

**NATIONAL Assessment Centre Services** [Ref: Jan 2005] **1904/CL104580**

Date In: <b>13/08/2018 18:37</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NSA/nccl/10/46674</b>	SAS e-filing		
Veh No: <b>SJS 484PM</b>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <b>11/08/2018 18:45</b>	i-Motor Claim Form	<b>11/1007010-001</b>	<b>13/08/2018 19:54</b>
OD: TP <u>Reporting Only</u>	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: **SJS 1776H** INC ( ) / Non-INC ( ) Tel: ( )

Owner / Driver: ( )

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:	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: \_\_\_\_\_

Date/Time	Actions

Claimant's Particulars:	Invoice Preparation Checklist	
	Am't (\$) 1st Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$50)	
Damaged Portion:	3) TF: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120	
Auditors' Comments:	5) FT: Follow-Through Survey (Resurvey) \$30	
Est. 1:	For claiming against INC Only (wef 10 Jan 2005)	
Est. 2/3:	6) TR: Re-inspection \$75	
	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 (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	13/08/2018 18:37
Date Of Accident	11/08/2018 18:45
Exact Location Of Accident	ALONG PASIR RIS AVENUE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS4084M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KHONG LAY CHING ANGELA
NRIC No	S7037708Z
Email Address	ANGELAKHONG@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97611171
Alternative Phone No	OTHERS-97611171

### Vehicle Particulars

Manufacturer	HONDA
Model	CRV
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	5080988213-01
Cover Note Number	

### Driver

Name of Driver	KHONG LAY CHING ANGELA
NRIC No	S7037708Z
Date Of Birth	02/11/1970
Occupation	INDOOR
Date Of Driving Pass	18/01/1990
Driving Experience	28 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97611171
Fax Number	
Contact Number	OTHERS-97611171
EMail Address	ANGELAKHONG@HOTMAIL.COM

Address	BLK 232 COMMONWEALTH AVENUE #04-19
Postcode	149740
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	COLLIDED INTO PARKED VEHICLE
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	SKS1776H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

Vehicle No: \_\_\_\_\_  
DOA: \_\_\_\_\_

**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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 4) The issue & 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 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.
- 8) **Consent under the Personal Data Protection Act (PDPA):** I understand, acknowledge, agree and consent that:-
  - a) My insurer, my workshop & 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 & 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 & 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 & any necessary investigations relating to the claims;
    - (II) 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) involved in this accident and the Insurers' 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.

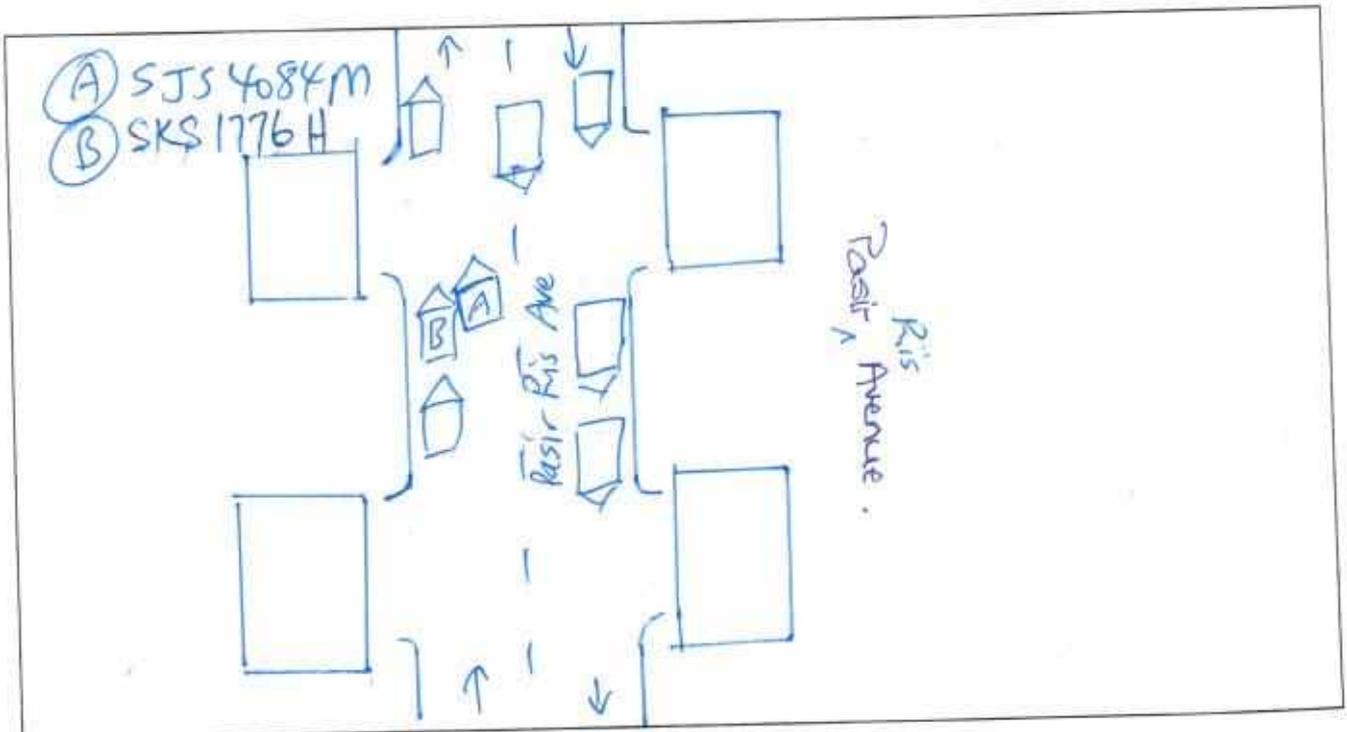
**PLEASE NOTE YOUR INSURER MAY HAVE A 14 DAY-TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY.**

[Signature]  
Policyholder's Signature  
Date & Time

[Signature]  
Driver's Signature (Date & Time)  
(if driver is not the policyholder)

[Signature] 13/08/2018  
Witnessed by Reporting Center  
Personnel

**Sketch Plan**



Describe Circumstances of the Accident

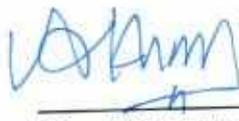
I was giving way to oncoming car on Pasir Ris Ave  
Therefore I tried to keep left but scraped onto the car  
parked at the left side as a result. I wished to state  
that the road was very narrow as cars are parked along both  
sides of the road.  
The damage on vehicle (B) was very minor.

Declaration

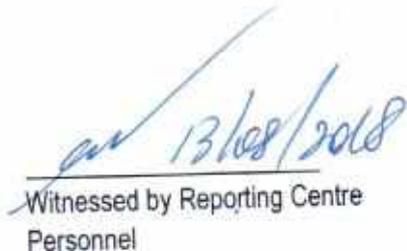
I/We declare the foregoing particulars are true in every aspect.



Policyholder's Signature  
Date & Time



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



Witnessed by Reporting Centre  
Personnel

**Claim Handling**

Accident MT/1007010

Policy No.	508098213-02	Vehicle No.	S354084M	GST Registration No.	
Certificate No.					
Policyholder Name	KHONG LAY CHING ANGELA	Product Code	PRIVATE CAR INSURANCE	Policyholder NRIC	S7037708Z
Contact No.(Mobile)	97611171	Cover Type	Brvo CLASSIC	Loading	0
Email Address		Contact No.(Office)		Contact No.(Home)	
KFR	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Special Remark		eCode	<input type="text" value="No"/>
NCD Protection	90	TCA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	eCode Reason	
		NCD Endowment(%)	90	Private Hire	No

**Accident Details**

Report Date	13/08/2018 19:51	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Parked Vehicle
Date of Accident	11/08/2018	Time of Accident (hh:mm)	18:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG PASIR RIS AVENUE				

**Benefits**

**Excess**

Own damage Excess	600.00	Additional Excess	0	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 Status Verified	Yes
GST Registration No.					
Modification History					

**Policyholder Mailing Address**

Address 1	808 THOMSON ROAD	Address 2	#02-23 THOMPSON 800	Address 3	SINGAPORE 298190
Address 4		Address Type	Singapore address	Post Code	298190
Unit No.		Related Policy Number	508098213-02		

**Q1 Driver Info**

Driver Name	KHONG LAY CHING ANGELA	Driver Type	Main Driver	Driver DOB	02/11/1970
Unnamed driver Name		Driver NRIC	S7037708Z	Driving Experience	28
Register Date of Driver License	18/01/1990	Driver Age	47	Contact No.(Home)	
Contact No.(Mobile)	97611171	Contact No.(Office)		Address 3	SINGAPORE 298190
Address 1	808 THOMSON ROAD	Address 2	#02-23 THOMPSON 800	Post Code	298190
Address 4		Address Type	Singapore address		
Unit No.		Driver Vehicle No.	S354084M	Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

**Declaration**

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

Claim 001 **New**

Claim Type *	OO-MX	Insured Name	KHONG LAY CHING ANGELA	Insured NRIC	S7037708Z
Contact No.(Mobile)	97611171	Contact No.(Home)	S3436297	Contact No.(Office)	NIL
Email Address	ANGELAKHONGPHOTO@GMAIL.COM	TP Vehicle Number	S354084M	TP Vehicle Number	UNKNW
Claim Description	S354084M / UNKNOWN CAR ON 11 Aug 2018				
Preferred workshop		Insured Liability	Fully at Fault	GIA report	Received
Insured Repair Option	Preferred Workshop, Name unknown				
Date Registered	13/08/2018 19:53	Claim Close Date		Date Received	13/08
Report Taken By:	ROSLI WAHAB				

Print A4 letter

Save Submit

**Attachment**

Accident No.	MT/1007010	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	13/08/2018 19:54
Path *		Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
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 Recd			

**Attachment List**

Attachment	Uploaded By/Date	Category	Urgency	Description
NAC_BUKIT_MERAH_8006706 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Aug 2018 19:54		Photos	Normal	Photos 2018-P-13



NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Aug 2018 19:54	Photos	Normal	Photos 2018-8-13
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Aug 2018 19:54	Photos	Normal	Photos 2018-8-13
NAC_BUKIT_MERAH_800675( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Aug 2018 19:54	Photos	Normal	Photos 2018-8-13
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Aug 2018 19:54	Photos	Normal	Photos 2018-8-13
NAC_BUKIT_MERAH_800675( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Aug 2018 19:54	Photos	Normal	Photos 2018-8-13
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Aug 2018 19:54	Photos	Normal	Photos 2018-8-13
NAC_BUKIT_MERAH_800675( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Aug 2018 19:54	Photos	Normal	Photos 2018-8-13
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Aug 2018 19:54	Photos	Normal	Photos 2018-8-13
NAC_BUKIT_MERAH_800675( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Aug 2018 19:54	Photos	Normal	Photos 2018-8-13
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NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Aug 2018 19:54	Photos	Normal	Photos 2018-8-13
NAC_BUKIT_MERAH_800675( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Aug 2018 19:53	Photos	Normal	Photos 2018-8-13
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Aug 2018 19:53	Photos	Normal	Photos 2018-8-13
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Aug 2018 19:53	SAS	Normal	SAS 2018-8-13
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Aug 2018 19:53	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-13
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Aug 2018 19:53	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-13
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Aug 2018 19:53	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-13

Video List

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

**PERSONAL PARTICULARS**

Date of Accident: 11 / 8 / 2018

Time of Accident: 6 : 45 (24Hrs) pm

Vehicle No: SJS 4084 M

Vehicle Make/Model: Honda CRV

Exact Location of Accident: Along Pasir Avenue

Owner's Name/NRIC: Khong Lay Ching Angela I/c No: 57037708 2

Driver's Name/NRIC: Khong Lay Ching Angela I/c No: 57037708 2

Driver's Contact: 97611171 Insurance Co & Policy No: NTUC Ins 5080988213-02.

Driver's Email Address: angelakhong@hotmail.com

Relationship between Owner & Driver: Spouse/Children/Friend/Parents/Others specify: \_\_\_\_\_

What do you wish to claim (Please circle one only)

- 1) Own Insurance 2) Other Vehicle (The one you want to claim against) 3) Reporting (For Recording Purposes)

Exact Purpose for which the vehicle was being used at time of accident? (Please circle one only)

Private Use / Work Purpose

Weather Condition & Road Conditions?

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet

Occupation

Indoor / Outdoor

Any Injuries? (MC of 3 Days or more, police report is required)

Yes / No If Yes, which police station? \_\_\_\_\_

The Other Party (Vehicle B) Details

Driver's Name/IC: \_\_\_\_\_

Vehicle No: Unknown

Insurance Company: \_\_\_\_\_

Driver's Contact: \_\_\_\_\_

(If more than 2 vehicles involved, please indicate the other party vehicle numbers below)

Other Vehicle (Vehicle C): \_\_\_\_\_

Independent Witness (If Any): \_\_\_\_\_ Contact: \_\_\_\_\_

Preferred Workshop (If Any): \_\_\_\_\_ Contact: \_\_\_\_\_

\* If no proper document are produced, IDAC should not file the report.

\* Information will be discarded after one week.

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7037708Z



Name

KHONG LAY CHING ANGELA



Race

CHINESE

Date of Birth

02-11-1970

Sex

F

S7037708Z

Country of Birth

SINGAPORE

329950



NRIC No. S7037708Z



Blood Group

Date of issue

26-04-2003

BLK 232 COMMONWEALTH AVENUE #01-19  
SINGAPORE 149740

NRIC No. S7037708Z

Date: 26/04/2018 (R)

REPUBLIC OF SINGAPORE

DRIVING LICENCE

Licence Number: **S7037708Z**

Name:

**KHONG LAY CHING ANGELA**



Birth Date: **02 Nov 1970**

Issue Date: **29 Apr 2003**



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

PASS DATE

Class 3

Motor Cars and Motor Tractors the weight of  
which unladen does not exceed 2500 kilograms

18 Jan 1990



NP 428A



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
 6 Raffles Quay #18-00 Singapore 048580  
 Tel (65) 6224 0010 Fax (65) 6224 0030  
 Operating Hours: Monday to Friday, 09:00 - 17:00  
 UEN: S665500200 / GST Reg. No. M400017735

**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: XMA48104580 Vehicle Registration No: SJS 484M  
 Name (as shown in NRIC): Katong Lay Ching Onn NRIC/FIN/Passport No: S2037082  
 (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
 Address: \_\_\_\_\_ Singapore ( )  
 Contact (Tel) - : \_\_\_\_\_ Mobile No.: 9761171  
 Email Address : \_\_\_\_\_  
 Date of Accident : 11/08/2018 Time of Accident: 18:45  
 Place of Accident : Along Pasir Ris Avenue  
 Insurance Company: NMC

**(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:

DATA OF DRIVING PASS 70 18/01/1990

Policyholder / Driver's Signature  
 Date:

Reporting Centre Personnel's Signature  
 Name: [Signature]  
 NRIC/FIN No.: [Signature]  
 Date: 13/08/2018

Policy Query

Policy No.  Date of Accident   
 Vehicle No. (For Motor)  Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	S080988213-01		KHONG LAY CHING ANGELA	S7037708Z	GPC	drive CLASSIC	SJS4084M	SJS4084M	05/09/2017	13/08/2018

Continue



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
 6 Raffles Quay #18-00 Singapore 048580  
 Tel (65) 6224 0010 Fax (65) 6224 0030  
 Operating Hours : Monday to Friday, 09:00 - 17:00  
 UEN: S66550020G / GST Reg. No.: M400017738

**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 : MMA400017738-01 Vehicle Registration No: SJS 4084M  
 Name (as shown in NRIC) : KITONG LOY CHENG MENG NRIC/FIN/Passport No : \_\_\_\_\_  
 (\*Vehicle Driver / Vehicle Owner) \* Please delete as appropriate  
 Address : \_\_\_\_\_ Singapore ( )  
 Contact (Tel) : \_\_\_\_\_ Mobile No. : 97611171  
 Email Address : \_\_\_\_\_  
 Date of Accident : 11/08/2018 Time of Accident : 18:45  
 Place of Accident : ALONG PASIR RIS AVENUE  
 Insurance Company : MNC

**(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 INSURE TIP PARTY VEHICLE NUMBER SJS 1776H ON  
SKETCH & ~~THE~~ GIB REPORT

Policyholder / Driver's Signature  
 Date:

Reporting Centre Personnel's Signature  
 Name: Rishi  
 NRIC/FIN No. \_\_\_\_\_  
 Date: 14/08/2018