair Co-ordination \$10</td> <td></td> <td></td> </tr> <tr> <td> • N7: Post Repair Inspection \$25</td> <td></td> <td></td> </tr> <tr> <td> • N8: DV / Collect Excess Coordination \$5</td> <td></td> <td></td> </tr> <tr> <td> • TP (N11): TP (Non-INC) against INC \$20</td> <td></td> <td></td> </tr> <tr> <td>9) N12: Idac Mobile \$10</td> <td></td> <td></td> </tr> <tr> <td>Invoice dated</td> <td>Fee Charged</td> <td></td> </tr> <tr> <td>Invoice dated</td> <td>Fee Charged</td> <td></td> </tr> </tbody> </table>		Amt (\$)	Amt (\$)		1st Bill	Add Bill	1) AR: Accident Reporting (\$30)			2) DA: Damage Assessment (\$100); INC (\$30)			3) TF: Towing Fee \$40/\$45			4) FT: Follow-Through Survey \$120			5) RT: Follow-Through Survey (Resurvey) \$30			For claiming against INC Only (wef 10 Jan 2005)			6) TR: Re-inspection \$75			7) N1: Idac DA + SMRT Survey \$160			8) NTUC Additional Services:-			• N5: Courtesy Car / Tpt Allowance \$5			• N6: Repair Co-ordination \$10			• N7: Post Repair Inspection \$25			• N8: DV / Collect Excess Coordination \$5			• TP (N11): TP (Non-INC) against INC \$20			9) N12: Idac Mobile \$10			Invoice dated	Fee Charged		Invoice dated	Fee Charged	
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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	02/03/2022 17:36 (SGT)
Date of Accident	01/03/2022 18:15 (SGT)
Exact Location of Accident	Tampines Ave 7, Singapore
Additional Location Information	NEAR BLK 372 TAMPINES STREET 34
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBS8290C
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	MUHAMMAD SIRHAN
NRIC No	TXXXX079E
Email Address	sirhanyusof08@gmail.com
Mobile Phone No	(Phone) +65-93842737
Alternative Phone No	+65-93842737

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	R15
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	D21MTMC01005546
Cover Note Number	-

DRIVER

Name of Driver	MUHAMMAD SIRHAN
NRIC No	TXXXX079E

Date Of Birth	08/08/2002
Occupation	Indoor
Date Of Driving Pass	06/10/2021
Driving experience	5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93842737
Alt. Phone Number	+65-93842737
Email Address	sirhanyusof08@gmail.com
Address	BLK 1 EUNOS CRESCENT #10-2527
Address complement	-
Postcode	400001
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 - Change/cross lane
Weather Conditions	AFTER RAIN
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	Queenstown Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004719999
Alt. Police Station Phone No	(Fax) +65-64715299
Police Station Address	No. 3 Queensway #01-03 Singapore 149073
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20220302/2061

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	SKW5163D
Vehicle Manufacturer	Toyota
Vehicle Model	Corolla
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire

Name of Driver	TAN MENG HAW
NRIC No	SXXXX288H
Contact Number	(Phone) +65-96173009
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	SLC1391G
Vehicle Manufacturer	Hyundai
Vehicle Model	Elantra
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ONG BOON SIONG
NRIC No	SXXXX250B
Contact Number	(Phone) +65-94745838
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	MUHAMMAD SIRHAN
Gender	Male
Phone No	(Phone) +65-93842737
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	FBS8290C
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation**.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that :

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**Personal Information**") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :

(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

(ii) investigating the accident and/or my claims;

(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "**Purposes**")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

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

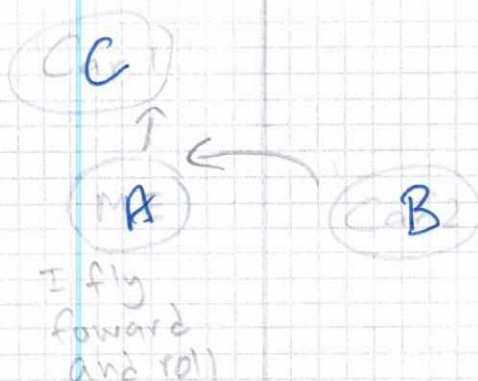
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

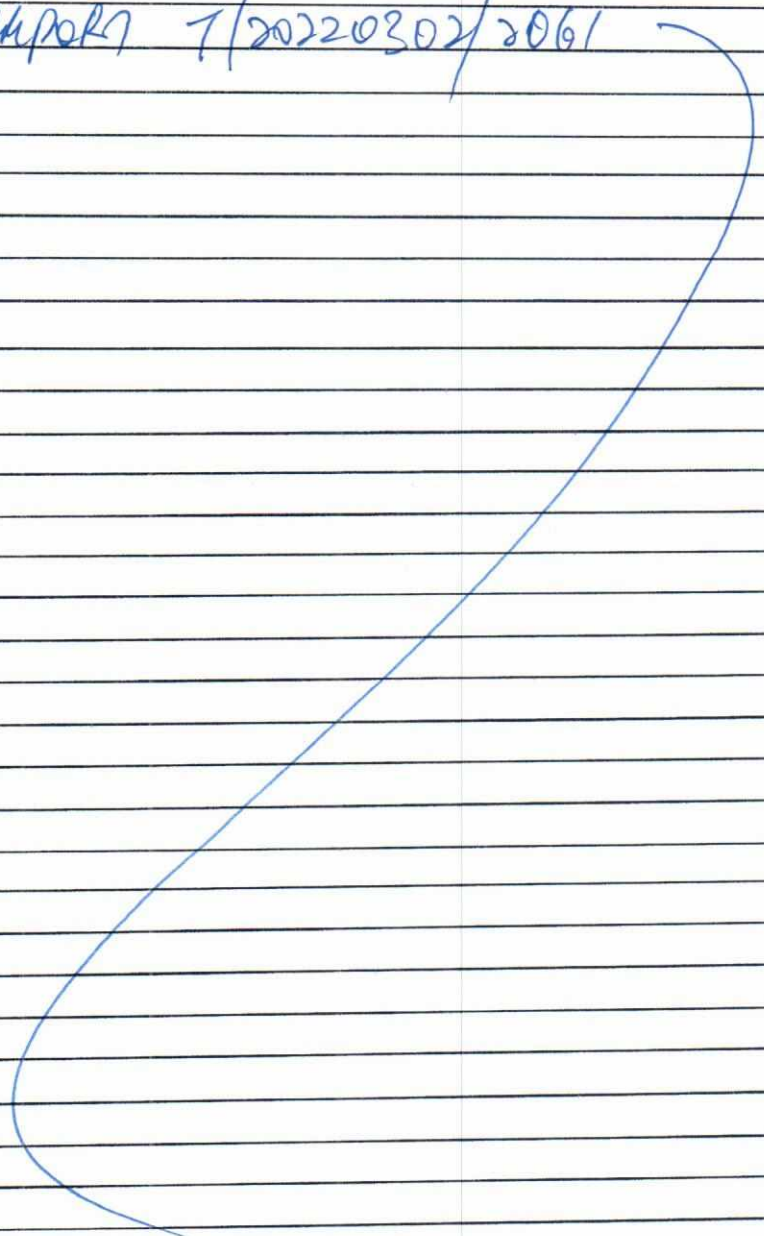
Tampines Ave 7 Near BIK 372 Tampines ST 34



A) FBS 8280C
B) SKW 5163D
C) SLC 1391G


Describe Circumstances of the Accident

REFER TO POLICE REPORT 7/20220302/2061




Declaration

We declare the foregoing particulars are true in every respect.

 02/03/22 5.21PM
Policyholder's Signature / Date & Time

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

 02/03/2022
Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20220302/2061

1 of 4

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20220302/2061

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/03/2022 16:42	Vide Report No.:	Station Diary No.: 31
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Informant's Particulars

Name of Informant: MUHAMMAD SIRHAN			Address: APT BLK 1 EUNOS CRESCENT #10-2527 SINGAPORE 400001		
ID Type / ID No.: NRIC NO / T0291079E			Contact No.: Home/Office: Mobile: 93842737		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 20	Date of Birth: 08/02/2002	Type of Informant: Rider		
Race: Pakistani			Language: English		Institution / School Name: ITE College East
Occupation: Student			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: 01/03/2022 18:15	Type of Location: Bend
Location: TAMPINES AVENUE 7				
Weather: Clear	Road Surface: Wet	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Traffic Light - Working	Traffic Volume: Heavy		
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBS8290C	Motorcycle	YAMAHA	R15 ABS MANUAL	Blue	Slightly Damaged	0
SKW5163D	Car	TOYOTA	COROLLA ALTIS 1.6 A	Beige	Slightly Damaged	0
SLC1391G	Car	HYUNDAI	ELANTRA AD 1.6 GLS AT	Red	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20220302/2061

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Police Station Of Origin:

Queenstown N.P.C

3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

Report No. T/20220302/2061

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBS8290C	TENET SOMPO INSURANCE PTE. LTD.	D21MTMC0100554 6	08/09/2021	07/09/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Rider				
Name	MUHAMMAD SIRHAN	ID No.	T0291079E	
Related Vehicle	FBS8290C (Motorcycle)	Contact No.	93842737	
Hospital/Clinic	SHALOM CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL	
Date Treatment	02/03/2022	Date Discharge	NIL	
No. of Days granted Medical Leave	05	Degree of Injury	Slight	
Driver				
Name	TAN MENG HAW	ID No.	S1359288H	
Related Vehicle	SKW5163D (Car)	Contact No.	96173009	
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	
Driver				
Name	ONG BOON SIONG	ID No.	S8141250B	
Related Vehicle	SLC1391G (Car)	Contact No.	94745838	
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	



**SINGAPORE
POLICE FORCE**



T/20220302/2061

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Report No. T/20220302/2061

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

CONTINUATION OF REPORT

Brief Details.

On the 01/03/2022 at about 1815hrs, I riding my motorbike number bearing 'FBS8290C' along Tampines Avenue 7 near to Block 372 Tampines Street 34 on the left lane of the 2 lane. At this point in time, there is a red car number bearing 'SLC1391G' in front of my bike. I would like to state that at this point in time, the traffic was heavy and the distance between the red car and my bike is less than a metre. Subsequently, as I was watching blind spot on my right, I saw a beige car number bearing 'SKW5163D' on the right lane and wanting to cut my lane. I was unable to react on time and the white vehicle then collided onto my right side. I then lost balance and came off my bike and tumbled forward. During this collision, I had also collided onto the red car which was in front of me.

I then sustained felt aches and pain on my left hand and left leg after I was blacked out for a while. I also sustained bruises and injuries on my left leg. I then exchanged particulars with both drivers. I would like to state that I was able to drive off after resting. There was no ambulance conveyance.

On the 02/03/2022, I then went to see a doctor as my condition was not getting any better and doctor informed I had contusion on my left knee and ankle. I was given 5 days of MC. I am lodging this report for insurance claim.

Damages as follows:

FBS8290C: Both lever guards broke off and the gear is bent , my bike's right side paint was chipped off, right signal light is dented and my exhaust pipe has slight scratches

SLC1391G: Below rear right light, there is a crack.

SKW5163D: Front left bumper slightly came off with a dent below.



SINGAPORE POLICE FORCE



T/20220302/2061

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Report No. T/20220302/2061

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

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:
D / SGT 1 TERRY ONG JU
QUAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

NP168

Signature Of Informant:

Date/Time:
02/03/2022 16:42

Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: (01 / 03 / 2022) (DD/MM/YYYY), TIME: (18 : 15) (HH:MM)

LOCATION: Tampines Avenue 7, near blk 372 Tampines St 34

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBS8290C
b) INSURANCE COMPANY: SOMPO INSURANCE
c) POLICY NUMBER: 021MTMC01005546
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Yamaha Yamaha YZF-R15
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: Muhammad Sirhan (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: T0291079E CONTACT: 93842737
c) ADDRESS: BLK 1 Eunos Crescent #10-2527 400001

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: A's above (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* d) DATE OF BIRTH: (08 / 02 / 2002) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 06/10/2021

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 After Rain)
b) ROAD SURFACE: (DRY / WET / OTHERS Wet)

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKW5163D MODEL: Toyota Corolla Altis
b) DRIVER'S NAME: Tan Meng Haw
c) NRIC/FIN/PASSPORT: S1359288H CONTACT: 9617 3009

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SLC1391G MODEL: Hyundai Elantra
e) DRIVER'S NAME: Ong Boon Seng
f) NRIC/FIN/PASSPORT: S8141250B CONTACT: 9474 5838

Email: =

VIDEO

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. : D21MTMC01005546
Insured : MUHAMMAD SIRHAN
Motor Vehicle (Regn No.) : FBS8290C
Cover : Third Party, Fire & Theft
Policy Commencement Date : 08 SEPTEMBER 2021 00:00
Policy Expiry Date : 07 SEPTEMBER 2022 23:59
Maximum Liability (Section I) : Market value at time of loss
Excess* : \$300 - Section I
Named Driver 1 : MOHAMED AMIRUL IKMAL BIN MOHAMED ZUHRI
Named Driver 2 : MUHAMMAD SIRHAN
HIRE PURCHASE OWNER : YEW HENG CREDIT ENTERPRISE PTE LTD

* Subject to GST wherever applicable

Persons or Classes of Persons entitled to drive*

MOHAMED AMIRUL IKMAL BIN MOHAMED ZUHRI, MUHAMMAD SIRHAN

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 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.



Authorised Signatory

Date/Time of Issue : 06 SEPTEMBER 2021 13:17

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_IDO5S4I4FL1CYAA