

# NATIONAL Assessment Centre Services

[A.C. / J.A. / O.S.]

MNA/18124044

Date In: 24/09/2018 18:48	Job description	Date & Time Completed	Done by
Ref No: NBA/INC480/73564	SAS e-filing		
Veh No: 4X 2954	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 24/09/2018 12:35	I-Motor Claim Form	MT110/3136002	26/09/2018 14:40
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: 8KD 4350L	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

NBA806113

Claimant's Particulars:	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	in Bill	Add Bill
Contact No:	2) DA: Damage Assessment (\$100);		
Damaged Portion:	3) TP: 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		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idas DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*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: Idas 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	24/09/2018 18:45
Date Of Accident	24/09/2018 12:35
Exact Location Of Accident	AT JURONG WEST STREET 92 CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GX2954A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YUAN HENG CONSTRUCTION
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97934899
Alternative Phone No	OFFICE-97934899

### Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5085004409-01
Cover Note Number	

### Driver

Name of Driver	WONG SAM NGOW
NRIC No	S2505476H
Date Of Birth	22/08/1951
Occupation	OUTDOOR
Date Of Driving Pass	16/08/1992
Driving Experience	26 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97934899
Fax Number	
Contact Number	OTHERS-97934899
Email Address	NOEMAIL

Address	BLK 987C JURONG WEST STREET 93 #10-583
Postcode	643987
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	SKD4350L
Vehicle Make/Model/Colour	KIA CERATO FORTE
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

### 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:

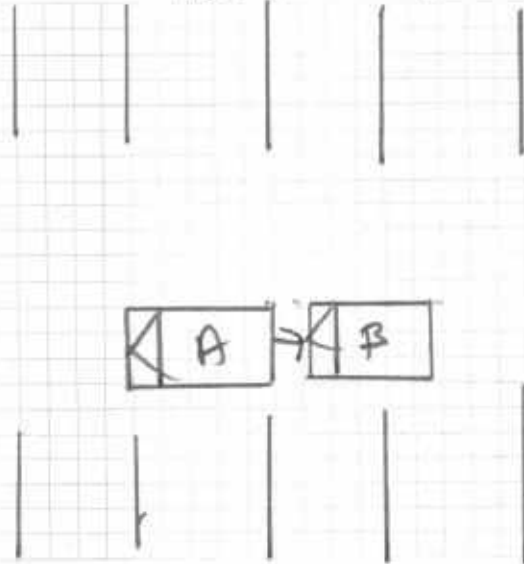
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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



SKETCH PLAN

Turnover with straight P2 corporate



A) GX2954A  
B) SKD 43502

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 24/09/2018 AT ABOUT 12:35 HRS I ACCIDENTALLY REVERSE  
my lorry GX2954A & hit the front portion of a  
car SKD 43502 WHICH WAS STATIONARY BEHIND my lorry.

DECLARATION

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



Policyholder's Signature  
Date & Time:

19/9

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

24/09/2018  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

## Claim Handling

## Accident MT/1013136

Policy No.	5085004409-01	Vehicle No.	GX2954A	GST Registration No.	
Certificate No.					
Policyholder Name	YUAN HENG CONSTRUCTION	Cover Type	Third Party	Policyholder NRIC	S3166979C
Product Code	COMMERCIAL VEHICLE INSURAN	Contact No.(Office)		Loading	0
Contact No.(Mobile)	97934899	Special Remark		Contact No.(Home)	
Email Address		TOR		eCode	No *
NFK	= NO YES	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No			Private Hire	No
<b>Accident Details</b>					
Report Date	26/09/2018 14:30	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Parked Vehicle
Date of Accident	24/09/2018	Time of Accident hh:mm	13:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	AT JIJONG WEST STREET 93 CARPARK				
<b>Excess</b>					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	No
GST Registration No.					
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	BLK 987C #10-583	Address 2	JIJONG WEST STREET 93	Address 3	SINGAPORE 643987
Address 4		Address Type	Singapore address	Post Code	643987
Unit No.	10-583	Related Policy Number	5085004409-01		
<b>OI Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	22/08/1951
Unnamed driver Name	WONG SAN NGOW	Driver NRIC	S2505476H	Driving Experience	26
Register Date of Driver License	16/06/1992	Driver Age	67	Contact No.(Home)	
Contact No.(Mobile)	97934899	Contact No.(Office)		Address 3	SINGAPORE 643987
Address 1	BLK 987C #10-583	Address 2	JIJONG WEST STREET 93	Post Code	643987
Address 4		Address Type	Singapore address		
Unit No.	10-583	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered Car?	Yes = No				
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes = No		

## Modification History

Claim 002

New

Claim Type *	OO-MX	Insured Name	YUAN HENG CONSTRUCTION	Insured NRIC	S3166979C
Contact No.(Mobile)		Contact No.(Home)	REL	Contact No.(Office)	
Email address		CI		TP	
Claim Description		Vehicle Number	GX2954A	Vehicle Number	SKD43
			GX2954A / SKD4350L ON 24 Sept 2018	Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Fully at Fault		
Reported No. Evaluation	Yes	Preferred Workshop, Name unknown		GIA report	Received
Date Registered				Claim Close Date	26/09/2018 14:40
Report Taken By					ROSLI WANAB
<input checked="" type="checkbox"/> Print All letter					
<div>Save Submit</div>					

## Attachment

Accident No.	MT/1013136	Claim No.	002		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	26/09/2018 14:40		
Path *					
Choose File	No file chosen	Clear	Please Select	Category *	Confidential
Choose File	No file chosen	Clear	Please Select	Urgency *	Normal
Choose File	No file chosen	Clear	Please Select	Normal	Normal
Choose File	No file chosen	Clear	Please Select	Normal	Normal
Choose File	No file chosen	Clear	Please Select	Normal	Normal
Choose File	No file chosen	Clear	Please Select	Normal	Normal
Choose File	No file chosen	Clear	Please Select	Normal	Normal
Message Read					
<b>Attachment List</b>					
Attachment	Uploaded By/Date	Category	Urgency	Description	Re
NAC_BUKIT_MERAH_000676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Sep 2018 14:40		Photos	Normal	Photos 2018-9-26	

	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Sep 2018 14:40	Photos	Normal	Photos 2018-9-26
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Sep 2018 14:40	Photos	Normal	Photos 2018-9-26
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Sep 2018 14:40	Photos	Normal	Photos 2018-9-26
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Sep 2018 14:40	Photos	Normal	Photos 2018-9-26
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Sep 2018 14:40	Photos	Normal	Photos 2018-9-26
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Sep 2018 14:40	Photos	Normal	Photos 2018-9-26
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Sep 2018 14:40	Photos	Normal	Photos 2018-9-26
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Sep 2018 14:40	Photos	Normal	Photos 2018-9-26
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Sep 2018 14:40	Photos	Normal	Photos 2018-9-26
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Sep 2018 14:40	NAC/ Driving License	Normal	NAC/ Driving License 2018-9-26
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Sep 2018 14:40	SAS	Normal	SAS 2018-9-26

Video List

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: 24/09/2018 (DD/MM/YYYY), TIME: 12:35 (HH:MM)

LOCATION: Jurong West 8192 Carpark

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GX 2954A  
 b) INSURANCE COMPANY: ANUL  
 c) POLICY NUMBER: DMC 1018-005332 5085004609-01  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: \_\_\_\_\_  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: work  
 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: Wong Hock Construction (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

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

- DRIVER  
 a) NAME: Wong Sam Ngow (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S25054764 CONTACT: 91934899  
 c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: 22/08/1951 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 16/08/1962

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: SKD 4350L MODEL: KIA Forte  
 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. S2505476H



Name  
**WONG SAM NGOW**

Race  
**CHINESE**

Date of birth  
**22-08-1951**

Country of birth  
**MALAYSIA**

Sex  
**M**




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S2505476H**

Name  
**WONG SAM NGOW**

Birth Date **22 Aug 1951**

Issue Date **12 Mar 2015**



002404566J




3834143



NRIC No. **S2505476H**

000900025429

Date of issue  
**09-11-2004**

APT BLK 987C JURONG WEST STREET 93 #10-583  
SINGAPORE 643987

NRIC No: **S2505476H** Date: **08-12-2005** No: **5260747**

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

		EFFECTIVE DATE
Class 1B	MOTORCYCLES NOT EXCEEDING 200 CC	23 Sep 1981
Class 1A	MOTORCYCLES BETWEEN 201 CC AND 400 CC	23 Sep 1981
Class 1	MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 2000 KILOGRAMS	16 Nov 1982

S2505476H

S / No. 9000173933

NP 426A

Licence No: S2505476H



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="24/09/2018 14:02"/>
Vehicle No. (For Motor)	<input type="text" value="GX2954A"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5085004409-01		YUAN HENG CONSTRUCTION	53166979C	GCV	Third Party	GX2954A	GX2954A	14/10/2017	13/10/2018

**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: MNA118124044 Vehicle Registration No: GX 2954A  
Name (as shown in NRIC): Wong Sam Xigow NRIC/FIN/Passport No: S25054764  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address: \_\_\_\_\_ Singapore ( )  
Contact (Tel): \_\_\_\_\_ Mobile No.: 97934899  
Email Address: \_\_\_\_\_  
Date of Accident: 24/09/2018 Time of Accident: 12:35  
Place of Accident: A1 French Way 81 92 CORPARK  
Insurance Company: EQ Insurance

### (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:

TP Vehicle number to SKS4350

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: Rafli Lim  
NRIC/FIN No.:  
Date: 26/09/2018



**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: MNA118124044-01 Vehicle Registration No: GX 2954A  
Name (as shown in NRIC): Wong Sam Ngoo NRIC/FIN/Passport No: S2505476H  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address: \_\_\_\_\_ Singapore ( )  
Contact (Tel): \_\_\_\_\_ Mobile No.: 97934899  
Email Address: 24092018  
Date of Accident: \_\_\_\_\_ Time of Accident: 12:35  
Place of Accident: At Jurong West ST 92 CARPARK  
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:

INSURANCE SHOULD BE NTUC & NOT EQ INSURANCE



Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: Rashy Wanto  
NRIC/FIN No.:  
Date: 26/08/2018