



## 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 judgement 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	06/07/2019 17:05
Date Of Accident	06/07/2019 15:00
Exact Location Of Accident	ALONG BEDOK NORTH ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX8885S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SCHULZ PIPING COMPONENT PTE. LTD.
Co Reg No	201734756Z
Email Address	SALES@SCHULPIPING.COM.SG
Mobile Phone No	(LOCAL) +65-93898184
Alternative Phone No	OFFICE-62916433

### Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5100429477
Cover Note Number	

### Driver

Name of Driver	TAN BOON CHIU (CHEN WENQIU)
NRIC No	S7535406A
Date Of Birth	17/11/1975
Occupation	INDOOR
Date Of Driving Pass	06/10/1998
Driving Experience	20 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93898184
Fax Number	
Contact Number	OFFICE-62916433
Email Address	SALES@SCHULPIPING.COM.SG

Address	BLK 645 PUNGGOL CENTRAL #09-336
Postcode	820645
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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?	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)	4
Passenger 1	NAME: : TAN SAW HOON (WIFE) GENDER: : FEMALE
Passenger 2	NAME: : TAN ZHI LEE (DAUGHTER) GENDER: : FEMALE
Passenger 3	NAME: : TAN ZHI WEI (DAUGHTER) GENDER: : FEMALE

#### 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	GX9445G
Vehicle Make/Model/Colour	NISSAN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	PHILIP
NRIC/Passport Number	

Contact Number 98716840  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

## SKETCH PLAN

### IMPORTANT NOTICE

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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.

X

Policyholder's Signature  
Date & Time:

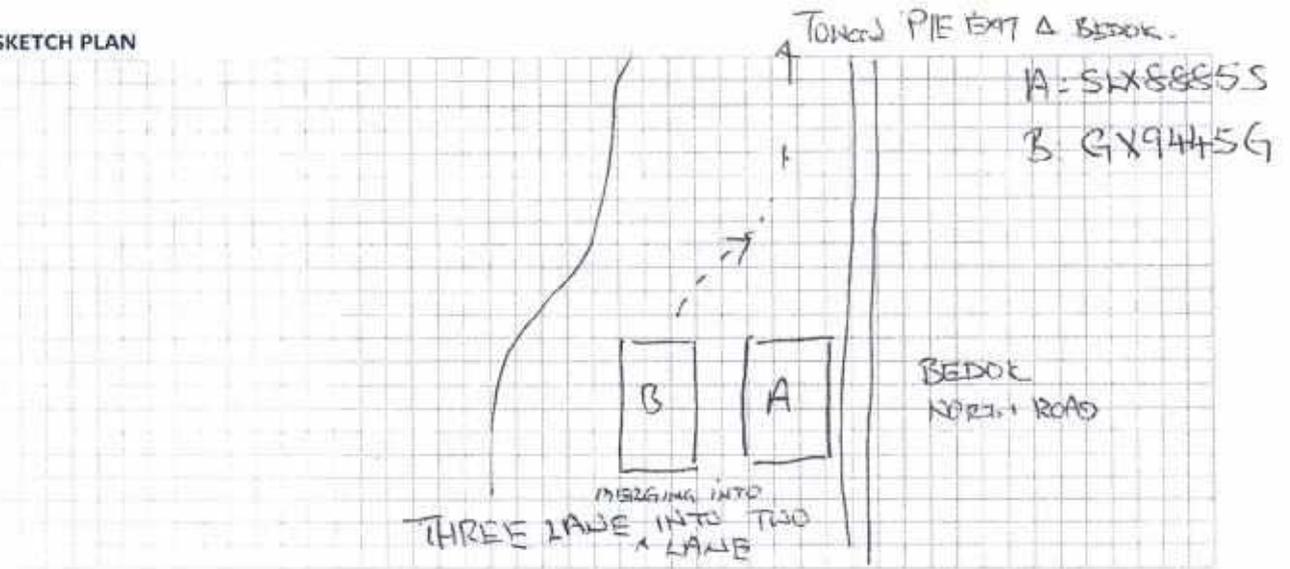


Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

Rosa Lim

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I AM DRIVING ALONG BEDOK NORTH ROAD (A). Vehicle B TURN INTO MY LAWE AND RESULT IN HIS LORRY RIGHT SIDE SCRATCH AGAINST MY VEHICLE LEFT SIDE.

DECLARATION

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

*[Signature]*

Policyholder's Signature  
Date & Time:



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

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

**Claim Handling**

Accident MT/102200

Policy No.	3100429477	Vehicle No.	SLX8855	GST Registration No.	
Certificate No.					
Policyholder Name	SCHULZ PIPING COMPONENT PTE. LTD.			Policyholder NRIC	201734756Z
Product Code	PRIMATE CAR INSURANCE	Cover Type	Drive CLASSIC	Usaging	0
Contact No.(Mobile)	33998194	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KTC	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

**Accident Details**

Report Date	08/07/2019 12:25	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	06/07/2019	Time of Accident hh:mm	15:00	Country of Accident	Singapore
Reporting Centre		Orange Force		IDM No.	
Accident Location	ALONG BEDOK NORTH ROAD				

**Excess**

Own Damage Excess	500.00	Additional Excess	0	Wholesale Excess	100.00
Uninsured Driver Excess		Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

**Benefit**

**GST Registered Information**

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	08/07/2019 12:28:05 System changed GST Status verified from No to Yes		

**Policyholder Mailing Address**

Address 1	7500A BEACH ROAD	Address 2	#15-124 THE PLAZA	Address 3	SINGAPORE (9999)
Address 4		Address Type	Singapore address	Post Code	199581
UEN No.	15-374	Related Policy Number	3100429477		

**OT Driver Info**

Driver Name	TAN BOON CHIU	Driver Type	Main Driver		
Uninsured driver Name		Driver NRIC	S7525406A	Driver DOB	17/11/1973
Register Date of Driver License	06/10/1998	Driver Age	43	Driving Experience	20
Contact No.(Mobile)	33998194	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 545 #10-323	Address 2	PUNGGOL CENTRAL	Address 3	EASTDALE
Address 4	SINGAPORE 820645	Address Type	Foreign address	Post Code	820645
Unit No.	10-323				
Does he own a Singapore Registered car?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Driver Vehicle No.	SLX8855	Driver Insurer Company	NTLC

**Declaration**

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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**Modification History**

Claim 001 **NEW**

Claim Type *	DD-MIX	Insured Name	SCHULZ PIPING COMPONENT PT	Insured NRIC	201734756Z
Contact No.(Mobile)		Contact no. (Home)	NIL	Contact no. (Office)	
Email Address		OT Vehicle Number	SLX8855	TP Vehicle Number	SL9485G
Claim Description	SLX8855 / SL9485G ON 6 Jul 2019				Name of Preferred Workshop
Preferred Workshop		Insured Liability	Not at Fault	GIA report	Received
Report No. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown	Claim Close Date	08/07/2019 12:29
Date Registered				Date Received	08/07/2019 00:00
Report Taken By	ROSLI WAHAB				

**Attachment**

Accident No.	MT/102200	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	08/07/2019 12:29
Path *		Category *	
Choose File	No file chosen	Confidential	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES
Choose File	No file chosen	Urgency *	Normal
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			

**Attachment List**

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jul 2019 12:29	Photos	Normal	Photos 2019-7-6	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jul 2019 12:29	Photos	Normal	Photos 2019-7-6	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jul 2019 12:29	Photos	Normal	Photos 2019-7-6	

	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jul 2019 12:29	Photos	Normal	Photos 2019-7-8
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jul 2019 12:29	Photos	Normal	Photos 2019-7-8
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jul 2019 12:29	Photos	Normal	Photos 2019-7-8
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jul 2019 12:29	Photos	Normal	Photos 2019-7-8
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jul 2019 12:29	Photos	Normal	Photos 2019-7-8
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jul 2019 12:29	SAS	Normal	SAS 2019-7-8
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Jul 2019 12:29	NDDC/ Driving License	Normal	NDDC/ Driving License 2019-7-8

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>		

SEARCH PINA

CO'S Stamp

### ACCIDENT STATEMENT

ACCIDENT DATE: (06 / 07 / 2019) (DD/MM/YYYY), TIME: (1500 - 1530) (HH:MM)

LOCATION: ~~Bedok Reservoir~~ BEDOK NORTH ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLX 8885 S
- b) INSURANCE COMPANY: NTUC INCOME
- c) POLICY NUMBER: 5100 429477
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: TOYOTA CAMRY
- 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: SCHULTZ PIPINA COMPONENT PTE LTD (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_
- c) ADDRESS: 7500A Beach Road #10-323 The Plaza

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

DRIVER

- a) NAME: TAN BOON CHIU (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: ST555406A CONTACT: 9589 8184
- c) ADDRESS: BLK 645 PUNGGOL CENTRAL #09-336 S(820645)

\*d) DATE OF BIRTH: (17 / 11 / 1975) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

DATE OF DRIVING PASS 06/10/1998

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: \_\_\_\_\_

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GX 9445 G MODEL: NISSAN
- b) DRIVER'S NAME: PHILIP
- c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 9871 6840

9. THIRD PARTY VEHICLE

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

\*No of passenger  
(including driver)  
( )

\*No of passenger  
(including driver)  
( )

\*No of passenger  
(including driver)  
( )

email =  
VIDEO

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7535406A



**For LKK/NAC Use Only**

TAN BOON CHIU  
(CHEN WENQIU)  
陈文秋

Name  
CHINESE  
Date of Birth: 17-11-1975  
Sex: M  
Country of Birth: SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE

License No: S7535406A



TAN BOON CHIU  
(CHEN WENQIU)  
**For LKK/NAC Use Only**

Birth Date: 17 Nov 1975  
Issue Date: 27 Oct 2003

000955724C



3820510




NPIC No. S7535406A

**For LKK/NAC Use Only**

Date of Issue: 30-12-2005

Address:  
APT BLK 545 PUNGGOL CENTRAL  
#09-336  
SINGAPORE 820545

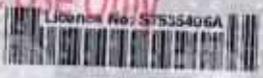
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

CLASS	DESCRIPTION	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	05 Dec 1993
Class 2A	Motorcycles between 201 cc and 400 cc	26 Jun 1995
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	06 Oct 1995

**For LKK/NAC Use Only**

NP 426A

License No: S7535406A



**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:** 5100429477

**Cover :** drive CLASSIC

- |   |                                     |
|---|-------------------------------------|
| 1. Index mark and Registration Number of Vehicle  | : SLX88855                          |
| Chassis Number  | : MR0538K4007047158                 |
| 2. Name of Policyholder   | : SCHULZ PIPING COMPONENT PTE. LTD. |
| 3. Effective Date of Insurance  | : 04 May 2018                       |
| 4. Expiry Date of Insurance   | : 29 Sep 2019                       |
| 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	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: TAN BOON CHIU
NAMED DRIVER (1)	: TAN SAW HOON
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)

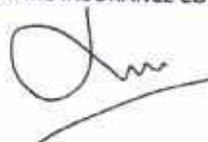
Agency : ASSURE (SINGAPORE) PTE. LTD. (00000615327)  
Date of Issue : 03 May 2018 17:00 hrs

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 : MNA119088/23 Vehicle Registration No: SLX 8885S  
 Name (as shown in NRIC) : Tan Boon Chiu NRIC/FIN/Passport No : S7535406A  
 (\*Vehicle Driver / Vehicle Owner) (\* Please delete as appropriate)  
 Address : \_\_\_\_\_ Singapore( )  
 Contact (Tel) : 62916433 Mobile No. : 93898184  
 Email Address : \_\_\_\_\_  
 Date of Accident : 06.07.2019 Time of Accident : 15:00hrs  
 Place of Accident : Bedok North Road  
 Insurance Company : NTUC

**(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:

1. After the collision, the said vehicle had push my vehicle towards the curb. Due to the collision, my vehicle was badly damaged on left and right.

2. 4 PAY INCLUDING DRIVER IN THE CAR

G  
 Policyholder / Driver's Signature  
 Date:

[Signature] 16/07/2019  
 Reporting Centre Personnel's Signature  
 Name: Repl. [Signature]  
 NRIC/FIN No.:  
 Date: