NATIONAL Assessment Centre Services. [ref: Jan'06] MHA4903663

Date In: 19/03/2019 17:27	Job description	Date & Time Completed	Done by
Ref No: MHA/INC/900483/19	SAS e-filing		
Veh No: SMK700C	E-mail (Within 8hrs, AIC 2hrs)		
D.O.A: 18/03/2019 15:35	I-Motor Claim Form	MHA/1036600-01	19/03/2019 17:23
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: SMK 700H. 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 repairer.

( ) Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In( )/Towed-In( ); Invoice: YES( )/NO( ); Towing Co: ( )

Remarks / Instruction	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 of Accident

MH1902030

Claimant's Particulars

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditor's Comments

Sal, 1:

2/3:

Invoice Checklist	Fee Charged	Waived
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	
Forclaimbur against INC Only (wef 10 Jan 2005)	$75	
6) TR: Re-Inspection	$160	
7) N1: Idau DA + SMRT Survey		
8) NTUC Additional Services:		
OD:		
*NS: Courtesy Car / Tpt Allowance	$10	
*NC: Repair Coordination	$25	
*NI: Post Repair Inspection	$5	
*NC: DV / Collect Excess Coordination	$20	
TP (N11): TP (Non INC)	30	
9) N12: Idau Mobile		
Invoice dated	*Fee Charged*	
Invoice dated	*Fee Charged*	

FOR:

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 witholding 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	19/03/2019 17:10
Date Of Accident	18/03/2019 15:35
Exact Location Of Accident	JUNCTION OF STEVENS RD/SCOTTS RD TOWARDS PATERSON
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM9910C
Insured/Policyholder	
Name Of Registered Owner	TAN TECK SOON
NRIC No	S1151804D
Email Address	MEIHOONG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90930733
Alternative Phone No	OTHERS-90461386
Vehicle Particulars	
Manufacturer	HONDA
Model	FIT
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5052690735-07
Cover Note Number	
Driver	
Name of Driver	LIM MEI HOONG
NRIC No	S1241768C
Date Of Birth	28/11/1958
Occupation	INDOOR
Date Of Driving Pass	03/03/1977
Driving Experience	42 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90930733
Fax Number	
Contact Number	OTHERS-90461386
EMail Address	MEIHOONG@GMAIL.COM

Address	BLK 1 DELTA AVENUE #03-35
Postcode	160001
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	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?	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

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	SME700H
Vehicle Make/Model/Colour	KIA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	S7720104A
NRIC/Passport Number	
Contact Number	90099989
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.
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:

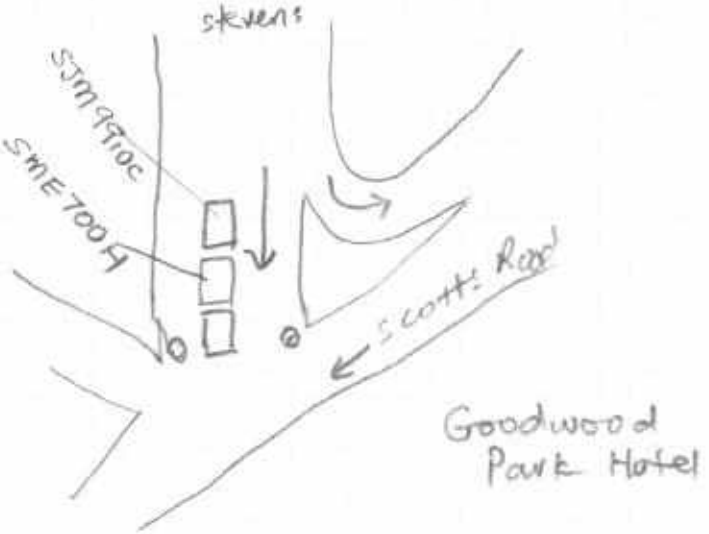
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

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

Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time: 19/3/19 1.15pm	(If driver is not the policyholder)	Name:
	Date & Time: 19/3/2019 1.13pm	NRIC/FIN No.:

19/03/2019

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On Monday 18 March 2019, I was approaching the traffic junction of Stevens Road and Scotts Rd (towards Patterson Rd). There's already 2 vehicles stopped in front of me. I showed down but was unable to stop in time. I hit the vehicle SME7004 in the rear.

DECLARATION

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

Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time: 19/3/19 1.15 pm	(If driver is not the policyholder) Date & Time: 19/3/2019 1.13pm	Name: Kopal Watts NRIC/FIN No.:

Claim Handling

Accident MT/1036600

Policy No.	5052800735-07	Vehicle No.	SJM9910C	GST Registration No.	
Certificate No.					
Policyholder Name	TAN TECK SOON			Policyholder NRIC	S1151304G
Product Code	PRIVATE CAR INSURANCE	Cover Type	iFlex CLASSIC	Loading	0
Contact No.(Mobile)	90920733	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
FFR	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	19/03/2019 17:17	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	19/03/2019	Time of Accident hh:mm	15:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNCTION OF STEVENS RD/SCOTTS RD TOWARDS PATERSON				

Excess

Own Damage Excess	600.00	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 1 #03-35	Address 2	DELTA AVENUE	Address 3	SINGAPORE 160001
Address 4		Address Type	Singapore address	Post Code	160001
Unit No.		Related Policy Number	5052800735-07		

OI Driver Info

Driver Name	LIM MEI HOONG	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	S1741786C	Driver DOB	28/11/1957
Register Date of Driver License	03/03/1977	Driver Age	61	Driving Experience	42
Contact No.(Mobile)	90461386	Contact No.(Office)		Contact No.(Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SJM9910C	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No

Modification History

Claim 001 New

Claim Type *	OD-Hx	Insured Name	TAN TECK SOON	Insured NRIC	S1151304G
Contact No.(Mobile)	90920733	Contact No.(Home)	62764632	Contact No.(Office)	
Email Address	tanteckso@yahoo.com.sg	OI Vehicle Number	SJM9910C	TP Vehicle Number	SME700H
Claim Description	SJM9910C / SME700H ON 19 Mar 2019			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Fully at Fault		
Consent No Finalization	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	19/03/2019 17:22	Claim Close Date		Date Received	19/03/2019 00:00
Report Taken By	ROSLI WAHAB				

Print Ak letter

Save Submit

Attachment

Accident No.	MT/1036600	Claim No.	001
Last Doc. Received	Yes No	Upload Date	19/03/2019 17:23

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 Send

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)
	NAC_BUKIT_MERAH_B00678(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 19 Mar 2019 17:23	Photos	Normal	Photos 2019-3-19	
	NAC_BUKIT_MERAH_B00678(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 19 Mar 2019 17:23	Photos	Normal	Photos 2019-3-19	
	NAC_BUKIT_MERAH_B00678(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 19 Mar 2019 17:23	Photos	Normal	Photos 2019-3-19	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 19 Mar 2019 17:21	Photos	Normal	Photos 2019-3-19
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 19 Mar 2019 17:21	Photos	Normal	Photos 2019-3-19
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 19 Mar 2019 17:22	Photos	Normal	Photos 2019-3-19
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 19 Mar 2019 17:22	Photos	Normal	Photos 2019-3-19
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 19 Mar 2019 17:22	Photos	Normal	Photos 2019-3-19
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 19 Mar 2019 17:22	Photos	Normal	Photos 2019-3-19
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 19 Mar 2019 17:22	SAS	Normal	SAS 2019-3-19
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 19 Mar 2019 17:22	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-19

Video List

Uploaded By/Date	Folder Date	File Name		Source	Action

Display in New Window | Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (18 / 03 / 2019) (DD/MM/YYYY). TIME: (15 : 35) (HH:MM)

LOCATION: Traffic Junction at Stevens Rd & Scotts Rd (towards Paterson Rd)

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SJM9910C
   b) INSURANCE COMPANY: Income
   c) POLICY NUMBER: 5052690735-07
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
   e) MAKE & MODEL: Honda Fit
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE
   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: TAN TECK SOON (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S1151804D CONTACT: 90930733
   c) ADDRESS: BLK 1 DELTA AVE #03-35 SINGAPORE 160001

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

*No of passenger (including driver) (1)

3. DRIVER
   a) NAME: LIM MEI HOONG (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S1241768C CONTACT: 90467386
   c) ADDRESS: BLK 1 DELTA AVE #03-35 SINGAPORE 160001
   *d) DATE OF BIRTH: (28 / 11 / 1957) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) DATE OF DRIVING PASS 03 MAR 1977
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SPOUSE
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

* No of passenger (including driver) ( )

   a) VEHICLE NUMBER: SME700H MODEL: KIA
   b) DRIVER'S NAME: HO WEI NAM, GAVIN
   c) NRIC/FIN/PASSPORT: S7720104A CONTACT: 90099989
9. THIRD PARTY VEHICLE

* No of passenger (including driver) ( )

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

email = meihoong@gmail.com

VIDEO

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1241768C

LIM MEI HOONG

林 美 紅

CHINESE

28-11-1957 F

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

S1241768C

LIM MEI HOONG

28 Nov 1957

21 Mar 2003

0707587

S1241768C

Blood Group B+

Date of issue 03-01-1993

APT BLK 1 DELTA AVENUE #03-35
SINGAPORE 160001

NRIC No: S1241768C Date: 09/11/2012 (R) No: 7147574

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

		PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	03 Mar 1977

License No: S1241768C

NP 429A

income
made different

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: 5052690735 CF

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle	: **SJM9910C**
Chassis Number	: GE01149108
2. Name of Policyholder	: TAN TECK SOON
3. Effective Date of Insurance	: 22 Jan 2019
4. Expiry Date of Insurance	: 21 Jan 2020

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 169) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: $5600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: $5100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: TAN TECK SOON
NAMED DRIVER (1)	: LIM MEI HOONG
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
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 : S & M ALLIANCE PTE LTD (000008143Z)
Date of Issue : 14 Jan 2019 11:17 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 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66SS0020G / 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 : MN0419036631 Vehicle Registration No: SJM9910C

Name(as shown in NRIC) : Lim Mei Hooks NRIC/FIN/Passport No : S1241768G

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

Address : _____ Singapore( )

Contact (Tel) : _____ Mobile No. : 90461386

Email Address : _____

Date of Accident : 18/03/2019 Time of Accident : 15:35

Place of Accident : Junction of Sixth Ave / Sooms Rd towards Orchard

Insurance Company : MSIG

(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:

Policy number is 5052690735-07

Policyholder / Driver's Signature
Date:

19/03/2019
Reporting Centre Personnel's Signature
Name: Rose Lim Hooks
NRIC/FIN No.:
Date: