

NATIONAL Assessment Centre Services

(wef 1 Jan 2005) **MAN/8068623**

| | | | |
|----------------------------------|--|-----------------------|-------------------------|
| Date In: 26/05/2018 14:54 | Job description | Date & Time Completed | Done by |
| Ref No: NA/INC/8009590/Y | SAS e-filing | | |
| Veh No: SLP 8013S | E-mail (within 8hrs, AIC 2hrs) | | |
| D.O.A: 26/05/2018 15:45 | i-Motor Claim Form | MT/0996013-001 | 26/05/2018 15:08 |
| OD / TP: Reporting Only | i-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| | 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: UNKNOWN BIKE | 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) | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |

| | | | |
|--|---|----------------------|----------------------|
| NA/803321 | Invoice Preparation Checklist | Amt (\$) 1st Bill | Amt (\$) Add Bill |
| Claimant's Particulars :- | 1) AR : Accident Reporting (\$30); | | |
| Driver/Owner: | 2) DA : Damage Assessment (\$100); INC (\$80) | | |
| Contact No: | 3) TF : Towing Fee \$40/\$45 | | |
| Damaged Portion: | 4) FT : Follow-Through Survey \$120 | | |
| QC Checked by (Engr-In-Charge): | 5) FT : Follow-Through Survey (Resurvey) \$30 | | |
| Auditors' Comments :- | For claiming against INC Only (wef 10 Jan 2005) | | |
| Cat 1: | 6) TR : Re-inspection \$75 | | |
| Cat 2 / 3: | 7) N1 : Idac DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services:- | | |
| | 9) N12: Idac Mobile 30 | | |
| | 10) N5: Courtesy Car / Tpt Allowance \$5 | | |
| | 11) N6: Repair Co-ordination \$10 | | |
| | 12) N7: Post Repair Inspection \$25 | | |
| | 13) N8: DV / Collect Excess Coordination \$5 | | |
| | 14) TP (N11) : TP (Non INC) against INC \$20 | | |
| | 15) 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 | 26/05/2018 14:28 |
| Date Of Accident | 24/05/2018 15:45 |
| Exact Location Of Accident | JUNCTION OF JALAN BESAR AND ROCHOR ROAD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------|
| Vehicle Registration Number | SLP3013S |
| Insured/Policyholder | |
| Name Of Registered Owner | TAN CHUNG SOON JOSEPH |
| NRIC No | S8234820D |
| Email Address | JOSEPHTANCS@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-97501700 |
| Alternative Phone No | OTHERS-97501700 |

Vehicle Particulars

| | |
|--|----------------|
| Manufacturer | SUBARU |
| Model | FORESTER |
| 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 | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5091179515 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | TAN CHUNG SOON JOSEPH |
| NRIC No | S8234820D |
| Date Of Birth | 06/11/1982 |
| Occupation | INDOOR |
| Date Of Driving Pass | 29/09/2005 |
| Driving Experience | 12 YEARS AND 7 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97501700 |
| Fax Number | |
| Contact Number | OTHERS-97501700 |
| Email Address | JOSEPHTANCS@GMAIL.COM |

| | |
|---|----------------------------------|
| Address | BLK 129 LORONG AH SOO #10-324 |
| Postcode | 530129 |
| 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 | 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 | UNKNOWN |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | MOTORCYCLE |
| 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: 26/5/18

Driver's Signature

(If driver is not the policyholder)

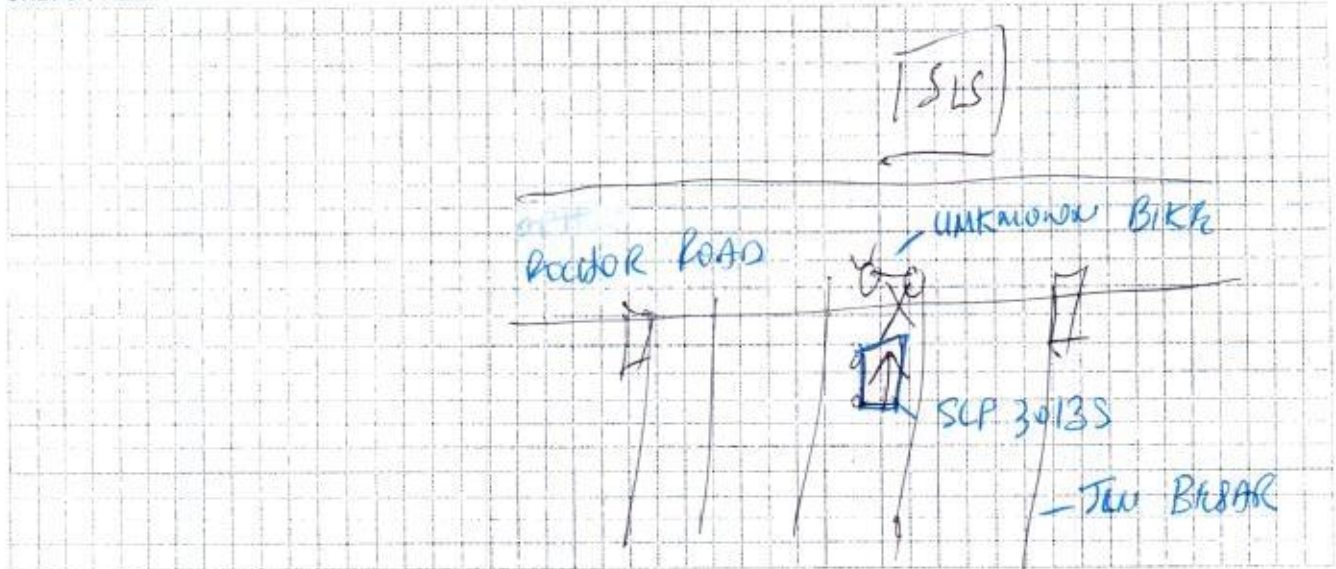
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As I was approaching the traffic light at Jalan Besar, I did not fully notice of the black bike and biker wearing black in front of Junction..

I slam the brakes hard and tyres were screeching home road was wet and the car ski forward, not in time resulting in the accident.

DECLARATION

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

Policyholder's Signature
 Date & Time: 26/5/18

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

26/05/2018
 Reporting Centre Personnel's Signature
 Name: [Signature]
 NRIC/FIN No.: [Signature]

Claim Handling

Accident MT/0996013

| | | | | | |
|---|--|-------------------------------|---|------------------------|--------------------------|
| Policy No. | 5091179515 | Vehicle No. | SLP30135 | GST Registration No. | |
| Policyholder Name | TAN CHUNG SOON JOSEPH | | | Policyholder NRIC | S8234820D |
| Product Code | PRIVATE CAR INSURANCE | Cover Type | drive PREM[UM | Loading | 0 |
| Contact No.(Mobile) | 97501700 | Contact No.(Office) | | Contact No.(Home) | |
| Email Address | | Special Remark | | eCode | No ▾ |
| KFK | <input type="radio"/> No <input type="radio"/> Yes | TCA | <input type="radio"/> No <input type="radio"/> Yes | eCode Reason | |
| NCD Protection | Yes | NCD Entitlement(%) | 40 | Private Hire | No |
| ▼ Accident Details | | | | | |
| Report Date | 26/05/2018 15:01 | Accident Report Within 24 hrs | Yes | Accident Type | Collision - Head to Rear |
| Date of Accident | 24/05/2018 | Time of Accident hh:mm | 15:45 | Country of Accident | Singapore |
| Reporting Centre | | Orange Force | | ICM No. | |
| Accident Location | JUNCTION OF JALAN BESAR AND ROCHOR ROAD | | | | |
| ▼ Benefits | | | | | |
| ▼ Excess | | | | | |
| Own damage Excess | 600.00 | Additional Excess | 0.00 | Windscreen Excess | 100.00 |
| Unnamed Driver Excess | 0.00 | Outside Singapore OD Excess | 600.00 | | |
| Third Party Excess | 0.00 | Outside Singapore TP Excess | 0.00 | | |
| ▼ GST Registered Information | | | | | |
| GST Registered | No | GST Registration Date | | | |
| GST Registration No. | | GST Status Verified | Yes | | |
| Modification History | | | | | |
| ▼ Policyholder Mailing Address | | | | | |
| Address 1 | BLK 129 #10-324 | Address 2 | LORONG AH SOD | Address 3 | SINGAPORE 530129 |
| Address 4 | | Address Type | Singapore address | Post Code | 530129 |
| Unit No. | | Related Policy Number | 5091179515-01 | | |
| ▼ OI Driver Info | | | | | |
| Driver Name | TAN CHUNG SOON JOSEPH | Driver Type | Main Driver | | |
| Unnamed driver Name | | Driver NRIC | S8234820D | Driver DOB | 06/11/1982 |
| Register Date of Driver License | 26/09/2005 | Driver Age | 35 | Driving Experience | 12 |
| Contact No.(Mobile) | | Contact No.(Office) | | Contact No.(Home) | |
| Address 1 | BLK 129 #10-324 | Address 2 | LORONG AH SOD | Address 3 | SINGAPORE 530129 |
| Address 4 | | Address Type | Singapore address | Post Code | 530129 |
| Unit No. | | | | | |
| Does he own a Singapore Registered car? | Yes <input type="radio"/> No <input type="radio"/> | Driver Vehicle No. | SLP30135 | Driver Insurer Company | NTUC |
| Declaration | | | | | |
| Breathalyser or Blood Test Reading? | 0 mg | Any Injury? | <input type="radio"/> Yes <input checked="" type="radio"/> No | | |
| Modification History | | | | | |

Claim 001 **New**

| | | | | | |
|---|--|-------------------------|------------------------------------|----------------------------|------------------|
| Claim Type * | OD-MX ▾ | Insured Name | TAN CHUNG SOON JOSEPH | Insured NRIC | S8234820D |
| Contact No.(Mobile) | | Contact No.(Home) | | Contact No.(Office) | |
| Email Address | | OI Vehicle Number | SLP30135 | TP Vehicle Number | UNKNOWN BIKE |
| Claim Description | SLP30135 / UNKNOWN BIKE ON 24 May 2018 | | | Name of Preferred Workshop | |
| Preferred Workshop Contact No. | | Insured Liability * | Fully at Fault ▾ | | |
| Require Finalisation | Yes ▾ | Preferred Repair Option | Preferred Workshop, Name unknown ▾ | GIA report | Received |
| Date Registered | 26/05/2018 15:07 | Claim Close Date | | Date Received | 26/05/2018 00:00 |
| Report Taken By | ROSLI WAHAB | | | | |
| <input checked="" type="checkbox"/> Print AK letter | | | | | |

Save Submit

Attachment

| | | | | | |
|--------------------|---|-----------------------|------------------|-----------|-------|
| Accident No. | MT/0996013 | Claim No. | 001 | | |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 26/05/2018 15:08 | | |
| Path * | | Category * | Confidential | Urgency * | Descr |
| Choose File | No file chosen | Clear Please Select ▾ | NO ▾ | Normal ▾ | |
| Choose File | No file chosen | Clear Please Select ▾ | NO ▾ | Normal ▾ | |
| Choose File | No file chosen | Clear Please Select ▾ | NO ▾ | Normal ▾ | |

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 26 May 2018 15:08 | Photos | Normal | Photos 2018-5-26 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 May 2018 15:08 | Photos | Normal | Photos 2018-5-26 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 May 2018 15:08 | Photos | Normal | Photos 2018-5-26 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 May 2018 15:08 | Photos | Normal | Photos 2018-5-26 |
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|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 May 2018 15:08 | Photos | Normal | Photos 2018-5-26 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 May 2018 15:07 | Photos | Normal | Photos 2018-5-26 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 May 2018 15:07 | Photos | Normal | Photos 2018-5-26 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 May 2018 15:07 | Photos | Normal | Photos 2018-5-26 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 May 2018 15:07 | Photos | Normal | Photos 2018-5-26 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 May 2018 15:07 | SAS | Normal | SAS 2018-5-26 |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 26 May 2018 15:07 | NRIC/ Driving License | Normal | NRIC/ Driving License 2018-5-26 |

📺 Video List

| Uploaded By/Date | Folder Date | File Name | Source |
|------------------|-------------|---|--------|
| | | <div> <div>Display in New Window</div> <div>Scan and uploading</div> </div> | |

ACCIDENT STATEMENT

ACCIDENT DATE: (24 / 05 / 2018) (DD/MM/YYYY), TIME: (3 : 45) (HH:MM)

LOCATION: JUN BESAR JUNCTION

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLP30135
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5091179515
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: SUBARU FORESTER
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
 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: TAN CHUNG SOON JOSEPH (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S82348200 CONTACT: 97501700
 c) ADDRESS: LOR AH SOO BLK 124 #10-224 S (S30129)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT:
 c) ADDRESS:

*d) DATE OF BIRTH: (06 / 11 / 1982) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 29/9/2005

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) RAINING

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: UNKNOWN BIKE MODEL:
 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 passengers
(including driver)
(1)

No of passengers
(including driver)
(1)

No of passengers
(including driver)
(1)

Email = josephjones@gmail.com

fax =

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8234820D



Name

TAN CHUNG SOON, JOSEPH

陈宗顺

Race

CHINESE

Date of birth

06-11-1982

Country/Place of birth

SINGAPORE

Sex

M

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S8234820D

Name

TAN CHUNG SOON, JOSEPH

Birth Date: 06 Nov 1982

Issue Date: 29 Sep 2005



001371458F

5234346



IDRIC No. S8234820D



Date of issue

29-10-2013

Address

APT BLK 129 LORONG AH SOO

#10-324

SINGAPORE 530129

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

PASS DATE

Class 3 Motor cars \leq 3000 kg with \leq 7 passengers, exclusive of the driver; and motor tractors / vehicles \leq 2500 kg

29 Sep 2005

NP 428A



License No: S8234820D

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.

Date of Accident

24/05/2018 13:12

Vehicle No.(For Motor)

SLP3013S

| Select | Policy No. | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|------------|-----------------------|-------------------|---------|---------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5091179515 | TAN CHUNG SOON JOSEPH | S8234820D | GPC | drivo PREMIUM | SLP3013S | SLP3013S | 31/05/2017 | 30/05/2018 |

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 : RNA/18068623 Vehicle Registration No: SLP 3013S
Name(as shown in NRIC) : Tan Chuan Seng Joseph NRIC/FIN/Passport No : S82348200
(*Vehicle Driver / Vehicle Owner / *) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No.: 97501700
Email Address : _____
Date of Accident : 25/05/2018 Time of Accident : 10:30
Place of Accident : JUNCTION OF JALAN BESAR AND ROBINSON ROAD
Insurance Company: NIUC

(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:

ACCIDENT DATE & TIME TO 24/05/2018 AT 15:45 HRS

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: ROSLI WATAS
NRIC/FIN No.: 26/05/2018
Date: