

**NATIONAL Assessment Centre Services.** [part 1 Jan 09] **MAY 19 04 24 38**

Date In: <b>01/09/2019 19:33</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NBA/INC19005150X</b>	SAS e-filing		
Veh No: <b>SKG 2165X</b>	E-mail (update 3hrs, A/C 2hrs)		
D.O.A: <b>29/03/2019 19:20</b>	I-Motor Claim Form	<b>M71038352-001</b>	<b>01/09/2019</b>
Oil <b>(TP)</b> Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		<b>19/47</b>
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Wksp		

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

TP Particulars: Vch No: **SKG 2165X** 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 ( )

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 of Incident: \_\_\_\_\_

<b>NBA19005150X</b>			
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100) INC (\$50)		
Damaged Portion:	3) TP: Towing Fee \$10/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Waiter's comments:	5) FT: Follow-Through Survey (Resurvey) \$30		
Cal 1:	6) TR: Re-inspection \$75		
2/3:	7) NI: I/du DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	Oil:		
	* No Courtesy Car / Transport Allowance \$5		
	* No Repair Co-ordination \$10		
	* No Post Repair Inspection \$25		
	* No DV / Collect Excess Coordination \$5		
	TP (NI) / TP (Non-INC) \$30		
	9) NIS Idea 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	01/04/2019 19:33
Date Of Accident	29/03/2019 19:20
Exact Location Of Accident	UPPER SERANGOON RD OPPOSITE HOLY INNOCENTS SCHOOL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKG2765X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TANG BEE KIM PAULINE (CHEN MEIJIN PAULINE)
NRIC No	S7125575A
Email Address	PAULINELIZ88@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96864898
Alternative Phone No	OTHERS-96864898

### Vehicle Particulars

Manufacturer	AUDI
Model	A4-1.8 TFSI MU CVT (A)
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	5097597491-01
Cover Note Number	

### Driver

Name of Driver	TANG BEE KIM PAULINE (CHEN MEIJIN PAULINE)
NRIC No	S7125575A
Date Of Birth	01/08/1971
Occupation	INDOOR
Date Of Driving Pass	17/06/1992
Driving Experience	26 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96864898
Fax Number	
Contact Number	OTHERS-96864898
Email Address	PAULINELIZ88@GMAIL.COM

Address	BLK 120B RIVERVALE DRIVE #14-388
Postcode	542120
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?	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	SLX8105K
Vehicle Make/Model/Colour	HONDA VEZEL
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ISABELLA LIM YI XUAN
NRIC/Passport Number	S9027347G
Contact Number	96870846
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

Veh A: SKG 2965 X

Veh B: SLY 8105 K

IMPORTANT NOTICE

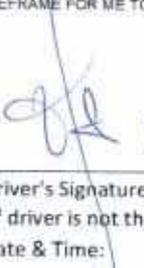
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver.**
3. Information provided must be as **truthful and accurate as possible.** Any wilful misrepresentation or withholding of material 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.

\*\* I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

 1/4/2019  
 Policyholder's Signature  
 Date & Time: 3:28pm

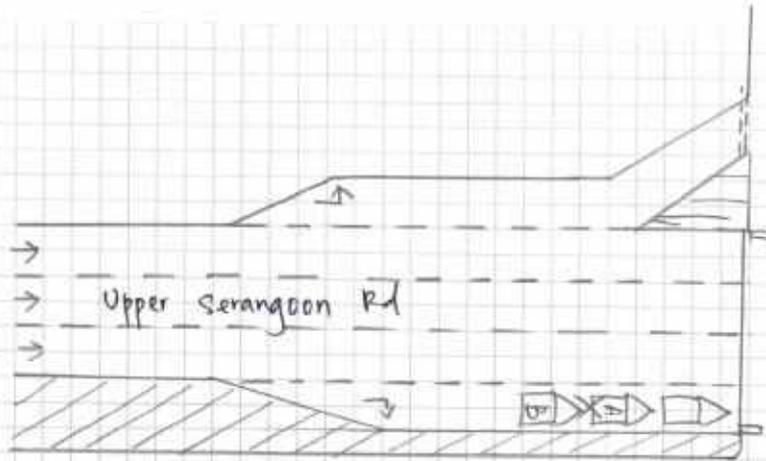
 1/4/2019  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time: 3:28pm

 1/4/2019  
 Reporting Centre Personnel's Signature  
 Name: Reshmi Vignesh  
 NRIC/FIN No.: A903

**SKETCH PLAN**

Veh A: 9K4 2765X

Veh B: 8LY 8105K



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

While i was stationary at the traffic light along Upper Serangoon Rd.  
Sudden i felt an impact from my rear, Vehicle B collided onto rear of my  
Vehicle.

**DECLARATION**

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

  
Policyholder's Signature  
Date & Time: 1/4/2019 3:25pm

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 1/4/2019 3:29pm

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

**Claim Handling**

Accident No./1038332

Policy No.	807527491-01	Vehicle No.	SKG2765X	GST Registration No.	
Certificate No.					
Policyholder Name	TANG BEE KIM PAULINE (CHEN MELVIN PAULINE)	Cover Type	PRIV CLASSIC	Policyholder NRIC	S7125575A
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Leading	0
Contact No.(Mobile)	9664898	Special Remark		Contact No.(Home)	
Email Address		TCA	- No Yes	eCode	No *
ATA	- No Yes	NCD Entitlement(N)	50	eCode Reason	
NCD Protection	Yes			Private Hire	No

**Accident Details**

Report Date	31/04/2019 20:44	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Head
Date of Accident	29/03/2019	Time of Accident (Approx)	19:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICH No.	
Accident Location	UPPER SERANGOON RD OPPOSITE HOLY INNOCENTS SCHOOL				

**Excess**

Own Damage Excess	0.00	Additional Excess	0	Windscreen Excess	100.00
Uninsured Driver Excess	0.00	Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

**Benefits**

**GST Registered Information**

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

**Policyholder Mailing Address**

Address 1	BLK 120B #14-308	Address 2	ROVERVALE DRIVE	Address 3	SINGAPORE 542120
Address 4		Address Type	Singapore address	Post Code	542120
Unit No.		Related Policy Number	807527491-01		

**OT Driver Info**

Driver Name	TANG BEE KIM PAULINE	Driver Type	Main Driver	Driver DOB	31/08/1971
Uninsured driver Name		Driver NRIC	S7125575A	Driving Experience	28
Register Date of Driver License	11/06/1992	Driver Age	47	Contact No.(Home)	
Contact No.(Mobile)	9664898	Contact No.(Office)		Address 1	SINGAPORE 542120
Address 1	BLK 120B #14-308	Address 2	ROVERVALE DRIVE	Address 3	SINGAPORE 542120
Address 4		Address Type	Singapore address	Post Code	542120
Unit No.		Driver Vehicle No.	SKG2765X	Driver Insurer Category	NTUC
Does he own a Singapore Registered car?	Yes - No				

**Declaration**

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes - No
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**Modification History**

Claim ID: [View](#)

Claim Type *	OD-MR	Insured Name	TANG BEE KIM PAULINE (CHEN MELVIN PAULINE)	Insured NRIC	S7125575A
Contact No.(Mobile)	9664898	Contact No.(Home)	8881280	Contact No.(Office)	
Email Address	PAULINE128@GMAIL.COM	OT Vehicle Number	SKG2765X	TR Vehicle Number	SLK9100x
Claim Description	SKG2765X / SLK9100X ON 29 Mar 2019				
Preferred Workshop	Insured Liability	Not at Fault	GIA report	Received	
Date Registered	31/04/2019 19:47	Claim Close Date		Date Received	01/04/2019 00:00
Report Taken By	ROSLI WANAB				

\* Print Receipt

[Save](#) [Submit](#)

**Attachment**

Accident No.	HT/1038332	Claim No.	001
Last Doc. Received	Yes - No	Upload Date	31/04/2019 19:47

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

**Attachment List**

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CU)
	NAC_BUKIT_MERAH_B006761 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 01 Apr 2019 19:47	Photos	Normal	Photos 2019-4-1	
	NAC_BUKIT_MERAH_B006761 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 01 Apr 2019 19:47	Photos	Normal	Photos 2019-4-1	
	NAC_BUKIT_MERAH_B006761 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 01 Apr 2019 19:47	Photos	Normal	Photos 2019-4-1	



# Accord Auto Services Pte Ltd

Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: avclaims@mycarworkshop.com

## Particular Of Insured/Driver & Details Of The Accident

### Motor Accident Report

\*Date of Accident: 29/3/2019 \*Time of Accident: 7.20pm

\*Accident Location: Upper Serangoon Road  
Opposite Holy Innocent's School

### Vehicle Details

\*Vehicle Number: SKG2765X \*Make & Model: Audi (white) A4 1.8 TFSI  
MU (P)

### Insured / Policyholder

\*Owner Name: Pauline Tang Bee Kim \*NRIC: S71-25575A

\*Address: Blk 120B, Rivervale Drive #14-388

\*Email: Pauline1288@gmail.com \*HP: 96864898

\*Occupation: Manager (Indoor / Outdoor) \*Tel / H / Other: -

### Driver same as above

\*Driver Name: \_\_\_\_\_ \*NRIC: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_ \*Driving Pass Date: 17 Jun 1992 \*HP: \_\_\_\_\_

\*Email: \_\_\_\_\_ \*Gender: Male / Female

\*Occupation: \_\_\_\_\_ (Indoor / Outdoor) \*Tel / H / Other: \_\_\_\_\_

\*Driver an employee: Yes / No (\*If no, what is relationship with the policyholder: \_\_\_\_\_)

### Passengers Details

\*P/Name: \_\_\_\_\_ (Male/Female) \*P/Name: \_\_\_\_\_ (Male/Female)

\*P/Name: \_\_\_\_\_ (Male/Female) \*P/Name: \_\_\_\_\_ (Male/Female)

### Insurance Company

\*Insurer: NTUC Income \*Coverage: C / TPFT / TPO \*Policy No: \_\_\_\_\_

### Detail of other vehicle / Property 1

Vehicle No.: SLX 8105K

Make & Model: Honda Vezel

Vehicle Category: \_\_\_\_\_

Name of Driver: Isabella Lim Yi Xuan

NRIC : S9027347G

HP : 96870846

No. of Passengers (Including Driver): 1

### Detail of other vehicle / Property 2

Vehicle No.: \_\_\_\_\_

Make & Model: \_\_\_\_\_

Vehicle Category: \_\_\_\_\_

Name of Driver: \_\_\_\_\_

NRIC : \_\_\_\_\_

HP : \_\_\_\_\_

No. of Passengers (Including Driver): \_\_\_\_\_

### For Official Use Only

\*Claiming against Own Ins.: Yes /  No (If No, Reporting Only / TP Claims)

### General Information of the accident

\*Type of accident: Head Rear / Side swipe / others: \_\_\_\_\_

\*Weather conditions: Clear / Raining / others: \_\_\_\_\_ \*Any video cam: Yes / No

\*Road Surface: Dry / Wet / others: \_\_\_\_\_

\*Witness: Yes /  No (Name: \_\_\_\_\_ NRIC: \_\_\_\_\_ HP: \_\_\_\_\_)

\*Accident reported to police: Yes /  No \*Summon against whom: \_\_\_\_\_

\*Injured party: Yes /  No \*No. of passengers (include driver): \_\_\_\_\_

-I/Name: \_\_\_\_\_ \*Fasten seat belt: Yes / No \*Conveyed by Ambulance: Yes / No

-I/Name: \_\_\_\_\_ \*Fasten seat belt: Yes / No \*Conveyed by Ambulance: Yes / No

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number **S7125575A**

Name  
**TANG BEE KIM PAULINE  
(CHEN MEIJIN PAULINE)**

Birth Date **01 Aug 1971**

Issue Date **08 Jul 2008**

000039352J




**REPUBLIC OF SINGAPORE**  
IDENTITY CARD NO. **S7125575A**



Name  
**TANG BEE KIM PAULINE  
(CHEN MEIJIN PAULINE)**

**陈美金**

Race  
**CHINESE**

Date of Birth **01-08-1971** Sex **F**

Country of Birth  
**SINGAPORE**



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

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	17 Jun 1992

Licence No: **S7125575A**



NP 428A



0378714



NRIC No **S7125575A**

Blood Group **AB+** Date of issue **12-06-1992**

**APT BLK 120B RIVERVALE DRIVE #14-388  
SINGAPORE 542120**

NRIC No: **S7125575A**

Date: **28/03/2008**

No: **5985014**

## 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:** 5097597491-01

**Cover :** drive CLASSIC

- |   |  |
|---|--|
| 1. Index mark and Registration Number of Vehicle  | : SKGZ765X                                   |
| Chassis Number  | : WAUZZZ8K0DA040485                          |
| 2. Name of Policyholder   | : TANG BEE KIM PAULINE (CHEN MEIJIN PAULINE) |
| 3. Effective Date of Insurance  | : 16 Feb 2019                                |
| 4. Expiry Date of Insurance   | : 15 Feb 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 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	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: TANG BEE KIM PAULINE
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: TOKYO CENTURY LEASING (SINGAPORE) PTE 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 : DQ INSURE (00000572952)

Date of Issue : 08 Feb 2019 21:09 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 : MNA419042438 Vehicle Registration No: SKG2765X  
Name(as shown in NRIC) : TANG BEE KIM PAULINE NRIC/FIN/Passport No : S7125575A  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 9686 4898  
Email Address : \_\_\_\_\_  
Date of Accident : 29.3.2019 Time of Accident : 1920HRS  
Place of Accident : UPPER SERANGOON RD OPPOSITE HOLY INNOCENTS SCHOOL  
Insurance Company : NTUC INCOME INSURANCE CO-OPERATIVE LTD

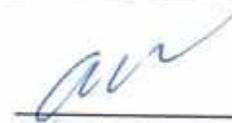
**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

2.4.2019 AMEND THIRD PARTY VEHICLE NUMBER SLX8105X TO SLX8105K

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TANG BEE KIM PAULINE  
Policyholder / Driver's Signature  
Date: 2.4.2019

  
Reporting Centre Personnel's Signature  
Name: Reshe Upanand  
NRIC/FIN No.: 021096/2019  
Date: \_\_\_\_\_