NATIONAL Assessment Centre Services. (wef 1 Jan'08) MNAC/19/32559

Date In: 11/03/2019 15:38	Job description	Date & Time Completed	Done by
Ref No: NBA/INCC9004351/Y	SAS e-filing		
Veh No: SLH 2645Z	E-mail (Ajude 8hrs, AIC 2hrs)		
D.O.A: 10/03/2019 13:45	I-Motor Claim Form	MTI035385-001	11/03/2019 16:17
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: SH927H 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 / Instructions	Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > $3000] ( )		

Injury :

Particulars	Actions

XA1901705

Claimant's Particulars

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Invoice Checklist

		Remarks	Initials
1) AR : Accident Reporting (330)			
2) DA : Damage Assessment ($100)	INC (330) $440/$45		
3) TP : Towing Fee	$120		
4) FT : Follow-Through Survey	$30		
5) FT : Follow-Through Survey (Resurvey) For claiming against INC Only (wef 10 Jan 2005)	$75		
6) TR : Re-Inspection	$160		
7) N1 : Idau DA + SMRT Survey			
8) NTUC Additional Services:-			
OD*	$5		
*N5: Courtesy Car / Tpt Allowance	$10		
*N6: Repair Co-ordination	$25		
*N7: Post Repair Inspection	$5		
*N8: DV / Collect Excess Coordination	$20		
TP (N11) : TP (Non INC) against INC	30		
9) N12: Idau Mobile			
Invoice dated	*Fee Charged*		
Invoice dated	*Fee Charged*		

Additional Comments

Cal. 1:

2 / 3:

FOR:

16-DEC-2018 MON 08:09

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	11/03/2019 15:38
Date Of Accident	10/03/2019 13:45
Exact Location Of Accident	ALONG CTE BEFORE TIONG BAHRU EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU2645Z

Insured/Policyholder

Name Of Registered Owner	TSE CHUN HO
NRIC No	S8070779G
Email Address	HO80SG@YAHOO.COM
Mobile Phone No	(LOCAL) +65-94896702
Alternative Phone No	OTHERS-94896702

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA
Exact Purpose for which vehicle was being used at time of accident	GOING TO PLAZA SINGAPURA
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	5096781408-01
Cover Note Number	

Driver

Name of Driver	TSE CHUN HO
NRIC No	S8070779G
Date Of Birth	20/12/1980
Occupation	INDOOR
Date Of Driving Pass	22/12/2000
Driving Experience	18 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94896702
Fax Number	
Contact Number	OTHERS-94896702
EMail Address	HO80SG@YAHOO.COM

Address	BLK 861 JURONG WEST STREET 81 #06-604
Postcode	640861
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	2
Was any body injured in the Accident?	YES
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)	4
Passenger 1	NAME: : WIFE GENDER: : FEMALE
Passenger 2	NAME: : BROTHER GENDER: : MALE
Passenger 3	NAME: : BROTHER WIFE GENDER: : FEMALE

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	SH9271H
Vehicle Make/Model/Colour	COMFORT
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LAI LIH SHAN
NRIC/Passport Number	S0117119D

Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	TSE CHUN HO
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SLU2645Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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

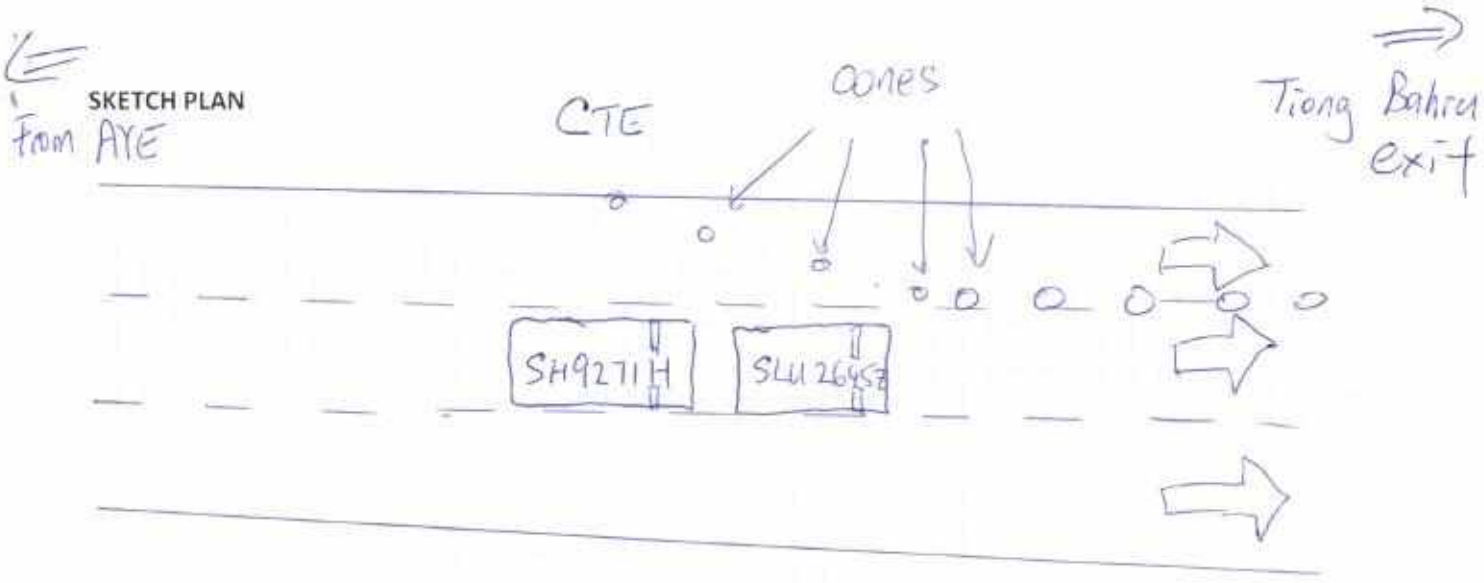
   (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:
11/03/19

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

11/03/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I am Driving (SLU 2645Z) along CTE on Sunday 10 Mar 2019 (13:45hrs). Before Tiong Bahru Exit after entering from AYE.

I am driving in the 2nd lane on the left. There are cones ~~plan~~ placed to ~~close~~ close the 1st lane on the left in front of me.

Suddenly, I noticed one vehicle merging from lane 1 on the left to my lane cutting into my lane at a very fast speed suddenly causing me to slow down and brake.

The taxi behine me (SH 9271 H) did not slow down and stop in time and hit my vehicle's rear.

The vehicle that overtakes me left without stopping, I am not able to see the car plate of this vehicle.

DECLARATION

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

Policyholder's Signature
Date & Time:
11/03/19.

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

11/03/2019

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

Claim Handling

Accident MT/1035395

*Policy No.	5096781408-01	Vehicle No.	SLU2645Z	GST Registration No.	
Certificate No.					
Policyholder Name	TSE CHUN HO			Policyholder NRIC	S8078779G
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading	0
Contact No.(Mobile)	94896702	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFR	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	11/03/2019 16:16	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	10/03/2019	Time of Accident hh:mm	13:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG CTE BEFORE TUAS BAHRU EXIT				

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		WWWWW.WW	

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 861 #06-604	Address 2	JURONG WEST STREET 81	Address 3	SINGAPORE 640861
Address 4		Address Type	Singapore address	Post Code	640861
Unit No.		Related Policy Number	5096781408-01		

OI Driver Info

Driver Name	TSE CHUN HO	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S8078779G	Driver DOB	22/12/1980
Register Date of Driver License	01/01/2001	Driver Age	38	Driving Experience	18
Contact No.(Mobile)	94896702	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 861 #06-604	Address 2	JURONG WEST STREET 81	Address 3	SINGAPORE 640861
Address 4		Address Type	Singapore address	Post Code	640861
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SLU2645Z	Driver Insurer Company	NTUC
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes No		

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	TSE CHUN HO	Insured NRIC	S8078779G
Contact No.(Mobile)	94896702	Contact No. (Home)	67288803	Contact No. (Office)	
Email Address	ikebig@yahoo.com	OI Vehicle Number	SLU2645Z	TP Vehicle Number	SHJ271H
Claim Description	SLU2645Z / SHJ271H On 10 Mar 2019			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault		
Contact No. Finalization	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	LOA report	Received
Date Registered	11/03/2019 16:16	Claim Close Date		Date Received	11/03/2019 00:00
Report Taken By	ROSLI WAHAB				

Print All letter

Save Submit

Attachment

Accident No.	MT/1035395	Claim No.	001
Last Doc. Received	* Yes No	Upload Date	11/03/2019 16:17

Path *		Category *	Confidential	Urgency *	Description *
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	

Message Read Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CCI)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Mar 2019 16:17	Photos	Normal	Photos 2019-3-11	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 11 Mar 2019 16:17	Photos	Normal	Photos 2019-3-11	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Mar 2019 16:17	Photos	Normal	Photos 2019-3-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Mar 2019 16:17	Photos	Normal	Photos 2019-3-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Mar 2019 16:17	Photos	Normal	Photos 2019-3-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Mar 2019 16:17	Photos	Normal	Photos 2019-3-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Mar 2019 16:17	Photos	Normal	Photos 2019-3-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Mar 2019 16:17	Photos	Normal	Photos 2019-3-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Mar 2019 16:17	Photos	Normal	Photos 2019-3-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Mar 2019 16:16	Photos	Normal	Photos 2019-3-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Mar 2019 16:16	Photos	Normal	Photos 2019-3-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Mar 2019 16:16	Photos	Normal	Photos 2019-3-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Mar 2019 16:16	Photos	Normal	Photos 2019-3-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Mar 2019 16:16	SAS	Normal	SAS 2019-3-11
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Mar 2019 16:16	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-11

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action

Display in New Window | Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (10 / 03 / 2019) (DD/MM/YYYY). TIME: (13 : 46) (HH:MM)

LOCATION: CTE, Just enter CTE from AYE, near Lamp Post (S98) Before Tiong Bahru Road exit.

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SLH 2645 Z
   b) INSURANCE COMPANY: NTUC Income
   c) POLICY NUMBER: 5096781408-01
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
   e) MAKE & MODEL: Hyundai ELANTRA
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: Going to Plaza Singapura.
   i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES / NO)
   IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

1) WIFE
2) BROTHER
3) BROTHER WIFE

2. INSURED / POLICY HOLDER
   A) NAME: TSE CHUN HO (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S8070796J CONTACT: 94896702
   c) ADDRESS: Blk 861 Jurong West St 81 #06-604 Singapore (640861).

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

*No of passenger (including driver) (4)

3. DRIVER
   a) NAME: AS ABOVE (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
   c) ADDRESS: _____
   *d) DATE OF BIRTH: (20 / 12 / 1980) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) DATE OF DRIVING PASS 22 Dec 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) _____
   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

* No of passenger (including driver) (__)

   a) VEHICLE NUMBER: SH9271H MODEL: Comfort Taxi (Blue)
   b) DRIVER'S NAME: LAI LIH SHAN
   c) NRIC/FIN/PASSPORT: S0117119D CONTACT: _____
9. THIRD PARTY VEHICLE

* No of passenger (including driver) (__)

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

email = ho80sg@yahoo.com.

VIDEO

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8070779G

Name

TSE CHUN HO

謝俊豪

Race

CHINESE

Date of birth

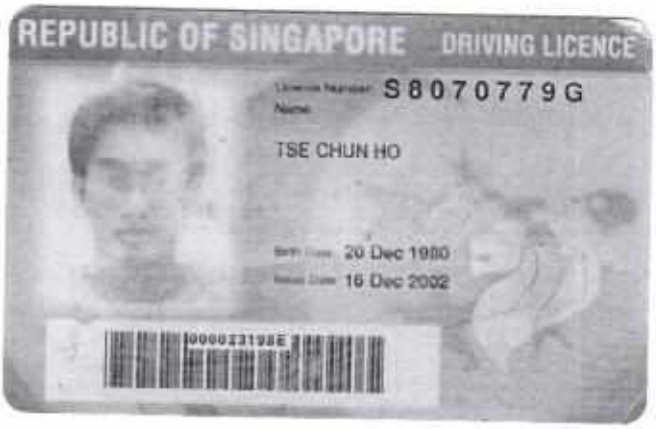
20-12-1980

Sex

M

Country of birth

HONG KONG



4877591

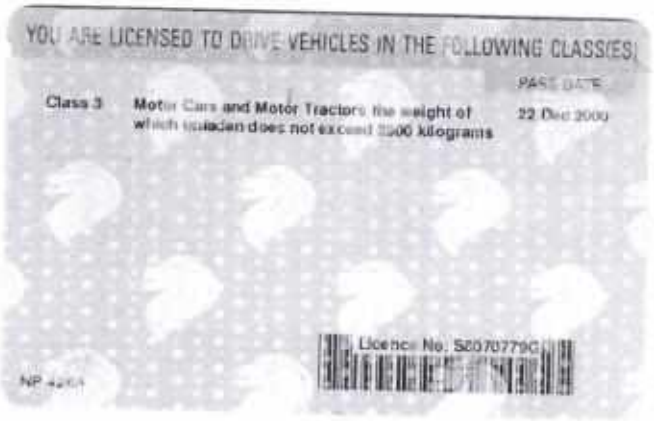
NRIC No S8070779G

Date of issue

08-02-2011

Address

APT BLK 861 JURONG WEST STREET 81
#06-604
SINGAPORE 640861



eBaoTech

GeneralClaim

Hello, NAC_BUKIT_MERAH_800676

• Change Language • Change Password • Log Out

My Desktop

Notice of Loss

Policy Query

Policy No.

Vehicle No.(For Motor) SLU2645Z

Date of Accident 10/03/2019 15:35

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	5096781408-01		TSE CHUN HO	S8070779G	GPC	drivo PREMIUM	SLU2645Z	SLU2645Z	28/11/2018	27/11/2019

Continue

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: 56655002GG / GST Reg. No.: M400017731

GENERAL INSURANCE ASSOCIATION RECORDS MANAGEMENT CENTRE

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 : MNR4903255B Vehicle Registration No: SLY2645Z

Name(as shown in NRIC) : TSE [illegible] HO NRIC/FIN/Passport No : S8070779G

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

Address : _____ Singapore( )

Contact (Tel) : _____ Mobile No. : 94896702

Email Address : _____

Date of Accident : 10/03/2019 Time of Accident : 13:45

Place of Accident : ALONG CCK BEFORE TOWER BOOM EXIT

Insurance Company : MUC

(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:

THERE IS INJURY (OWNER)

Policyholder / Driver's Signature
Date:

10/03/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: