

NATIONAL Assessment Centre Services (ver 1 Jan 2015) NA1808086358			
Date In: 08/07/2018 17:28	Job description	Date & Time Completed	Done by
Ref No: NA1808086358	SAS e-filing		
Veh No: STX 1338C	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 03/07/2018 20:15	i-Motor Claim Form	MT/1001657-001	08/07/2018 17:48
OD: (P) EXCLUDED 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: SGT 1811C	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

NA1808086358	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
		1st Bill	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:-		
	ON*		
	*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/n INC) against INC \$20		
	9) N12: Idac Mobile 30		
	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	04/07/2018 17:28
Date Of Accident	03/07/2018 20:15
Exact Location Of Accident	ALONG RANGOON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN1338C
Insured/Policyholder	
Name Of Registered Owner	PETER TEREL MILROY FIGURADO
NRIC No	S2710252B
Email Address	PTMMTP@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-81138435
Alternative Phone No	OTHERS-81138435
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
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	5070808619-03
Cover Note Number	
Driver	
Name of Driver	PETER TEREL MILROY FIGURADO
NRIC No	S2710252B
Date Of Birth	23/03/1967
Occupation	INDOOR
Date Of Driving Pass	11/11/2003
Driving Experience	14 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81138435
Fax Number	
Contact Number	OTHERS-81138435
Email Address	PTMMTP@HOTMAIL.COM

Address	BLK 119 MCNAIR ROAD #03-107
Postcode	320119
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	SIDE SWIPE
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?	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	SGT1811G
Vehicle Make/Model/Colour	MERCEDES BENZ
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CATHERINE
NRIC/Passport Number	
Contact Number	97627628
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	3
Passenger 1	NAME: ;
	GENDER: ;

Passenger 2

NAME:
GENDER:

SKETCH PLAN

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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: 4/7/18
16:20

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

while I was driving (almost / Just a fraction behind) side by side on a 2 lane road, suddenly the other car (SGT1811G) cut in to my lane and hit my ~~side side~~ right side of my car. I was travelling on the left lane to turn to Serangoon road. The driver told me that she did not see my car. But I was driving with my car head lights 'ON'. The driver ~~was~~ eventually turned to the Serangoon road too.

Both right doors ^{of my car} have been dented.  damaged.

Left side (near to front left wheel) of the other party's car ~~to~~ has a slight damage (~~paint~~ ~~scratch~~ scratches)

DECLARATION

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

Policyholder's Signature
Date & Time: 4/7/18
16:20

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

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

Claim Handling

Accident MT/1001657

Policy No.	S070808619-03	Vehicle No.	SJN1338C	GST Registration No.	
Policyholder Name	PETER TEREL MILROY FIGUADO			Policyholder NRIC	S2710252B
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	81138435	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	Yes
KFK	Yes	TCR	Yes	eCode Reason	
NCO Protection	Yes	NCO Settlement(%)	50	Private Hire	No

Accident Details

Report Date	04/07/2018 17:43	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	03/07/2018	Time of Accident hh:mm	20:15	Country of Accident	Singapore
Reporting Centre		Orange Fence		ICM No.	
Accident Location	ALONG RANDOON ROAD				

Benefits

Coverage	Sum Insured
Excess Waiver	99999999.99
Transport Allowance	99999999.99

Excess

Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
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 119 #03-107	Address 2	MCAIR ROAD	Address 3	SINGAPORE 320119
Address 4		Address Type	Singapore address	Post Code	320119
Unit No.		Related Policy Number	S070808619-03		

DI Driver Info

Driver Name	PETER TEREL MILROY FIGUADO	Driver Type	Main Driver	Driver DOB	21/03/1967
Unnamed driver Name		Driver NRIC	S2710252B	Driving Experience	14
Register Date of Driver License	11/11/2003	Driver Age	55	Contact No.(Home)	
Contact No.(Mobile)	81138435	Contact No.(Office)		Address 3	SINGAPORE 320119
Address 1	BLK 119 #03-107	Address 2	MCAIR ROAD	Post Code	320119
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered Car?	Yes - No	Driver Vehicle No.	SJN1338C	Driver Insurer Company	NTUC

Declaration			
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes - No

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	PETER TEREL MILROY FIGUADO	Insured NRIC	S2710252B
Contact No.(Mobile)	81138435	Contact No.(Home)	87640372	Contact No.(Office)	
Email Address	prmtmp@hotmail.com	GT Vehicle Number	SJN1338C	TP Vehicle Number	SGT811G
Claim Description	SJN1338C / SGT811G ON 3 Jul 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	GTA report	Received
Date Registered	04/07/2018 17:46	Claim Close Date		Date Received	04/07/2018 00:00
Report Taken By	ROSLI WAHAB				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1001657	Claim No.	001
Last Doc. Received	Yes - No	Upload Date	04/07/2018 17:48

Path *

Choose File	No file chosen
Choose File	No file chosen
Choose File	No file chosen
Choose File	No file chosen
Choose File	No file chosen
Choose File	No file chosen
Message Read	

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Hg Sent? (CO)	Action
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 04 Jul 2018 17:48		Photos	Normal	Photos 2018-7-4		Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 04 Jul 2018 17:48		Photos	Normal	Photos 2018-7-4		Edit

Send Message Upload

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 04 Jul 2018 17:48	Photos	Normal	Photos 2018-7-4	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 04 Jul 2018 17:48	Photos	Normal	Photos 2018-7-4	Edit
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 04 Jul 2018 17:47	Photos	Normal	Photos 2018-7-4	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 04 Jul 2018 17:47	Photos	Normal	Photos 2018-7-4	Edit
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 04 Jul 2018 17:47	Photos	Normal	Photos 2018-7-4	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 04 Jul 2018 17:46	Photos	Normal	Photos 2018-7-4	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 04 Jul 2018 17:46	Photos	Normal	Photos 2018-7-4	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 04 Jul 2018 17:46	Photos	Normal	Photos 2018-7-4	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 04 Jul 2018 17:46	Photos	Normal	Photos 2018-7-4	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 04 Jul 2018 17:46	SAS	Normal	SAS 2018-7-4	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 04 Jul 2018 17:46	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-7-4	Edit

Video List

Uploaded By/Date	Folder/Date	File Name	Source	Action
		Display in New Window Scan and uploading		

ACCIDENT STATEMENT

ACCIDENT DATE: (03 / 07 / 2018) (DD/MM/YYYY), TIME: (20 : 15) (HH:MM)

LOCATION: RANGOON ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJN 1338C
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5070808619-03
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: TOYOTA COROLLA ALTIS
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: PETER TEREL MILROY FIGUEROA ((MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S2710252B CONTACT: 81138435
c) ADDRESS: BLK 119 MCNAIR RD #03-107
S 320119

* 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: (23 / 03 / 1967) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 11.11.2003

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / (NO))

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS NIGHT)

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: SGT 1811G MODEL: MERCEDES
b) DRIVER'S NAME: Catherine
c) NRIC/FIN/PASSPORT: _____ CONTACT: 97627628

9. THIRD PARTY VEHICLE

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

email = ptmmtpa@hotmail.com

VIDEO =

* No of passengers
(Including driver)
(01)

* No of passengers
(Including driver)
NOT SURE (03)

* No of passengers
(Including driver)
()

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S271Q252B



Name

PETER TEREL MILROY
FIGURADO

Race

TAMIL

Date of birth

23-03-1967

Sex

M

Country of birth

SRI LANKA

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S271Q252B

Name:

PETER TEREL MILROY
FIGURADO

Birth Date: 23 Mar 1967

Issue Date: 11 Nov 2003



NRIC No. S2710252B



Date of issue
05-02-2007

APT BLK 119 MCNAIR ROAD #03-107
SINGAPORE 320119

NRIC No: S2710252B

Date: 14/04/2009

No: 8338788

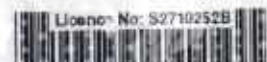
3995312

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

PASS DATE

Class 2B Motorcycles not exceeding 200 cc,
Class 1 Motor Cars and Motor Tractors the weight of
which unladen does not exceed 2500 kilograms

11 Nov 2003
11 Nov 2003



JP420A

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: 5070808519-03

Cover : drive CLASSIC

- | | |
|---|--------------------------------------|
| 1. Index mark and Registration Number of Vehicle | : SJN1338C |
| Chassis Number | : MR053ZEE106131024 |
| 2. Name of Policyholder | : PETER TEREL MILROY FIGURADO |
| 3. Effective Date of Insurance | : 04 Feb 2018 |
| 4. Expiry Date of Insurance | : 03 Feb 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)	: N/A
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	: YES (FREE)
TRANSPORT ALLOWANCE	: YES
EXCESS WAIVER	: YES
PRIMARY DRIVER	: PETER TEREL MILROY FIGURADO
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: DBS BANK 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 : HUA YANG CREDIT PTE LTD (00000613824)
Date of Issue : 15 Jan 2018 13:49 hrs
Reprint : 15 Jan 2018 13:50 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

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: MNA418086858 Vehicle Registration No: SJN 1338C
Name (as shown in NRIC): PETER TEREL MILROY FIGUEROA NRIC/FIN/Passport No: S 2710252 B
(*Vehicle Driver/ Vehicle Owner) (* Please delete as appropriate)
Address: BLK 119 MCNAIR ROAD #03-107 Singapore 320119
Contact (Tel): _____ Mobile No.: 81138435
Email Address: ptmmtpt@hotmail.com
Date of Accident: 3.7.18 Time of Accident: 20:45
Place of Accident: RANGOON ROAD
Insurance Company: NTUC

(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:

change to THIRD PARTY CLAIMS

Policyholder / Driver's Signature
Date: 5/7/18

Reporting Centre Personnel's Signature
Name: Rosli Yahya
NRIC/FIN No.: _____
Date: 05/07/2018