

## 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 Report	18/05/2020 13:24
Date Of Accident	17/05/2020 14:00
Exact Location Of Accident	EUNOS AVENUE 3
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC5854J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Co Reg No	200303878K
Email Address	CLAIMS@TRANSCAB.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-62866666

### Vehicle Particulars

Manufacturer	RENAULT
Model	LATITUDE-2.0 L (A)
Exact Purpose for which vehicle was being used at time of accident	HIRE AND REWARD
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	TAXI

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	VFX/P1680520
Cover Note Number	

### Driver

Name of Driver	PHUA AIK HIAN
NRIC No	S6915685A
Date Of Birth	02/05/1969
Occupation	OUTDOOR
Date Of Driving Pass	19/04/2003
Driving Experience	17 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85114797
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 451 YISHUN RING ROAD #04-124
Postcode	760451
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

#### General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 32 YISHUN ST 81 , <b>POSTCODE:</b> 768456 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-8522999 - <b>FAX NO:</b> 68522239
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE SEE ATTACH POLICE REPORT : T/20200517/2019

#### 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	FBC5646P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	AL ZIKRY BIN AMIR HAMZAH
NRIC/Passport Number	S9914591I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	AL ZIKRY BIN AMIR HAMZAH
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FBC5646P
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

**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 lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
  - (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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN

Eunos Avenue 3

SAC 5854j

FBC 5246P

pls see attach police Report

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

Date &amp; Time:

(If driver is not the policyholder)

Date &amp; Time:

**Name:**

NRIC/FIN No.:



**SINGAPORE  
POLICE FORCE**



T/20200517/2019

Police Station Of Origin:  
Yishun South N.P.C  
32 Yishun Street 81 SINGAPORE 768456  
Tel No: 1800-8522999

1 of 3

Report No. T/20200517/2019

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 17/05/2020 15:24		Vide Report No.: G/20200517/0106		Station Diary No.: 73	
<b>Informant's Particulars</b>					
Name of Informant: PHUA AIK HIAN			Address: APT BLK 451 YISHUN RING ROAD #04-124 SINGAPORE 760451		
ID Type / ID No.: NRIC NO / S6915685A			Contact No.: Home/Office: Mobile: 85114797		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 51	Date of Birth: 02/05/1969	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 17/05/2020 14:00	Type of Location:
Location: Along Road 1 EUNOS AVENUE 3				
Along Eunoss Ave 3 outside Singapore Post Centre.				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: Yes	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBC5646P	Motorcycle					0
SHC5854J	TAXI					0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20200517/2019

Police Station Of Origin:  
Yishun South N.P.C  
32 Yishun Street 81 SINGAPORE 768456  
Tel No: 1800-8522999

2 of 3

Report No. T/20200517/2019

**CONTINUATION OF REPORT**

<b>Rider</b>			
Name	AL ZIKRY BIN AMIR HAMZAH		ID No. S9914591I
Related Vehicle	FBC5646P (Motorcycle)		Contact No. NIL
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
<b>Driver</b>			
Name	PHUA AIK HIAN		ID No. S6915685A
Related Vehicle	SHC5854J (TAXI)		Contact No. 85114797
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 17/05/2020 at about 1400hrss, I was driving my taxi bearing registration SHC5854J along Eunos Ave 3 and was waiting to turn right into the taxi stand at Singapore Post Centre. Suddenly while turning, there was a motorcycle bearing registration FBC5646P from the upcoming traffic going straight and we collided. The rider was injured and ambulance came down to convey him to hospital. I am not injured. Police also came down.



**SINGAPORE  
POLICE FORCE**



T/20200517/2019

Police Station Of Origin:  
Yishun South N.P.C  
32 Yishun Street 81 SINGAPORE 768456  
Tel No: 1800-8522999

3 of 3

Report No. T/20200517/2019

**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 /

Sr Staff Sgt NUR FARHANA BINTE MOHAMAD  
NASIR

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

17/05/2020 15:24

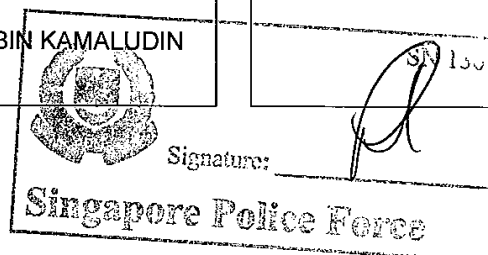
Officer In Charge Of Case:

TP / GIT /

Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN  
Contact No.: 65476185

Classification Of Case:

Authentication Stamp  
NP168





Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



## 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.
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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 Report	18/05/2020 16:35
Date Of Accident	17/05/2020 14:00
Exact Location Of Accident	EUNOS AVE 3
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBC5646P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	AMIR HAMZAH BIN OMAR
NRIC No	S6830530F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96640817
Alternative Phone No	OFFICE-96640817

### Vehicle Particulars

Manufacturer	YAMAHA
Model	T135
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE

### Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	PNMC2019-00001914-01
Cover Note Number	

### Driver

Name of Driver	AL ZIKRY BIN AMIR HAMZAH
NRIC No	S9914591I
Date Of Birth	16/05/1999
Occupation	INDOOR
Date Of Driving Pass	08/11/2018
Driving Experience	1 YEAR AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90102207
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 672 JALAN DAMAI #06-33
Postcode	410672
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### 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 this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT: T/20200517/7017.

#### 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	SHC5854J
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	



No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	AL ZIKRY BIN AMIR HAMZAH
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FBC5646P
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Sketch Plan Pg. 1

### SKETCH PLAN


#### IMPORTANT NOTICE

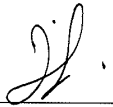
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

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

I understand, acknowledge, agree and consent that:

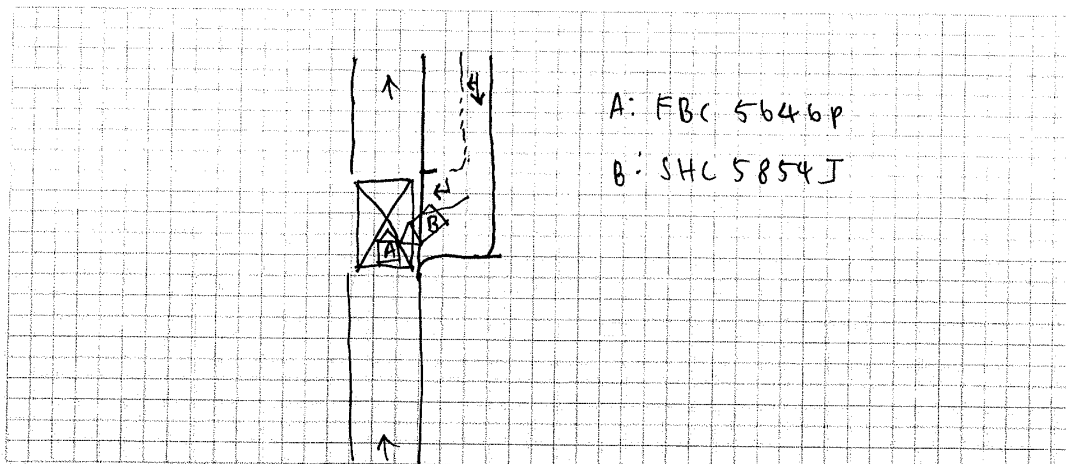
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**Personal Information**") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

  
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

### SKETCH PLAN



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Refer to attached report.

## DECLARATION

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

Spindler

**Policyholder's Signature**

Date &amp; Time:

$$\frac{1}{2} \left( \frac{1}{2} \right)^{n-1} = \frac{1}{2^n} \quad \text{for } n = 1, 2, 3, \dots$$

21

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



**SINGAPORE  
POLICE FORCE**



T/20200517/7017

1 of 3

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

Report No. T/20200517/7017

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 17/05/2020 21:16		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: AL ZIKRY BIN AMIR HAMZAH			Address: APT BLK 672 JALAN DAMAI #06-33 SINGAPORE 410672		
ID Type / ID No.: NRIC NO / S99145911			Contact No.: Home/Office: Mobile: 90102207		
Nationality: SINGAPORE CITIZEN			Email: zikryzikry29@yahoo.com		
Sex: Male	Age: 21	Date of Birth: 16/05/1999	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: Student			Driving Licence Information: Class: 2B,3		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 17/05/2020 14:00	Type of Location: Straight Road
Location: EUNOS AVENUE 3				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBC5646P	Motorcycle					0
SHC5854J	Car	RENAULT		Red	Slightly Damaged	0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20200517/7017

2 of 3

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

Report No. T/20200517/7017

**CONTINUATION OF REPORT**

<b>Rider</b>			
Name	AL ZIKRY BIN AMIR HAMZAH		ID No. S99145911
Related Vehicle	FBC5646P (Motorcycle)		Contact No. 90102207
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: NIL
Date Treatment	17/05/2020	Date Discharge	17/05/2020
No. of Days granted Medical Leave	07	Degree of Injury	Slight
<b>Driver</b>			
Name	PHUA AIK HIAN		ID No. S6915685A
Related Vehicle	SHC5854J (Car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

I was travelling straight along Eunos Ave 3 outside of Singpost Centre towards Paya Lebar Square, while passing through the yellow box (after lamp post no : 3), a taxi from the opposite direction failed to stop and give way to me and hit my on my right while attempting to make a right turn into Singpost centre. I was conveyed to Changi General Hospital on the spot and was awarded 7 days of medical leave.



**SINGAPORE  
POLICE FORCE**



T/20200517/7017

3 of 3

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

Report No. T/20200517/7017

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
MUHAMMAD RIZWAN BIN KAMALUDIN  
Contact No.: 65476185

Authentication Stamp  
NP168

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

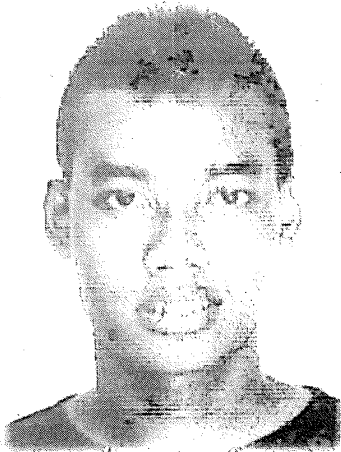
Date/Time:  
17/05/2020 21:16

Classification Of Case:

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S6830530F

Name



AMIR HAMZAH BIN OMAR

امير حمزه بن عمر

Race

MALAY

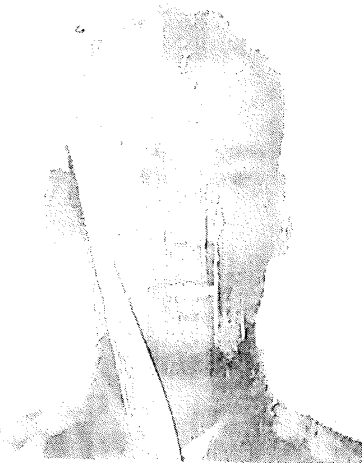
Date of Birth

16-09-1968

Country of Birth

SINGAPORE

REPUBLIC OF SINGAPORE



Licence Number: S6830530F

Name:

AMIR HAMZAH BIN OMAR

Birth Date: 16 Sep 1968

Issue Date: 11 Sep 2003



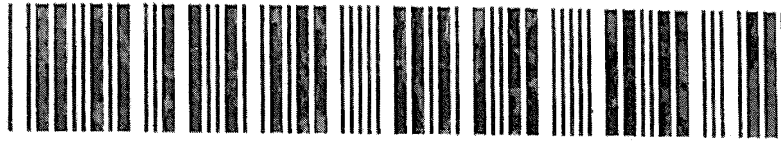
Usage for Insurance Motor Accident Reporting  
and Claims Purposes Only

Vehicle no: FBE 5646P

Date of Accident: 17/09/20

Scanned with CamScanner

0978732



NRIC No. **S6830530F**

Blood Group      Date of issue  
**A+**              **24-05-1993**

Address

**APT BLK 672 JALAN DAMAI #06-33  
SINGAPORE 410672**

NRIC No: **S6830530F**      Date: **19-06-2000**      No: **3807272**

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

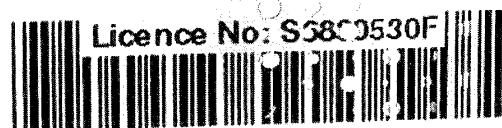
<b>Class 2B</b>	<b>Motorcycles not exceeding 200 cc</b>
<b>Class 3</b>	<b>Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms</b>

**PASS DATE**

**31 Oct 1985**

**29 Oct 2001**

NP 428A

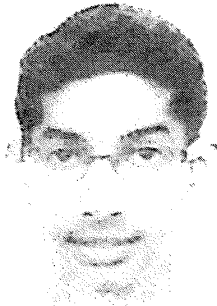
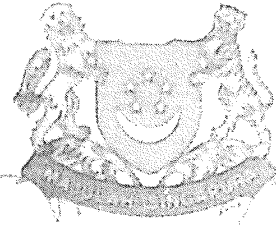


Licence No: **S6830530F**



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S99145911**



Name

**AL ZIKRY BIN AMIR HAMZAH**

Race

**MALAY**

Date of birth

**16-05-1999**

Sex

**M**

**S99145911**

Country/Place of birth

**SINGAPORE**



REPUBLIC OF SINGAPORE **DRIVER**



Licence Number: **S99145911**

Name:

**AL ZIKRY BIN AMIR HAMZAH**

Birth Date: **16 May 1999**

Issue Date: **12 Apr 2018**



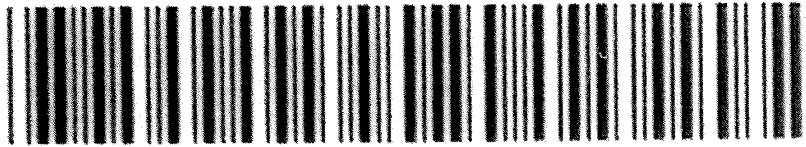
Usage for Insurance Motor Accident Reporting  
and Claims Purposes Only

Vehicle no: **FBC 9646P**

Date of Accident: **17/05/20**

Scanned with CamScanner

5306041



NRIC No. S9914591I



Date of issue

14-05-2014

Address

APT BLK 672 JALAN DAMAI  
#06-33  
SINGAPORE 410672

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

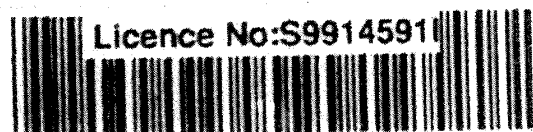
**EFFECTIVE DATE**

<b>C</b>	<b>Class 2B</b>	<b>Motorcycles <math>\leq</math> 200 CC</b>	<b>08 Nov 2018</b>
	<b>Class 3</b>	<b>Motor cars <math>\leq</math> 3000 kg with <math>\leq</math> 7 passengers, exclusive of the driver; and motor tractors/vehicles <math>\leq</math> 2500 kg</b>	<b>12 Apr 2018</b>

**S / No.9000315297**

**S9914591I**

**NP 428A**



**Licence No: S9914591I**

**Scanned with CamScanner**

21:02 @

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FWD

## CERTIFICATE OF INSURANCE

Please call +65-6322-2072 for FWD Emergency Assistance  
if Your Motorcycle breaks down or is involved in an accident.  
All accidents must be reported within 24 hours or by the next working day of the incident  
regardless of whether it will lead to a claim.

POLICY NUMBER: PNM2019-00001914-01

Plan Name: Third Party

Motorcycle plate number: F8C5646P

Your name (As the policyholder): Amir Hamzah Bin Omar

Coverage start date: 19/04/2020

Coverage end date: 18/04/2021

Covered geographical area: Singapore, West Malaysia and Southern Thailand

Who is insured to ride: You and Anyone with a valid driving license who You give permission to ride Your Motorcycle

## Important things to know:

Your Policy comprises this Certificate of Insurance, the Contract, the Motorcycle Insurance Summary and any Endorsements attached by Us. These documents should be read together as one. You must make sure that any person You give permission to ride Your Motorcycle understands Your duties under this Policy and complies with its conditions.

Your Policy is only valid if Your Motorcycle is being used for commercial use in accordance with Your contract.

This Policy does not cover use for any renting or leasing purposes.

We confirm that this Policy complies with the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189).

Issued on: 24/03/2020

*A Bhatia*  
Abhishek Bhatia  
Chief Executive Officer  
FWD Singapore Pte Ltd

Please immediately inform us at +65-6320-8888  
or email us at [contactus@fwd.com](mailto:contactus@fwd.com) if any details in  
this Certificate of insurance needs to be changed.

FWD Singapore Pte. Ltd. 6 Temasek Boulevard, # 18-01 Suntec Tower 4, Singapore 018986. T: (65) 6820-8888. Company Registration No. 200501737H | [www.fwd.com.sg](http://www.fwd.com.sg)  
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FWD

## YOUR THIRD PARTY MOTORCYCLE INSURANCE SUMMARY

Please call +65-6322-2072 for FWD Emergency Assistance  
if Your Motorcycle breaks down or is involved in an accident.  
All accidents must be reported within 24 hours or by the next working day of the incident  
regardless of whether it will lead to a claim.

POLICY NUMBER : PNM2019-00001914-01

## About this policy

Premium paid : S\$571.77

(Inclusive of GST)

Who is insured to ride : You only and any Authorised Rider

Coverage start date : 19/04/2020

Coverage end date : 18/04/2021

Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo

