

NATIONAL Assessment Centre Services.

[ver 1 Jan 2003]

NAI9071554

Date In: 01/06/2009 15:05	Job description	Date & Time Completed	Done by
Ref No: NAI9071554	SAS e-illing		
Veh No: SJV 2575K	E-mail (within 2hrs, AIC 2hrs)		
DOA: 20/05/2009 18:00	I-Motor Claims Form	MT1004787-001	01/06/2009
OD: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		15:35
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SJV 2575K	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 ()	

General Remarks:

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

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

Remarks: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

Date/Time	Action

NAI904020	1) AR: Accident Reporting (\$30)	
Claimant Particulars:	2) DA: Damage Assessment (\$100); INC (\$30)	
Driver/Owner:	3) TP: Towing Fee \$40/\$45	
Contact No:	4) FT: Follow-Through Survey \$120	
Damaged Portion:	5) FT: Follow-Through Survey (Resurvey) \$30	
QC Checked by (Engr-In-Charge):	For claiming against INC Only (ver 10 Jan 2003)	
Auditors Comments:	6) TR: Re-inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:-	
	ON:	
	*N5: Courtesy Car / Tpt Allowance \$3	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$23	
	*N8: DV / Collect Excess Coordination \$3	
	TP (Nil): TP (Non INC) against INC \$20	
	9) N12: Idao Mobile \$0	
	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	01/06/2019 15:05
Date Of Accident	30/05/2019 18:05
Exact Location Of Accident	SUNTEC CITY CARPARK AT TEMASEK BOULEVARD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH6170S
Insured/Policyholder	
Name Of Registered Owner	MD AZAHAR BIN ISMAIL
NRIC No	S1582491C
Email Address	MBCSERVICES@HOTMAIL.SG
Mobile Phone No	(LOCAL) +65-90663886
Alternative Phone No	OFFICE-90663886

Vehicle Particulars

Manufacturer	TOYOTA
Model	ISIS-1.8 LXA (A)
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	5102383134
Cover Note Number	

Driver

Name of Driver	MD AZAHAR BIN ISMAIL
NRIC No	S1582491C
Date Of Birth	02/02/1963
Occupation	INDOOR
Date Of Driving Pass	21/12/1994
Driving Experience	24 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90663886
Fax Number	
Contact Number	OFFICE-90663886
Email Address	MBCSERVICES@HOTMAIL.SG

Address	BLK 427 WOODLANDS STREET 41 #05-212
Postcode	730427
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	COLLISION - MAJOR/MINOR RD
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?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT PANJANG NORTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 27 MARSILING DRIVE , POSTCODE: 730027 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-3689999 - FAX NO: 63682383
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T20190601/2075

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	SJV2575K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YOON SANG RYUN
NRIC/Passport Number	S9073667A
Contact Number	92390080
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER: :

DETAILS OF INJURED PERSON 1

Name MD AZAHAR BIN ISMAIL

Approximate Age

Injuries Sustain

SLIGHT

Injured person in which vehicle?

SJH6170S

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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: 1.06.19

Driver's Signature

(If driver is not the policyholder)

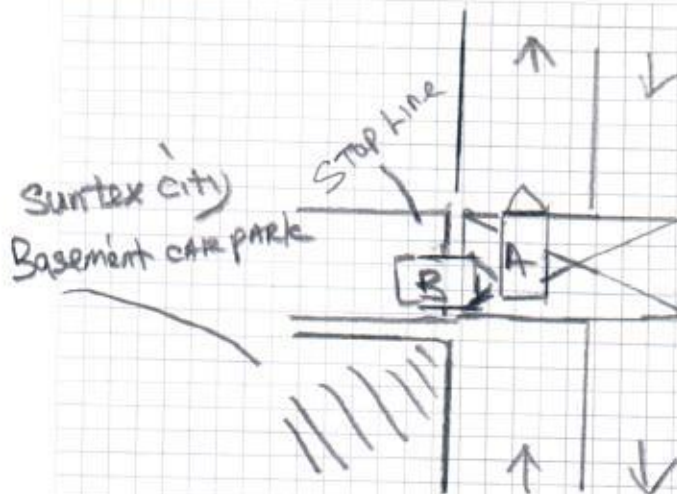
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



(A) SJH6170S
(B) SJV2575K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLEASE REFER TO POLICE REPORT
1/20190601/2075

DECLARATION

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

Policyholder's Signature

Date & Time:

1.06.19

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

01/06/2019

KEVIN LAM



SINGAPORE POLICE FORCE



T/20190601/2075

Police Station Of Origin:
Bukit Panjang North NPP
27 Marsiling Drive #01-237 SINGAPORE
730027
Tel No: 1800-3689999

1 of 3

Report No. T/20190601/2075

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
01/06/2019 13:55

Vide Report No.:

Station Diary No.:
19

Informant's Particulars

Name of Informant: MD AZAHAR BIN ISMAIL			Address: APT BLK 427 WOODLANDS STREET 41 #05-212 SINGAPORE 730427		
ID Type / ID No.: NRIC NO / S1582491C			Contact No.: Home/Office: Mobile: 90663886		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 56	Date of Birth: 02/02/1963	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: COURT CLERK			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/05/2019 18:05	Type of Location: Car Park
Location: Along Road 1 TEMASEK BOULEVARD SUNTEC CITY CARPARK				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJH6170S	Car	TOYOTA	ISIS 1.8LX A	Silver	Slightly Damaged	0
SJV2575K	Car				Slightly Damaged	2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJH6170S	NTUC Income Insurance Co-Operative Limited	5102383134	20/07/2018	13/08/2019



**SINGAPORE
POLICE FORCE**



T/20190601/2075

Police Station Of Origin:
Bukit Panjang North NPP
27 Marsiling Drive #01-237 SINGAPORE
730027
Tel No: 1800-3689999

2 of 3

Report No. T/20190601/2075

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MD AZAHAR BIN ISMAIL	ID No.	S1582491C
Related Vehicle	SJH6170S (Car)	Contact No.	90663886
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	31/05/2019	Date Discharge	31/05/2019
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Driver			
Name	YOON SANG RYUN	ID No.	S9073667A
Related Vehicle	SJV2575K (Car)	Contact No.	92390080
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 30/05/2019 at about 1805hrs, I was driving my vehicle bearing registration plate number: SJH6170S and was travelling towards the carpark exit of Suntec City basement 1. When I was approaching the T-junction near to the Suntec City carpark yellow box, suddenly a Singapore vehicle bearing registration plate number: SJV2575K which was making a right turn collided onto the rear left passenger side of my vehicle. There is a "STOP" Sign on the road for his direction as his side may be a blind spot. We then moved to the side and exchange our particulars. We exchanged particulars as at the material time, nobody was injured. My vehicle rear passenger left door was dented and there were scratches. We did not call for police assistance and nobody was conveyed to the hospital. However, at night, I felt stiffness and pain on the back of my neck, shoulder and my hand. I then consulted doctor at one of the clinic at Woodlands and the doctor referred me to KTPH on 31/05/2019 and I was given 4 days MC from 31/05/2019 to 03/06/2019. I do not have in-car camera however the other party mentioned that he has in-car camera.



**SINGAPORE
POLICE FORCE**



T/20190601/2075

Police Station Of Origin:
Bukit Panjang North NPP
27 Marsiling Drive #01-237 SINGAPORE
730027
Tel No: 1800-3689999

3 of 3

Report No. T/20190601/2075

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

L /
Sgt 2 JOHNSON SONG ZHI HONG

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
01/06/2019 13:55

Classification Of Case:

Claim Handling

* Accident MT/1047187

Policy No.	5102383134	Vehicle No.	SJH6170S	GST Registration No.
Certificate No.				
Policyholder Name	MD AZAHAR BIN ISMAIL			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	90663886	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire
▼ Accident Details				
Report Date	01/06/2019 15:32	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	30/05/2019	Time of Accident hh:mm	18:05	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	SUNTEC CITY CARPARK AT TEMASEK BOULEVARD			
▼ Excess				
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess
Unnamed Driver Excess	0.00	Outside Singapore OD Excess		
Third Party Excess	0.00	Outside Singapore TP Excess		
▼ Benefits				
▼ GST Registered Information				
GST Registered	No	GST Registration Date		
GST Registration No.		GST Status Verified		Yes
Modification History				
▼ Policyholder Mailing Address				
Address 1	BLK 427 #05-212	Address 2	WOODLANDS ST 41	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5091136234-02	
▼ O1 Driver Info				
Driver Name	MD AZAHAR BIN ISMAIL	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S1582491C	Driver DOB
Register Date of Driver License	24/02/1988	Driver Age	56	Driving Experience
Contact No.(Mobile)	90663886	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 427 #05-212	Address 2	WOODLANDS ST 41	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	SJH6170S	Driver Insurer Comp.
Declaration:				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No	

Modification History

Claim 001

New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred

Workshop

Contact No.

Finalisation

Date Registered

Report Taken By

☒ Print AK letter

OD-MX	Insured Name	MD AZAH
90663886	Contact No. (Home)	6363302
	O1 Vehicle Number	SJH6170S
SJH6170S / SJV2575K ON 30 May 2019		
01/06/2019 15:35		Claim Close Date
ROS LI WAHAB		

Preferred Workshop	Insured Liability	Not at Fault
<input checked="" type="radio"/> Yes	Preferred Repair Option	Preferred Workshop, Name unknown
		GIA report
		Received

Save Submit

Attachment



Accident No. MT/1047187 Claim No. 001
 Last Doc. Received ☒ Yes ☐ No Upload Date 01/06/2019 15:35

Path *

Choose File No file chosen
 Choose File No file chosen
 Choose File No file chosen
 Choose File No file chosen
 Choose File No file chosen
 Choose File No file chosen
 Message Read


Clear

Category *

Confidential

Please Select	NO
Please Select	NO
Please Select	NO
Please Select	NO
Please Select	NO
Please Select	NO
Please Select	NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Jun 2019 15:35	Photos	Normal	Photos 1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Jun 2019 15:35	Photos	Normal	Photos 1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Jun 2019 15:35	Photos	Normal	Photos 1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Jun 2019 15:35	Photos	Normal	Photos 1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Jun 2019 15:35	Photos	Normal	Photos 1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Jun 2019 15:35	Photos	Normal	Photos 1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Jun 2019 15:35	Photos	Normal	Photos 1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Jun 2019 15:35	Photos	Normal	Photos 1
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Jun 2019 15:35	SAS	Normal	SAS 2C
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Jun 2019 15:35	NRIC/ Driving License	Normal	NRIC/ Driving L

Video List

Uploaded By/Date Folder Date File Name

Display in New Window Scan and uploading

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1582491C



Name
MD AZAHAR BIN ISMAIL
محمد ازهار بن اسميل

Race
MALAY

Date of birth
02-02-1963

Country/Place of birth
SINGAPORE

Sex
M




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S1582491C

Name
MD AZAHAR BIN ISMAIL

Birth Date: 02 Feb 1963

Issue Date: 10 Sep 2015




002471797J

SG 50

For LKK/NAC Use Only

5543110



NRIC No. S1582491C



Date of issue
05-12-2015

Address
APT BLK 427 WOODLANDS STREET 41
#05-212
SINGAPORE 730427

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

EFFECTIVE DATE

Class 2B	Motorcycles =< 200 cc	24 Feb 1968
Class 3	Motor Cars =< 300 kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	2 Dec 1994



NP 428A

Licence No: S1582491C



Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="30/05/2019 15:03"/>							
Vehicle No. (For Motor)	<input type="text" value="SJH6170S"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5102383134		MD AZAHAR BIN ISMAIL	S1582491C	GPC	drive CLASSIC	SJH6170S	SJH6170S	20/07/2018	13/08/2019
<input type="button" value="Continue"/>										

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 : MUA15071554 Vehicle Registration No: SDH 61705
Name (as shown in NRIC) : MA AZAHAR BNU (SMAL) NRIC/FIN/Passport No : _____
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 90663886
Email Address : _____
Date of Accident : 30/05/2012 Time of Accident : 18:05
Place of Accident : SUNRISE CITY CARPARK AT JALAN BUKIT TIMAH BOULEVARD
Insurance Company : MMU

(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:

Nobody convenient to hospital

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Ree L. Hartar
NRIC/FIN No.: _____
Date: 01/06/2012