

NATIONAL Assessment Centre Services.

[ver 1 Jan'00]

MA419070313

Date In: 20/05/2009 10:38	Job description	Date & Time Completed	Done by
Ref No: NGA/MC/9009575/Y	SAS e-filing		
Veh No: FBA 72895	E-mail (3 days, AIC 2hrs)		
DOA: 07/05/2009 17:45	I-Motor Claim Form	mt1043530-002	30/05/2009
	I-Motor W/O (With: OD 2hrs, TP 4hrs)		14:31
	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SLE 22147	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 ()	

General Remarks:

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

() 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	Assign

MA903982	Invoice/Receipt
Claimant's Particulars:	1) AR: Accident Reporting (\$30)
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$40)
Contact No:	3) TP: Towing Fee \$40/\$45
Damaged Portion:	4) PT: Follow-Through Survey \$120
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30
	For claiming against INC Only (ver 10 Jan 2009)
	6) TR: Re-inspection \$75
	7) NI: Idao DA + SMRT Survey \$160
	8) NTUC Additional Services:
	9) NI: Idao Mobile
	Fee Charged
	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	30/05/2019 10:38
Date Of Accident	07/05/2019 17:45
Exact Location Of Accident	ALONG AYE BEFORE CLEMENTI AVENUE 6 EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBA7289J
Insured/Policyholder	
Name Of Registered Owner	SOUTHERN MOTOR
Co Reg No	23414700L
Email Address	ALLEYYYYOHORELLA@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91554229
Alternative Phone No	OFFICE-62730369

Vehicle Particulars

Manufacturer	YAMAHA
Model	SPARK-135CC
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY HOME
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5109280207
Cover Note Number	

Driver

Name of Driver	MUHAMMAD ALI OHORELLA BIN ROSLEE
NRIC No	S9747333A
Date Of Birth	29/12/1997
Occupation	INDOOR
Date Of Driving Pass	10/10/2018
Driving Experience	0 YEAR AND 6 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91554229
Fax Number	
Contact Number	OFFICE-62730369
Email Address	ALLEYYYYOHORELLA@GMAIL.COM

Address	BLK 162 YISHUN STREET 11 #05-246
Postcode	760162
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	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?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT L/20190527/2110

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	SLE2214T
Vehicle Make/Model/Colour	CHEVROLET ORLANDO 1.4 TURBO
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

SKETCH PLAN

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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.



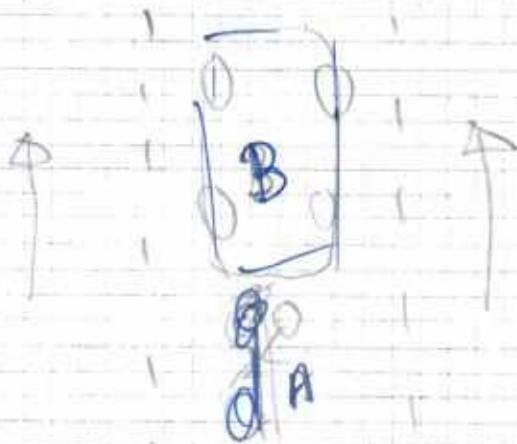
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

ALONG AYE BEFORE CLEMENTI AVENUE 6 EXIT



A) FBA 7289J

B) SLE 2214T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS Refer Police Report
2/20190527/2110

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:

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

28/05/19 09:25am

30/05/2019
Rafael Norton



**SINGAPORE
POLICE FORCE**



L/20190527/2110

1 of 2

POLICE REPORT (NP299)

Report No. L/20190527/2110

Police Station Of Origin
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Date/Time Report Made 27/05/2019 21:31	Vide Report No.	Station Diary No. 189
Name Of Informant MUHAMMAD ALI OHORELLA BIN MOHD ROSLEE	Address APT BLK 162 YISHUN STREET 11 #05-246 SINGAPORE 760162	
ID Type / ID No. NRIC NO / S9747333A	Contact No. Home/Office Mobile 91554229	
Nationality SINGAPORE CITIZEN	Email Address	
Occupation National Service Full Time	Sex Male	Age 21
Institution/School Name	Date of Birth 29/12/1997	Race Malay
	Language	
Date/Time Of Incident 07/05/2019 17:45 - 07/05/2019 17:45	Location Of Incident Along AYE before Clementi Avenue 6 Exit	

Brief details.

On the 07/05/2019 at around 1745hrs, I was riding a rental Motorbike, Model : Yamaha Spark 135 bearing registration plate no : FBA 7289J, along AYE. The motorbike was rented from SOUTHERN MOTOR, located at Block 1006 Bukit Merah Lane 2 #01-10 S(159762) Reg No : 234147/00L, from 07/05/2019 to 13/05/2019

The traffic was slowing moving and I was riding on lane 2. Somewhere before Clementi Exit 6, I wanted to switched to lane 3 and thus I checked my blind spot on my left and while I was checking my

Signature Of Officer Recording The Report: L / Staff Sgt ZENG ZHIMIN, KEVIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 27/05/2019 21:31
Officer In-Charge Of Case: L / Woodlands Police Divisional Investigation Branch / Insp LIM JING XIANG Contact No.: 64660000	Classification Of Case:
Authentication Stamp 	



**SINGAPORE
POLICE FORCE**



L/20190527/2110

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20190527/2110

blind spot, the car in front of me, bearing registration no: SLE 2214T, braked abruptly and I couldn't react and stop my motorbike in time and thus collided into the rear of the car. No one was injured in this accident and we agreed on private settlement. We took photographs of the damages on our vehicles and I informed the motorbike shop informed of the accident. However subsequently, I was informed by the bike shop to lodge a Police Report as required by their insurance company. I am lodging this report for insurance company action.

Signature Of Officer Recording The Report: L / Staff Sgt ZENG ZHIMIN, KEVIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 27/05/2019 21:31
Officer In-Charge Of Case: L / Woodlands Police Divisional Investigation Branch / Insp LIM JING XIANG Contact No.: 64660000	Classification Of Case:
Authentication Stamp	

Claim Handling

The premium on this policy has not been collected.

Accident HT/1043530

Policy No.	5109280207	Vehicle No.	FBA72892	GST Registration No.	23414700L
Certificate No.	5109280207-000002				
Policyholder Name	SOUTHERN MOTOR	Cover Type	Third Party	Policyholder NRIC	23414700L
Product Code	FLEET MASTER INSURANCE	Contact No.(Office)		Leading	0
Contact No.(Mobile)	NA	Special Remark		Contact No.(Home)	
Email Address		TCA	+ No Yes	eCode	No
ATF	+ No Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	08/05/2019 15:40	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	07/05/2019	Time of Accident hh:mm	18:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	AYE TO 7UAS				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess		TP Standard Excess	1,500.00	Driver is Covered?	Not Applicable
YIED OD Excess		YIED TP Excess			
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	1,500.00		

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	18/06/2001
GST Registration No.	23414700L	GST Status Verified	Yes
Modification History	08/05/2019 15:41:12 System changed GST Registration No. from NA to 23414700L 08/05/2019 15:41:12 System changed GST Registration Date from 01/01/2015 to 18/06/2001 08/05/2019 15:41:12 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	BLK 1006 #01-10	Address 2	BUKIT MERAH LANE 2	Address 3	SINGAPORE 159752
Address 4		Address Type	Singapore address	Post Code	159752
Unit No.		Related Policy Number	5109280207		

GE Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Office)	
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 OD-MX **New**

Claim Type *

Claim Type *	OD-MX	Insured Name	SOUTHERN MOTOR	Insured NRIC	23414700L
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	82730368
Email Address	sumotor@singnet.com.sg	GE	FBA72892	TP	SLE22147
Claim Description	FBA72892 / SLE22147 ON 7 May 2019			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Fully at Fault		
Balance No. Penetration	Yes	Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered				Claim Close Date	09/05/2019 13:14
Report Taken By				Workshop Repairer	ROSLI WAHAB
				Total Loss but Reported	

Print AK letter

Save Submit

Attachment

Accident No.	HT/1043530	Claim No.	002
Last Doc. Received	Yes No	Upload Date	30/05/2019 14:31
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			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 May 2019 14:31	SAB	Normal	SAB 2019-5-30	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 May 2019 14:32	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-30	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 May 2019 14:33	Photos	Normal	Photos 2019-5-30	

NAC_BUKIT_MERAH_000676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 30 May 2019 13:13

Photos

Normal

Photos 2019-5-30

NAC_BUKIT_MERAH_000676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 30 May 2019 13:13

Photos

Normal

Photos 2019-5-30

NAC_BUKIT_MERAH_000676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 30 May 2019 13:13

Photos

Normal

Photos 2019-5-30

NAC_BUKIT_MERAH_000676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 30 May 2019 13:13

Photos

Normal

Photos 2019-5-30

NAC_BUKIT_MERAH_000676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 30 May 2019 13:13

Photos

Normal

Photos 2019-5-30

NAC_BUKIT_MERAH_000676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 30 May 2019 13:13

Photos

Normal

Photos 2019-5-30

NAC_BUKIT_MERAH_000676(NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH)) on 30 May 2019 13:13

Photos

Normal

Photos 2019-5-30

Video List

Uploaded By/Date

Folder Data

File Name



Source

Action

Display in New Window

Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (07, 05, 2019) (DD/MM/YYYY), TIME: (17 : 45) (HH:MM)

LOCATION: AYE Expressway Before Clementi Avenue 6

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBA 7289J
b) INSURANCE COMPANY: NUC
c) POLICY NUMBER: 5100726122
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: YAMAHA SPARK 135 M
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: On the way home
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) YES
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Muhammad Ali Ohorella Bin Mohd ^{Kastee} (MALE / FEMALE)
B) NRIC/FIN/PASSPORT: S9747333A CONTACT: 9155 4229
C) ADDRESS: Yishun St 11 Blk 162 #085-246
S (5760162)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: M SOUTHERN MOTOR (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT: 6273 0369
c) ADDRESS: Blk 1006 BUKIT MERAH LANE 2 #01-10
S (159762)

* d) DATE OF BIRTH: (29, 12, 1997) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 10/OCT/18

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / 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: Yishun North NPL

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLE 2214T MODEL: CHEVROLET ORLANDO
b) DRIVER'S NAME: 1.4 TURBO
c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

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

* No of passengers
(including driver)
(1)

* No of passengers
(including driver)
()

* No of passengers
(including driver)
()


email = alleyy ohorella@gmail.com

VIDEO

SINGAPORE ARMED FORCES
IDENTITY CARD

Name
**MUHAMMAD ALI
OHORELLA BIN MOHD
ROSLEE**

NRIC No
S9747333A



This card is the property of the Singapore Armed Forces. Any person finding this card is requested to forward it without delay to Central Manpower Base or any Police Station.

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

S9747333A



**MUHAMMAD ALI OHORELLA BIN
MOHD ROSLEE**

Birth Date: **29 Dec 1997**
Valid Date: **10 Oct 2018**

002855656K

GENALTOBGP/105451960418

NRIC No/Colour
S9747333A/ PINK

Race
MALAY

Date Of Birth
29/12/1997

Service Status
NSF

Address
**BLK 162 YISHUN STREET 11
#05-246 SINGAPORE 760162**

Blood Group
AB (+)

Country Of Birth
SINGAPORE

Military Rank Status
ENLISTEE

Sex
M

00000000229743



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

Class 2B Motorcycles <= 200 cc

EFFECTIVE DATE
10 Oct 2018

IP 428A

Licence No: **S9747333A**



For LKK/NAC Use Only

Hello, NAC_BUKIT_MERAH_800676

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text" value="5109280207"/>	Date of Accident	<input type="text" value="07/05/2019 13:23"/>
Vehicle No. (For Motor)	<input type="text" value="FBA7289J"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5109280207	5109280207-000002	SOUTHERN MOTOR	23414700L	GFM	Third Party	FBA7289J	FBA7289J	07/05/2019	06/05/2020

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 : MW449070313 Vehicle Registration No: FBA 7289J

Name (as shown in NRIC) : Muhammad Ali Othman bin Mohd NRIC/FIN/Passport No : S9747333A

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

Address : _____ Singapore ()

Contact (Tel) : _____ Mobile No. : 91554229

Email Address : _____

Date of Accident : 07/05/2018 Time of Accident : 17:45

Place of Accident : Before Jambatan ANK 6 Exit

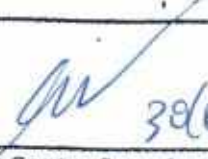
Insurance Company : MLC

(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:

Policy number to 5109280207

Policyholder / Driver's Signature
Date:

 30/05/2018
Reporting Centre Personnel's Signature
Name: Wei Wai
NRIC/FIN No.: _____
Date: _____