

NATIONAL Assessment Centre Services.

[ver 1 Jan 09]

19 MAY 1900 1057

Date In: 18/01/2019 19:00	Job description	Date & Time Completed	Done by
Ref No: N38/Inc19000933/4	SAS e-filing		
Veh No: SKF 2091C	E-mail (Within 2hrs, AIC 2hrs)		
D.O.A: 15/4/2018 15:00	I-Motor Claim Form	M711029994001	15/01/2019
OD TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		19/04
	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: YN 4416M	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 1000 inc 6788 0010)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Date/Time	Actions

MA1900400	Invoice Information	Invoice No: 1900400	Invoice Date: 18/01/2019
Driver/Owner:	1) AR: Accident Reporting (\$30)	INC (\$80)	
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	
	6) TR: Re-inspection	\$75	
	7) NI: Idao DA + SMRT Survey	\$160	
	8) NTUC Additional Services:		
	ON:		
	*NS: Courtesy Car / Tpl Allowance	\$5	
	*N6: Repair Co-ordination	\$10	
	*N7: Post Repair Inspection	\$25	
	*N8: DV / Collect Excess Coordination	\$5	
	TP (N11): TP (N11 INC) 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	15/01/2019 18:39
Date Of Accident	15/11/2018 15:00
Exact Location Of Accident	160 SIN MING DRIVE CARPARK RAM
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKF2091L
Insured/Policyholder	
Name Of Registered Owner	MERCHANT ATUL CHANDRAKANT
NRIC No	S2609644H
Email Address	PUERTO@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-96332434
Alternative Phone No	OTHERS-96332434

Vehicle Particulars

Manufacturer	BMW
Model	730LI
Exact Purpose for which vehicle was being used at time of accident	CAR WAS TOW BY TOW TRUCK
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	5090764592-01
Cover Note Number	

Driver

Name of Driver	MERCHANT ATUL CHANDRAKANT
NRIC No	S2609644H
Date Of Birth	06/09/1955
Occupation	INDOOR
Date Of Driving Pass	01/07/1981
Driving Experience	37 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	+65-96332434
Fax Number	
Contact Number	OTHERS-96332434
Email Address	MERCHANTATUL@GMAIL.COM

Address	341 BUKIT TIMAH ROAD #06-01
Postcode	259719
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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?	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	YN4416M
Vehicle Make/Model/Colour	TOW TRUCK
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	NEO CHIN HAN
NRIC/Passport Number	S6838754Z
Contact Number	97828085
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.

R C Merchant

Policyholder's Signature

Date & Time:

15/1/19

Driver's Signature

(If driver is not the policyholder)

Date & Time:

an 15/01/2019
Reporting Centre Personnel's Signature

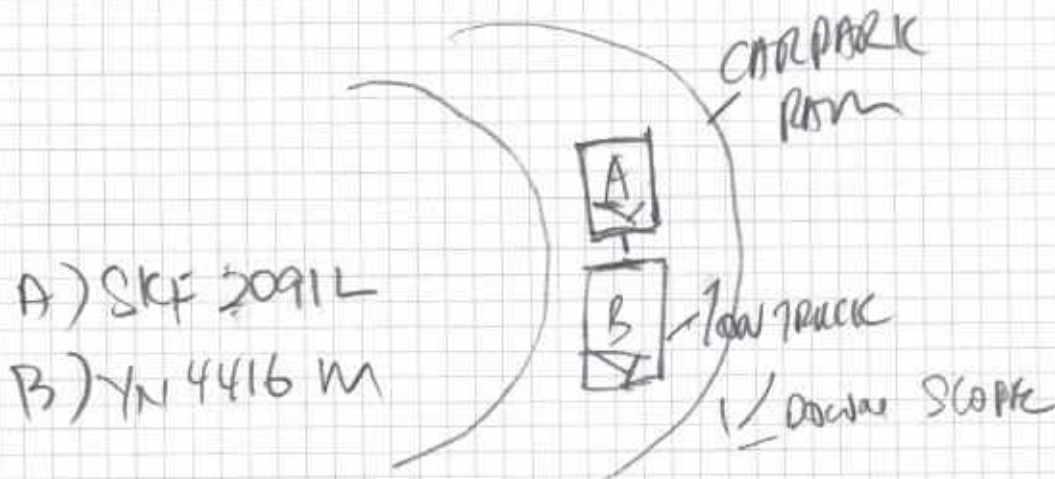
Name:

NRIC/FIN No.:

Keith W. Williams

SKETCH PLAN

160 SIN MING DRIVE CAR PARK RAMP



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My Car was with MBM Wheelpower Pte Ltd at 160 Sing Ming Drive Level 6. on 15th Nov 2018.

They could not repair my car so I decided to send the car to Performance Motors.

For the purpose of towing I called Automobile Association (A.A) where I have been a member for 25+ years.

The AA tow truck came & took my car to Performance Motors.

I left in my own car to Performance Motors. When the tow truck arrived. I was surprised to see that the front bumper was dislodged & about to fall off. The driver admitted his negligence saying he had damaged the car while towing it on the ramp at 160 Sin Ming Drive.

Automobile Association also admitted their liability.

This report is being late as AA had assured me on 15/11/18 that they will take care of the matter. The car took 2 months to repair & all the while has not left the premises of performance Motors.

Now AA wants me to claim Third party against their insurance.

DECLARATION

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

R.C. Muchant
15/1/19.

Policyholder's Signature

Date & Time: 3:40 pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

15/01/2019

Rashid

Claim Handling

Accident HT/1027994

Policy No.	5090764592-01	Vehicle No.	SKF2091L	GST Registration No.	
Certificate No.					
Policyholder Name	MERCHANT ATUL CHANDRAKANT	Cover Type	drive CLASSIC	Policyholder NRIC	S2609644H
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	96332434	Special Remark		Contact No.(Home)	
Email Address		TCA		eCode	No
KFR	<input type="checkbox"/> No <input type="checkbox"/> Yes	NCD Entitlement(%)	90	eCode Reason	
NCD Protection	Yes			Private Hire	No

Accident Details

Report Date	15/01/2019 18:33	Accident Report Within 34 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	15/01/2019	Time of Accident Approx	15:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICN No.	
Accident Location	160 BEN MING DRIVE CARPARK RAH				

Excess

Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

Benefits

Coverage	Sum Insured		
Excess Waiver	99999999.99		

GST Registered Information

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

Policyholder Mailing Address

Address 1	101 CECIL STREET	Address 2	#09-09 TONG ENG BUILDING	Address 3	SINGAPORE 069533
Address 4		Address Type	Singapore address	Post Code	069533
Unit No.	09-09	Related Policy Number	5087295668-02		

GE Driver Info

Driver Name	MERCHANT ATUL CHANDRAKANT	Driver Type	Main Driver	Driver DOB	06/09/1955
Unnamed driver Name		Driver NRIC	S2609644H	Driving Experience	19
Register Date of Driver License	01/01/2000	Driver Age	63	Contact No.(Home)	
Contact No.(Mobile)	96332434	Contact No.(Office)		Address 3	SINGAPORE 069533
Address 1	101 CECIL STREET	Address 2	#09-09 TONG ENG BUILDING	Post Code	069533
Address 4		Address Type	Singapore address		
Unit No.	09-09				
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.	SKF2091L	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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Modification History

Claim 001 New

Claim Type *	CO-MX	Insured Name	MERCHANT ATUL CHANDRAKANT	Insured NRIC	S2609644H
Contact No.(Mobile)	96332434	Contact No.(Home)	67126068	Contact No.(Office)	622479
Email Address		OT		TP	
Claim Description		Vehicle Number	SKF2091L	Vehicle Number	YN4431
Preferred Workshop		SKF2091L / YN4431R ON 15 Jan 2019			
Insured Liability	Not at Fault				
Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received		
Date Registered		Claim Close Date		Date Received	15/01/2019
Report Taken By		ROSLI WAHAB			

Print AX letter

Save Submit

Attachment

Accident No.	HT/1027994	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	15/01/2019 19:04
Path *		Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
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	File
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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jan 2019 19:04

Photos

Normal

Photos 2019-1-15



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jan 2019 19:04

Photos

Normal

Photos 2019-1-15



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jan 2019 19:04

Photos

Normal

Photos 2019-1-15



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jan 2019 19:04

Photos

Normal

Photos 2019-1-15



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jan 2019 19:04

Photos

Normal

Photos 2019-1-15



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jan 2019 19:04

Photos

Normal

Photos 2019-1-15



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jan 2019 19:03

Photos

Normal

Photos 2019-1-15



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jan 2019 19:03

Photos

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Photos 2019-1-15



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jan 2019 19:03

Photos

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Photos 2019-1-15



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jan 2019 19:03

Photos

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Photos 2019-1-15



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jan 2019 19:03

SAS

Normal

SAS 2019-1-15



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 15 Jan 2019 19:03

NRIC/ Driving License

Normal

NRIC/ Driving License 2019-1-15

Video List

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

ACCIDENT STATEMENT

ACCIDENT DATE: 15/11/2018 (DD/MM/YYYY), TIME: 3:00 (approx) (HH:MM)

LOCATION: 160 Sin Ming Dr - Car Ramp.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKF 2091 L
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5090764592-01
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: BMW 730L
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: TOWING
 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: MERCHANT ATUL CHANDRA KARI (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S2608644H / CONTACT: 96332434
 c) ADDRESS: 341, BUKIT TIMAH RA #06-01
BUKIT HONOLULU TOWER S259719

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: As above (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: 06/07/1955 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 1st July 1981

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) CLEAR

b) ROAD SURFACE: (DRY / WET / OTHERS) DRY

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: YN 4416 M MODEL: TOW TRUCK

b) DRIVER'S NAME: NEO CHIN HAN

c) NRIC/FIN/PASSPORT: S6838754 CONTACT: 97828085

9. THIRD PARTY VEHICLE S6838754 Z

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email = puerto@singnet.com.sg

VIDEO 1

merchantatul@gmail.com

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2609644H



Name

MERCHANT ATUL CHANDRAKANT

Race

INDIAN

Date of birth

06-09-1955

Country/Place of birth

INDIA

Sex

M

0277 822 844

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number: S2609644H

MERCHANT ATUL
CHANDRAKANT

Birth Date: 06 Sep 1955

Issue Date: 15 Apr 2015



002407199B

SG
50

5762818



NRIC No. S2609644H



Date of issue

03-07-2017

Address

341 BUKIT TIMAH ROAD
#06-01
SINGAPORE 259719

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

EFFECTIVE DATE

Class 3 Motor Cars < 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 01 Jul 1981

MOBILE NO. 65-96332434

NP 428A



License No: S2609644H

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: 5090764592-01

Cover : drivo CLASSIC

- | | |
|---|---|
| 1. Index mark and Registration Number of Vehicle | : SKF2091L |
| Chassis Number | : WBAKB22000CN74234 |
| 2. Name of Policyholder | : MERCHANT ATUL CHANDRAKANT |
| 3. Effective Date of Insurance | : 27 May 2018 |
| 4. Expiry Date of Insurance | : 26 May 2019 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (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.

This Policy does not cover

- (a) Use for hire or reward.
(b) Use for racing, pace-making, reliability trial or speed-testing.
(c) Use for the carriage of goods (other than samples) in connection with any trade or business.
(d) Use for any purpose in connection with the Motor Trade.

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)	: N/A
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: YES
PRIMARY DRIVER	: MERCHANT ATUL CHANDRAKANT
NAMED DRIVER (1)	: MERCHANT ANISHA ATUL
NAMED DRIVER (2)	: MERCHANT BHAVIN ATUL
HIRE PURCHASE COMPANY	: HONG LEONG FINANCE LTD
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 : GOLDEN PRIME INSURANCE AGENCY (00000613808)

Date of Issue : 02 May 2018 18:06 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 : MNA409007057 Vehicle Registration No : SKF 2091L
Name (as shown in NRIC) : MURCHON T ATUL CHANDRASEKARAN NRIC/FIN/Passport No : S2609644H
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 96332434
Email Address : _____
Date of Accident : 15/11/2018 Time of Accident : 15:00
Place of Accident : 160 Sun King Drive Carpark Ram
Insurance Company : Nuke

(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:

Tip Vehicle Number to YN 446M on sketch

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Peshi Luthans
NRIC/FIN No.:
Date: 15/11/2018