

# NATIONAL Assessment Centre Services.

Date In: 23/04/2019 17:52	Job description	Date & Time Completed	Done by
Ref No: NAB/INC/900746/Y	SAS e-filing		
Veh No: SLD 43184	E-mail (update 3hrs, AIG 3hrs)		
D.O.A: 22/04/2019 01:20	I-Motor Claim Form	mt1041471-001	24/04/2019 09:57
OID (TP) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/WRAP		

Preferred Wrap / INC Assign Wkep / QW: (	Tel:	Fax:
TP Particulars:	Veh No: 888 6022Z	INC ( ) / Non-INC ( )
Owner / Driver: (	Tel:	
Policy No: (	Period: (	Cover Type: (
Confirmed by: (	Dates:	Times:
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 Information:

( ) Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of reporter.

( ) 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: \_\_\_\_\_

1) AR: Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100)	INC (\$50)
3) TP: Towing Fee	\$10/\$45
4) FT: Follow-Through Survey	\$120
5) FT: Follow-Through Survey (Resurvey)	\$30
Forclaiming against INC Only (wef 10 Jun 2009)	
6) TR: Re-inspection	\$75
7) NI: Idao DA + SMRT Survey	\$160
8) NTUC Additional Services:	
ON:	
NS: Courtesy Car / TP Allowance	\$5
NR: Repair Coordination	\$10
NR: Post Repair Inspection	\$25
NR: DV / Collect Excess Coordination	\$5
TP (NI) / TP (N-in INC)	\$30
NI: Idao Mobile	
Invoice dated	Fee Charged
Invoice amount	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	23/04/2019 17:52
Date Of Accident	22/04/2019 07:20
Exact Location Of Accident	ALONG WEST COAST ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD4318U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GURBACHAN SINGH
NRIC No	S0491752I
Email Address	BACHAN@LIVE.COM.SG
Mobile Phone No	(LOCAL) +65-90090240
Alternative Phone No	OTHERS-90090240

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
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	5082809911-02
Cover Note Number	

### Driver

Name of Driver	GURBACHAN SINGH
NRIC No	S0491752I
Date Of Birth	16/10/1948
Occupation	INDOOR
Date Of Driving Pass	07/04/1972
Driving Experience	47 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90090240
Fax Number	
Contact Number	OTHERS-90090240
EMail Address	BACHAN@LIVE.COM.SG

Address	BLK 35 TEBAN GARDENS ROAD #14-283
Postcode	600035
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)	2
Passenger 1	NAME: : RESHMA KAUR 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	SBS6022Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	MUHAMMAD REDZUAN BIN MOHD ASRI
NRIC/Passport Number	S9114416F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

## 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.

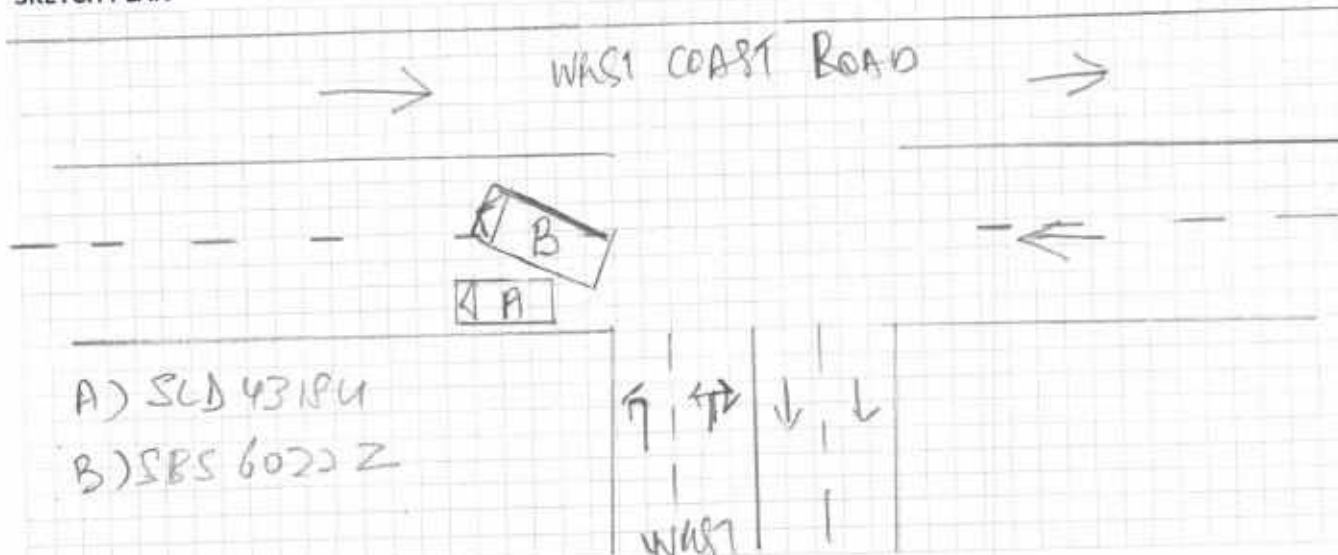
Policyholder's Signature  
Date & Time:

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

Whilst on the way to send daughter to Kent Ridge Secondary school, I was behind a row of vehicles when the SBS bus was turning onto the same road but the side of the bus, left side of the bus, knocked into my right rear bumper, damaging the bumper and left rear light housing.

## DECLARATION

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

Policyholder's Signature

Date & Time: 23/04/19  
1645 Hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

23/04/2019

Rosh Wanthas

## Claim Handling

Accident MT/1041471

Policy No.	5082809511-02	Vehicle No.	SLO4318U	GST Registration No.	
Certificate No.					
Policyholder Name	GURBACHAN SINGH			Policyholder NRIC	S04917521
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Leading	0
Contact No.(Mobile)	90090240	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No *
KFK	+ No Yes	TCA	+ No Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
<b>▼ Accident Details</b>					
Report Date	24/04/2019 00:00	Accident Report within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	23/04/2019	Time of Accident (h:mm)	07:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG WEST COAST ROAD				
<b>▼ Excess</b>					
Own Damage Excess	500.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	000.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
<b>▼ Benefits</b>					
<b>▼ GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
<b>▼ Policyholder Mailing Address</b>					
Address 1	BLK 35 #14-283	Address 2	TEBAN GARDENS ROAD	Address 3	SINGAPORE 600025
Address 4		Address Type	Singapore address	Post Code	600025
Unit No.		Related Policy Number	5082809511-02		
<b>▼ OE Driver Info</b>					
Driver Name	GURBACHAN SINGH	Driver Type	Main Driver	Driver DOB	14/04/1948
Unnamed driver Name		Driver NRIC	S04917521	Driving Experience	43
Register Date of Driver License	03/03/1975	Driver Age	71	Contact No.(Home)	
Contact No.(Mobile)	90090240	Contact No.(Office)		Address 3	SINGAPORE 600025
Address 1	BLK 35 #14-283	Address 2	TEBAN GARDENS ROAD	Post Code	600025
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered Car?	Yes + No	Driver Vehicle No.	SLO4318U	Driver Insurer Company	RT/C
<b>Declaration</b>					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes + No		

Modification History

Claim 001 [New](#)

Claim Type *	OD-MK *	Insured Name	GURBACHAN SINGH	Insured NRIC	S04917521
Contact No.(Mobile)	90090240	Contact No.(Home)	85632817	Contact No.(Office)	
Email Address	RACHAN@LIVE.COM.SG	OE Vehicle Number	SLO4318U	TP Vehicle Number	SR560222
Claim Description	SLO4318U / SR560222 ON 22 Apr 2019				
Preferred Workshop		Insured Liability	Not at Fault		
Customer No. Finalisation	Yes	Insured Repair Cost	Preferred Workshop, Name unknown	GIA report	Received *
Date Registered				Claim Date	24/04/2019 09:57
Report Taken By				Date Received	24/04/2019 00:00
<a href="#">Print Air letter</a>					

Save Submit

## Attachment

Accident No.	MT/1041471	Claim No.	001
Lost Doc. Received	Yes No	Upload Date	24/04/2019 09:57
Path *			
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			

Send Message

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CO)
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Apr 2019 09:57	Photos	Normal	Photos 2019-4-24	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Apr 2019 09:57	Photos	Normal	Photos 2019-4-24	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Apr 2019 09:57	Photos	Normal	Photos 2019-4-24	

	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Apr 2019 09:57	Photos	Normal	Photos 2019-4-24	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Apr 2019 09:57	Photos	Normal	Photos 2019-4-24	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Apr 2019 09:57	Photos	Normal	Photos 2019-4-24	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Apr 2019 09:57	Photos	Normal	Photos 2019-4-24	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Apr 2019 09:57	Photos	Normal	Photos 2019-4-24	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Apr 2019 09:57	Photos	Normal	Photos 2019-4-24	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Apr 2019 09:57	SAS	Normal	SAS 2019-4-24	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 24 Apr 2019 09:57	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-24	
Video List					
Uploaded By/Date	Folder Date	File Name		Source	Action
		Display in New Window	Scan and uploading		



# ACCIDENT STATEMENT

ACCIDENT DATE: 22/04/2019 (DD/MM/YYYY), TIME: 07:20 AM (HH:MM)

LOCATION: Above West Coast Road

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLD 4318 U  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: 5082809911-05  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: TOYOTA / Vios  
 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: TURBACHAN SINGH (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S0491752 I CONTACT: 9009 0240  
 c) ADDRESS: Block 35, Teban Gardens Road #14-283  
SINGAPORE 600035

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

### DRIVER

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

\* d) DATE OF BIRTH: 16/10/1948 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 07-04-1972

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: SBS 6022 Z MODEL: BUS  
 b) DRIVER'S NAME: MUHAMMAD REDZUAN BIN MOHD. ASRI  
 c) NRIC/FIN/PASSPORT: S9114416 F CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

Miss RESHMA KAUR

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

\* No of passenger  
 (Including driver)  
( )

\* No of passenger  
 (Including driver)  
( )

email = bachan@live.com.sg  
 VIDEO



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S04917521



Name  
GURBACHAN SINGH

Race  
SIKH

Date of Birth  
16-10-1948

Sex  
M

Country of Birth  
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S04917521

Name  
GURBACHAN SINGH

Birth Date: 16 Oct 1948

Issue Date: 03 Mar 2003




1000263508A

1380454



NRIC No: S04917521



Blood Group: AB+ Date of issue: 25-10-1993

Address  
B1K35 TEBAN GARDENS ROAD  
#14-283  
NRIC No: S04917521 Date: 16.4.98 No: 2390550


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

PASS DATE  
07 Apr 1972

Class 2 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

NP 428A

License No: S04917521



## 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:** 5082809911-02

**Cover :** drive CLASSIC

- |   |                     |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle  | : SLD4318U          |
| Chassis Number  | : MR053HY9305114605 |
| 2. Name of Policyholder   | : GURBACHAN SINGH   |
| 3. Effective Date of Insurance  | : 02 Jun 2018       |
| 4. Expiry Date of Insurance   | : 01 Jun 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	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: GURBACHAN SINGH
NAMED DRIVER (1)	: N/A
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)

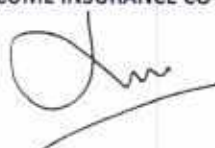
Agency : THONG LEE TRADING PTE LTD (00000613251)  
Date of Issue : 28 May 2018 12:43 hrs

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: 2 MAY 19052754 Vehicle Registration No: SLD 4318 U  
Name (as shown in NRIC): GURBACHAN SINGH NRIC/FIN/Passport No: S0917521  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address: \_\_\_\_\_ Singapore ( )  
Contact (Tel): \_\_\_\_\_ Mobile No.: 90090240  
Email Address: \_\_\_\_\_  
Date of Accident: 22/04/2019 Time of Accident: 07:20  
Place of Accident: Along West Coast Road  
Insurance Company: NMC

### (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:

INJURED PASSENGER NAME TO RASHMA KAUR

Policyholder / Driver's Signature  
Date:

22/04/2019  
Reporting Centre Personnel's Signature  
Name: Rashma Kaur  
NRIC/FIN No.:  
Date: