

**NATIONAL Assessment Centre Services**

part 1 JAYCOG

MMA 118037324

Date In: 19/3/18 16:05	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/INC18005116/h4	E-mail (within 3hrs, A/C 2hrs)		
Veh No: 6LR 9038 X	i-Motor Claim Form	MT/0986750	2013/18 11:17.
D.O.A: 17/3/18 21:20	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: <input checked="" type="checkbox"/> 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: SHB 67275 INC ( ) / Non-INC ( ) Tel: ( )

Owner / Driver: ( ) Cover Type: ( )

Policy No: ( ) Period: ( ) Date: ( ) Time: ( )

Confirmed by: ( )

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:-	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

MA1801783

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Pat 1:

Pat 2/3:

	Amt (\$)	Amt (\$)
	1st Bill	Add Bill
1) AR: Accident Reporting (\$30);		
2) DA: Damage Assessment (\$100); INC (\$80)	30.00	
3) TF: Towing Fee \$40/\$45		
4) FT: Follow-Through Survey \$120		
5) FT: Follow-Through Survey (Resurvey) \$30		
For claiming against INC Only (wef 10 Jan 2005)		
6) TR: Re-inspection \$75		
7) NI: Idac DA + SMRT Survey \$160		
8) NTUC Additional Services:-		
Q1:		
*N5: Courtesy Car / Tpl 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 \$0		
Invoice dated	Fee Charged	
Invoice dated	Fee Charged	

## 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	19/03/2018 16:05
Date Of Accident	17/03/2018 21:20
Exact Location Of Accident	PIE TWDS CHANGI AIRPORT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR9038X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	BM TRANSPORT SERVICES
Co Reg No	53357186C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-87422143

### Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL HYBRID
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5093743997
Cover Note Number	-

### Driver

Name of Driver	MANI S/O M KRISHNAN
NRIC No	S7231055A
Date Of Birth	20/08/1972
Occupation	OUTDOOR
Date Of Driving Pass	23/09/1992
Driving Experience	25 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87422143
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 184 BISHAN ST 13 #12-311  
 Postcode 570184  
 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 -  
 Vehicle -  
 Insurance Company of Driver's Own Vehicle -  
 -  
 -

**General Information of the Accident**

Type Of Accident CHAIN COLLISION  
 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) 2  
 Passenger 1 NAME: : UNKNOWN  
 GENDER: : FEMALE

**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 ATTACHED STATEMENT.

**Attachment(s)**

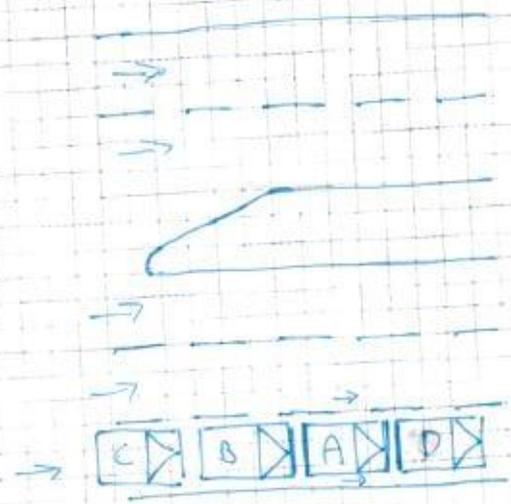
Are accident photos available for attachment? YES  
 Was there any video captured by Car Camera? YES  
 Remarks/ Reasons: WITH DRIVER  
 Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SHB6727S  
 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

**SKETCH PLAN**

VEHICLE A - SLR 9038 X  
 VEHICLE B - SHB 6727 S  
 VEHICLE C - SLC 5148 S  
 VEHICLE D - SKM 583 T



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

I WAS DRIVING ON THE EXTREME RIGHT LANE ON PIE TOWARDS CHANGI AIRPORT.

WHILE DRIVING STRAIGHT AHEAD, SUDDENLY THE VEHICLE INFRONT JAMMED BRAKE, AND SO I TOO APPLIED BRAKE AND MANAGE TO STOP IN TIME. SUDDENLY I FELT A GREAT IMPACT FROM THE REAR OF MY VEHICLE AND BEEN PUSHED FORWARD BY THE IMPACT.

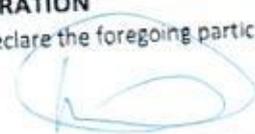
ALIGHTED FROM MY VEHICLE AND REALIZED A VEHICLE BEHIND (SHB 6727S) HAD COLLIDED TO THE REAR OF MY VEHICLE AND PUSHED ME FORWARD AND HIT ONTO THE VEHICLE INFRONT.

AND CAUSING A CHAIN COLLISION INVOLVING 4 VEHICLES.

VEHICLE A - SLR 9038 X  
 VEHICLE B - SHB 6727 S  
 VEHICLE C - SLC 5148 S  
 VEHICLE D - SKM 583 T

**DECLARATION**

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

  
 Policyholder's Signature

  
 Driver's Signature  
 (If driver is not the policyholder)

  
 Reporting Centre Personnel's Signature

Date: 21/11/2015  
 BM 53357106C  
**TRANSPORT SERVICES**

Date & Time:

Name:  
 NRIC/FIN No.:

<b>Vehicle No.</b>	SLR 9038 X	<b>Model / Make</b>	HONDA VESEL HYBRID
<b>Date of Accident</b>	17/03/2018		
<b>Time of Accident</b>	2120	<b>HRS</b>	
<b>Location of Accident</b>	PIE Townships Chanai Airport		
<b>Exact purpose use during accident</b>	WORKING HOUR		
<b>Name of Owner</b>	BM TRANSPORT SERVICES		<b>Office :</b>
<b>Telephone No.</b>	H/P : 874 22143	<b>Home :</b>	
<b>NRIC</b>	53357186C		
<b>Address</b>	BLK 194 BISHAN ST 13 #12-311 S(570184)		
<b>Claim type</b>	OD	<b>THIRD PARTY</b>	<b>REPORTING ONLY</b>
<b>Insurance Company</b>	NTMC		
<b>Type of Coverage</b>	Comprehensive	Third Party	Third Party / Fire / Theft
<b>Policy No.</b>	5093743997		
<b>Name of Driver</b>	As Above If No,	MANI S/O M KRISHNAN	
<b>NRIC</b>	S7231055A		<b>Any Passengers :</b> 2 (1 male / 1 female)
<b>Date of birth</b>	20 AUG 1972		
<b>Occupation</b>	Outdoor	/ Indoor	
<b>Driving License Pass Date</b>	23 SEP 1992		
<b>Gender</b>	Male	/ Female	
<b>Contact No.</b>	H/P : 874 22143	<b>Home :</b>	<b>Office :</b>
<b>Address</b>	BLK 194 BISHAN ST 13 #12-311 S(570184)		
<b>Driver have any own vehicle</b>	No,	If yes, Reg No.	
<b>Relationship</b>	Employee,	If no, state RENTAL / LEASING / CO. OWNER	
<b>Weather condition</b>	Clear	Raining Other	
<b>Road Surface</b>	Dry	Wet Other	
<b>Any Injuries</b>	No,	If Yes, Who?	
<b>Name And Contact No.</b>			
<b>Name And Contact No.</b>			
<b>Police Report</b>	No,	If Yes, Where?	
<b>Vehicle B No.</b>	SHB 67275	<b>Any Passengers :</b>	
<b>Name of Driver</b>			
<b>Vehicle C No.</b>	SLC 51485	<b>Contact No. :</b>	
<b>Name of Driver</b>			
<b>Vehicle D No.</b>	SKU 5837	<b>Any Passengers :</b>	
<b>Name of Driver</b>			
<b>Vehicle E no.</b>			
<b>Name of Driver</b>			
<b>Vehicle F No.</b>			
<b>Name of Driver</b>			
<b>Vehicle G No.</b>			
<b>Name of Driver</b>			
<b>Witness Name</b>	FAT / RAR		
<b>Accident Portion</b>			
<b>Camera Recorder</b>	Yes / No		
<b>Email Address</b>			
<b>PARTICULAR WORKSHOP</b>	TWINCAR AUTOMOTIVE PIE LTD		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	IAN		
<b>FAX NO</b>	6741 0510		
<b>Address</b>	Sales @ n51.com.sg		

REPUBLIC OF SINGAPORE  
 IDENTITY CARD NO. S7231055A

Name  
 MANI S/O M KRISHNAN

INDIAN  
 Date of Birth 20-08-1972  
 Country of Birth SINGAPORE

Sex M




RE SINGAPORE DRIVING LICENCE

Licence Number: S7231055A  
 Name: MANI S/O M KRISHNAN

Birth Date: 20 Aug 1972  
 Issue Date: 15 Mar 2004

001164122B




0510127

NERIC No. S7231055A

Blood Group O+ Date of issue 20-10-1992

Address  
 APT BLK 184 BISHAN STREET 13  
 #12-311  
 SINGAPORE 2057




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

	PASS DATE
Class 2B Motorcycles not exceeding 200 cc	05 Nov 1992
Class 2A Motorcycles between 201 cc and 400 cc	05 Nov 1992
Class 2 Motorcycles exceeding 400 cc	05 Jan 1994
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	23 Sep 1992
Class 4 Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	03 Aug 1994

NP 428A

Licence No: S7231055A





**MDIVINE INSURANCE AGENCY**  
 62 UBI ROAD 1  
 OXLEY BIZHUB 2 #06-05  
 SINGAPORE 408734  
 TEL: 6834 4432 FAX: 6834 4748

### Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5093743997

Cover : drive PREMIUM

- |   |                       |
|---|-----------------------|
| 1. Index mark and Registration Number of Vehicle  | To Be Advised         |
| Classis Number  | RU31249246            |
| 2. Name of Policyholder   | BM TRANSPORT SERVICES |
| 3. Effective Date of Insurance  | 30 Aug 2017           |
| 4. Expiry Date of Insurance   | 29 Aug 2018           |
| 5. Persons or Classes of Persons entitled to drive#   |                       |
| (a) The Policyholder.   |                       |
| (b) Any other person who is driving on the Policyholder's order or with his/her 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. Limitations as to Use#

- (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

**This Policy does not cover**

- (a) Use for racing, pace-making, reliability trial or speed-testing.  
 (b) Use for the carriage of goods (other than samples) in connection with any trade or business.  
 (c) Use for any purpose in connection with the Motor Trade.

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

EXCESS (SECTION 1)	S\$2,000
EXCESS (SECTION 2)	S\$1,500
WINDSCREEN EXCESS	S\$100
ADDITIONAL EXCESS	N/A
UNNAMED DRIVER EXCESS	PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	YES
INSURE WITH COE	YES
NCD PROTECTION	NO
TRANSPORT ALLOWANCE	NO
EXCESS WAIVER	NO
PRIMARY DRIVER	N/A
NAMED DRIVER (1)	N/A
NAMED DRIVER (2)	N/A
HIRE PURCHASE COMPANY	MAYBANK
SUM INSURED	MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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)

Agency : HO SEET PENG (00000573621)  
 Date of Issue : 30 Aug 2017 13:36 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

4/20/2018

**Claim Handling**

Accident MT/0986750

Policy No.	5093743997	Vehicle No.	SLR9038X	GST Registration No.	
Policyholder Name	BM TRANSPORT SERVICES	Cover Type	drive PREMIUM	Policyholder NRIC	53357186C
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	87422143	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No	Accident Report Within 24 hrs	Yes	Private Hire	Yes
<b>Accident Details</b>			Accident Type	Chain Collision	
Report Date	20/03/2018 10:44	Time of Accident hh:mm	21:20	Country of Accident	Singapore
Date of Accident	17/03/2018	Orange Force		ICM No.	
Reporting Centre					
Accident Location	PIE TWDS CHANGI AIRPORT				

**Benefits**

<b>Excess</b>		Additional Excess	0.00	Windscreen Excess	1
Own damage Excess	2,000.00	Outside Singapore OD Excess	2,000.00		
Unnamed Driver Excess		Outside Singapore TP Excess	1,500.00		
Third Party Excess	1,500.00				

**GST Registered Information**

GST Registered	No	GST Registration Date		GST Status Verified	No
GST Registration No.					
Modification History					

**Policyholder Mailing Address**

Address 1	BLK 184 #12-311	Address 2	BISHAN STREET 13	Address 3	SINGAPORE 570184
Address 4		Address Type	Singapore address	Post Code	570184
Unit No.	12-311	Related Policy Number	5093743997		

**O1 Driver Info**

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	20/08/1972
Unnamed driver Name	MANI S/O M KRISHNAN	Driver NRIC	57231055A	Driving Experience	25
Register Date of Driver License	23/09/1992	Driver Age	45	Contact No.(Home)	
Contact No.(Mobile)	87422143	Contact No.(Office)		Address 3	SINGAPORE 570184
Address 1	BLK 184 #12-311	Address 2	BISHAN STREET 13	Post Code	570184
Address 4		Address Type	Singapore address		
Unit No.	12-311	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No				

**Declaration**

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	BM TRANSPORT SERVICES	Insured NRIC	53357186C
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	68487120
Email Address		O1 Vehicle Number	SLR9038X	TP Vehicle Number	SHR67275
Claim Description	SLR9038X / SHR67275 ON 17 Mar 2018			Name of Preferred Workshop	0
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	<input checked="" type="radio"/> Yes <input type="radio"/> No	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	20/03/2018 00:00
Date Registered	20/03/2018 10:50	Claim Close Date		Total Loss but Repaired	
Report Taken By	LIEW SHAN HUI	Workshop Repairer			

Print AK letter Save Submit

**Attachment**

Accident No.	MT/0986750	Claim No.	001	Upload Date	20/03/2018 11:17
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Category *		Confidential	Urgency *
Choose File	No file chosen		Please Select	NO	Normal
Choose File	No file chosen		Please Select	NO	Normal
Choose File	No file chosen		Please Select	NO	Normal

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	

Sen

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Mar 2018 11:17	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-3-20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Mar 2018 11:17	SAS	Normal	SAS 2018-3-20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Mar 2018 11:16	Photos	Normal	Photos 2018-3-20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Mar 2018 11:16	Photos	Normal	Photos 2018-3-20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Mar 2018 11:16	Photos	Normal	Photos 2018-3-20
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Mar 2018 11:15	Photos	Normal	Photos 2018-3-20
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Mar 2018 11:15	Photos	Normal	Photos 2018-3-20
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 20 Mar 2018 11:15	Photos	Normal	Photos 2018-3-20

Video List

Uploaded By/Date	Folder Date	File Name	Source

Display in New Window Scan and uploading

## SKETCH PLAN

### IMPORTANT NOTICE

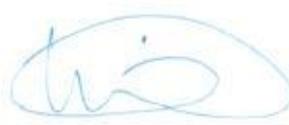
1. Please report **correctly** the details of the accident to speed up the claims process.
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6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for 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.:

BM 53357186C  
TRANSPORT  
SERVICES