

# NATIONAL Assessment Centre Services

Form 1 Jan 2019

MAH19088876

Date to: 27/06/2019 18:09	Job description	Date & Time Completed	Done by
Ref No: XIBA/MAH1901/44914	SAS e-filing		
Veh No: S968383L	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 26/06/2019 20:15	i-Motor Claim Form		
OD (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/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SMD 49557	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 repairer.

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

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

Remarks: (INC hotline: 678816616)	Date & Time Completed:	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: \_\_\_\_\_

Date/Time	Actions

MAH1904789	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add. Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2019)		
	6) TR: Re-inspection \$75		
	7) NI: Idm DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	a) NI: Courtesy Car / Tpt Allowance \$5		
	b) NI: Repair Co-ordination \$10		
	c) NI: Post Repair Inspection \$25		
	d) NI: DV / Collect Excess Coordination \$5		
	e) TP (N1): TP (Non INC) against INC \$20		
	f) NI: Idm Mobile \$0		
	Invoice dated	Fee Charged	
		Fee Charged	

07-MAY-2019 18:39



## 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	27/06/2019 18:09
Date Of Accident	26/06/2019 20:15
Exact Location Of Accident	TIONG BAHRU PLAZA CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJG8383L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHAN CHEE CHONG
NRIC No	S7046008D
Email Address	CMLUBI@GMAIL.COM
Mobile Phone No	(LOCAL) +65-83387888
Alternative Phone No	OFFICE-68416733

### Vehicle Particulars

Manufacturer	HONDA
Model	ODYSSEY-2.4 L SR (A)
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED
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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	17-MU009646-R00
Cover Note Number	

### Driver

Name of Driver	CHAN CHEE CHONG
NRIC No	S7046008D
Date Of Birth	18/12/1970
Occupation	INDOOR
Date Of Driving Pass	12/12/1992
Driving Experience	26 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83387888
Fax Number	
Contact Number	OFFICE-68416733
EMail Address	CMLUBI@GMAIL.COM

Address	BLK 80 STRATHMORE AVENUE #03-108
Postcode	141080
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - 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/20190627/2131

#### 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	SMD4955T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

## SKETCH PLAN

Veh A: SJG 8383L  
Veh B: SMD 4955T

### 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.

\*\* I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS



Policyholder's Signature

Date & Time:

27/06/19  
17.00pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

  
27/06/2019  
Reporting Centre Personnel's Signature

Name:

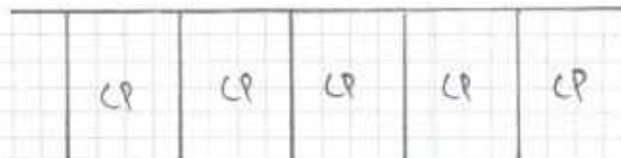
NRIC/FIN No:



SKETCH PLAN

Veh A: SJG 8383L

Veh B: SMD 495ST



Tiong Bahru Plaza Car Park




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My Car was damaged while parked at the Car Park lot.  
Vehicle B hit onto my vehicle was capture by my video Footage.

POLICE REPORT 7/20190627/231

DECLARATION

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

  
 Policyholder's Signature  
 Date & Time: 27/06/2019 17.00pm

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

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



**SINGAPORE  
POLICE FORCE**



T/20190627/2131

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

1 of 3

Report No. T/20190627/2131

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 27/06/2019 17:47		Vide Report No.:		Station Diary No.: 80	
<b>Informant's Particulars</b>					
Name of Informant: CHAN CHEE CHONG			Address: APT BLK 80 STRATHMORE AVENUE #03-108 SINGAPORE 141080		
ID Type / ID No.: NRIC NO / S7046008D			Contact No.: Home/Office: Mobile: 83387888		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 48	Date of Birth: 18/12/1970	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SALES DIRECTOR			Driving Licence Information: Class: 2B,3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 26/06/2019 20:15	Type of Location: Car Park
Location: Along Road 1 TIONG BAHRU ROAD				
CORRECT LOCATION SHOULD BE TIONG BAHRU PLAZA CARPARK B2 LOT 105.				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJG8383L	Car	HONDA	ODYSSEY 2.4 EXV-S CVT SR	Silver	Slightly Damaged	0
SMD4955T	Car					0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE  
POLICE FORCE**



T/20190627/2131

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

2 of 3

Report No. T/20190627/2131

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SJG8383L	TOKIO MARINE INSURANCE SINGAPORE LTD.	MU009646	20/09/2017	19/09/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHAN CHEE CHONG		ID No. S7046008D
Related Vehicle	SJG8383L (Car)		Contact No. 83387888
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,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 26/06/2019 at about 2000hrs, I parked my vehicle (SJG8383L) at Deck B2 of the multi-storey carpark at Tiong Bahru Plaza, at lot 105 and everything was ok. At about 2030hrs, I went back to my vehicle and discovered that there were damages at the front of my vehicle. I went home and took a look at my in-car camera's SD card. The footage showed at about 2016hrs, a blue coloured Hyundai Elantra (SMD4955T) was driving past my car, probably wanting to park at the lot 104. The footage showed that the driver hit head on to my parked vehicle, and subsequently reversed a little, and drove off. My vehicle is slightly damaged with scratches on the front right bumper, center grill, and my vehicle's front number plate.





**SINGAPORE  
POLICE FORCE**



T/20190627/2131

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

3 of 3

Report No. T/20190627/2131

**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:

D /

Sgt 3 LEE JIA YAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /

Sr Staff Sgt TAN JEOK LENG

Contact No.: 65476144

Signature Of Informant:

Date/Time:

27/06/2019 17:47

Classification Of Case:

Authentication Stamp

SN 50

# Accord Auto Services Pte Ltd

Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: [avclaims@mycarworkshop.com](mailto:avclaims@mycarworkshop.com)

## Particular Of Insured/Driver & Details Of The Accident

### Motor Accident Report

\*Date of Accident: 26 06 2019 \*Time of Accident: 20.16pm  
\*Accident Location: Tiong Bahru Plaza Carpark

### Vehicle Details

\*Vehicle Number: SJG 8383 L \*Make & Model: Honda Odyssey 2.4 EXI CVT SR

### Insured / Policyholder

\*Owner Name: Chan Chee Chag \*NRIC: S7046008D  
\*Address: Blk 80 Strathmore Ave #03-108  
\*Email: cmlubi@gmail.com \*HP: 83387888  
\*Occupation: Director (Indoor / Outdoor) \*Tel / H / Other: 68416733

### Driver (✓ same as above)

\*Driver Name: \_\_\_\_\_ \*NRIC: \_\_\_\_\_  
\*Address: \_\_\_\_\_  
\*Date of Birth: 18 12 1970 \*Driving Pass Date: \_\_\_\_\_ \*HP: 83387888  
\*Email: cmlubi@gmail \*Gender: Male / Female  
\*Occupation: Director (Indoor / Outdoor) \*Tel / H / Other: 68416733  
\*Driver an employee: Yes / No (\*If no, what is relationship with the policyholder: \_\_\_\_\_)

### Passengers Details

\*P/Name: \_\_\_\_\_ (Male/Female) \*P/Name: \_\_\_\_\_ (Male/Female)  
\*P/Name: \_\_\_\_\_ (Male/Female) \*P/Name: \_\_\_\_\_ (Male/Female)

### Insurance Company

\*Insurer: Tokai Marine \*Coverage: C / TPFT / TPO \*Policy No: \_\_\_\_\_

### Detail of other vehicle / Property 1

Vehicle No.: ~~SJG 8383 L~~ SMD 4955T  
Make & Model: \_\_\_\_\_  
Vehicle Category: \_\_\_\_\_  
Name of Driver: \_\_\_\_\_  
NRIC : \_\_\_\_\_  
HP : \_\_\_\_\_  
No. of Passengers (Including Driver): \_\_\_\_\_

### Detail of other vehicle / Property 2

Vehicle No.: \_\_\_\_\_  
Make & Model: \_\_\_\_\_  
Vehicle Category: \_\_\_\_\_  
Name of Driver: \_\_\_\_\_  
NRIC : \_\_\_\_\_  
HP : \_\_\_\_\_  
No. of Passengers (Including Driver): \_\_\_\_\_

### For Official Use Only

\*Claiming against Own Ins.: Yes / No (If No, Reporting Only / TP Claims)

### General Information of the accident

\*Type of accident: Head-Rear / Side swipe / others: Hit & Run  
\*Weather conditions: Clear / Raining / others: \_\_\_\_\_ \*Any video cam: Yes / No  
\*Road Surface: Dry / Wet / others: \_\_\_\_\_  
\*Witness: Yes / No (Name: \_\_\_\_\_ NRIC: \_\_\_\_\_ HP: \_\_\_\_\_)  
\*Accident reported to police: Yes / No \*Summon against whom: \_\_\_\_\_  
\*Injured party: Yes / No \*No. of passengers (include driver): \_\_\_\_\_  
-I/Name: \_\_\_\_\_ \*Fasten seat belt: Yes / No \*Conveyed by Ambulance: Yes / No  
-I/Name: \_\_\_\_\_ \*Fasten seat belt: Yes / No \*Conveyed by Ambulance: Yes / No



**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

Portrait photo of Chan Chee Chong

Licence Number: **S7046008D**

Name: **CHAN CHEE CHONG**

For LKK/NAC Use Only

Birth Date: **18 Dec 1970**

Issue Date: **12 May 2015**

Barcode: **002426690C**

SG 50

**REPUBLIC OF SINGAPORE**

**IDENTITY CARD NO. S7046008D**

Portrait photo of Chan Chee Chong

Name: **CHAN CHEE CHONG**

For LKK/NAC Use Only

Race: **CHINESE**

Date of Birth: **18-12-1970**

Sex: **M**

Country of Birth: **SINGAPORE**

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

	EFFECTIVE DATE
Class 2B Motorcycles <= 200 cc	30 Oct 1967
Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	12 Dec 1992

For LKK/NAC Use Only

For LKK/NAC Use Only

Barcode

1313843

Portrait photo of Chan Chee Chong

NRIC No: **S7046008D**

For LKK/NAC Use Only

Biometric Group: **AB+**

Date of issue: **28-09-1993**

Address: **APT BLK 80 STRATHMORE AVENUE #03-108 SINGAPORE 141080**

NRIC No: **S7046008D**

Date: **27-03-2000**

No: **5690030**

NF 428A

Licence No: **S7046008D**

Barcode

Tokio Marine Insurance Singapore Ltd

(Company Reg No: 192300X14MI) (GST Reg No: M2 0000023-4)  
20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046  
T (65) 6221 6111 F (65) 6221 4355 / (65) 6224 0895 E tmls@tokiomarine.com.sg W www.tokiomarine.com

A member of the  
Tokio Marine Group



TOKIO MARINE  
INSURANCE GROUP  
FORM MX1

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)**

Policy No.: 17-MU009646-R00 (Private Motor Car 24 Months)

1. Index Mark and Registration Number of Vehicle SJG8383L Chassis No.: JHMRC1890HC203459
2. Name of Policyholder MR CHAN CHEE CHONG
3. Effective date of the Commencement of Insurance for the purposes of the Act 20/09/2017
4. Date of Expiry of Insurance 19/09/2019
5. Persons or Class of Persons entitled to drive\*
- (a) The Policyholder.
- (b) Any other person who is driving on the Policyholder's order or with his 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. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

6. Limitations as to use\*

Use only for social domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover use for hire or reward, racing, pace-making, reliability trial, speed-testing or the carriage of goods (other than samples) in connection with any trade or business or use for any purpose in connection with the Motor Trade.

\* 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.

We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please refer to the Policy Schedule for full details, terms and conditions of the insurance.

**IMPORTANT NOTICE**

This Certificate is not transferable. During its currency, if the insurance is cancelled for whatsoever reason, you must return the Certificate to Tokio Marine Insurance Singapore Ltd, within 7 days thereof or, if the Certificate has been lost destroyed, you must make a statutory declaration to that effect. Failure to comply with this duty is an offence under Motor Vehicle (Third-Party Risks and Compensation) Act (Chapter 189).

**ADDITIONAL INFORMATION**

Account: E2316DDA

Insurance Plan:	Comprehensive Approved Workshop Plan
Limit for total loss or theft:	Prevailing Market Value
Policy Excess:	Own Damage Claims SGD 1,000
	Windscreen Excess SGD 100
Financial Interest:	DBS BANK LTD

Tokio Marine Insurance Singapore Ltd.

Authorised Signature



**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 : MHA119623276 Vehicle Registration No: SJN 8323L  
Name (as shown in NRIC) : Chan Chee Chong NRIC/FIN/Passport No : S7046008D  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore( )  
Contact (Tel) : \_\_\_\_\_ Mobile No.: 8338 7888  
Email Address : \_\_\_\_\_  
Date of Accident : 26. 6. 2019 Time of Accident : 20 15 HRS  
Place of Accident : Tiong Bahru Plaza Carpark  
Insurance Company: Tokio Marine Insurance Singapore Ltd

**(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:

Insurance Certificate of Insurance  
Police Report 7/20190627/7131  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

  
\_\_\_\_\_  
Policyholder / Driver's Signature  
Date: \_\_\_\_\_

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