

NATIONAL Assessment Centre Services. [ver 1 Jan 2003] **MAA49017135**

Date In: <b>07/02/2019 19:22</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NBA/INC/9002227/Y</b>	SAS e-filing		
Veh No: <b>SGC 1111 H</b>	E-mail (w/oda hrs, AIC hrs)		
D.O.A: <b>04/02/2019 14:25</b>	I-Motor Claim Form	<b>MT/1030949-001</b>	<b>07/02/2019</b>
OID <b>(TP)</b> Reporting Only	I-Motor W/O (With: OD 2hrs, TP 4hrs)		<b>19:47</b>
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by <b>Fax / Hand to Owner/Wksp</b>		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Vch No: **GBE 5815X** 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: ( )

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

Injury: \_\_\_\_\_

Date/Time	Action

<b>NA/900908</b>	Invoice Ref: ( )	Am (S) / Mod (B)	Am (S) / Mod (B)
Client's Particulars	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (ver 10 Jan 2003)		
	6) TR: Re-inspection \$75		
	7) NI: Idas DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OJ:		
	*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 (N in INC) against INC \$20		
	9) NI2: Idas 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	07/02/2019 19:22
Date Of Accident	04/02/2019 14:25
Exact Location Of Accident	BLK 335 SMITH STREET MSCP
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGC1111H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ANG CHEOW CHENG
NRIC No	S1372733C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96180982
Alternative Phone No	OTHERS-96180982

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HARREIR
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	5094823207-01
Cover Note Number	

### Driver

Name of Driver	ANG CHEOW CHENG
NRIC No	S1372733C
Date Of Birth	28/02/1959
Occupation	INDOOR
Date Of Driving Pass	29/10/1977
Driving Experience	41 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96180982
Fax Number	
Contact Number	OTHERS-96180982
Email Address	NOEMAIL

Address	BLK 122 KIM TIAN ROAD #09-62
Postcode	160122
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	SIDE SWIPE
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	2
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 (TYPE OF COLLISION IS TP REVERSE AND HIT INSURED)

#### 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	GBE5845X
Vehicle Make/Model/Colour	KIA
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	WONG HAN SENG
NRIC/Passport Number	S1435228G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

## SKETCH PLAN

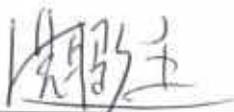
### IMPORTANT NOTICE

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**.
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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.
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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.



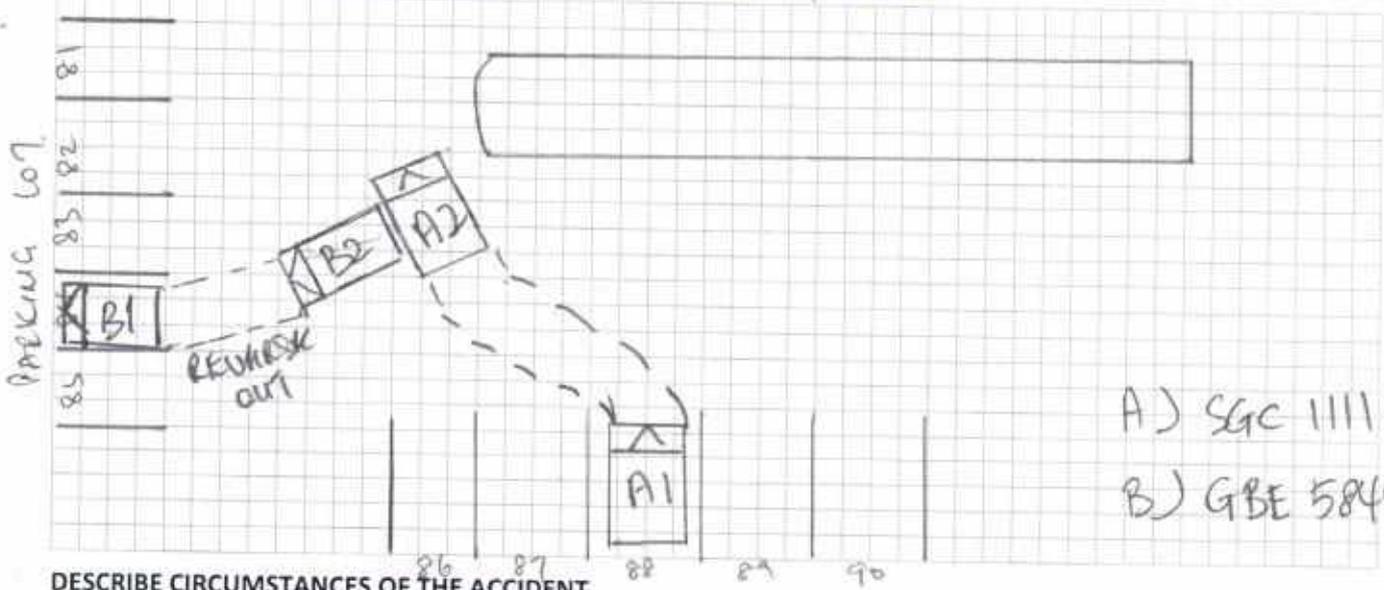
Policyholder's Signature  
Date & Time:

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

07/02/2019  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN

BK 335 SMITH STREET MSCP



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 04/02/2019 AT ABOUT 14:24HRS I WAS AT BK 335 SMITH STREET MSCP AND WANTED TO EXIT FROM THE CARPARK. I DROVE MY CAR SGC 1111H OUT OF THE PARKING LOT. JUST BEFORE I WAS ABOUT TO MAKE A U-TURN, SUDDENLY ON MY <sup>LEFT</sup> LORRY GBE 5845X REVERSED SO FAST AND HIT THE LEFT SIDE OF MY CAR. I STOP TO CALM DOWN AND TOLD HIM I HORN FOR MANY TIMES BUT HE STILL REVERSE.

DECLARATION

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

*[Signature]*

Policyholder's Signature  
Date & Time:

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

*[Signature]* 07/02/2018  
Reporting Centre Personnel's Signature  
Name: *[Signature]*  
NRIC/FIN No.:

**Claim Handling**

Accident MT/1030949

Policy No.	3094823207-01	Vehicle No.	SGC1111H	GST Registration No.	
Certificate No.					
Policyholder Name	ANG CHEOW CHENG			Policyholder NRIC	S1372733C
Product Code	PRIVATE CAR INSURANCE	Cover Type	BRW CLASSIC	Leading	0
Contact No.(Mobile)	96180982	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No *
KPI	<input type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	30	Private Hire	No

**Accident Details**

Report Date	07/02/2019 19:31	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	04/02/2019	Time of Accident hh:mm	14:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICR No.	
Accident Location	BLK 315 SMITH STREET HSCP				

**Excess**

Own Damage Excess	800.00	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 122 #09-02	Address 2	KIM TIAN ROAD	Address 3	SINGAPORE 160122
Address 4		Address Type	Singapore address	Post Code	160122
Unit No.		Related Policy Number	3094823207-01		

**01 Driver Info**

Driver Name	ANG CHEOW CHENG	Driver Type	Main Driver	Driver DOB	28/02/1959
Unnamed driver name		Driver NRIC	S1372733C	Driving Experience	22
Register Date of Driver License	01/01/1997	Driver Age	59	Contact No.(Home)	
Contact No.(Mobile)	96180982	Contact No.(Office)		Address 1	SINGAPORE 160122
Address 1	BLK 122 #09-02	Address 2	KIRITIAN ROAD	Address 3	SINGAPORE 160122
Address 4		Address Type	Singapore address	Post Code	160122
Unit No.					
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.	SGC1111H	Driver Insurer Company	NTUC

Declaration			
Smaltalyzer or Blood Test Reading?	0 mg	Any injury?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**Modification History**

Claim 001 OD-MX **Re**

Claim Type *	OD-MX	Insured Name	ANG CHEOW CHENG	Insured NRIC	S1372733C
Contact No.(Mobile)		Contact No.(Home)	92287732	Contact No.(Office)	NIL
Email Address		01 Vehicle Number	SGC1111H	TP Vehicle Number	QB85845X
Claim Description	SGC1111H / QB85845X On 4 Feb 2019				
Preferred Workshop		Insured Liability	Not at Fault		
Salvage No. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown	GSA report	Received
Date Registered		Claim Close Date	07/03/2019 19:43	Date Received	07/02/2019 00:00
Report Taken By	ROSLI WAHAB	Workshop Repairer		Total Loss out Required	

Print AK letter

Save Submit

**Attachment**

Accident No.	MT/1030949	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	07/02/2019 00:00
Path *		Category *	Confidential
		Urgency *	Normal
Choose File	No file chosen	Please Select	Normal
Choose File	No file chosen	Please Select	Normal
Choose File	No file chosen	Please Select	Normal
Choose File	No file chosen	Please Select	Normal
Choose File	No file chosen	Please Select	Normal
Choose File	No file chosen	Please Select	Normal
Message Read			

**Attachment List**

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CO)
	NAC_BUKIT_MERAH_800676; NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 07 Feb 2019 19:43	Photos	Normal	Photos 2019-2-7	
	NAC_BUKIT_MERAH_800676; NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 07 Feb 2019 19:43	Photos	Normal	Photos 2019-2-7	
	NAC_BUKIT_MERAH_800676; NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 07 Feb 2019 19:43	Photos	Normal	Photos 2019-2-7	



NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Feb 2019 19:43	Photos	Normal	Photos 2019-2-7
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NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Feb 2019 19:41	Photos	Normal	Photos 2019-2-7
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Feb 2019 19:41	Photos	Normal	Photos 2019-2-7
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Feb 2019 19:41	Photos	Normal	Photos 2019-2-7
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Feb 2019 19:41	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-2-7
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 07 Feb 2019 19:41	SAS	Normal	SAS 2019-2-7

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
				<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>

# ACCIDENT STATEMENT

ACCIDENT DATE: (04, 02, 2019) (DD/MM/YYYY). TIME: (14:24) (HH:MM)

LOCATION: BIK 335 SMITH STREET MSCP

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGC 1111 H  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: 6094823207-01  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: TOYOTA HARRIER  
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: ANG EDITION SUKSES (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 9618 0982  
c) ADDRESS: \_\_\_\_\_

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

### DRIVER

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

\* d) DATE OF BIRTH: (20/02/1959) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 29/10/1977

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

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: GBE 5845X MODEL: CORRY KIA  
b) DRIVER'S NAME: WONG HAN SHAN  
c) NRIC/FIN/PASSPORT: S1435228 G CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passenger  
(including driver)  
(1)

\* No of passenger  
(including driver)  
(2)

\* No of passenger  
(including driver)  
( )

email = NO EMAIL

VIDEO

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1372733C



Name  
**ANG CHEOW CHENG**

**洪昭廷**

Race  
**CHINESE**

Date of birth

**28-02-1959**

Country/Place of birth

**SINGAPORE**

Sex

**M**



5646868



NRIC No. S1372733C



Date of issue

**17-08-2016**

Address

**APT BLK 122 KIM TIAN ROAD  
#09-82  
SINGAPORE 160122**

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number  
**S1372733C**

Name  
**ANG CHEOW CHENG**

Birth Date **28 Feb 1959**

Issue Date **17 Aug 2016**



00259825A

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

EFFECTIVE DATE

Class 3	Motor cars with unladen weight $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq$ 2500kg	29 Oct 1977
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight $>$ 2500kg Motor vehicles which are not constructed to carry load or passengers and the unladen weight $\leq$ 7250kg	11 Dec 1981

NP 428A



Licence No: S1372733C

## 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:** 5094823207-01

**Cover :** drive CLASSIC

- |   |                   |
|---|-------------------|
| 1. Index mark and Registration Number of Vehicle  | : SGC1111H        |
| Chassis Number  | : ZSU600085164    |
| 2. Name of Policyholder   | : ANG CHEOW CHENG |
| 3. Effective Date of Insurance  | : 09 Sep 2018     |
| 4. Expiry Date of Insurance   | : 08 Sep 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)	: S\$600
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	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: ANG CHEOW CHENG
NAMED DRIVER (1)	: ANG GUO HUA
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: OCBC BANK 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)

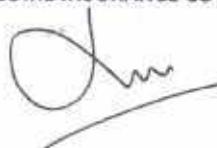
Agency : INTEGRAL PLUS SERVICES (00000572787)  
 Date of Issue : 07 Aug 2018 15:17 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

\_\_\_\_\_  
Authorised Officer



\_\_\_\_\_  
Chief Executive



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
 6 Raffles Quay #18-00 Singapore 048560  
 Tel (65) 6224 0010 Fax (65) 6224 0030  
 Operating Hours : Monday to Friday, 09:00 - 17:00  
 UEN: S665500200 / GST Reg. No.: M400017735

**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 : MA4419017135 Vehicle Registration No: SGC 1111 H  
 Name (as shown in NRIC) : ANIL CHANDRAN CHANDRAN NRIC/FIN/Passport No : \_\_\_\_\_  
 (\*Vehicle Driver / Vehicle Owner) (\* Please delete as appropriate)  
 Address : \_\_\_\_\_ Singapore ( )  
 Contact (Tel) : \_\_\_\_\_ Mobile No. : 96180982  
 Email Address : \_\_\_\_\_  
 Date of Accident : 04/02/2019 Time of Accident : 14:25  
 Place of Accident : BLK 335 SMITH STREET MSCP  
 Insurance Company : NIUC

**(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:

DATE OF ACCIDENT TO 04/02/2019

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Policyholder / Driver's Signature  
 Date:

Reporting Centre Personnel's Signature  
 Name: Rashmi  
 NRIC/FIN No: \_\_\_\_\_  
 Date: 19/02/2019