

NATIONAL Assessment Centre Services.

[ver 1 Jan'09]

NA48761243

Date In: 14/1/2008 14:41	Job description	Date & Time Completed	Done by
Ref No: NA48761243/506/Y	SAS e-filing		
Veh No: SKP 8961J	E-mail (within 4hrs, A/C 2hrs)		
D.O.A: 25/1/2008 17:05	1-Motor Claim Form	17/10/23/54002	14/1/2008
OID: TP Reporting Only	1-Motor W/O (Within: OD 2hrs, TP 4hrs)		14:35
TP Insurer:	1-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: SKP 98377	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 repolier.	
() Total Loss Case: to e-mail Insurer URGENTLY.	
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()	

Remarks:	
1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Resurvey Photo [Repair Cost > \$3000] ()	

Injury: _____

Date/Time	Action

NA4808215	
Client's Particulars:	
Driver/Owner:	
Contact No:	
Damaged Portion:	
QC Checked by (Engr-In-Charge):	
Auditor's Comments:	
Ref. I:	

1) AR: Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100) INC (\$50)	
3) TP: Towing Fee \$40/\$45	
4) FT: Follow-Through Survey \$120	
5) FT: Follow-Through Survey (Resurvey) \$30	
For claiming against INC Only (ver 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 \$3	
*N6: Repair Co-ordination \$10	
*N7: Post Repair Inspection \$25	
*N8: DV / Collect Excess Coordination \$3	
TP (N11): TP (Non 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 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	14/12/2018 14:11
Date Of Accident	25/11/2018 17:05
Exact Location Of Accident	737A WOODLANDS CIRCLE MULTI STOREY CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP8961J
Insured/Policyholder	
Name Of Registered Owner	WILLIE KOH
NRIC No	S7320659F
Email Address	WISH8693@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81988854
Alternative Phone No	OTHERS-81988854

Vehicle Particulars

Manufacturer	TOYOTA
Model	PREVIA
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5068400710-03
Cover Note Number	

Driver

Name of Driver	MRS KOH HENG JASMINE (WANG QIAFENG)
NRIC No	S7321592G
Date Of Birth	16/06/1973
Occupation	OUTDOOR
Date Of Driving Pass	15/03/2000
Driving Experience	18 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81988854
Fax Number	
Contact Number	OTHERS-81988854
Email Address	WISH8693@GMAIL.COM

Address	BLK 736 WOODLANDS CIRCLE #11-509
Postcode	730739
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	NO COLLISION
Weather Conditions	DARK SHELTERED CARPARK
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?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	WOODLANDS DIVISION HQ
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT L/20181213/7034

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	SLK9837T
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

IMPORTANT NOTICE

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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: Rosli WATAB
NRIC/FIN No.:

SKETCH PLAN

UNKNOWN OF THE CAUSATION

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

NO REPORT TO POLICE REPORT
1/2018/13/7034

DECLARATION

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

Policyholder's Signature
Date & Time:

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

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

18/12/2018



**SINGAPORE
POLICE FORCE**



L/20181213/7034

1 of 2

POLICE REPORT (NP299)

Report No. L/20181213/7034

Police Station Of Origin
Woodlands Division HQ
1 Woodlands Street 12 SINGAPORE 738622
Tel No:1800-4660000

Date/Time Report Made 13/12/2018 22:03	Vide Report No.	Station Diary No.
Name Of Informant MRS KOH HENG JASMINE	Address APT BLK 736 WOODLANDS CIRCLE #11-509 SINGAPORE 730736	
ID Type / ID No. NRIC NO / S7321592G	Contact No. Home/Office:	Mobile: 81988854
Nationality SINGAPORE CITIZEN	Email Address wish8693@gmail.com	
Occupation Personal Assistant	Sex Female	Age 45
Institution/School Name	Date of Birth 16/06/1973	Race Chinese
Date/Time Of Incident 25/11/2018 17:00 - 25/11/2018 17:05	Location Of Incident APT BLK 736 WOODLANDS CIRCLE #11-509 SINGAPORE 730736	

Brief details.

Dear Officer,

I'm Jasmine Heng, NRIC S7321592G, driver of this car SKP8961J. I received a letter with regards to a hit and run accident.

This incident could have happened while I was doing a reverse parking. I was not feeling well that day due to eyes infection and I was not able to see clearly moreover the car park was slightly dark. I was

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 13/12/2018 22:03
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



L/20181213/7034

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20181213/7034

unsure whether my car could fit into the lot next to car SLK9837T, and decided to move and park at another lot.

I could not recall if i had hit anything as i did not see any damage to my car at that point of time. i only ran a details check for some scratches after receiving this letter. I believe this is the only possible explanation as to how this accident could have happened.

I'll make the report to my insurance company.

Best Regards,

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

13/12/2018 22:03

Classification Of Case:

Claim Handling

Accident MT/1023154

Policy No.	5068400710-03	Vehicle No.	SXPS9611	GST Registration No.	
Certificate No.					
Policyholder Name	WILLIE KOH			Policyholder NRIC	57320659F
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Leading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPI	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	Not available

Accident Details

Report Date	10/12/2018 13:02	Accident Report Within 24 hrs	Yes	Accident Type	Hit and run
Date of Accident	28/11/2018	Time of Accident h:mm	17:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	737A WOODLANDS CIRCLE MULTI STOREY CARPARK				

Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
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 736 #11-309	Address 2	WOODLANDS CIRCLE	Address 3	SINGAPORE 730736
Address 4		Address Type	Singapore address	Post Code	730736
Unit No.		Related Policy Number	5068400710-04		

OT Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 1	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002

New

Claim Type *	CO-MX	Insured Name	WILLIE KOH	Insured NRIC	57320659F
Contact No.(Mobile)	83850421	Contact No.(Home)	83829808	Contact No.(Office)	
Email Address		Vehicle Number	SXPS9611	Vehicle Number	SXPS9611
Claim Description	SXPS9611 / SLR9637T ON 25 Nov 2018				
Preferred Workshop		Insured Liability	Not at Fault	GIA report	Received
Preferred Workshop, Name unknown		Register Option		Claim Close Date	14/12/2018 14:36
Quote Registered				Date Received	14/12/2018
Report Taken By	ROSLI WANAB				
<input type="checkbox"/> Print AK letter					

Save Submit




















Attachment

Accident No.	MT/1023154	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	14/12/2018 14:35

Path *	Category *	Confidential	Urgency *	Date
Choose File No file chosen	Please Select	NO	Normal	
Choose File No file chosen	Please Select	NO	Normal	
Choose File No file chosen	Please Select	NO	Normal	
Choose File No file chosen	Please Select	NO	Normal	
Choose File No file chosen	Please Select	NO	Normal	
Choose File No file chosen	Please Select	NO	Normal	
Choose File No file chosen	Please Select	NO	Normal	
Message Read				

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	File
	NAC_BUKIT_MERAH_800678/ NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 14 Dec 2018 14:33	NAC/ Driving License	Normal	NRIC/ Driving License 2018-12-14	
	NAC_BUKIT_MERAH_800676/ NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 14 Dec 2018 14:33	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-12-14	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Dec 2018 14:33	SAB	Normal	SAS 2018-12-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Dec 2018 14:33	Photos	Normal	Photos 2018-12-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Dec 2018 14:33	Photos	Normal	Photos 2018-12-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Dec 2018 14:26	Photos	Normal	Photos 2018-12-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Dec 2018 14:26	Photos	Normal	Photos 2018-12-14
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Dec 2018 14:26	Photos	Normal	Photos 2018-12-14
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 Dec 2018 14:26	Photos	Normal	Photos 2018-12-14

Video List

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

Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: 25/11/2018 (DD/MM/YYYY). TIME: 17:05 (HH:MM)

LOCATION: _____

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKP8961J
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5068460710-03
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT) (THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Toyota Previa
 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) (NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Willie Poh (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7320659F CONTACT: 8988854
 c) ADDRESS: B11-436 Woodlands Circle (11-59-19) 730736

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Vincent Hong (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S73215929 CONTACT: 8988854
 c) ADDRESS: As above

* d) DATE OF BIRTH: 16/06/1973 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 15 Mar 2000

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) date / rain / rain

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: SLK 9837T 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: _____

* No of passenger
 (including driver)
 ()

* No of passenger
 (including driver)
 ()

* No of passenger
 (including driver)
 ()

Email = wish8693@gmail.com

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7321592G



Name

MRS KOH HENG JASMINE
(WANG QIAOFENG)

王巧凤

Race

CHINESE

Date of birth

16-06-1973

Sex

F

Country of birth

SINGAPORE



3933478



NRIC No. S7321592G



Date of issue

15-09-2006

Address

APT BLK 736 WOODLANDS CIRCLE
#11-509
SINGAPORE 730736

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number: S7321592G

Name:

MRS KOH HENG JASMINE
(WANG QIAOFENG)

Birth Date: 16 Jun 1973

Issue Date: 07 Oct 2000



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

PASS DATE

Class 3 Motor Cars $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of the driver, and other motor vehicles $\leq 2500\text{kg}$ 15 Mar 2006

NP 428A



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7320659F



Name

WILLIE KOH



Race

CHINESE

Date of Birth

09-06-1973

Sex

M

Country of Birth

SINGAPORE



1059853



NRIC No. S7320659F



Blood Group

B+

Date of issue

21-06-1993

APT BLK 736 WOODLANDS CIRCLE #11-509
SINGAPORE 730736

NRIC No: S7320659F

Date: 30-09-2001

No: 3969481

THE SCHEDULE

Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M4-0003030-8

Policy Number	: 5068400710-03		
The Policyholder	: WILLIE KOH		
	: BLK 736 #11-509		
	: WOODLANDS CIRCLE		
	: SINGAPORE 730736		
Period of Insurance	: 26 Dec 2017 To 25 Dec 2018		
Sum Insured	: Market Value of Insured Vehicle at Time of Loss		
Premium (inclusive GST)	: S\$709.10		
Interest Insured			
Cover Type	: Third Party, Fire & Theft		
Primary Driver	: WILLIE KOH		
Named Driver (1)	: JASMINE KOH HENG		
Named Driver (2)	: N/A		
Make/Model	: TOYOTA/PREVIEW	Capacity	: 2400cc
Registration Number	: SKP8961J	Registration Year	: 2006
Chassis Number	: JTEGD52M500001348	Off-peak Car	: No
Repair at Owner's Preferred Workshop	: No	Insure with COE	: Yes
Excess (Section 1)	: N/A	NCD Entitlement	: 50%
Excess (Section 2)	: N/A	NCD Protection	: Yes(Free)
Additional Excess	: N/A	Loyalty Discount	: 5%
Unnamed Driver Excess	: N/A		
Hire Purchase Company	: N/A		

Memo A : N/A

Endorsement Operative : M2, M4, M4 No-claim discount protection

Agency	: LECO AUTOMOBILE PTE LTD (00000571429)
Date of Issue	: 13 Dec 2017 17:52 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



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 : MIA418161243 Vehicle Registration No: SKP 8961 J
Name (as shown in NRIC) : MRS KOT HENG JERMINIE (WIFE OF CHAIKONG) NRIC/FIN/Passport No : S7321592 G
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No.: 81988854
Email Address : _____
Date of Accident : 25/11/2018 Time of Accident : 17:05
Place of Accident : 737D Woodlands Circle Multi Storey Carpark
Insurance Company : NIC

(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:

DRIVER HOME PHONE NUMBER 20 81988854

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: ROCKY LIAW
NRIC/FIN No.:
Date: 17/12/2018