

NATIONAL Assessment Centre Services

(Ref: Jan 2005)

118007423

Date In: 20/08/2008 12:43	Job description	Date & Time Completed	Done by
Ref No: NBH/INC/015011/V	SAS e-filing		
Veh No: GBD 43492	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 18/08/2008 14:15	I-Motor Claim Form	ml/1007885-001	20/08/2008
OD: TP (Reporting Only)	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		13:12
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: SKX 1340E	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 repaler.

() 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

11805229	Invoice Preparation Checklist	Am't (\$) Est. 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)		
Est. 1:	6) TR: Re-inspection \$75		
Est. 2/3:	7) N1: Idao 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-vn INC) against INC \$20		
	9) N12: Idao 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	20/08/2018 12:43
Date Of Accident	18/08/2018 14:15
Exact Location Of Accident	BLK 70A REDHILL CLOSE MSCP LEVEL 4A
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD4349Z
Insured/Policyholder	
Name Of Registered Owner	PCMAC COMPUTERS
Co Reg No	52829456C
Email Address	PCMAC@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-97393745
Alternative Phone No	OFFICE-97393745

Vehicle Particulars

Manufacturer	HYUNDAI
Model	H-1
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5089854683-01
Cover Note Number	

Driver

Name of Driver	GUI HOW YANG
NRIC No	S1239778Z
Date Of Birth	20/02/1957
Occupation	OUTDOOR
Date Of Driving Pass	21/05/1979
Driving Experience	39 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97393745
Fax Number	
Contact Number	OTHERS-97393745
Email Address	PCMAC@SINGNET.COM.SG

Address	BLK 3A HOLLAND CLOSE #05-55
Postcode	272003
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	SKX1340E
Vehicle Make/Model/Colour	BMW 528
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	RAYMOND TEO
NRIC/Passport Number	S8207604B
Contact Number	97564248
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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1. Please report **correctly** the details of the accident to speed up the claims process.
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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:



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

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

SKETCH PLAN

BIK 70A REDHILL CLOSR MSCP LEVEL 4A



A) GBD4349Z

B) SKX1340E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT 105 106

On 18.09.18 at 1414hrs on Level 4A at ~~BARR~~ BMRT M2 Multi Storey Carpark, I was ~~to~~ driving out of Carpark lot 106, I scraped the front Right Side of SKX1340E which was parked on my left side at Carpark lot 105. My left rear bottom side panel scraped his Right front Bumper and Right Side of his headlamp.

DECLARATION

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

Policyholder's Signature  11 29 hrs
Date & Time: 20/09/18



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

Reporting Centre Personnel's Signature  20/09/2018
Name: Resli Wathana
NRIC/FIN No:

Claim Handling

Accident MT/1007885

Policy No.	508W54683-01	Vehicle No.	GBD4349Z	GST Registration No.	
Certificate No.					
Policyholder Name	PCMAC COMPUTERS	Cover Type	Comprehensive	Policyholder NRIC	52829454C
Product Code	COMMERCIAL VEHICLE INSURANCE	Contact No.(Office)		Leading	0
Contact No.(Mobile)	97353745	Special Remark		Contact No.(Home)	
Email Address		TCA	+ No Yes	eCode	No
APK	+ No Yes	NCD Endorsement(%)	20	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	20/08/2018 13:05	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Parked Vehicle
Date of Accident	10/08/2018	Time of Accident hh:mm	14:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 70A REDHILL CLOSE MULTI STOREY CARPAR LEVEL 4A				

Benefits

Excess

Own damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	No
Modification History			

Policyholder Mailing Address

Address 1	BLK 3023 #06-20	Address 2	051 ROAD 3	Address 3	UBIFLEX 1
Address 4	SINGAPORE 406663	Address Type	Singapore address	Post Code	406663
Unit No.	06-20	Related Policy Number	508W54683-01		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	20/02/1957
Unnamed driver Name	GUI HOW YANG	Driver NRIC	51239778Z	Driving Experience	39
Register Date of Driver License	21/03/1979	Driver Age	63	Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	273003
Address 4		Address Type	Foreign address		
Unit No.	05-55				
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.	GBD4349Z	Driver Insurer Company	NTUC

Declaration			
Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes + No

Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	PCMAC COMPUTERS	Insured NRIC	52829454C
Contact No.(Mobile)	97353745	Contact No. (Home)		Contact No. (Office)	934471
Email Address		CI		TP	
Claim Description	GBD4349Z / SKX1340Z ON 18 Aug 2018			Vehicle Number	SKX1340Z
Preferred Workshop		Insured Liability	Fully at Fault	Name of Preferred Workshop	
Return to Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown	UJA report	Received
Date Registered	20/08/2018 13:12	Claim Close Date		Date Received	20/08/2018
Report Taken By	ROSLI WAHAB				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1007885	Claim No.	001
Last Doc. Received	Yes No	Upload Date	20/08/2018 13:12
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	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
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	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	Hi
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Aug 2018 13:12		Photos	Normal	Photos 2018-08-20	

	NAC_BUKIT_MERAH_800675(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Aug 2018 13:12	Photos	Normal	Photos 2018-8-20
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Aug 2018 13:12	Photos	Normal	Photos 2018-8-20
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Aug 2018 13:12	Photos	Normal	Photos 2018-8-20
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Aug 2018 13:12	Photos	Normal	Photos 2018-8-20
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Aug 2018 13:12	Photos	Normal	Photos 2018-8-20
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Aug 2018 13:12	Photos	Normal	Photos 2018-8-20
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Aug 2018 13:12	Photos	Normal	Photos 2018-8-20
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Aug 2018 13:12	SAS	Normal	SAS 2018-8-20
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Aug 2018 13:12	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-8-20

Video List

Uploaded By/Date	Folder Date	File Name	Source
		<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>	

ACCIDENT STATEMENT

ACCIDENT DATE: 18/08/2018 (DD/MM/YYYY). TIME: 14:14 (HH:MM)

LOCATION: Multi Storey Carpark Level 4A

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBD4349Z
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5689854683-01
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / ~~THIRD PARTY FIRE & THEFT~~)
 e) MAKE & MODEL: HYUNDAI H1
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Multi Storey Carpark
 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: Gul Hwa Yang (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S12397782 CONTACT: 97393745
 c) ADDRESS: BLK 3A HOLLAND CLOSE #05-55 SC272003

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: PCMAC Computers (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1408663 CONTACT: 97393745
 c) ADDRESS: BLK 3023 Ubi Park 1 #06-20 Ubi Rd 3

*d) DATE OF BIRTH: 20/02/1957 (DD/MM/YYYY)

- e) OCCUPATION: (INDOOR / OUTDOOR)
 f) DATE OF DRIVING PASS: 21-5-1979

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SELF

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: SKX1340E MODEL: BMW 528
 b) DRIVER'S NAME: Raymond Teo
 c) NRIC/FIN/PASSPORT: S8207604B CONTACT: 97564248

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SKX1340E MODEL: BMW 528
 e) DRIVER'S NAME:
 f) NRIC/FIN/PASSPORT: CONTACT:

Email = pcmac@singnet.com.sg

Fax =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1239778Z



NAME
GUI HOW YANG
魏孝洋

RACE
CHINESE

Date of Birth 20-02-1957 Sex M
Country of Birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S1239778Z
Name
GUI HOW YANG

Birth Date 20 Feb 1957
Issue Date 15 Jul 2013





NRIC No S1239778Z



Blood Group Date of issue
O+ 06-04-1994

GET REP. IN HOLLAND CLOSE #05-55
SINGAPORE 272002

NRIC No: 81239778Z Date: 07-07-1994 No: 238784

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

EFFECTIVE DATE

Class 3 Motor Cars $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of the driver; and other motor vehicles $\leq 2500\text{kg}$ 21 May 1979

NP 428A

Licence No: S1239778Z



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 : 5089854683-01

1. Index mark and Registration Number of Vehicle	Cover : Comprehensive
Chassis Number	GBD43492
2. Name of Policyholder	KMFVBX7KMEU081784
3. Effective Date of Insurance	PCMAC COMPUTERS
4. Expiry Date of Insurance	24 Apr 2018
5. Persons or Classes of Persons entitled to drive#	23 Apr 2019

(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.

(b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

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
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: UNITED OVERSEAS BANK LIMITED
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 : CH INSURANCE AGENCY PTE. LTD. (00000615369)
Date of Issue : 29 Mar 2018 16:10 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 : MMAY18107423 Vehicle Registration No : GBD 4349Z
Name (as shown in NRIC) : GUI HAO YONG NRIC/FIN/Passport No : S1239778C
(*Vehicle Driver/ Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 97393745
Email Address : _____
Date of Accident : 12/08/2018 Time of Accident : 14:15
Place of Accident : BK 70A RAFFLES CLOSE MSCP LEVEL 4A
Insurance Company : N7UC

(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:

INSURANCE SHOULD BE N7UC & NOT MSIG

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Rosalyn
NRIC/FIN No.: 2001/2010
Date: