

# NATIONAL Assessment Centre Services.

[wef 1 Jan 09]

MNA418/44784

Date In: 08/11/2008 17:00	Job description	Date & Time Completed	Done by
Ref No: NBA/MC8020251/4	SAS e-filing		
Veh No: PC 4024 A	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 01/10/2008 08:15	I-Motor Claim Form	M711018941-001	08/11/2008 17:20
OD: TP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: GX577A	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:	INC ( ) / Non-INC ( )	Date:	Time:	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

Claimant's Particulars:	Invoice/Repairation Charges:	Ass't (S)	Ass't (S)
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$50)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2009)		
	6) TR: Re-inspection \$75		
	7) NI: 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 (N11) against INC \$20		
	9) N12: Idao Mobile \$0		
	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 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. 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	08/11/2018 17:00
Date Of Accident	01/10/2018 08:15
Exact Location Of Accident	82 TELOK BLANGAH DR MARKET LOADING/UNLOADING BAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC4024A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CROSS CONTACT SERVICES
Co Reg No	53257153C
Email Address	STEVEN.GAN.TG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94764667
Alternative Phone No	OFFICE-94764667

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	GOING FOR BREAKFAST
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5073045374-03
Cover Note Number	

### Driver

Name of Driver	STEVEN GAN TECK GUAN
NRIC No	S1556365F
Date Of Birth	07/06/1962
Occupation	OUTDOOR
Date Of Driving Pass	24/06/1982
Driving Experience	36 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94764667
Fax Number	
Contact Number	OTHERS-94764667
EEmail Address	STEVEN.GAN.TG@GMAIL.COM

Address	1 QUEENSWAY #03-64
Postcode	149053
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT D/20181108/2050

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	POLICE CAMERA CAPTURED
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GX5777A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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.
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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.

**CROSS CONTACT SERVICES**

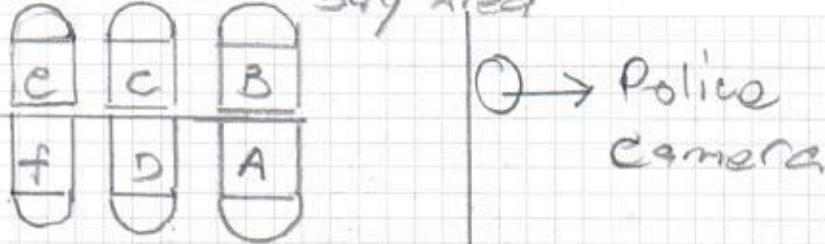
Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN

Loading & unloading Bay Area B1K82 Telok Blangah Drive Market



A - PC 4024A

B - GX 5777A

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS REPORTED TO POLICE REPORT  
7/20/8/108/2050

## DECLARATION

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

## CROSS CONTACT SERVICES

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.:





# SINGAPORE POLICE FORCE



D/20181108/2050

1 of 2

**POLICE REPORT (NP299)**

Report No. D/20181108/2050

Police Station Of Origin  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

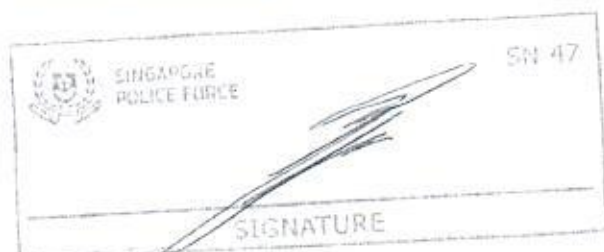
Date/Time Report Made 08/11/2018 15:29	Vide Report No. D/20181001/0032	Station Diary No. 50
Name Of Informant STEVEN GAN TECK GUAN	Address 1 QUEENSWAY #03-64 SINGAPORE 149053	
ID Type / ID No. NRIC NO / S1556365F	Contact No. Home/Office	Mobile 94764667
Nationality SINGAPORE CITIZEN	Email Address	
Occupation SELF EMPLOYED	Sex Male	Age 56
Institution/School Name	Date of Birth 07/06/1962	Race Chinese
Date/Time Of Incident 01/10/2018 00:00	Location Of Incident 82 TELOK BLANGAH DRIVE MKT(BLK 82 TELOK BLANGAH DRIVE)* SINGAPORE 100082 Loading, unloading bay. Service area	

**Brief details.**

I would like to inform that I'm lodging a report with reference to D/20181001/0032.

On the 01/10/2018, parked my vehicle (PC4024A) at the loading and unloading bay of Telok Blangah market and went to have my breakfast at about 0815hrs. I came back to my vehicle at about 0830hrs, and a witness informed me that somebody had reversed from the parking lot and had collided into the rear portion of my vehicle. The rear body is partially damaged with the bumper dented along with some

Signature Of Officer Recording The Report: D / Sgt 3 ROGER GOH XIN YAN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 08/11/2018 15:29
Officer In-Charge Of Case: D / Clementi Police Divisional Investigation Branch / Insp ELEANOR WONG CHEN HUI Contact No.:	Classification Of Case:

**Authentication Stamp**



**SINGAPORE  
POLICE FORCE**



D/20181108/2050

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20181108/2050

scratches. The person then punctured both my rear tyres before leaving. I then called for the police. The incident was classified as mischief. I was informed later by the investigator that the vehicle who was responsible is (GX5777A).

**Subjects Involved**

**Victim**

Person Name STEVEN GAN TECK GUAN (Informant)

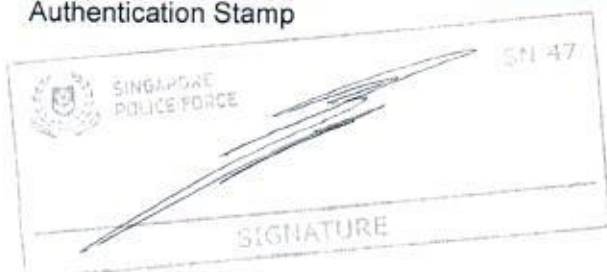
Signature Of Officer Recording The Report:

D / Sgt 3 ROGER GOH XIN YAN

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:  
D / Clementi Police Divisional Investigation Branch /  
Insp ELEANOR WONG CHEN HUI  
Contact No.:

Authentication Stamp



Signature Of Informant:

Date/Time:  
08/11/2018 15:29

Classification Of Case:



## Claim Handling

Accident MT/1018941

Policy No.	5073045374-03	Vehicle No.	PC4024A	GST Registration No.	
Certificate No.					
Policyholder Name	CROSS CONTACT SERVICES	Cover Type	Comprehensive	Policyholder NRIC	53257153C
Product Code	BUS INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	94764667	Special Remark		Contact No.(Home)	
Email Address		TCA	= No Yes	eCode	No
KPK	= No Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No			Private Hire	No
<b>Accident Details</b>					
Report Date	08/11/2018 17:15	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	01/10/2018	Time of Accident hh:mm	08:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	82 TELOK BLANGAH DR MARKET LOADING/UNLOADING BAY				
<b>Excess</b>					
Own damage Excess	2,000.00	Additional Excess		Windscreen Excess	500.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	3,000.00	Outside Singapore TP Excess			
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	No		
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	BLK 63 #10-255	Address 2	COMMONWEALTH DRIVE	Address 3	SINGAPORE 140063
Address 4		Address Type	Singapore address	Post Code	140063
Unit No.	10-255	Related Policy Number	5073045374-03		
<b>OI Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	07/06/1962
Unnamed driver Name	STEVEN GAN TECK GUAN	Driver NRIC	S1556365F	Driving Experience	36
Register Date of Driver License	24/06/1982	Driver Age	36	Contact No.(Home)	
Contact No.(Mobile)	94764667	Contact No.(Office)		Address 3	SINGAPORE 149053
Address 1	1 QUEENSWAY	Address 2	#03-64 QUEENSWAY SHOPPING	Post Code	149053
Address 4		Address Type	Foreign address		
Unit No.	03-64				
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.	PC4024A	Driver Insurer Company	NTUC
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes = No		

Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	CROSS CONTACT SERVICES	Insured NRIC	53257153C
Contact No.(Mobile)	94764667	Contact No.(Home)		Contact No.(Office)	
Email Address		OT	PC4024A	TP	GX577
Claim Description	PC4024A / GX5777A ON 1 Oct 2018				
Preferred Workshop		Insured Liability	Not at Fault	Name of Preferred Workshop	
Repair No.	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered				Claim Close Date	08/11/2018 17:20
Report Taken By				Date Received	08/11/2018

Print AK letter

Save Submit

## Attachment

Accident No.	MT/1018941	Claim No.	001
Last Doc. Received	Yes No	Upload Date	08/11/2018 17:20
Path *			
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read			
<b>Attachment List</b>			
Attachment	Uploaded By/Date	Category	Urgency
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Nov 2018 17:20		Photos	Normal
		Description	Photos 2018-11-8



NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Nov 2018 17:20	Photos	Normal	Photos 2018-11-8
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Nov 2018 17:20	Photos	Normal	Photos 2018-11-8
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Nov 2018 17:20	Photos	Normal	Photos 2018-11-8
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Nov 2018 17:20	Photos	Normal	Photos 2018-11-8
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Nov 2018 17:20	Photos	Normal	Photos 2018-11-8
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Nov 2018 17:20	Photos	Normal	Photos 2018-11-8
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Nov 2018 17:20	Photos	Normal	Photos 2018-11-8
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Nov 2018 17:20	Photos	Normal	Photos 2018-11-8
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Nov 2018 17:20	Photos	Normal	Photos 2018-11-8
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Nov 2018 17:20	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-11-8
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Nov 2018 17:20	SAS	Normal	SAS 2018-11-8

Video List

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



# ACCIDENT STATEMENT

ACCIDENT DATE: 01/10/18 (DD/MM/YYYY), TIME: 08:15 (HH:MM)

LOCATION: 82 TANK BURNHAY DRIVE MORRIS

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PC 402KA  
 b) INSURANCE COMPANY: N.T.W.C.  
 c) POLICY NUMBER: TOYOTA HACE  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: TOYOTA HACE  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: \_\_\_\_\_  
 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: CEOS CONTACT SERVICES (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

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

## DRIVER

- a) NAME: STEWAN GOM TACK CRANE (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 915563657 CONTACT: 94764667  
 c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: 01/06/1967 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 24/06/1982

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: Quarantown

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: 6K577A 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 = STEWAN.GOM.TACK@GMAIL.COM

Fax =

V1 010

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1556365F



Name

STEVEN GAN TECK GUAN

顏 德 源

Race  
CHINESE

Date of birth  
07-06-1962

Sex  
M

Country/Place of birth  
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1556365F

Name

STEVEN GAN TECK GUAN

Birth Date: 07 Jun 1962

Issue Date: 31 May 2010



Land Transport Authority

VOCATIONAL LICENCE

Licence No: S1556365F

Name: GAN TECK GUAN STEVEN

Issue Date: 31/12/2014

Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check  
the status of this vocational licence



5677616



NRIC No. S1556365F



Date of issue  
05-12-2016

1 QUEENSWAY #03-64  
SINGAPORE 149053  
NRIC No: S1556365F

Date: 24/02/2018

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

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 24 Jun 1982



NP 428A

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
02	TAXI VL	14/11/1994
03	BUS VL	02/02/1995





Hello, NAC\_BUKIT\_MERAH\_800676

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

Policy No.

Date of Accident

Vehicle No.(For Motor)

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5073045374-03		CROSS CONTACT SERVICES	53257153C	GBS	Comprehensive	PC4024A	PC4024A	11/08/2018	10/08/2019

**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 : 17NA41814478V Vehicle Registration No: PC 4024A

Name(as shown in NRIC): STANLEY GENE JACK CRONIN NRIC/FIN/Passport No: S1556365F

(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate

Address : \_\_\_\_\_ Singapore/

Contact (Tel) : \_\_\_\_\_ Mobile No.: 94764667

Email Address : \_\_\_\_\_

Date of Accident : 01/10/2018 Time of Accident : 08:15

Place of Accident : 22 Macok Blangah Dr. Market Ladang & Unloading Bay

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:

## SECRET PLAN DRAWING.

## CROSS CONTACT SERVICES

Policyholder / Driver's Signature

Date:

9/11/18

15.17 HRS.

Reporting Centre Personnel's Signature

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

NRIC/FIN No.

Date: