





## 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	09/04/2019 17:20
Date Of Accident	08/04/2019 14:00
Exact Location Of Accident	SINGAPORE POST PAYA LEBAR CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBA555L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	Q LEASING
Co Reg No	53384683L
Email Address	SHARONSOON5404@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96562162
Alternative Phone No	OFFICE-97882224

### Vehicle Particulars

Manufacturer	BMW
Model	318I
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5106916004
Cover Note Number	

### Driver

Name of Driver	KAMARUL ZAMAN BIN CHEMAN
NRIC No	S1643590B
Date Of Birth	28/10/1964
Occupation	INDOOR
Date Of Driving Pass	01/08/1992
Driving Experience	26 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96562162
Fax Number	
Contact Number	OTHERS-97882224
Email Address	SHARONSOON5404@GMAIL.COM

-

- Insurance Company Name  
Nature Of Damage  
No. Of Passenger (including Driver) 1

## SKETCH PLAN

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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:

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

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

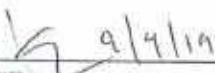
On the 8<sup>th</sup> of April about 2.02 pm. I was driving out of a carpark at Sing Post Paya Lekar. While I was coming at the car park Ramp suddenly a car BMW SKV7672T swerve into my lane and hit my right front bumper.

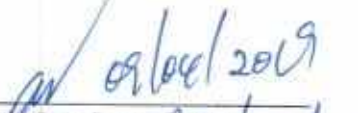
DECLARATION

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

  
Policyholder's Signature  
Date & Time:



  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 9.40

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



## INFORMATION RESOURCES

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT. THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

## Business Profile (Business) of Q LEASING (53384683L)

Date: 19/02/2019

## The Following Are The Brief Particulars of :

Name of Business	:	Q LEASING
Former Name(s) if any	:	
Date of Change of Name	:	
Registration No.	:	53384683L
Registration Date	:	18/07/2018
Commencement Date	:	18/07/2018
Status of Business	:	Live
Status Date	:	18/07/2018
Renewal Date	:	
Expiry Date	:	18/07/2019
Renewal via GIRO	:	NO
Constitution of Business	:	Sole-Proprietor
Principal Place of Business	:	317 OUTRAM ROAD #02-39 CONCORDE SHOPPING CENTRE SINGAPORE (169075)
Date of Change of Address	:	

## Principal Activities

Activities (I)	:	PASSENGER LAND TRANSPORT N.E.C. (EG PRIVATE CARS FOR HIRE WITH OPERATOR AND TRISHAWS) (49219)
Description	:	
Activities (II)	:	REPAIR AND MAINTENANCE OF MOTOR VEHICLES (INCLUDING INSTALLATION OF PARTS & ACCESSORIES) (95301)
Description	:	

## Particulars of Authorised Representative(s)

Name	ID	Nationality	Address	Address Source	Date of Appointment
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Authentication No. : Y19108627Y

## INFORMATION RESOURCES

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT, THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

## Business Profile (Business) of Q LEASING (53384683L)

Date: 19/02/2019

## Existing Sole-Proprietor(s) / Partner(s)

Name	ID	Nationality/Place of Incorporation/Origin	Address	Address Source	Date of Entry Position
NG CHEOW HIA	S1480622I	SINGAPORE CITIZEN	28 BUKIT BATOK EAST AVENUE 2 #17-19 HILLVIEW REGENCY SINGAPORE (659921)	ACRA	18/07/2018 Owner

## Withdrawn Partner(s)

Name	ID	Nationality/Place of Incorporation/Origin	Address	Address Source	Date of Entry Position	Date of Withdrawal
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## Abbreviation

OSCARS - One Stop change of Address Reporting Service by Immigration & Checkpoint Authority.

## Note :

- The information contained in this Business Profile is extracted from lodgements filed by this entity with ACRA.
- The list of officers for this entity is available for online authentication within 30 days from the date of purchase of this Business Profile. Please scan the QR code available on the last page of this profile to access the authentication page. For more information, please visit [www.acra.gov.sg](http://www.acra.gov.sg).

FOR REGISTRAR OF COMPANIES AND BUSINESS NAMES  
SINGAPORE

RECEIPT NO. : ACRA190219137961

DATE : 19/02/2019

This is computer generated. Hence no signature required.



Authentication No. : Y19108627Y

## Claim Handling

Accident MT/1036577

Policy No.	5108816004	Vehicle No.	SB4555L	GST Registration No.	
Certificate No.					
Policyholder Name	Q LEASING			Policyholder NRIC	S3384687L
Product Code	FLEET INSURANCE	Driver Type	drive CLASSIC	Leasing	0
Contact No.(Mobile)	87982224	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No *
WFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

## Accident Details

Report Date	10/04/2019 11:43	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	08/04/2019	Time of Accident hh:mm	14:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SINGAPORE POST PAYA LEBAS CARRIAGE				

## Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Uninsured Driver Excess		Outside Singapore OD Excess	3,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

## Benefits

## GST Registered Information

GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History	10/04/2019 11:38:54 System changed GST Status Verified from No to Yes				

## Policyholder Mailing Address

Address 1	317 OUTRAM ROAD	Address 2	CONCORDE SHOPPING CENTRE	Address 3	SINGAPORE 169075
Address 4		Address Type	Singapore address	Post Code	169075
Unit No.		Related Policy Number	5105910054		

## Q1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	KANARAJ ZAMAN BIN CHEMAN	Driver NRIC	S16473508	Driver DOB	26/10/1964
Register Date of Driver License	01/06/1992	Driver Age	54	Driving Experience	25
Contact No.(Mobile)	96162152	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 201 #03-49	Address 2	YISHUN STREET 21	Address 3	YISHUN PALM SPRING
Address 4	SINGAPORE 760201	Address Type	Foreign address	Post Code	760201
Unit No.	03-49				
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.	SB4555L	Driver Insurer Company	NTUC

Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes = No		

Modification History

Claim 001 New

Claim Type *	OO-PR *	Insured Name	Q LEASING	Insured NRIC	S3384687L
Contact No.(Mobile)		Contact No. (Home)		Contact No. (Office)	
Email Address		DI		TP	
Claim Description		Vehicle Number	SB4555L	Vehicle Number	SHV7672T
Preferred workshop		SB4555L / SHV7672T ON 8 Apr 2019		Name of Preferred Workshop	
Insured Liability	Not at Fault *				
Preferred Workshop, Name unknown	QIA report	Received			
Date Registered	10/04/2019 11:53	Claim Close Date		Date Received	10/04/2019 00:00
Report Taken By	ROSLI WAHAB				

Print AC letter

Save Submit

## Attachment

Accident No.	MT/1036577	Claim No.	001
Last Doc. Received	Yes No	Upload Date	10/04/2019 11:54
Path *		Category *	Confidential
Choose File No file chosen		Urgency *	Description *
Choose File No file chosen		Clear	Please Select
Choose File No file chosen		Clear	Please Select
Choose File No file chosen		Clear	Please Select
Choose File No file chosen		Clear	Please Select
Choose File No file chosen		Clear	Please Select
Choose File No file chosen		Clear	Please Select
Choose File No file chosen		Clear	Please Select
Message Read		Clear	Please Select

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Reg Sent (CO)	A
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Apr 2019 11:54	Photos	Normal	Photos 2019-4-10		
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Apr 2019 11:54	Photos	Normal	Photos 2019-4-10		
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Apr 2019 11:54	Photos	Normal	Photos 2019-4-10		



	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Apr 2019 11:54	Photos	Normal	Photos 2019-4-10
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Apr 2019 11:54	Photos	Normal	Photos 2019-4-10
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Apr 2019 11:52	Photos	Normal	Photos 2019-4-10
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Apr 2019 11:52	Photos	Normal	Photos 2019-4-10
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Apr 2019 11:52	Photos	Normal	Photos 2019-4-10
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Apr 2019 11:52	Photos	Normal	Photos 2019-4-10
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Apr 2019 11:52	SAS	Normal	SAS 2019-4-10
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Apr 2019 11:52	NAC/ Driving License	Normal	NAC/ Driving License 2019-4-10

Video List

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

# ACCIDENT STATEMENT

ACCIDENT DATE: 08/04/2019 (DD/MM/YYYY), TIME: 14:02 (HH:MM)

LOCATION: SINGPOST PAYA LEBAL CAR PARK

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SBA 555L  
 b) INSURANCE COMPANY: TOKIO MARINE  
 c) POLICY NUMBER: 18-MJ000980-R00  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: BMW 318i  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: LEISURE  
 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: QUALITY LEASING PRIVATE LIMITED (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 97882224  
 c) ADDRESS: \_\_\_\_\_

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

## DRIVER

- a) NAME: KAMARUL ZAMAN BIN CHEAM (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S1643590R CONTACT: 96562162  
 c) ADDRESS: B1K 201 TISHAN ST 21 #03-49  
(760201)

\* d) DATE OF BIRTH: 28/10/1964 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 01/08/1992

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) (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

- a) VEHICLE NUMBER: SKV 7672 T MODEL: BMW  
 b) DRIVER'S NAME: KARAMJEET KAUR D/O TEJA SINGH  
 c) NRIC/FIN/PASSPORT: S1600874E CONTACT: 96158827

## 9. THIRD PARTY VEHICLE

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

Email = Sharonsoon5404@gmail.com

VIDEO

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1643590B



Name  
KAMARUL ZAMAN BIN CHEMAN  
قمر الزمان بن جي مڻ  
Race  
MALAY  
Date of Birth  
28-10-1964  
Sex  
M  
Country of Birth  
SINGAPORE

S1643590B

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licensee Name: S1643590B



Name  
KAMARUL ZAMAN BIN CHEMAN  
Date of Birth  
28 Oct 1964  
Issue Date  
25 Apr 2003

1000421427H

1105200



NRIC No. S1643590B



Blood Group: O+ Date of issue: 13-07-1993


APT BLK 201 YISHUN STREET 21 #03-49  
SINGAPORE 760201  
NRIC No: S1643590B Date: 23/02/2019

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

Class 2B	Motorcycles not exceeding 200 cc	PASS DATE	18 Mar 1995
Class 2A	Motorcycles between 251 cc and 400 cc		25 Jul 1998
Class 1	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms		01 Aug 1992

HP 126A

License No. S1643590B





## 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:** 5106916004

**Cover :** drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SBA555L**  
 Chassis Number : WBAPF72000A793570
2. Name of Policyholder : Q LEASING
3. Effective Date of Insurance : 20 Feb 2019
4. Expiry Date of Insurance : 19 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 or Hirer's business.

**This Policy does not cover**

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) 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\$2,000
EXCESS (SECTION 2)	: S\$1,500
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	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: DICKSON CAPITAL 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 : COWELL INSURANCE (AGENCY) PTE LTD (00000610380)  
 Date of Issue : 09 Jan 2019 11:28 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 : MMA19046400 Vehicle Registration No: SBA 555L  
Name (as shown in NRIC) : KAMARUL ZAMAN BIN CHAIWAN NRIC/FIN/Passport No : S1643590B  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 96562162  
Email Address : \_\_\_\_\_  
Date of Accident : 08/04/2019 Time of Accident : 14:00  
Place of Accident : SINGAPORE POST POYA LABOUR CAMP PARK  
Insurance Company : MTC

**(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:

INSURANCE SHOULD BE MTC & NOT TOKO MARINE

Policyholder / Driver's Signature  
Date:

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

10/04/2019  
Reza

**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 : MNA119046400-01 Vehicle Registration No: SBA555L

Name (as shown in NRIC) : KAMARUL ZAMAN BIN CHAMBAW NRIC/FIN/Passport No : S1643590B

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

Address : \_\_\_\_\_ Singapore ( )

Contact (Tel) : \_\_\_\_\_ Mobile No.: 96567162

Email Address : \_\_\_\_\_

Date of Accident : 08/04/2019 Time of Accident : 14:00

Place of Accident : SIPKIN POST PAYA LARUT LARUT

Insurance Company : NRMC

**(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:

INSURED BANK TO Q CHASING

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: [Signature]  
NRIC/FIN No.: [Signature]  
Date: 10/04/2019