

# NATIONAL Assessment Centre Services

[Ref: 1 JAN 2018]

MMN 118059129

Date In: 7/5/18 12:11	Job description	Date & Time Completed	Done by
Ref No: MA11MC18008274/64	SAS e-filing		
Veh No: SJY 2315 D	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 5/5/18 12:30	i-Motor Claim Form	MT10993338-001	7/5/18 19:59
OD <input checked="" type="checkbox"/> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SXB 2684 Y	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: 6788 6616)

- | 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

Date/Time	Actions

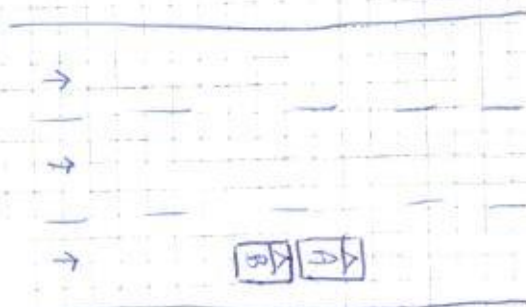
MA1802859	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) Add-Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2018)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N-in INC) against INC \$20		
	9) N12: Idac Mobile 30		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments :-	Invoice dated	Fee Charged	
Lat 1:			
Lat 2 / 3:			

# SKETCH PLAN

P1E Towards CHANGIZ BEFORE THOMSON ROAD EXIT.

A - 93T 2315D

B - SKB 2684 Y.



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along P1E towards CHANGIZ on the extreme right lane of 3-lanes, expressway. Suddenly after Stevens road exit, vehicles in front of me slowed down and stopped completely due to accident. As such, I applied brake and stopped completely behind. Out of sudden, veh(B) front portion & collided onto my rear portion and caused damages. Therefore, I alighted and exchanged particulars with veh(B) driver.

## 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.:

<b>Vehicle No.</b>	SJY 2315D	<b>Model / Make</b>	TOYOTA WISH
<b>Date of Accident</b>	5/5/18		
<b>Time of Accident</b>	13:31	<b>HRS</b>	MW AK.
<b>Location of Accident</b>	PIE TOWARDS CHANGI BEFORE THOMSON ROAD EXIT.		
<b>Exact purpose use during accident</b>	Personal.		
<b>Name of Owner</b>	WEI QIAOHONG		
<b>Telephone No.</b>	H/P: 9227 7668	<b>Home :</b>	<b>Office :</b>
<b>NRIC</b>	S7788928J		
<b>Address</b>	APT BLK 194A BUKIT BATON WEST AVENUE 6 #10-225 S(651194)		
<b>Claim type</b>	OD	<b>THIRD PARTY</b>	<b>REPORTING ONLY</b>
<b>Insurance Company</b>			
<b>Type of Coverage</b>	<b>Comprehensive</b>	Third Party	Third Party / Fire / Theft
<b>Policy No.</b>			
<b>Name of Driver</b>	As Above If No, WEI QIONGYANG		
<b>NRIC</b>	G0369913M	<b>Any Passengers :</b>	NIL
<b>Date of birth</b>	03/02/1980		
<b>Occupation</b>	Outdoor /	<b>Indoor</b>	
<b>Driving License Pass Date</b>	17/08/2011		
<b>Gender</b>	Male /	<b>Female</b>	
<b>Contact No.</b>	H/P: 8101 2558	<b>Home :</b>	<b>Office :</b>
<b>Address</b>	APT BLK 194A BUKIT BATON WEST AVENUE 6 #10-225 S(651194)		
<b>Driver have any own vehicle</b>	No,	<b>If yes, Reg No.</b>	
<b>Relationship</b>	Employee,	<b>If no, state</b>	SISTER.
<b>Weather condition</b>	<b>Clear</b>	Raining	Other
<b>Road Surface</b>	<b>Dry</b>	Wet	Other
<b>Any Injuries</b>	No,	<b>If Yes, Who?</b>	
<b>Name And Contact No.</b>	WEI QIONGYANG.		
<b>Name And Contact No.</b>			
<b>Police Report</b>	No,	<b>If Yes, Where?</b>	
<b>Vehicle B No.</b>	SKB 2684Y	<b>Any Passengers :</b>	NIL
<b>Name of Driver</b>	FENG BIAO GANG	<b>Contact No. :</b>	9821 0897
<b>Vehicle C No.</b>		<b>Any Passengers :</b>	
<b>Vehicle D No.</b>		<b>Any Passengers :</b>	
<b>Vehicle E no.</b>		<b>Any Passengers :</b>	
<b>Vehicle F No.</b>		<b>Any Passengers :</b>	
<b>Vehicle G No.</b>		<b>Any Passengers :</b>	
<b>Witness Name</b>		<b>Witness Contact :</b>	
<b>Accident Portion</b>	Rear Portion		
<b>Camera Recorder</b>	Yes / <b>No</b>		
<b>Email Address</b>	qi qi - wei@yahoo.com.sg		
	qi qi - wei@yahoo.com.sg		
<b>PARTICULAR WORKSHOP</b>	N-51 AUTOMOTIVE PIE LTD.		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	JUN MENG.		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP EMAIL ADDRESS</b>	sales@n51.com.sg		

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **G 0369913M**  
 Name: **WEI QIONGYING**

Birth Date: **03 Feb 1980**  
 Issue Date: **04 Aug 2016**  
 Valid Till: **16/08/2021**

002595475H




**S PASS**  
 Employment of Foreign Manpower Act (Chapter 91A)  
 Republic of Singapore

Employer: **YOUNUO FLOWER HOUSE PTE. LTD.**  
 Sector: **SERVICE**

Name: **WEI QIONGYING**  
 Occupation: **OPERATIONS MANAGER (GENERAL)**

S Pass No.: **0 74627986**  
 Date of Application: **02-01-2018**  
 Date of Issue: **10-02-2018**  
 Date of Expiry: **10-02-2019**

002595475H





**L8612297**

*Received*

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

Class	Description	Effective Date
Class 3	Motor cars with unladen weight ≤ 3000kg with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight ≤ 2500kg	17 Aug 2011

NP 428A

Licence No: G0369913M



**VISIT PASS**  
 Immigration Regulations

Name: **WEI QIONGYING**

Date of Birth: **03-02-1980** Sex: **F** Nationality: **CHINESE**  
 PIN: **G0369913M** Date of Issue: **10-02-2018** Date of Expiry: **10-02-2019**

**MULTIPLE JOURNEY VISA ISSUED**

**YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.**




5809164

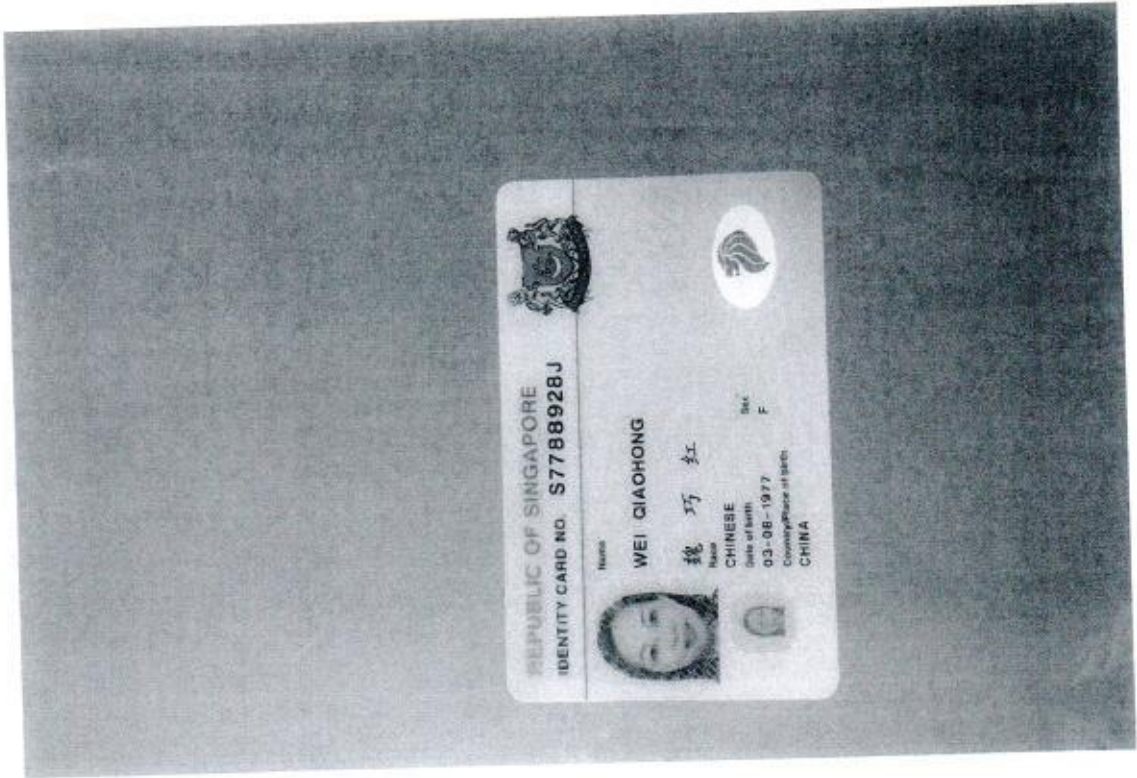


WINE No. S7788928J



Date of Issue  
03-10-2017

Address  
APT ELX 194A BUKIT BATOK WEST AVENUE 6  
#10-275  
SINGAPORE 651194



## 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:** 5097718310

**Cover :** drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SJY2315D**  
Chassis Number : **ZNE100383683**
2. Name of Policyholder : **WEI QIAOHONG**
3. Effective Date of Insurance : **29 Jan 2018**
4. Expiry Date of Insurance : **28 Jan 2019**
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 business or profession.

**This Policy does not cover**

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) 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 these headings.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: WEI SHENGHUI
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: EFIZZIG CREDIT PTE LTD
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)

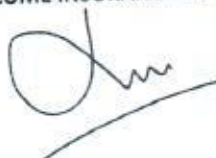
Agency : **LQ INSURANCE AGENCY PTE LTD (00000613125)**  
Date of Issue : **29 Jan 2018 10:00 hrs**

**For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED**

Countersigned By:



Authorised Officer



Chief Executive

5/7/2018

## Claim Handling

Accident MT/0993338

Policy No.	5097718310	Vehicle No.	SJY2315D	GST Registration No.	
Policyholder Name	WEI QIAOHONG	Cover Type	drive CLASSIC	Policyholder NRIC	57788928J
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	92277668	Special Remark		Contact No.(Home)	
Email Address		TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

<b>Accident Details</b>		Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Report Date	07/05/2018 19:55	Time of Accident hh:mm	13:30	Country of Accident	Singapore
Date of Accident	05/05/2018	Orange Force		ICM No.	
Reporting Centre					
Accident Location	PIE TWDS CHANGI BEFORE THOMSON RD EXIT				

<b>Benefits</b>				Windscreen Excess	100.00
<b>Excess</b>					
Own damage Excess	600.00	Additional Excess	0.00		
Unnamed Driver Excess	500.00	Outside Singapore OD Excess		600.00	
Third Party Excess	0.00	Outside Singapore TP Excess		0.00	

<b>GST Registered Information</b>		GST Registration Date	
GST Registered	No	GST Status Verified	Yes
GST Registration No.			
Modification History			

<b>Policyholder Mailing Address</b>		Address 2	BUKIT BATOK WEST AVENUE 6	Address 3	SKYLINE I @ BUKIT BATOK
Address 1	BLK 194A #10-225	Address Type	Singapore address	Post Code	651194
Address 4	SINGAPORE 651194	Related Policy Number	5097718310		
Unit No.	10-225				

<b>OI Driver Info</b>		Driver Type	Unnamed Driver	Driver DOB	03/02/1980
Driver Name	Unnamed Driver	Driver NRIC	G0369913M	Driving Experience	6
Unnamed driver Name	WEI QIONG YING	Driver Age	38	Contact No.(Home)	
Register Date of Driver License	17/08/2011	Contact No.(Office)		Address 3	SKYLINE I @ BUKIT BATOK
Contact No.(Mobile)	81012558	Address 2	BUKIT BATOK WEST AVENUE 6	Post Code	651194
Address 1	BLK 194A #10-225	Address Type	Singapore address		
Address 4	SINGAPORE 651194				
Unit No.	10-225			Driver Insurer Company	
Does he own a Singapore Registered car?	Yes <input type="radio"/> No <input type="radio"/>	Driver Vehicle No.			

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

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	WEI QIAOHONG	Insured NRIC	57788928J
Contact No.(Mobile)	NIL	Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SJY2315D	TP Vehicle Number	5KB2684Y
Claim Description	SJY2315D / 5KB2684Y ON 5 May 2018				
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault	Name of Preferred Workshop	0
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	07/05/2018 19:58	Claim Close Date		Date Received	07/05/2018 00:00
Report Taken By	LIEW SHAN HUI				

☐ Print AK letter

Save Submit

## Attachment

Accident No.	MT/0993338	Claim No.	001
Last Doc. Received	<input type="radio"/> Yes <input type="radio"/> No	Upload Date	07/05/2018 19:59
Path *		Category *	
Choose File	No file chosen	Confidential	NO
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen		

5/7/2018

## Claim Handling(accident reporting Claim Task )

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 07 May 2018 19:59	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-5-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 May 2018 19:59	SAS	Normal	SAS 2018-5-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 May 2018 19:59	Photos	Normal	Photos 2018-5-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 May 2018 19:59	Photos	Normal	Photos 2018-5-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 May 2018 19:59	Photos	Normal	Photos 2018-5-7
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	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 May 2018 19:58	Photos	Normal	Photos 2018-5-7
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 07 May 2018 19:58	Photos	Normal	Photos 2018-5-7

## Video List

Uploaded By/Date	Folder Date	File Name	Source
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Display in New Window

Scan and uploading

## 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	07/05/2018 12:11
Date Of Accident	05/05/2018 13:30
Exact Location Of Accident	PIE TWDS CHANGI BEFORE THOMSON RD EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY2315D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WEI QIAOHONG
NRIC No	S7788928J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92277668
Alternative Phone No	OFFICE-92277668

### Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
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	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097718310
Cover Note Number	-

### Driver

Name of Driver	WEI QIONG YING
Passport No/FIN	G0369913M
Date Of Birth	03/02/1980
Occupation	INDOOR
Date Of Driving Pass	17/08/2011
Driving Experience	6 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81012558
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 194A BT BATOK WEST AVE 6 #10-225  
 Postcode 651194  
 Was driver an employee of the Insured's Company NO  
 If No, Relationship of the Driver with the Insured SIBLING  
 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? 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? 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? NO  
 Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKB2684Y  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category PRIVATE CAR  
 Name of Driver  
 NRIC/Passport Number  
 Contact Number 98210897  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name WEI QIONG YING  
 Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

SJY2315D

YES

NO


## SKETCH PLAN


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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.: