

# NATIONAL Assessment Centre Services

Jan 10/2018

11/11/005757-001

Date In: 02/08/2018 17:47	Job description	Date & Time Completed	Done by
Ref No: N/A/111005757-001	SAS e-filing		
Veh No: 1BM 8245R	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 30/07/2018 16:30	i-Motor Claim Form	11/11/005757-001	02/08/2018 17:40
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SK 2879S	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%. 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 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

11/11/005757-001	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) 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)		
Date 1:	6) TR: Re-inspection \$75		
Date 2/3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*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 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	02/08/2018 17:26
Date Of Accident	30/07/2018 16:30
Exact Location Of Accident	ALONG LOYANG AVENUE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM8245R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUHAMMAD AMINURASHID BIN JA'AFAR
NRIC No	S9210092H
Email Address	ISHALLSUCC33D@YAHOO.COM
Mobile Phone No	(LOCAL) +65-85222564
Alternative Phone No	OTHERS-85222564

### Vehicle Particulars

Manufacturer	KTM
Model	390 DUKE-390CC
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	MOTORCYCLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5099487612
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD AMINURASHID BIN JA'AFAR
NRIC No	S9210092H
Date Of Birth	29/03/1992
Occupation	INDOOR
Date Of Driving Pass	12/10/2016
Driving Experience	1 YEAR AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85222564
Fax Number	
Contact Number	OTHERS-85222564
EMail Address	ISHALLSUCC33D@YAHOO.COM

Address	BLK 712 JURONG WEST STREET 71 #12-165
Postcode	640712
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 (TYPE OF COLLISION IS T/P REVERSE AND HIT INSURED)

#### 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	SJK2879S
Vehicle Make/Model/Colour	TOYOTA COROLLA ALTIS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN TAI KUNG
NRIC/Passport Number	S7611738A
Contact Number	93216032
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1



## 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: 02/08/18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

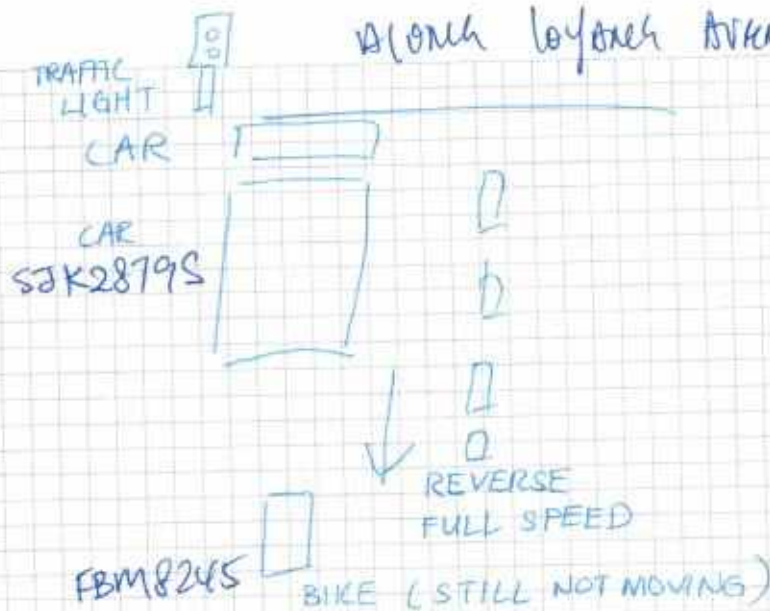
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No:

### SKETCH PLAN

Along Boyer Avenue



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stopped behind the car at a traffic light that was still red. For some reason the car wanted to change lanes from the left to the right. Because there was another vehicle in front of him, there wasn't any space to manoeuvre so he had to back up. At this time, I saw him turning his head left and then right (presumably to check his side mirrors) but he did not check his rearview mirror. I figured that he was going to reverse but before I could honk in time to warn him, he had already begun reversing at full speed and ended up crashing into the front end of my bike.

## DECLARATION

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

Policyholder's Signature

Date &amp; Time: 02/08/18

Driver's Signature

(If driver is not the policyholder)

Date &amp; Time:

Reporting Centre Personnel's Signature

Name: \_\_\_\_\_

NRIC/FIN No.

## Claim Handling

Accident MY/1005757

Policy No.	5099487612	Vehicle No.	FBM8245R	GST Registration No.	
Certificate No.					
Policyholder Name	MUHAMMAD AMINURASHID BIN JA'AFAR	Cover Type	Comprehensive	Policyholder NRIC	
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Loading	
Contact No.(Mobile)	85222564	Special Remark		Contact No.(Home)	
Email Address		TCA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	eCode	
KFK	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No
<b>Accident Details</b>					
Report Date	02/06/2018 17:37	Accident Report Within 24 hrs	Yes	Accident Type	No collision
Date of Accident	30/07/2018	Time of Accident hh:mm	16:20	Country of Accident	Singapore
Reporting Centre		Grange Force		ICM No.	
Accident Location	ALONG LOYANG AVENUE				
<b>Benefits</b>					
<b>Excess</b>					
Own damage Excess	500.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	BLK 712 #12-165	Address 2	JURONG WEST STREET 71	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5099487612		
<b>OT Driver Info</b>					
Driver Name	MUHAMMAD AMINURASHID BIN JA'AFAR	Driver Type	Main Driver	Driver DOB	
Unnamed driver Name		Driver NRIC	S9210092H	Driving Experience	
Register Date of Driver License	28/09/2012	Driver Age	26	Contact No.(Home)	
Contact No.(Mobile)	85222564	Contact No.(Office)		Address 3	
Address 1	BLK 712 #12-165	Address 2	JURONG WEST STREET 71	Post Code	
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.	FBM8245R	Driver Insurer Company	
<b>Declaration</b>					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Modification History					

Claim 001

New

Claim Type *	OD-MX	Insured Name	MUHAMMAD AMINURASHID BIN	Insured NRIC	
Contact No.(Mobile)		Contact No.(Home)	NSL	Contact No.(Office)	
Email Address		OT Vehicle Number	FBM8245R	TP Vehicle Number	
Claimant Type	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claim Description	FBM8245R / SJK28795 ON 30 Jul 2018				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	02/08/2018 17:39	Claim Close Date		Date Received	
Report Taken By	ISLI WAHAB				
<input type="checkbox"/> Print AR letter					
<div>Save</div> <div>Submit</div>					

## Attachment

Accident No.

Claim No.

















MT/1005757 001

Last Doc. Received: ☒ Yes ☐ No Upload Date: 02/08/2018 17:40

Path *	Category *	Confidential	Urgency
<a href="#">Browse...</a> <a href="#">Clear</a>	Please Select	NO	Normal
<a href="#">Browse...</a> <a href="#">Clear</a>	Please Select	NO	Normal
<a href="#">Browse...</a> <a href="#">Clear</a>	Please Select	NO	Normal
<a href="#">Browse...</a> <a href="#">Clear</a>	Please Select	NO	Normal
<a href="#">Browse...</a> <a href="#">Clear</a>	Please Select	NO	Normal
<a href="#">Browse...</a> <a href="#">Clear</a>	Please Select	NO	Normal

## Attachment List

Attachment	uploaded By/Date	Category	Urgency	Description
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 02 Aug 2018 17:40	Photos	Normal	Photos 2018-8-2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 02 Aug 2018 17:40	Photos	Normal	Photos 2018-8-2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 02 Aug 2018 17:40	Photos	Normal	Photos 2018-8-2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 02 Aug 2018 17:40	Photos	Normal	Photos 2018-8-2
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 02 Aug 2018 17:40	Photos	Normal	Photos 2018-8-2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 02 Aug 2018 17:39	Photos	Normal	Photos 2018-8-2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 02 Aug 2018 17:39	Photos	Normal	Photos 2018-8-2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 02 Aug 2018 17:39	Photos	Normal	Photos 2018-8-2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 02 Aug 2018 17:39	Photos	Normal	Photos 2018-8-2
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 02 Aug 2018 17:39	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 02 Aug 2018 17:39	SAS	Normal	SAS 2018-8-2

## Video List

Uploaded By/Date	Folder Date	File Name	Size
		<a href="#">Display in New Window</a>	<a href="#">Scan and uploading</a>

# ACCIDENT STATEMENT

ACCIDENT DATE: (30 / 07 / 18) (DD/MM/YYYY), TIME: (16 : 20) (HH:MM)

LOCATION: Along Loyang Avenue

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBM8245R  
 b) INSURANCE COMPANY: NTUCINCOME  
 c) POLICY NUMBER: 5099787612  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: KTM DUKE 390  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: LEISURE  
 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: MUHAMMAD AMINURASHID BIN JA'AFAR (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S9210092H CONTACT: 85222564  
 c) ADDRESS: BLOCK 712 JURONG WEST ST 71 #12-165  
 SGA0712

\* 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: (29 / 03 / 1992) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 12 OCT 2016

## 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)  
 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: SJK 2879S MODEL: TOYOTA COROLLA ALTIS  
 b) DRIVER'S NAME: TAN TAI KUNG  
 c) NRIC/FIN/PASSPORT: S7611738A CONTACT: 93216032

## 9. THIRD PARTY VEHICLE

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

Email = ishallsucc33d@yahoo.com

VIDEO =



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9210092H



Name

MUHAMMAD AMINURASHID BIN  
JA'AFAR

محمد امينوراشيد بن جعفر

Race

MALAY

Date of birth

29-03-1992

Sex

M

Country of birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Identification Number S9210092H



MUHAMMAD AMINURASHID BIN  
JA'AFAR

Birth Date 29 Mar 1992

Issue Date 15 Mar 2018



002783294E



4023950

NRIC No. S9210092H



Date of issue  
31-03-2007

Address

APT BLK 712 JURONG WEST STREET 71  
#12-155  
SINGAPORE 640712

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

EFFECTIVE DATE

Class 2B	Motorcycles <= 200 cc	28 Sep 2012
Class 2A	Motorcycles between 201 cc and 400 cc	12 Oct 2015
Class 2	Motorcycles > 400 cc	15 Mar 2018
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	21 Oct 2015

NP 428A



Licence No: S9210092H

## 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** : 5099487612

**Cover** : Comprehensive

1. Index mark and Registration Number of Vehicle

: **FBM8245R**

Chassis Number

: VBKJPJ406HC229243

2. Name of Policyholder

: MUHAMMAD AMINURASHID BIN JA'AFAR

3. Effective Date of Insurance

: 06 Apr 2018

4. Expiry Date of Insurance

: 05 Apr 2019

5. Persons or Classes of Persons entitled to drive#

(a) Named Driver(s) Only.

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\$500

EXCESS (SECTION 2) : N/A

EXCESS (THEFT OUTSIDE SINGAPORE) : PLEASE REFER OVERLEAF

INSURE WITH COE : YES

NAMED DRIVER (1) : MUHAMMAD AMINURASHID BIN JA'AFAR

NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : SIN HENG 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 : WAH HONG INSURANCE AGENCY PTE LTD (00000614852)

Date of Issue : 05 Apr 2018 16:29 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: MAV18P000049 Vehicle Registration No: FBM824SR  
Name (as shown in NRIC): MUHAMMAD AMINURAS HADIM JALAFAR NRIC/FIN/Passport No: S9218092H  
(\*Vehicle Driver/Vehicle Owner) Please delete as appropriate  
Address: \_\_\_\_\_ Singapore ( )  
Contact (Tel): \_\_\_\_\_ Mobile No.: 85222564  
Email Address: \_\_\_\_\_  
Date of Accident: 02/08/2018 Time of Accident: 16:30  
Place of Accident: ACROSS LAYNES AVENUE  
Insurance Company: ANIC

### (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:

To INSERT POLICY NUMBER IN BTD REPORT

Policyholder / Driver's Signature  
Date:

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