

# NATIONAL Assessment Centre Services. (ver 1 Jan 200)

MA418026317

|                            |  |                       |         |
|----------------------------|--|-----------------------|---------|
| Date In: 23/02/2018 16:28  | Job description                        | Date & Time Completed | Done by |
| Ref No: NAB/MSG/18003516/Y | SAS e-Mailing                          |                       |         |
| Veh No: SKF 7728 G         | E-mail (within 2hrs, AIC 2hrs)         |                       |         |
| D.O.A: 15/02/2018 15:00    | 1-Motor Claim Form                     |                       |         |
| OD / TP: Reopening Only    | 1-Motor W/O (within 2hrs, TP 2hrs)     |                       |         |
| TP Insurer:                | 1-Photo Uploaded                       |                       |         |
|                            | Assessment/Survey Report               |                       |         |
|                            | Ass'l Report by Box/Hand to Owner/Wksp |                       |         |

|  |      |      |
|--|------|------|
| Preferred Wksp / INC Assign Wksp / OWI:  | Tel: | Fax: |
| TP Particulars: Yell No: SHA 5725 J INC ( ) / Non-INC ( )                                |      |      |
| Owner / Driver:  | Tel: |      |
| Policy No: ( ) Period: ( ) Cover Type: ( )   |      |      |
| Confirmed by: ( ) Date: ( ) Time: ( )  |      |      |
| Insured/Driver Liability: ( ) % (Note: BSL Status (WO): N: 0-20%; P: 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 repeller. |
| ( ) Total Loss Case: 1 to e-mail Insurer URGENTLY.  |
| Drive-In ( ) / Towed-In ( ) : Invoice: YES ( ) / NO ( ) : Towing Co: ( )                            |

|  |                       |         |
|--|-----------------------|---------|
| Remarks: ( ) INC Hotline: 6788 0016                      | DATE & TIME Completed | Done by |
| 1) Apply for Transition Allowance ( ) / Courtesy Car ( ) |                       |         |
| 2) QC Check / Post Repair Inspection ( )                 |                       |         |
| 3) Upload Resurvey Photo (Repair Cost > \$3000) ( )      |                       |         |

|           |         |
|-----------|---------|
| Injury:   |         |
| Date/Time | Actions |
|           |         |
|           |         |
|           |         |
|           |         |

|                         |  |     |         |
|-------------------------|--|-----|---------|
| MA1801217               | Invoice Preparation Checklist                | Sum | Balance |
| Customer's Particulars: | 1) AR: Accident Reporting (\$30)             |     |         |
| Driver/Owner:           | 2) DA: Damage Assessment (\$100) INC (\$30)  |     |         |
| Contact No:             | 3) TP: Towing Fee \$105                      |     |         |
| Assessed Portion:       | 4) PT: Follow-Through Survey \$120           |     |         |
|                         | 5) PT: Follow-Through Survey (Resurvey) \$10 |     |         |
|                         | For claimant apply INC Only (ver 10 Jan 200) |     |         |
|                         | 6) TR: Assessment \$15                       |     |         |
|                         | 7) NI: 140 DA + SMRT Survey \$160            |     |         |
|                         | 8) NTUC Additional Services                  |     |         |
|                         | 9) NI: Courtesy Car / TP Allowance \$1       |     |         |
|                         | 10) NI: Repair Coordination \$10             |     |         |
|                         | 11) NI: Post Repair Inspection \$12          |     |         |
|                         | 12) NI: DV / Collect Excess Coordination \$1 |     |         |
|                         | 13) NI: TP (Kia INC) against INC \$10        |     |         |
|                         | 14) NI: 140 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 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             | 23/02/2018 16:38                                  |
| Date Of Accident           | 15/02/2018 15:00                                  |
| Exact Location Of Accident | JUNCTION OF JOO CHIAT ROAD AND MARINE PARADE ROAD |
| Country/State of Loss      | SINGAPORE   |

### DETAILS OF OWN VEHICLE

|                             |                                  |
|-----------------------------|----------------------------------|
| Vehicle Registration Number | SKE7728G                         |
| <b>Insured/Policyholder</b> |                                  |
| Name Of Registered Owner    | MOHAMED JAMAL BIN MOHAMED HANIFA |
| NRIC No                     | S0369412G                        |
| Email Address               | MSAMIRKAZURA@GMAIL.COM           |
| Mobile Phone No             | (LOCAL) +65-82287728             |
| Alternative Phone No        | OTHERS-82287728                  |

### Vehicle Particulars

|  |                |
|--|----------------|
| Manufacturer   | BMW            |
| Model  | 520I           |
| 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             |
| If No, Please state action to be taken                                       | REPORTING ONLY |
| Vehicle Category   | PRIVATE CAR    |

### Insurance Company

|                           |                                      |
|---------------------------|--------------------------------------|
| Name of Insurance Company | MSIG INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage          | COMPREHENSIVE                        |
| Fleet Policy              | NO                                   |
| Policy Number             | B 27326130 SMP                       |
| Cover Note Number         |                                      |

### Driver

|                      |                        |
|----------------------|------------------------|
| Name of Driver       | MOHAMED SAMIR KAZURA   |
| NRIC No              | S8325224G              |
| Date Of Birth        | 25/08/1983             |
| Occupation           | INDOOR                 |
| Date Of Driving Pass | 24/01/2003             |
| Driving Experience   | 15 YEARS AND 0 MONTHS  |
| Gender               | MALE                   |
| Mobile Number        | (LOCAL) +65-82287728   |
| Fax Number           |                        |
| Contact Number       | OTHERS-82287728        |
| Email Address        | MSAMIRKAZURA@GMAIL.COM |

|   |                |
|---|----------------|
| Address   | 253C ONAN ROAD |
| Postcode  | 424639         |
| 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 involved in the accident   | 2   |
| Was any body injured in the Accident?   | NO  |
| 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?  | 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?   | NO  |
| Was there any audio recorded?                 | NO  |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                     |          |
|-------------------------------------|----------|
| Vehicle Registration Number         | SHA5725J |
| Vehicle Make/Model/Colour           |          |
| Details Of Properties               |          |
| Vehicle Category                    | TAXI     |
| Name of Driver                      |          |
| NRIC/Passport Number                |          |
| Contact Number                      |          |
| Address                             |          |
| Postcode                            |          |
| Insurance Company Name              |          |
| Nature Of Damage                    |          |
| No. Of Passenger (Including Driver) |          |

### 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.

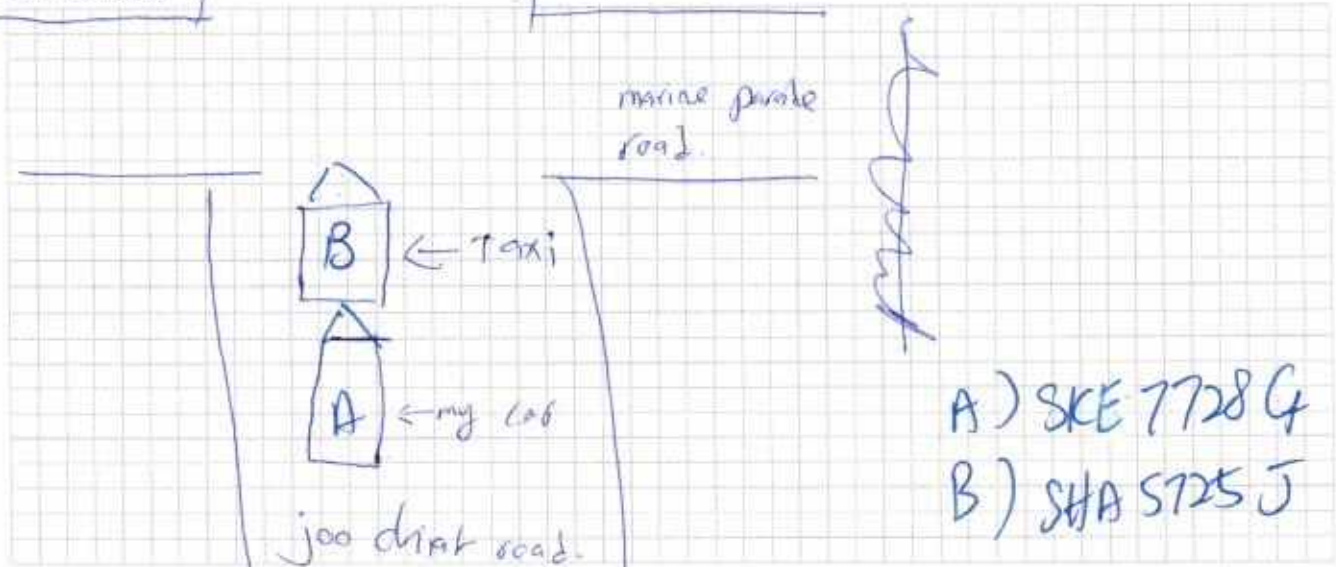
Policyholder's Signature  
Date & Time:

Driver's Signature  
(if driver is not the policyholder)  
Date & Time: 23/02/19

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



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stopped on Joo chiat road / marine parade junction at the traffic light. In front of me was vehicle SHA5725J. The vehicle was stationary. I accidentally took off my foot from the ~~brake~~ brake pedal and my vehicle bumped into the car in front of me. The speed was less than 5km/h, and the distance that ~~the~~ my car travelled was less than 0.5m before impact.

## 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: 15/02/17 (DD/MM/YYYY), TIME: 15:00 (HH:MM)

LOCATION: Joo chiah road / Marine Parade road

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKS 7728G  
 b) INSURANCE COMPANY: SIMS DARDY  
 c) POLICY NUMBER: B 27326130 SMP  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: BMW 520i  
 f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS  
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE  
 h) PURPOSE OF USING AT ACCIDENT TIME: private  
 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: Mohamed Samir Kazura (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S83252246 CONTACT: 82287728  
 c) ADDRESS: 253C ONAN ROAD, S1424639

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

## DRIVER

- a) NAME: MOHAMED JAMAL BIN MOHAMMED HANIFA (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S03694124 CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

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

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) NO  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SEA

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: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SH 45725T MODEL: TAXI  
 b) DRIVER'S NAME: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

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

\* No of passenger  
 (including driver)  
(1)

\* No of passenger  
 (including driver)  
( )

\* No of passenger  
 (including driver)  
( )

Email: msamir.kazura@gmail.com

Fax: \_\_\_\_\_

VIDEO

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8325224C



Name

MOHAMED SAMIR KAZURA

முஹம்மது சமீர் கஜூரா

Race

INDIAN

Date of birth

25-08-1983

Country/Place of birth

SINGAPORE

Sex

M



5384115



NRIC No. S8325224C



Date of issue

01-09-2015

Address

253C ONAN ROAD  
SINGAPORE 424639

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S8325224C

Name

MOHAMED SAMIR KAZURA

Birth Date: 25 Aug 1983

Issue Date: 26 Dec 2015



SG  
50

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

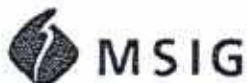
EFFECTIVE DATE

Class 3 Motor cars with unladen weight  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq$  2500kg 24 Jan 2003

NP 429A







MSIG Insurance (Singapore) Pte. Ltd.  
4 Shenton Way #21-01 SGX Centre 2 Singapore 068807  
Tel: (65) 6827 7888 Fax: (65) 6827 7800  
Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

## Certificate of Insurance

COPY

ROAD TRANSPORT ACT 1987 (MALAYSIA)  
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA)  
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)  
(REPUBLIC OF SINGAPORE)  
THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)  
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

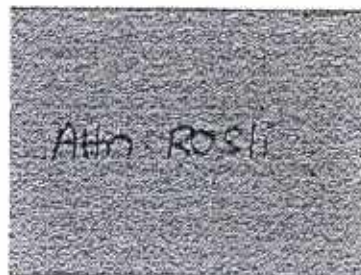
Form M.X.1  
Individual Ownership

SIME MOTOR PRIVATE  
Comprehensive

Certificate No. B 27326130 SMP

Excess: SGD750

1. Index Mark and Registration Number of Vehicle  
SKE7728G
2. Name of Policyholder  
Mohamed Jamal bin Mohamed Hanifa
3. Effective Date of the Commencement of Insurance for the purposes of the Act  
11/05/2017
4. Date of Expiry of Insurance  
10/05/2018



5. Persons or Classes of Persons entitled to drive\*

Mohamed Jamal bin Mohamed Hanifa

Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.

\* Provided that the person driving is permitted in accordance with the licensing or other laws or 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. Limitations as to use\*

Use only for social domestic and pleasure purposes and for the Policyholder's business.

The Policy does not cover use for hire or reward 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.

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

**PLEASE NOTE ALL CLAIMS RELATED REPAIR CAN BE CARRIED OUT AT PERFORMANCE MOTORS LTD OR AT ANY WORKSHOP OF YOUR CHOICE.**

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the Insurer within 7 days of the termination or if the Certificate 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 (Cap. 189).

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 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.



Counter-Signatory:

Sime Darby Insurance Brokers (Singapore) Pte. Ltd.

MSIG Insurance (Singapore) Pte. Ltd.  
Approved Insurers

Katherine Yeo  
Senior Vice President, Brokers

This certificate is not valid unless it is signed for & on behalf of the Company and Counter-Signed by a duly authorised representative of the Counter-Signatory.

XS:BCSKSY2018022310194234



## SKETCH PLAN


### IMPORTANT NOTICE

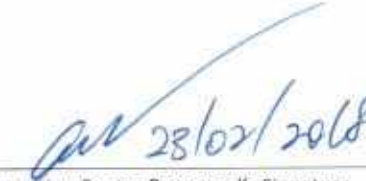
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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: 23/02/19

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

**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:**

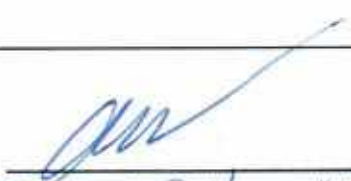
Original Report No : 7 MAY 18026377 Vehicle Registration No: SKE 7728 G  
Name (as shown in NRIC) : MOHAMMED SAMIR KAZARI NRIC/FIN/Passport No : S8325224C  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 8228 7728  
Email Address : \_\_\_\_\_  
Date of Accident : 15/02/2018 Time of Accident : 15:00  
Place of Accident : JUNCTION OF BOO CHAI RD / MARINE PARADE ROAD  
Insurance Company : MSIG Insurance

**(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 claim to SKE 7728 G

Policyholder / Driver's Signature  
Date:

  
(Reporting Centre Personnel's Signature  
Name: Rohani Yusoff  
NRIC/FIN No.:  
Date: 12/03/2018