

# NATIONAL Assessment Centre Services.

(wef 1 Jan 05)

NA1903243

Date In: 03/05/2009 10:42	Job description	Date & Time Completed	Done by
Ref No: NBR/INC90077974	SAS e-filing		
Veh No: SKN 7828R	E-mail (4 jobs 2hrs, AIC 2hrs)		
D.O.A: 03/05/2009 11:48	I-Motor Claim Form	NA1903243-001	03/05/2009 10:51
OID: TPV 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: SKF 5486L	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:	
Time:	
Location:	
Weather:	
Witness:	
Police:	
Other:	

NA1903243	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$30)	
Contact No:	3) TP: Towing Fee \$10/\$45	
Damaged Portion:	4) PT: Follow-Through Survey \$120	
	5) FT: Follow-Through Survey (Resurvey) \$30	
	6) TR: Re-Inspection \$75	
	7) NI: IDAO DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	• NS: Courtesy Car / TP Allowance \$1	
	• NI: Repair Coordination \$80	
	• NI: Post Repair Inspection \$25	
	• NI: DV / Collect Excess Coordination \$5	
	• NI: TP (N-INC) \$30	
	• NI: IDAO Mobile	
	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	03/05/2019 10:11
Date Of Accident	02/05/2019 11:45
Exact Location Of Accident	ALONG PATERSON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJN7828R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MINK TAN TEK MIN
NRIC No	S2607962D
Email Address	LAETITIAS.T@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81008006
Alternative Phone No	OTHERS-81008006
<b>Vehicle Particulars</b>	
Manufacturer	MERCEDES-BENZ
Model	CLC 180
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
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5064013202-05
Cover Note Number	
<b>Driver</b>	
Name of Driver	LAETITIAS TAN (CHEN ZHIYI)
NRIC No	S8210646D
Date Of Birth	30/03/1982
Occupation	INDOOR
Date Of Driving Pass	14/02/2003
Driving Experience	16 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81008006
Fax Number	
Contact Number	OTHERS-81008006
EEmail Address	LAETITIAS.T@GMAIL.COM

Address	19 SHELFORD ROAD #8-05
Postcode	288408
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	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?	YES
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	SKF5486L
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LINDA
NRIC/Passport Number	
Contact Number	92719953
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

#### DETAILS OF INJURED PERSON 1

Name	LAETITIAS TAN (CHEN ZHIYI)
------	----------------------------

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SLIGHT INJURY

SJN7828R

YES

NO



## SKETCH PLAN


### IMPORTANT NOTICE

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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.

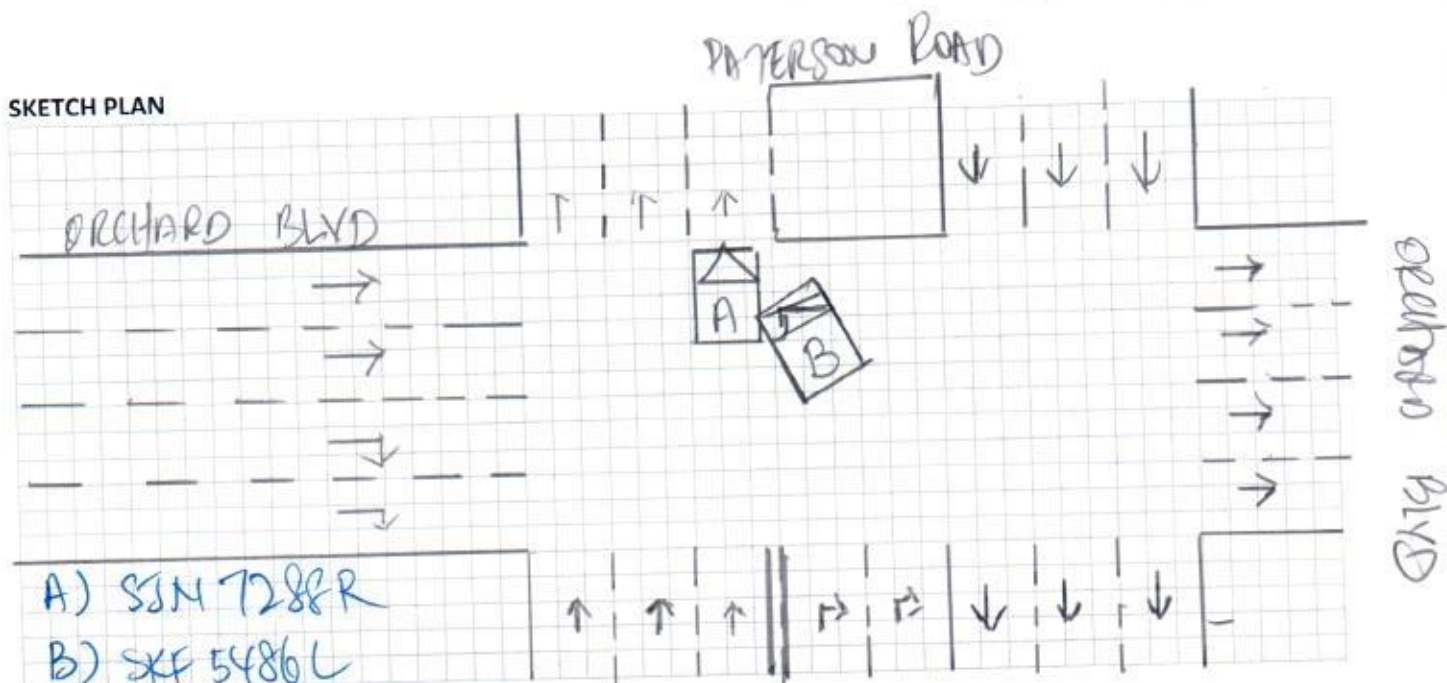
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

  
\_\_\_\_\_  
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

02/05/2019 AT ABOUT 11:46 I WAS AT PATERSON ROAD AND JUST AFTER THE JUNCTION OF ORCHARD BOULEVARD I FELT A GREAT IMPACT ON MY RIGHT. I STOP MY CAR & SAW A CAR SKF5486L BANG ON TO THE RIGHT SIDE OF MY CAR & I WAS SHOCK & I DO NOT KNOW WHERE SHE CAME FROM. THAT ALL.

I FEEL MINOR WINDPUSH ON MY ~~EA~~ RIGHT EAR & NEAR TO MY EAR

## 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: 3:25pm

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

利民  
诊所

# Shalom Clinic + Surgery

Alexandra Village  
Blk 123, #01-104  
Bukit Merah Lane 1  
Singapore 150123  
Tel: 6278 0270  
Fax: 6278 4215

Shalom Clinic + Surgery  
Rec. No. 286081  
For medical services rendered to  
TAN LAETITIAS ( CHEN ZHIYI )  
Total amount \$ 30.00  
( Dollars Thirty Only )

Alexandra Village  
Blk 123 Bukit Merah Lane 1  
#01-104 Singapore 150123  
Tel: 6278 0270 Fax: 6278 4215  
Date: 02 May 2019



利民  
诊所

# Shalom Clinic + Surgery

Alexandra Village  
Blk 123, #01-104  
Bukit Merah Lane 1  
Singapore 150123  
Tel: 6278 0270  
Fax: 6278 4215

Shalom Clinic + Surgery  
MEDICAL CERTIFICATE  
Number: 0000072267  
Date: 02-May-2019

This is to certify that the following patient:  
Name: TAN LAETITIAS ( CHEN ZHIYI ) NRIC: S8210646D  
is UNFIT FOR DUTY for 2 days  
from 02/05/2019 to 03/05/2019 inclusive.

Contusion (R) Neck

DR. TONG JUN HO  
MBBS (S'pore)  
MCR: 043381



## Claim Handling

Accident MT/1042719

Policy No.	5064013202-05	Vehicle No.	SJN7828R	GST Registration No.	
Certificate No.					
Policyholder Name	MINK TAN TEK MIN			Policyholder NRIC	52607962D
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Leading	0
Contact No.(Mobile)	81008006	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPK	= No Yes	TCA	= No Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

## Accident Details

Report Date	03/05/2019 10:28	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	02/05/2019	Time of Accident hh:mm	11:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG PATERSON ROAD				

## Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	500.00	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	758 MIDDLE ROAD	Address 2	#02-05 null	Address 3	SINGAPORE 188987
Address 4		Address Type	Singapore address	Post Code	188987
Unit No.	02-05	Related Policy Number	5064013202-05		

## OT Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	30/03/1982
Unnamed driver Name	LAETITIAS TAN (CHEN ZHIYI)	Driver NRIC	S8210646D	Driving Experience	16
Register Date of Driver License	14/02/2003	Driver Age	37	Contact No.(Home)	
Contact No.(Mobile)	81008006	Contact No.(Office)		Address 3	SINGAPORE 288408
Address 1	19 SHELPOURD ROAD	Address 2	#08-05	Post Code	288408
Address 4		Address Type	Foreign address		
Unit No.	08-05				
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.	SJN7828R	Driver Insurer Company	NTUC

## Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes = No
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## Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	MINK TAN TEK MIN	Insured NRIC	52607962D
Contact No.(Mobile)	81880478	Contact No. (Home)	85029434	Contact No. (Office)	83722468
Email Address		DI		TP	
Claim Description		Vehicle Number	SJN7828R	Vehicle Number	SKF5486L
Preferred Workshop				Name of Preferred Workshop	
Salvage No. Finalisation	Yes	Insured Liability	Not at Fault		
Date Registered		Preferred Workshop, Name unknown		GIA report	Received
Report Taken By		Claim Close Date	03/05/2019 10:33	Date Received	03/05/2019 10:51
		Workshop Repairer	ROSLI WAHAB	Total Loss but Repaired	

Print AK letter

Save Submit

## Attachment

Accident No.	MT/1042719	Claim No.	001
Last Doc. Received	* Yes No	Upload Date	03/05/2019 10:51
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen	Description *	
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Message Read			

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 May 2019 10:51	SAS	Normal	SAS 2019-5-3	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 May 2019 10:51	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-3	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 May 2019 10:51	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-3	



	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 May 2019 10:51	Photos	Normal	Photos 2019-5-3
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 May 2019 10:34	Photos	Normal	Photos 2019-5-3
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 May 2019 10:34	Photos	Normal	Photos 2019-5-3
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 May 2019 10:33	Photos	Normal	Photos 2019-5-3

Video List

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

# ACCIDENT STATEMENT

ACCIDENT DATE: (2 / 5 / 2019) (DD/MM/YYYY), TIME: (11 : 46) (HH:MM)

LOCATION: Along Paterson Road

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJA 7828 R  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: WDB2037462E053669  
 d) POLICY TYPE: COMPREHENSIVE THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: Mercedes Benz  
 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: Mink Tan Tek Min (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S2607962D CONTACT: 88227288 81008006  
 c) ADDRESS: 19 Shelford Road #08-05 Singapore 288408

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

## DRIVER

- a) NAME: Lactitia Tan (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S8210646P CONTACT: 81008006  
 c) ADDRESS: 19 Shelford Road #08-05 (S) 288408

\*d) DATE OF BIRTH: (30 / 03 / 1982) (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS

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

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: SKF 5486 L MODEL: Hyundai  
 b) DRIVER'S NAME: Linda  
 c) NRIC/FIN/PASSPORT: CONTACT: 92719953

## 9. THIRD PARTY VEHICLE

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

Email = lactitia.tan@gmail.com

VIDEO



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8210646D



Name

LAETITIAS TAN  
(CHEN ZHIYI)

陳 芷 儀

Race

CHINESE

Date of birth

30-03-1982

Sex

F

Country/Place of birth

SINGAPORE



5265620



NRIC No. S8210646D



Date of issue

07-02-2014

19 SHELFORD ROAD #08-05  
SINGAPORE 288408

NRIC No:

S8210646D

Date:

14/07/2018 (R)



Dear LAETITIAS TAN (NRIC: S8210646D),

Welcome to the e-application of QDL page!

### **Your Licence and Test Information**

Our records shows that you possess the following class of qualified driving licence (QDL) with expiry date, **Lifetime**:

**i. Class 3**

You have passed Practical Test(s) for following class(es).

- **Class 3 Practical Test at BBDC on 14 Feb 2003.**

Please choose one of the below option(s) to proceed:

**Replace QDL**



Please click the next button below to confirm that you wish to apply for QDL for the above class of driving licence.



## 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:** 5064013202-05

**Cover :** drive CLASSIC

- |   |   |
|---|---|
| 1. Index mark and Registration Number of Vehicle  | : <b>SJN7828R</b>   |
| Chassis Number  | : WDB2037462E053669   |
| 2. Name of Policyholder   | : MINK TAN TEK MIN  |
| 3. Effective Date of Insurance  | : 26 Feb 2019   |
| 4. Expiry Date of Insurance   | : 25 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	: MINK TAN TEK MIN
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 : COWELL INSURANCE (AGENCY) PTE LTD (00000610380)  
Date of Issue : 31 Jan 2019 16:53 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: MIA419050926 Vehicle Registration No: SIN 7828R

Name (as shown in NRIC): LARENTHAS TAN CATHY ZHUYI NRIC/FIN/Passport No: 88240646D

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

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

Contact (Tel): \_\_\_\_\_ Mobile No.: 8700 8006

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

Date of Accident: 02/05/2019 Time of Accident: 11:45

Place of Accident: ATRAK BTHWST ROAD

Insurance Company: \_\_\_\_\_

**(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:

THANK IS INJURED PARTY

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: Reck  
NRIC/FIN No.: 88240646D  
Date: 03/05/2019