

# NATIONAL Assessment Centre Services

Form 1 (April 2015)

14 MAY 2019 12:28

Date In: 28/07/2019 20:37	Job description	Date & Time Completed	Done by
Ref No: N/A/1401/2055/Y	SAS e-Ming		
Veh No: SLF 628 Y	E-mail (within 4hrs, A/C 4hrs)		
D.O.A: 07/07/2019 12:15	I-Motor Claim Form		
OD: TP: Reporting Only	I-Motor W/O (Within: OD 4hrs, 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: GBC 59887	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: (\$ )	Landing: \$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

Claimant's Particulars:	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100): INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:	5) FT: Follow-Through Survey (Resurvey) \$30		
Cal. J:	For claiming against INC Only (wef 10 Jan 2015)		
Cal. 2/3:	6) TR: Re-inspection \$75		
	7) NI: Idm DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	1211		
	* NI: Courtesy Car / Tpl Allowance \$5		
	* NI: Repair Co-ordination \$10		
	* NI: Post Repair Inspection \$25		
	* NI: DV / Collect Excess Coordination \$5		
	TP (NI): TP (Non-INC) against INC \$20		
	NI: Idm Mobile \$30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

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 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	08/07/2019 20:37
Date Of Accident	07/07/2019 12:15
Exact Location Of Accident	CTE TOWARDS AYE BEFORE TUNNEL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF6228Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HO SOOK CHUN
NRIC No	S1842025B
Email Address	ALAN_T@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97202848
Alternative Phone No	OTHERS-97202848

### Vehicle Particulars

Manufacturer	MAZDA
Model	5
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100474366-02
Cover Note Number	

### Driver

Name of Driver	TANG HAN MIN ALAN
NRIC No	S7146553E
Date Of Birth	08/12/1971
Occupation	OUTDOOR
Date Of Driving Pass	09/03/1992
Driving Experience	27 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97202848
Fax Number	
Contact Number	OTHERS-97202848
Email Address	ALAN_T@HOTMAIL.COM

Address	BLK 1C CANTONMENT ROAD #30-31
Postcode	085301
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	BUKIT MERAH EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 391 NEW BRIDGE ROAD POLICE CANTONMENT COMPLEX BLOCK A , POSTCODE: 088762 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2369999 - FAX NO: 62268438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190707/2058

#### 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	GBC5948T
Vehicle Make/Model/Colour	TOYOTA DYNA
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ISLAM FIZUL
NRIC/Passport Number	G7390187T
Contact Number	83243625
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.
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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: 08/07/2019

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

SKETCH PLAN

RAHMON RD EXIT CTE TOWARDS AYK

A) SLF 6228Y

B) GBC 5948T



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT 7/20190707/2058

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:

08/07/2019  
12pm

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





# SINGAPORE POLICE FORCE



T/20190707/2058

1 of 3

Police Station Of Origin:  
Bukit Merah East N.P.C  
A 391 New Bridge Road Police Cantonment  
Complex SINGAPORE 088762  
Tel No: 1800-2369999

Report No. T/20190707/2058

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/07/2019 14:21	Vide Report No.:	Station Diary No.: 88
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Informant's Particulars			
Name of Informant: TANG HAN MIN ALAN		Address: APT BLK 1C CANTONMENT ROAD #30-31 SINGAPORE 085301	
ID Type / ID No.: NRIC NO / S7146553E		Contact No.: Home/Office: Mobile: 97202848	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 47	Date of Birth: 08/12/1971	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Company director		Driving Licence Information: Class: 3 Date of Expiry:	

## General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 07/07/2019 12:15	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 RANGOON ROAD BUKIT TIMAH ROAD CTE TOWARDS AYE EXIT 6.3KM				
Weather: Sunny		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBC5948T	Lorry				Slightly Damaged	1
SLF6228Y	Car				Slightly Damaged	1

## Details of Person Involved

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	



**SINGAPORE  
POLICE FORCE**



T/20190707/2058

Police Station Of Origin:  
Bukit Merah East N.P.C  
A 391 New Bridge Road Police Cantonment  
Complex SINGAPORE 088762  
Tel No: 1800-2369999

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Report No. T/20190707/2058

**CONTINUATION OF REPORT**

<b>Driver</b>				
Name	TANG HAN MIN ALAN		ID No.	S7146553E
Related Vehicle	NIL		Contact No.	97202848
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
<b>Driver</b>				
Name	ISLAM FIZUL		ID No.	G7390187T
Related Vehicle	NIL		Contact No.	83243625
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 07/07/2019 at about 1215hrs, I was exiting form Rangoon exit into CTE towards AYE and I was on the left lane with a relatively long line of cars in front of me who were moving towards Bukit Timah exit towards KK Hospital. I was hardly moving and was in my lame when the lorry GBC5948T, hit me from the back. We moved to the side of the road and exchanged details. He informed that he did not have the car insurance with him. The employer details on his work permit and the lorry registrations details were also from the different companies. I have an in-car camera however the camera is facing the front but I do have the pictures of the car after the accident.





**SINGAPORE  
POLICE FORCE**



T/20190707/2058

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Report No. T/20190707/2058

Police Station Of Origin:  
Bukit Merah East N.P.C  
A 391 New Bridge Road Police Cantonment  
Complex SINGAPORE 088762  
Tel No: 1800-2369999

**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:

A /

Sgt 2 NUR ATIKAH BINTE AZZAHAR

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

07/07/2019 14:21

Classification Of Case:

# ACCIDENT STATEMENT

ACCIDENT DATE: 07/07/2017 (DD/MM/YYYY), TIME: 12:15 (HH:MM)

LOCATION: CTE Toward Ave

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLF62284  
 b) INSURANCE COMPANY: AIG  
 c) POLICY NUMBER: 2100474366-02  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: MAZDA 5  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME:  
 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: Lee Sook Chun (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S1842025B CONTACT:  
 c) ADDRESS: 1C, Cantonment Road, #30-31  
Singapore 085301

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

## DRIVER

- a) NAME: Alan Tang (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S7146553E CONTACT: 97202848  
 c) ADDRESS: 1C, Cantonment Road, #30-31  
Singapore 085301

\* d) DATE OF BIRTH: 08/12/1971 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 09 Mar 1992

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: son

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: Cantonment Police Station

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GBC 5948T MODEL: Toyota Aygo  
 b) DRIVER'S NAME: Islam Fiazul  
 c) NRIC/FIN/PASSPORT: 062035218 CONTACT: 83243625

## 9. THIRD PARTY VEHICLE

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

\* No of passenger  
 (including driver)  
(1)

\* No of passenger  
 (including driver)  
(1)

\* No of passenger  
 (including driver)  
( )

email = alan\_t@hotmail.com

VIDEO



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7146553E



Name

TANG HAN MIN ALAN

张汉民  
For LKK/NAC Use Only

CHINESE

Date of birth

05-12-1971

Sex

M

Country of birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number S7146553E

Name

TANG HAN MIN

For LKK/NAC Use Only

Exp. Date 08 Dec 1971

Valid From 17 Mar 2003



3996452

NRIC No. S7146553E



For LKK/NAC Use Only

Date of issue

10-01-2007

APT BLK 1C CANTONMENT ROAD #30-31  
SINGAPORE 095301

NRIC No: S7146553E

Date: 16/04/2011

No: 6780500

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

Class 3

Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASSE DATE

09 Mar 1992

For LKK/NAC Use Only



NF 428A

## MAZDA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Ho Sook Chun  
 Period of Insurance : 11 Jul 2018 To 10 Jul 2019  
 Engine No. : PE10352240  
 Chassis No. : JM6CW1071G0123993

Vehicle No. : SLF6228Y  
 Policy No. : 2100474366-02  
 Endorsement No. :  
 Issued Date : 24 Jun 2018

## ABOUT THE COVER

Make/Model : MAZDA 5 2.0 SKYACTIV  
 Engine Capacity/Tonnage : 1,998.00 CC  
 Driver Restriction : NA  
 Sum Insured : Market Value  
 Off Peak Car : No  
 First Year of Registration : 2016  
 Insuring with COE/PAF : Yes

## Person 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.  
 This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition

## Limitation as to use\*

Use only for social, domestic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use 1500cc - 1600cc Optional

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

## EXCESS

Section 1  
 Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$0

Section 2  
 Property Damage - \$0

Windscreen : \$100

## Named Driver and Excess (where applicable)

Ho Sook Chun - \$600 (Own Damage)

## APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

1. Trans Eurokars Pte Ltd Add: 5 Ubi Close, Singapore 408605 63058899

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website [www.aig.com.sg](http://www.aig.com.sg) or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

## IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0503599190

ARF (AP) PTE LTD - MAZDA  
 7 MAXWELL ROAD #01-100 ANNEX B MND COMPLEX  
 SINGAPORE 069111

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

*Marik*

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

AIGSGMOBILEAPP





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: S66550610G / GST Reg. No.: M400037735

**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: MNA409089128 Vehicle Registration No: SLF6228Y

Name (as shown in NRIC): Teng Han Min Brian NRIC/FIN/Passport No: 87146553E

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

Address: \_\_\_\_\_ Singapore ( )

Contact (Tel): \_\_\_\_\_ Mobile No.: 97202848

Email Address: \_\_\_\_\_

Date of Accident: 7.7.2019 Time of Accident: 12:15

Place of Accident: CTE Towards AYE Before Tunnel

Insurance Company: AIG

**(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:

To Amend to OD claims.

x [Signature]  
Policyholder / Driver's Signature  
Date:

[Signature] 09/07/2019  
Reporting Centre Personnel's Signature  
Name: Rishi Vartan  
NRIC/FIN No.:  
Date: