

# NATIONAL Assessment Centre Services

(Int'l 1 Jan 2008)

MAA477169055

Date In: 26/12/2017 12:42	Job description	Date & Time Completed	Done by
Ref No: NBR/C7470243567	SAS e-filing		
Veh No: # 1998m	E-mail (withins 2hrs, AIO 3hrs)		
D.O.A: 22/12/2017 13:45	E-Motor Claim Form		
OD / TP / Reporting Only	E-Motor W/O (withins OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass'l Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: (	Tel:	Fax:
TP Particulars: Yell No: 377 84973	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 of repairer.

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

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

Remarks: INC Hotline: 678810016	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

MA/708015	Invoice Preparation Checklist	Amount	Amount
Customer's Particulars:	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$50)		
Contact No:	3) TP: Towing Fee \$40/\$40		
Amused Portion:	4) FT: Follow-Through Survey \$120		
	5) XT: Follow-Through Survey (Resurvey) \$30		
	For claimless against INC Only (w/ef 10 Jan 2012)		
	6) TR: Re-inspection \$75		
	7) NI: 1 day DA + SMRT Survey \$160		
	8) NTUC Additional Services		
	9) NI: Courtesy Car / Tpl Allowance \$5		
	10) NI: Repair Coordination \$10		
	11) NI: Post Repair Inspection \$25		
	12) NI: DV / Collision Unsett Coordination \$1		
	13) NI: 1 day DA + SMRT Survey \$160		
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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 ability.
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 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	26/12/2017 12:42
Date Of Accident	23/12/2017 13:45
Exact Location Of Accident	ALONG KJE TOWARDS BKE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	EH1998M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN LEONG HOCK SEBASTIAN(CHEN LIANGFU)
NRIC No	S8821862J
Email Address	SBTSEBASTIAN@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-83821998
Alternative Phone No	OTHERS-83821998

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER
Exact Purpose for which vehicle was being used at time of accident	TRAVELLING
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	PRIVATE CAR

### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3092991701
Cover Note Number	

### Driver

Name of Driver	TAN LEONG HOCK SEBASTIAN(CHEN LIANGFU)
NRIC No	S8821862J
Date Of Birth	20/06/1988
Occupation	INDOOR
Date Of Driving Pass	13/02/2008
Driving Experience	9 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83821998
Fax Number	
Contact Number	OTHERS-83821998
Email Address	SBTSEBASTIAN@HOTMAIL.COM



Address	BLK 472 CHOA CHU KANG AVENUE 3 #03-151
Postcode	680472
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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 involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	3

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJJ3497J
Vehicle Make/Model/Colour	MITSUBISHI LANCER
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SIM PEI YING, SOPHIA
NRIC/Passport Number	S8741050A
Contact Number	97400788
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

## 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.

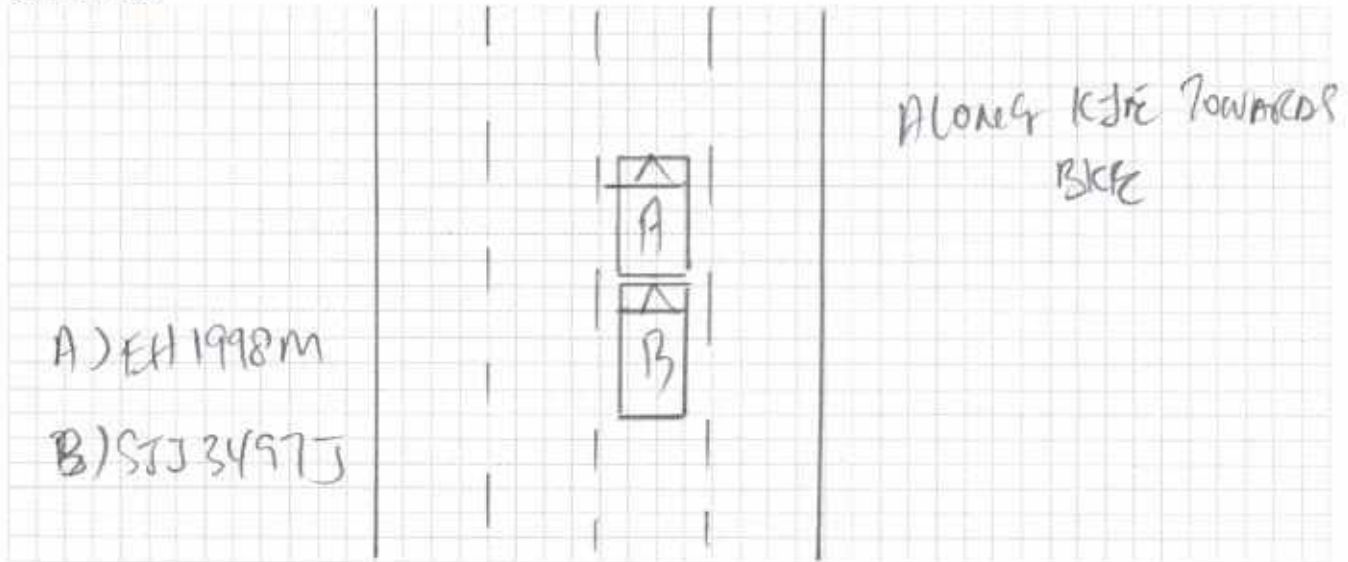
Policyholder's Signature  
Date & Time:

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

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

26/12/2017

# SKETCH PLAN




## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 23 ~~December~~ December, at around 13:43 hours, I was  
~~that~~ travelling along KJE towards BKE.  
 SJJ 3497J hit the rear of my vehicle, EH 1998M.  
 I then stopped my vehicle ~~and~~ at my lane, 2nd right lane  
 on KJE and step out of my car, the driver of SJJ 3497J  
 also do so.  
 I then propose to claim insurance and not argue who fault  
 in the midst of expressway.  
 We left after exchanging particular..

## DECLARATION

I/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:

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



# ACCIDENT STATEMENT

ACCIDENT DATE: 23/12/2017 (DD/MM/YYYY), TIME: 13:43 (HH:MM)

LOCATION: Along KSE towards BKE

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: EH 1998M  
 b) INSURANCE COMPANY: China Taiping Insurance  
 c) POLICY NUMBER: DMP/CSN 309 299 17d1  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: Mitsubishi Lancer  
 f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS  
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE  
 h) PURPOSE OF USING AT ACCIDENT TIME: Travelling  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: TAN LEONG HOCK, SEBASTIAN (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 58821862T CONTACT: 83821998  
 c) ADDRESS: 472 CHOA CHU KANG AVE 5  
#03-151

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

## DRIVER

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

\* d) DATE OF BIRTH: (\_\_\_\_/\_\_\_\_/\_\_\_\_) (DD/MM/YYYY)

\* e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING LICENCE: 13/02/2008

## 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) NO

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

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: STJ 3497J MODEL: MITSUBISHI LANCER

b) DRIVER'S NAME: SIM PEI YING, SOPHIA

c) NRIC/FIN/PASSPORT: 58741050A CONTACT: 9740 0788

## 9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_

e) DRIVER'S NAME: \_\_\_\_\_

f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

# No of passenger  
(including driver)  
(3)

# No of passenger  
(including driver)  
(1)

# No of passenger  
(including driver)  
( )

Email =

Fax =

VIDEO

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8821862J



TAN LEONG HOCK,  
SEBASTIAN  
(CHEN LIANGFU)

陈良福

Race

CHINESE

Date of Birth

20-06-1988

Sex

M

Country of Birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S8821862J



TAN LEONG HOCK,  
SEBASTIAN  
(CHEN LIANGFU)

Birth Date: 20 Jun 1988

Issue Date: 13 Feb 2008



S8821862J



Issue Date

18-06-2003

APT BLK 472 CHOA CHU KANG AVENUE 3 #03-151

SINGAPORE 680472

NRIC No: S8821862J

Date: 31/03/2008

No: 5974732

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

Class 2B	Motorcycles <= 200 CC	85 Jan 2009
Class 3	Motor cars <= 3000 kg with <= 9 passengers, excluding at the driver, and motor tractors <= 2500 kg	13 Feb 2008
Class 4	Heavy motor cars and motor tractors <= 2500 kg	27 Jul 2009
Class 5	Motor vehicles <= 1250 kg not constructed to carry any load	14 Nov 2009

S8821862J

S / No: 9000110126



UP 428A



中国太平保险(新加坡)有限公司  
CHINA TAIPIING INSURANCE (SINGAPORE) PTE. LTD.  
Co. Reg. No. 201124344C

PK1P  
R 3N  
AA0420A  
Cov. Type: C

MOTOR PRIVATE CAR

# CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 150)  
Motor Vehicles (Third-Party Risks and Compensation) Regulations, 1987  
Road Transport Act, 1987 (Chapter 150)  
Motor Vehicles (Third-Party Risks) Rules, 1957 (Chapter 150)

ORIGINAL

CERTIFICATE NO.

DMPCSN1091991701

Engine No. 44910120597

Chassis No. JH58CY2A90003600

1. Name of the Insured  
Name of Vehicle

CH19889

AUTOSAFE

2. Name of Policy Holder

TAN LEUNG ROCK

3. Effective date of the insurance and the  
insurance period in accordance with the Regulations,  
Chapter 150 of the Road Transport Act, 1987

11 February 2017

Named Drivers - Ex. Sect. I ..... S\$500.00

Additional Ex. other than Named Drivers:

4. Date of Expiry of Insurance

10 February 2018

Ex. Sect. I - Age <= 25 ..... S\$3,000.00

Ex. Sect. I - Age >= 26 ..... S\$500.00

\* Age as at date of accident.

5. Persons entitled to drive the vehicle

EX ON WINDSCREEN ..... S\$200.00

(a) The Policyholder.

(b) Any other person who is driving on the policyholder's order or with his permission.

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.

6. Use of the vehicle

use for social, domestic and pleasure purposes and for the Policyholder's business.  
The policy does not cover use for hire or reward, tuition driving test, racing, pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/theft) will be doubled.

One time waiver of Excess for the first S\$500 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our authorised workshops for each policy year.

HIRE PURCHASE CO. : SWEE SENG CREDIT PTE LTD AS HP OWNER

\* Excesses imposed pursuant to Section 3 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 150) and Section 45 of the Road Transport Act 1987 (Chapter 150) are not to be included under these headings.

I/We hereby Certify

that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 150) and Part II of the Road Transport Act, 1987.

Please see reverse



T - CHINA TAIPIING INSURANCE (SINGAPORE) PTE. LTD.

Authorized Signatory

Issued By: INNPRESS INSURANCE AGENCY PTE LTD  
Authorized Officer

3 Anson Road #10-00 Springpoint Tower Singapore 079509 Tel: 6509 9111 Fax: 6505 3582 Website: www.sg.chinataiping.com



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

### ADDENDUM

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

Original Report No: MA47169055 Vehicle Registration No: EH1998M

Name (as shown in NRIC): TAN KONG HOCK SUBSISTION NRIC/FIN/Passport No: 58821862 J

(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate

Address: \_\_\_\_\_ Singapore ( )

Contact (Tel): \_\_\_\_\_ Mobile No.: 83821998

Email Address: \_\_\_\_\_

Date of Accident: 23/12/2017 Time of Accident: 13:45

Place of Accident: Along E24 Towards BKK

Insurance Company: China Tai Ping

**(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:

1. Vehicle number to STJ 3497J

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: Rafael Wong  
NRIC/FIN No.:  
Date: 26/12/2017