

# NATIONAL Assessment Centre Services

(Ref: Jan 2005)

MAH 81/6088

Date In: 07/09/2008 15:07	Job description	Date & Time Completed	Done by
Ref No: NBO/MC/80/637247	SAS e-filing		
Veh No: SR 8114 R	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 07/09/2008 09:10	I-Motor Claim Form	MT/1010531-001	07/09/2008 17:16
OD TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner / Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: —	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	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

<p>MAH 81/6088</p> <p>Claimant's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:</p> <p>Cal. 1:</p> <p>Cal. 2 / 3:</p>	<p>Invoice Preparation Checklist</p> <p>1) AR: Accident Reporting (\$30);</p> <p>2) DA: Damage Assessment (\$100); INC (\$40)</p> <p>3) TP: Towing Fee \$40/\$45</p> <p>4) FT: Follow-Through Survey \$120</p> <p>5) FT: Follow-Through Survey (Resurvey) \$30</p> <p>For claiming against INC Only (wef 10 Jan 2005)</p> <p>6) TR: Re-inspection \$75</p> <p>7) N1: Idao DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:-</p> <p>ON:</p> <p>*N5: Courtesy Car / Tpl Allowance \$5</p> <p>*N6: Repair Co-ordination \$10</p> <p>*N7: Post Repair Inspection \$25</p> <p>*N8: DV / Collect Excess Coordination \$5</p> <p>TP (N11): TP (Non INC) against INC \$20</p> <p>9) N12: Idao Mobile \$0</p>		<p>Am't (\$)</p> <p>Int. Bill</p>	<p>Am't (\$)</p> <p>Add Bill</p>
	<p>Invoice dated</p>		<p>Fee Charged</p>	<p>Fee Charged</p>
	<p>Invoice dated</p>		<p>Fee Charged</p>	<p>Fee Charged</p>



## 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	07/09/2018 15:07
Date Of Accident	07/09/2018 09:10
Exact Location Of Accident	CAPITOL PIAZZA CAR PARK GANTRY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR8114R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM DAW WOEI DAVID
NRIC No	S7627822I
Email Address	DDWLIM@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-91288123
Alternative Phone No	OTHERS-91288123

### Vehicle Particulars

Manufacturer	BMW
Model	X1
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	5094461869
Cover Note Number	

### Driver

Name of Driver	LIM DAW WOEI DAVID
NRIC No	S7627822I
Date Of Birth	24/08/1976
Occupation	INDOOR
Date Of Driving Pass	14/03/2002
Driving Experience	16 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91288123
Fax Number	
Contact Number	OTHERS-91288123
Email Address	DDWLIM@YAHOO.COM.SG

Address	BLK 302A PUNGGOL PLACE #05-247
Postcode	821302
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 PROPERTY
Weather Conditions	RAINING
Road Surface	WET

#### 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?	NO
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 (SELF SKIDDED AND TRAFFIC POLICE CAME (A/20180907/0075)

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

## 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: 07/09/18.

Driver's Signature

(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature

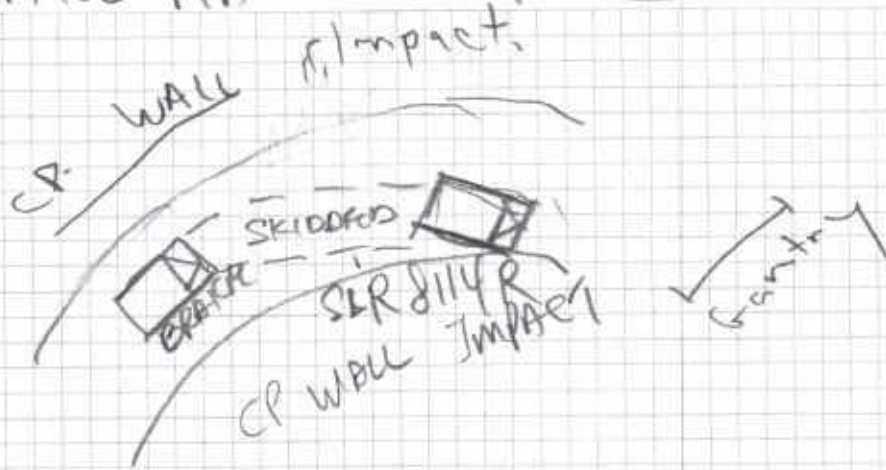
Name:

NRIC/FIN No.:



SKETCH PLAN

CAPITOL PIAZZA CARPARK



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

TOTAL ten cars I know affected  
Contact available. please call if needed

I was entering the carpark of Capitol Piazza on 07th Sep 2018. Upon clearing the gentry I proceeded to drive down the ramp. Suddenly the car lose control and started to skid. I applied brakes but it did not brake and the car crash on the side right on the side walls. Upon slowly getting into the carpark after I regain control, I drove down the car to check the damage. Minutes later, I noted 2 other car owners with their car damage after coming down. Total, 10 cars was damaged in the process of coming down the ramp. Some cars seems to have bang each other. My car just hit the side wall of the carpark. At We went to the management office of Capitol Piazza to speak to Head of Operations Christopher Ong, Head of Operations of Capitol Investment. My number is 6499 1075.

DECLARATION

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

Notice: 9455 9201

Policyholder's Signature

Date & Time: 7/9/18

1515

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

07/09/2018

## Claim Handling

Accident MT/1010531

Policy No.	S094461869	Vehicle No.	SLR8114R	GST Registration No.	
Certificate No.					
Policyholder Name	LIM DAW WOEI DAVID			Policyholder NRIC	S76278221
Product Code	PRIVATE CAR INSURANCE	Cover Type	Drive CLASSIC	Leading	0
Contact No.(Mobile)	91288123	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No *
KFR	+ No - Yes	TCA	+ No - Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	50	Private Hire	No

## Accident Details

Report Date	07/09/2018 16:02	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Property
Date of Accident	07/09/2018	Time of Accident (h:mm)	09:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CAPITOL PIAZZA CAR PARK GANTRY				

## 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		

## Benefits

## GST Registered Information

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

## Policyholder Mailing Address

Address 1	BLK 302A #05-247	Address 2	PUNGGOL PLACE	Address 3	CORALINUS
Address 4	SINGAPORE 821302	Address Type	Singapore address	Post Code	821302
Unit No.		Related Policy Number	S094461869		

## O1 Driver Info

Driver Name	DAVID LIM DAW WOEI	Driver Type	Main Driver	Driver DOB	24/05/1976
Unnamed driver Name		Driver NRIC	S76278221	Driving Experience	18
Register Date of Driver License	14/03/2003	Driver Age	42	Contact No.(Home)	
Contact No.(Mobile)	91288123	Contact No.(Office)		Address 3	CORALINUS
Address 1	BLK 302A #05-247	Address 2	PUNGGOL PLACE	Post Code	821302
Address 4	SINGAPORE 821302	Address Type	Singapore address		
Unit No.				Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.	SLR8114R		

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

Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	LIM DAW WOEI DAVID	Insured NRIC	S76278221
Contact No.(Mobile)	91288123	Contact No.(Home)	95811431	Contact No.(Office)	
Email Address	ddwlm@yahoo.com.sg	CI		TP	
Claim Description	SLR8114R / - ON 7 Sept 2018		Vehicle Number	SLR8114R	
Preferred Workshop		Insured Liability	Not at Fault	Name of Preferred Workshop	
Workshop No.		Reopen Option			
Finalisation	Yes	Preferred Workshop, Name unknown			
Date Registered		GIA report	Received	Claim Close Date	07/09/2018 17:14
Report Taken By				Workshop Repairer	BOSLI WAHAB
Print AX letter				Total Loss Sub. Repaired	


Save Submit

## Attachment

Accident No.	MT/1010531	Claim No.	001		
Last Doc. Received	* Yes - No	Upload Date	07/09/2018 17:16		
Choose File	No file chosen	Category *	Confidential	Urgency *	Dir
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
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

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Sep 2018 17:18	Photos	Normal	Photos 2018-9-7
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Sep 2018 17:18	Photos	Normal	Photos 2018-9-7
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Sep 2018 17:18	Photos	Normal	Photos 2018-9-7
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Sep 2018 17:18	Photos	Normal	Photos 2018-9-7
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Sep 2018 17:18	NIC/ Driving License	Normal	NIC/ Driving License 2018-9-7
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Sep 2018 17:18	SAS	Normal	SAS 2018-9-7
<a href="#">Video List</a>				
Uploaded By/Date		Folder Date	File Name	Source
<a href="#">Display in New Window</a>		<a href="#">Scan and uploading</a>		



# ACCIDENT STATEMENT

ACCIDENT DATE: 07/09/2018 (DD/MM/YYYY), TIME: 09:10 (HH:MM)

LOCATION: CAPITAL PLAZA

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLR 8114R  
 b) INSURANCE COMPANY: NTMC  
 c) POLICY NUMBER: 8094461869  
 d) POLICY TYPE: COMPREHENSIVE THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: BMW X1 5011R 20i  
 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: DAVID LIM DAW WOEI (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S76278223 CONTACT: 9128 8123  
 c) ADDRESS: BLK 302 PUNCEOL PLACE  
#05-247

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

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

\*d) DATE OF BIRTH: 24/08/1976 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS: 14 MAR 2002

## 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: TP LAME. POLICE REF 0075

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: \_\_\_\_\_ 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: \_\_\_\_\_

EMAIL =

VIDEO =



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S76278221



Name

DAVID LIM DAW WOEI  
(LIN DAOWEI)

林道伟

Race

CHINESE

Date of birth

24-08-1976

Sex

M

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Identity Card No. S76278221

DAVID LIM DAW WOEI  
(LIN DAOWEI)

Birth Date: 24 Aug 1976

Issue Date: 29 Jan 2010



3955956

NRIC No. S76278221



Date of issue

09-11-2006

APT BLK 302A PUNGGOL PLACE #05-247  
SINGAPORE 621302

NRIC No: S76278221

Date: 08/02/2010

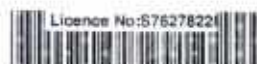
No: 6378337

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight  $\leq 3000\text{kg}$  with  $\leq 7$  passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq 2500\text{kg}$  14 Mar 2002

NP 429A



Licence No: S76278221

Hello, NAC\_BUKIT\_MERAH\_800676

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

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="07/09/2018 15:05"/>
Vehicle No.(For Motor)	<input type="text" value="SLR8114R"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5094461869		LIM DAW WOEI DAVID	576278221	GPC	drive CLASSIC	SLR8114R	SLR8114R	28/09/2017	29/10/2018



**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: MUA418116088 Vehicle Registration No: SLR 8114R  
Name (as shown in NRIC): Lim Daw Wei DAVID NRIC/FIN/Passport No: S7627822 I  
(\*Vehicle Driver/ Vehicle Owner\*) Please delete as appropriate  
Address: \_\_\_\_\_ Singapore ( )  
Contact (Tel): \_\_\_\_\_ Mobile No.: 9128123  
Email Address: \_\_\_\_\_  
Date of Accident: \_\_\_\_\_ Time of Accident: \_\_\_\_\_  
Place of Accident: CORPARK PLAZZA CAR PARK GARAGE  
Insurance Company: NZUC

**(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:

WHICHVER CONVICTION SHOULD BE REMOVED & WHT

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: Rafiq  
NRIC/FIN No: 40003  
Date: 10/09/2018