NATIONAL Assessment Centre Services [illegible] MNA9190844439

Date In: 28/06/2019 18:02	Job description	Date & Time Completed	Done by
Ref No: NCA/MI/19011551/Y	SAS e-filing		
Veh No: SKR559E	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 21/06/2019 17:00	i-Motor Claim Form	MI/1051088-001	28/06/2019 18:39
OD / TP / 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: SJU1049T. 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: 6788 6616)	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

NA1904878

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist		Amt ($) In Bill	Amt ($) Add.Bill
1) AR : Accident Reporting ($30);			
2) DA : Damage Assessment ($100);	INC ($80)		
3) TF : Towing Fee	$40/$45		
4) FT : Follow-Through Survey	$120		
5) FT : Follow-Through Survey (Resurvey)	$30		
For claiming against INC Only (wef 10 Jan 2005)			
6) TR : Re-inspection	$75		
7) N1 : Idau DA + SMRT Survey	$160		
8) NTUC Additional Services:-			
DIP			
*N5: Courtesy Car / Tpt Allowance	$5		
*N6: Repair Co-ordination	$10		
*N7: Post Repair Inspection	$25		
*N8: DV / Collect Excess Coordination	$5		
TP (N11) : TP (Non INC) against INC	$20		
9) N12: Idau Mobile	30		
Invoice dated	Fee Charged		
Invoice dated	Fee Charged		

P. 1/1

07-MAY-2019 16:39

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 witholding 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	28/06/2019 18:02
Date Of Accident	27/06/2019 17:00
Exact Location Of Accident	ALEXANDRA ROAD (NEXT TO DELTA HOUSE)
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKR559E
Insured/Policyholder	
Name Of Registered Owner	ZHANG GUO ZHI
NRIC No	S8012047H
Email Address	JERMS4U@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97777496
Alternative Phone No	OTHERS-97777496
Vehicle Particulars	
Manufacturer	HONDA
Model	STREAM
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	REPORTING ONLY
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	5101545014-01
Cover Note Number	
Driver	
Name of Driver	JEREMY TAN SHENG-LIANG (JEREMY CHEN SHENGLIANG)
NRIC No	S7936342A
Date Of Birth	01/12/1979
Occupation	INDOOR
Date Of Driving Pass	02/07/2010
Driving Experience	8 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90993734
Fax Number	
Contact Number	
EMail Address	JERMS4U@GMAIL.COM

Address	BLK 706 CLEMENTI WEST STREET 2 #06-379
Postcode	120706
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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	1
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.	YES
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	SJU1094T
Vehicle Make/Model/Colour	AUDI Q5
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE TECK KWANG
NRIC/Passport Number	S6903057B
Contact Number	98414717
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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.

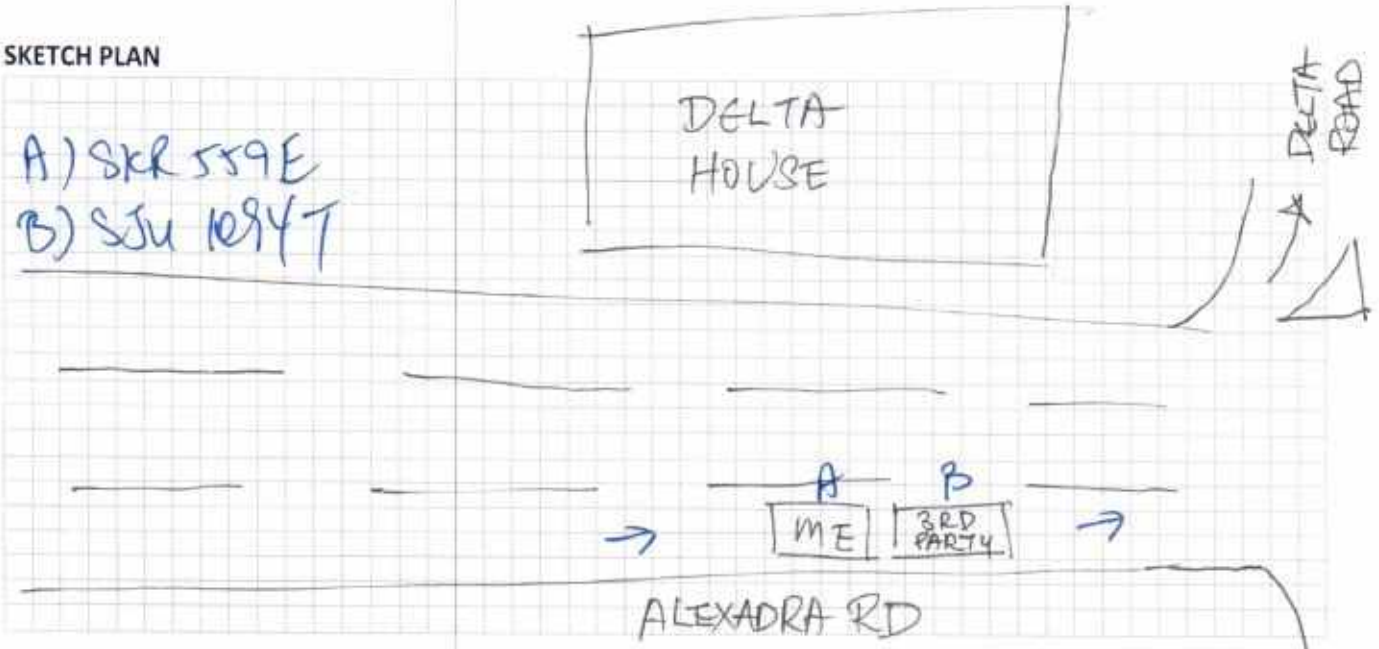
   (e) the information so collected under (d) above may be shared / disclosed:

   (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:	Driver's Signature (If driver is not the policyholder) Date & Time: 28/6/19 1400HRS	Reporting Centre Personnel's Signature Name: NRIC/FIN No.: 28/06/2019

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As ~~I~~ ALL CARS STARTED TO SLOW DOWN AT THE TRAFFIC JUNCTION AS THE LIGHTS TURNED RED, THE 3RD PARTY VEHICLE AND I WERE TRAVELING AT APPROXIMATELY UNDER 20 KM/H. DUE TO MY LAPSE IN JUDGEMENT, I MIS JUDGED THE DISTANCE ~~BE~~ OF THE 3RD PARTY VEHICLE AND COLLIDED INTO THE REAR BUMPER OF THE SAID VEHICLE.

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: 28/6/19
1700HRS.

28/06/2019

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

Claim Handling

Accident MT/1051088

Policy No.	S101545014-01	Vehicle No.	SKK559E	GST Registration No.	
Certificate No.					
Policyholder Name	ZHANG GUO ZHI			Policyholder NRIC	S8012047H
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	97777496	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
ePK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

Accident Details

Report Date	28/06/2019 18:34	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	27/06/2019	Time of Accident hh:mm	17:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALEXANDRA ROAD (NEXT TO DELTA HOUSE)				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess	500.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total OD Excess Applicable	2500.00	Total TP Excess Applicable	1,500.00		

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	21 LORONG TAHAR	Address 2	#04-02 ANGSANA@21	Address 3	SINGAPORE 387757
Address 4		Address Type	Singapore address	Post Code	387757
Unit No.		Related Policy Number	S101545014-01		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	JEREMY TAN SHENG-LIANG	Driver NRIC	S7936342A	Driver DOB	01/12/1979
Register Date of Driver License	02/07/2010	Driver Age	39	Driving Experience	8
Contact No.(Mobile)	90993734	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 706 #06-379	Address 2	CLEMENTI WEST STREET 2	Address 3	SINGAPORE 120706
Address 4		Address Type	Foreign address	Post Code	120706
Unit No.	06-379				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SKK559E	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes No

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	ZHANG GUO ZHI	Insured NRIC	S8012047H
Contact No.(Mobile)	97777496	Contact No.(Home)	67482386	Contact No.(Office)	
Email Address	reesunsl7@hotmail.com	OI Vehicle Number	SKK559E	TP Vehicle Number	SJU1094T
Claim Description	SKK559E / SJU1094T ON 27 Jun 2019			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Fully at Fault		
Report No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	28/06/2019 18:39	Claim Close Date		Date Received	28/06/2019 00:00
Report Taken By	ROSLI WAHAB				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1051088	Claim No.	001
Last Doc. Received	Yes No	Upload Date	28/06/2019 18:39

Path *		Category *	Confidential	Urgency *	Description *
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	

Message Read Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_80067N(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jun 2019 18:39	Photos	Normal	Photos 2019-6-28	
	NAC_BUKIT_MERAH_80067N(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jun 2019 18:39	Photos	Normal	Photos 2019-6-28	

GENERAL INSURANCE ASSOCIATION
RECORDS MANAGEMENT CENTRE

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: S66SS0020G / GST Reg. No.: M400017?3?

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 : MVA4150844?9 Vehicle Registration No: SKR 559E

Name (as shown in NRIC) : Jeremy Tan Sheng Hong NRIC/FIN/Passport No : S9?36?42D

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

Address : _____ Singapore( )

Contact (Tel) : _____ Mobile No. : _____

Email Address : _____

Date of Accident : 21/06/2019 Time of Accident : 17:00

Place of Accident : Alexandra Road (Next to Dhoby Ghaut)

Insurance Company : MSIG

(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:

Particular Names to Jeremy Tan Sheng Hong (Jeremy Chang Sheng Hong)

Policyholder / Driver's Signature
Date:

01/07/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:

				
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 28 Jun 2019 18:39	Photos	Normal	Photos 2019-6-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 28 Jun 2019 18:39	Photos	Normal	Photos 2019-6-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 28 Jun 2019 18:39	Photos	Normal	Photos 2019-6-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 28 Jun 2019 18:39	Photos	Normal	Photos 2019-6-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 28 Jun 2019 18:39	Photos	Normal	Photos 2019-6-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 28 Jun 2019 18:39	Photos	Normal	Photos 2019-6-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 28 Jun 2019 18:39	Photos	Normal	Photos 2019-6-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 28 Jun 2019 18:39	Photos	Normal	Photos 2019-6-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 28 Jun 2019 18:39	Photos	Normal	Photos 2019-6-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 28 Jun 2019 18:39	SAS	Normal	SAS 2019-6-28
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 28 Jun 2019 18:39	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-6-28

Video List

Uploaded By/Date	Folder Data	File Name	?	Source	Action

Display in New Window | Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (27/06/2019) (DD/MM/YYYY), TIME: (17:00) (HH:MM)

LOCATION: ALEXANDRA ROAD (NEXT TO DELTA HOUSE)

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: SKR559E
   b) INSURANCE COMPANY: NTUC
   c) POLICY NUMBER: 5101545014-01
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
   e) MAKE & MODEL: HONDA STREAM
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE HIRE
   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: ZHANG GUO ZHI (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S8012047H CONTACT: 97777496
   c) ADDRESS: 21 LORONG TAHAR #04-02 S387757

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

*No of passengers (including driver) (01)

3. DRIVER
   a) NAME: JEREMY TAN SHENG-LIANG (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S7936342A CONTACT: 90993734
   c) ADDRESS: 706 CLEMENTI WEST ST 2 #07-379
   *d) DATE OF BIRTH: (01/12/1979) (DD/MM/YYYY)
   e) OCCUPATION: (~~INDOOR~~ / OUTDOOR)
   f) DATE OF DRIVING PASS 02/07/2010
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (~~YES~~ / NO)
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HIRER
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

* No of passenger (including driver) (04)

   a) VEHICLE NUMBER: SJU1094T MODEL: AUDI Q5
   b) DRIVER'S NAME: LEE TECK KWANG
   c) NRIC/FIN/PASSPORT: S6803054B CONTACT: 9841 4717
9. THIRD PARTY VEHICLE

* No of passenger (including driver) ( )

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

email = jerms4u@gmail.com

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7936342A

Name
JEREMY TAN SHENG-LIANG
(JEREMY CHEN SHENGLIANG)
陈胜光
Race
CHINESE
Date of birth
01-12-1979
Sex
M
Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S7936342A
Name
JEREMY TAN SHENG-LIANG
(JEREMY CHEN SHENGLIANG)
Birth Date 01 Dec 1979
Issue Date 02 Jul 2010

4601307

NRIC No S7936342A

Date of issue
14-07-2010

APT BLK 706 CLEMENTI WEST STREET 2 #06-379
SINGAPORE 120706

NRIC No: S7936342A Date: 01/05/2017

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

		EFFECTIVE DATE
Class 2B	Motorcycles =< 200 cc	15 Sep 1999
Class 2A	Motorcycles between 201 cc and 400 cc	04 Sep 2001
Class 2	Motorcycles > 400 cc	07 Jan 2003
Class 3	Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	02 Jul 2010

NP 428A

Licence No: S7936342A

eBaoTech GeneralClaim

Hello, NAC_BUKIT_MERAH_800676 · Change Language · Change Password · Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.
Vehicle No.(For Motor) SKR559E
Date of Accident 27/06/2019 17:01
Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
○	5101545014-01		ZHANG GUO ZHI	S8012047H	GPC	drivo CLASSIC	SKR559E	SKR559E	20/06/2019	19/06/2020

Continue

GENERAL INSURANCE ASSOCIATION
RECORDS MANAGEMENT CENTRE

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: S665500200 / GST Reg. No.: M400017731

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 : MWA4190884439 Vehicle Registration No: SKR 559E

Name (as shown in NRIC) : Jeremy Tan Shang Liang NRIC/FIN/Passport No : S9363420A

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

Address : ______ Singapore( )

Contact (Tel) : ______ Mobile No. : ______

Email Address : ______

Date of Accident : 27/06/2019 Time of Accident : 17:00

Place of Accident : Alexandra Road (next to DBS Bank)

Insurance Company : MSIG

(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:

Driver name to Jeremy Tan Shang-Liang (Jeremy Chao Shang Liang)

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature 01/07/2019
Name: [signature]
NRIC/FIN No.:
Date: