

NATIONAL Assessment Centre Services [ref: 1 Jan 05] **NA1903056**

Date In: 25/04/2019 09:29	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NBA/1884190072804	E-mail (by job desc, AIC desc):		
Veh No: SKM 4216X	I-Motor Claim Form:		
D.O.A: 24/04/2019 08:20	I-Motor W/O (Within OD 2hrs, TP 4hrs):		
OID: TP Reporting Only	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: Vch No: **SLV 3672H** 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 ()

() 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: _____

NA1903056	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$10)
Contact No:	3) TP: Towing Fee	\$10/\$45
Damaged Portion:	4) FT: Follow-Through Survey	\$120
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey)	\$20
Warranty Comments:	Forfeiting against INC Only (wef 10 Jun 2007)	
Tel: 11	6) TR: Re-inspection	\$75
2/3	7) NI: Idau DA + SMRT Survey	\$160
	8) NTUC Additional Services:	
	OD:	\$5
	* NG: Courtesy Car / TP Allowance	\$10
	* NG: Repairs Coordination	\$25
	* NG: Post Repair Inspection	\$5
	* NG: DV / Collect Excess Coordination	\$20
	9) NI: Idau Mobile	\$30
	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	25/04/2019 09:29
Date Of Accident	24/04/2019 08:20
Exact Location Of Accident	ALONG KEPPEL ROAD TOWARDS VIVO CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKM4276X
Insured/Policyholder	
Name Of Registered Owner	SIME DARBY SERVICES PTE LTD
Co Reg No	197501065W
Email Address	YUHANYONG123@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90902390
Alternative Phone No	OFFICE-82230457

Vehicle Particulars

Manufacturer	PEUGEOT
Model	P308
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	B 29100055 MCY
Cover Note Number	

Driver

Name of Driver	YU HANYONG
NRIC No	S9504948F
Date Of Birth	24/01/1995
Occupation	OUTDOOR
Date Of Driving Pass	20/06/2016
Driving Experience	2 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90902390
Fax Number	
Contact Number	OTHERS-82230457
EMail Address	YUHANYONG123@GMAIL.COM

Address	BLK 3 BEACH ROAD #16-4819
Postcode	190003
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
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	3
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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: : EVELYNN GO JIA NI GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20190424/7018

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLV3672H
Vehicle Make/Model/Colour	HONDA VEZEL
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver) 2
Passenger 1

NAME: :
GENDER: :

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLG3623D
Vehicle Make/Model/Colour TOYOTA WISH
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver LIM ZHANGJUN
NRIC/Passport Number S8223607D
Contact Number 96668979
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver) 1

DETAILS OF INJURED PERSON 1

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

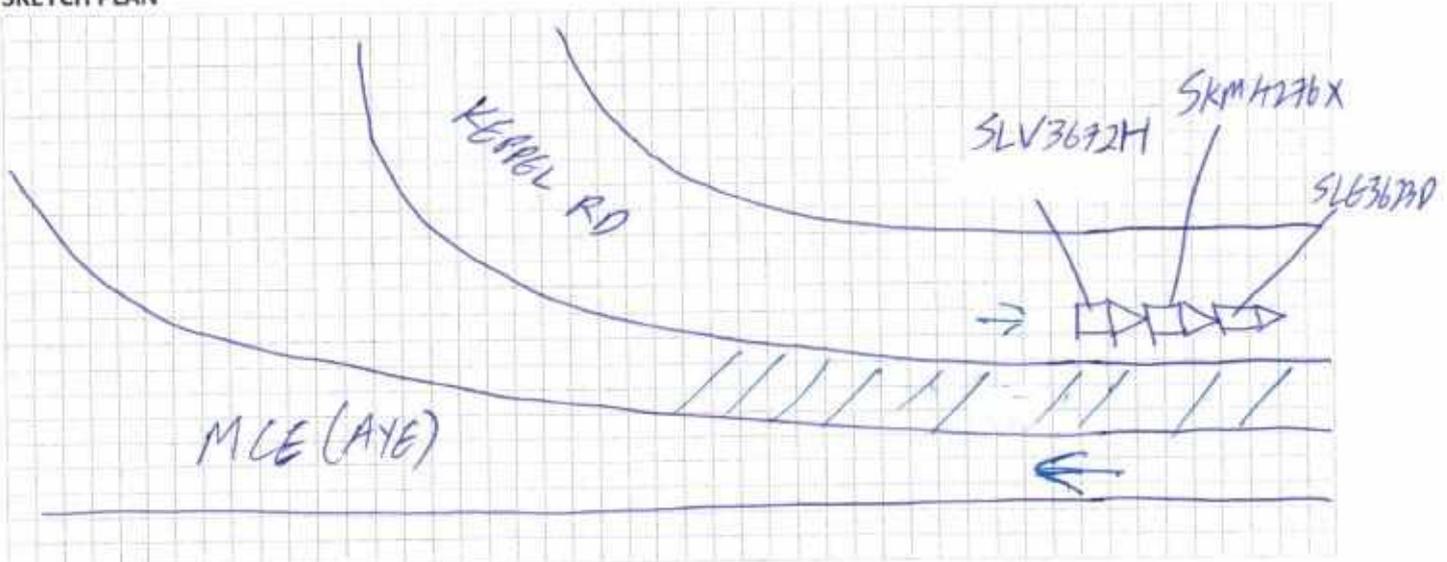
DETAILS OF INJURED PERSON 2

Name EVELYNN GO JIA NI
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle?
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 3

Name UNKNOWN
Approximate Age
Injuries Sustain SERIOUS INJURY
Injured person in which vehicle? SLV3672H
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along the right lane along Keppel Road to take my usual route via West Coast Highway to work. I was driving within a safe distance from the car in front of me - SLG3623D, as per shown in my front camera video.

The brake light for SLG3623D lit up so I follow suit within my safe distance. SLG3623D went into a jam brake suddenly and I was able to jam brake in time too. Suddenly I felt a huge impact from my rear which resulted in both the passenger and myself swinging forward. I took a while to get out of my vehicle, but when I came out, I realised the vehicle behind me - SLV3692H has smashed into the rear of my vehicle.

#A/20190424/0043

POLICE REPORT #/20190424/7018

DECLARATION

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



Policyholder's Signature
Date & Time:

[Signature]
Driver's Signature
(If driver is not the policyholder)
Date & Time: 24/04/19 9:15

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



**SINGAPORE
POLICE FORCE**



T/20190424/7018

1 of 4

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20190424/7018

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/04/2019 20:08		Vide Report No.: A/20190424/0043		Station Diary No.:	
Informant's Particulars					
Name of Informant: YU HANYONG			Address: 3 BEACH ROAD #16-4819 SINGAPORE 190003		
ID Type / ID No.: NRIC NO / S9504948F			Contact No.: Home/Office:		Mobile: 90902390
Nationality: SINGAPORE CITIZEN			Email: YUHANYONG123@GMAIL.COM		
Sex: Male	Age: 24	Date of Birth: 24/01/1995	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Sales and related associate professional nec			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/04/2019 08:20	Type of Location: Straight Road
Location: KEPPEL ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving Vehicle Against Stationary Vehicle				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKM4276X	Car	PEUGEOT	308	Grey	Seriously Damaged	2
SLG3623D	Car	TOYOTA	WISH	Grey	Slightly Damaged	1
SLV3672H	Car	HONDA	VEZEL	Silver	Seriously Damaged	2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20190424/7018

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Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20190424/7018

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKM4276X	MSIG INSURANCE (SINGAPORE) PTE. LTD.			

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	YU HANYONG	ID No.	S9504948F	
Related Vehicle	SKM4276X (Car)	Contact No.	90902390	
Hospital/Clinic	MOUNT ELIZABETH NOVENA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL	
Date Treatment	24/04/2019	Date Discharge	24/04/2019	
No. of Days granted Medical Leave	03	Degree of Injury	Slight	
Passenger				
Name	EVELYNN GO JIA NI	ID No.	S9703799Z	
Related Vehicle	SKM4276X (Car)	Contact No.	90916789	
Hospital/Clinic	MOUNT ELIZABETH NOVENA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	24/04/2019	Date Discharge	24/04/2019	
No. of Days granted Medical Leave	03	Degree of Injury	Slight	
Driver				
Name	LIM ZHANGJUN	ID No.	S8223607D	
Related Vehicle	SLG3623D (Car)	Contact No.	96668979	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	



**SINGAPORE
POLICE FORCE**



T/20190424/7018

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Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20190424/7018

CONTINUATION OF REPORT

Passenger			
Name	GWEE YING XIAN	ID No.	S8530775D
Related Vehicle	SLV3672H (Car)	Contact No.	96620029
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	SLV3672H (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

Chain collision involving 3 vehicles. Vehicle in front of me stopped, I stopped too and felt an impact on my rear. Yes, I have videos and pictures exceeding 2MB.



**SINGAPORE
POLICE FORCE**



T/20190424/7018

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20190424/7018

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / TPIB / THABAGESH JEYATHESH Contact No.: 65476232

Authentication Stamp
NP168

Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Date/Time: 24/04/2019 20:08
Classification Of Case:

POLICE REPORT / VIDEO

MOTOR ACCIDENT REPORT FORM

Date of Accident: 24/04/19	Time: 8:20	Exact Location of Accident: KEPPEL ROAD TWRDS VIVO
DETAILS OF INSURED/POLICYHOLDER (OWN VEHICLE)		
Vehicles Registration Number: SKM4296X	Name of Registered Owner: SIME DARBY SERVICES	
NRIC / Passport No. / FIN: —	Co. Reg. No.(for Co. Vehicle Only): 197501065W	
*Own Insured Email Address: —	*Mobile Phone No.: —	*Alternative Phone No.: —
VEHICLE PARTICULARS (OWN VEHICLE)		
Manufacturer: PEUGEOT	Model: P308	
Exact purpose of vehicle being used at time of accident: Normal usage <input checked="" type="checkbox"/> Other <input type="checkbox"/> (please state):		
Are you claiming your own insurance policy for repair to your vehicle? Yes <input checked="" type="checkbox"/> Claiming Against 3 rd Party <input checked="" type="checkbox"/> For Reporting Only <input type="checkbox"/>		
Vehicle Category: —		
INSURANCE COMPANY (OWN VEHICLE)		
Name of My Insurance Company: MSIG		
Type of Coverage: Comprehensive <input checked="" type="checkbox"/> Third Part <input type="checkbox"/>		
Fleet Policy (Multiple vehicles coverage): Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Policy / Cover Note Number:	
DRIVER PARTICULARS <input type="checkbox"/> Same as Insured Above		
Name of Driver: W HANYONG	NRIC / Passport No. / FIN: 57504948F	
Date of Birth: 24/01/1995	Occupation: Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/>	
Date of Driving Pass: 20/06/2016	Gender: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	
Mobile Phone No.: 90902390	Alternative Phone No.: 8223 0457	
Address as stated in NRIC: 3 BEACH ROAD #16-4819		(Post Code: 19003)
Email Address: xutumpag123@gmail.com		
Was driver an employee of the Insured's Company? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> State relationship of the driver with the Insured: SALES EXEC		
Does the Driver Own Any Other Vehicle? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Vehicle Reg. Number of Driver's Own Vehicle (if applicable): —		
Insurance Company of Driver's Own Vehicle (if applicable): —		
INFORMATION OF THE ACCIDENT		
Weather Conditions	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others <input type="checkbox"/> (please state condition):	
Road Surface	Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others <input type="checkbox"/> (please state condition):	
Was anybody injured in the accident?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	
Was any foreign vehicle involved in this accident?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
Foreign Vehicle Registration Number	—	
Foreign Vehicle Category	Private Car/Commercial Vehicle/Motorcycle/Taxi/Bus	Others <input type="checkbox"/> *Please indicate
Was any other vehicle or property involved?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	
Was there any video captured by Car Camera?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	
Was the accident reported to the Police?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> If Yes, which Police Station?	
Was notice of intended Prosecution given?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If Yes, against whom?	
I have been approached by unknown person(s) soliciting / offering accident claims assistance.	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
*Number of Passengers (Including Driver)	2 TAXI 1 FEMALE	
DETAILS OF OTHER VEHICLE (Please complete Annex A Form if more vehicles involved)		
Vehicles Registration No.: SLV3623D	Vehicle Make / Model / Colour: Toyota Wish / Grey	
Details of Property Damaged in Accident (other than 3 rd -Party vehicle): —		
Name of Driver: LIM ZHANESUN	NRIC/Passport Number: 56223607D	
Contact Number: 9666 8979		
Address: 21 TAMPINES CENTRAL 7 #06-23	(Post Code: 528608)	
Insurance Company Name:		
Nature of Damage: Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/>	No. of Passengers (Including Driver): 1	
Details of Witness - Name:		
Details of Witness - Contact Number:		
Details of Witness - Email Address:		
DETAILS OF INJURED PERSON (Please complete Annex A Form if more person injured)		
Name:	Approximate Age:	
Address:	(Post Code:)	
Injuries Sustained:	Injured person in which vehicle (vehicle reg. no.):	
Were seat belts worn? No <input type="checkbox"/> Yes <input type="checkbox"/>	Were injured conveyed to hospital by ambulance? No <input type="checkbox"/> Yes <input type="checkbox"/>	
Type of Accident (Please tick the appropriate type on flipside of this form)		

* Mandatory information required by GIARMC Accident Reporting System for accidents occurring from 2 January 2015 onwards.

(C)

(B)

2nd Vehicle: SLV3623H HONDA VEZEL / SILVER 02 (FEMALE)

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S9504948F**



Name

YU HANYONG

俞 韓 勇

Race

CHINESE

Date of birth

24-01-1995

Sex

M

Country of birth

SINGAPORE



4 5 4 1 2 1



NRIC No. **S9504948F**



Date of issue

08-03-2010

Address

**APT BLK 3 BEACH ROAD
#16-4819
SINGAPORE 190003**

REPUBLIC OF SINGAPORE

DRIVING LICENCE



Licence Number: **S9504948F**

Name:

YU HANYONG

Birth Date: **24 Jan 1995**

Issue Date: **20 Jun 2016**



002580038D

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

EFFECTIVE DATE

Class 3	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	20 Jun 201
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Licence No:S9504948F



JP 428A

MSIG Insurance (Singapore) Pte. Ltd.
4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807
Tel +65 6827 7888, Fax +65 6827 7800
Co. Reg. No. 200412212G - GST Reg. No. 20-0412212G

Certificate of Insurance

ROAD TRANSPORT ACT 1987 (MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)
(REPUBLIC OF SINGAPORE)
THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

Form M.Z.400
Cars for Hire

MOTORMAX PLUS-COMMERCIAL
Comprehensive

Certificate No. B. 29100055 MCY

Excess : SGD1,000
Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle
SKM4276X

2. Name of Policyholder
Sime Darby Services Pte Ltd

3. Effective Date of the Commencement of Insurance for the purposes of the Act
01/10/2018

4. Date of Expiry of Insurance
30/09/2019

5. Persons or Classes of Persons entitled to drive*

Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.

* Provided that the person driving is permitted in accordance with the licensing or other laws or 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*

Use for the carriage of passengers or goods in connection with the Policyholder's business.

Use for social domestic and pleasure purposes.

The Policy does not cover

- (1) Use for racing pace-making reliability trial or speed-testing.
- (2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

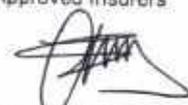
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

PLEASE NOTE ALL CLAIMS RELATED REPAIR CAN BE CARRIED OUT AT ANY WORKSHOP OF YOUR CHOICE OR AT ANY MSIG AUTHORISED WORKSHOP LISTED IN THE ATTACHED.

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the Insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189).

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) or any Amendment, Act or Acts passed in substitution thereof.

MSIG Insurance (Singapore) Pte. Ltd.
Approved Insurers



for Chief Executive Officer



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: S65500200 / 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 : MNA415053354 Vehicle Registration No: SKM4276X
 Name (as shown in NRIC) : _____ NRIC/FIN/Passport No : _____
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : _____ Singapore ()
 Contact (Tel) : _____ Mobile No. : 9090 2390
 Email Address : _____
 Date of Accident : 24/04/2019 Time of Accident : 08:20
 Place of Accident : Along Kallang Road towards Vivo City
 Insurance Company : M&P

(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:

- ① INSURED CAR NUMBER SKM4276X
- ② THIRD PARTY SV 3672R DRIVER CONVEYED TO HOSPITAL

Policyholder / Driver's Signature
 Date:

[Signature]
 Reporting Centre Personnel's Signature
 Name: ROSH LIAW
 NRIC/FIN No.: _____
 Date: _____