

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 willful 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	15/08/2019 19:11
Date Of Accident	13/08/2019 09:00
Exact Location Of Accident	ALONG DUNEARN RD ABOVE NEWTON CIRCUS FLYOVER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK2648L
Insured/Policyholder	
Name Of Registered Owner	CHAN YIAW CHEE
NRIC No	S7488058D
Email Address	YOAWCHEE@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91860920
Alternative Phone No	OTHERS-91860920
Vehicle Particulars	
Manufacturer	HONDA
Model	CB400SF-399CC
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	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5071758734-04
Cover Note Number	
Driver	
Name of Driver	CHAN YIAW CHEE
NRIC No	S7488058D
Date Of Birth	19/08/1974
Occupation	INDOOR
Date Of Driving Pass	08/06/2015
Driving Experience	4 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91860920
Fax Number	
Contact Number	OTHERS-91860920
EMail Address	YOAWCHEE@HOTMAIL.COM

Address	BLK 633A SENJA ROAD #13-159
Postcode	671633
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 - 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?	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?	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	FBK2094J
Vehicle Make/Model/Colour	SUZUKI BURGMAN
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	CHAN YIAW CHEE
------	----------------

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBK2648L

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

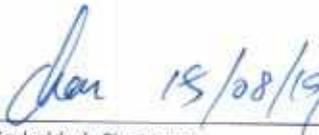
SKETCH PLAN

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1. Please report **correctly** the details of the accident to speed up the claims process.
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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.



Policyholder's Signature
Date & Time: 15/08/19

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



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

SKETCH PLAN

ALONG DUNKARON ROAD ABOVE NIKUNYAN CIRCUS FLYOVER



A) FBK 2648L
 B) FBK 2074J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PS REFER TO POLICE REPORT
1/2019/2155

DECLARATION

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

[Signature]
 15/8/19

Policyholder's Signature
Date & Time:

[Signature]
 15/8/2019

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

[Signature]
 15/8/2019

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



**SINGAPORE
POLICE FORCE**



T/20190814/2155

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Report No. T/20190814/2155

Police Station Of Origin:
Tiong Bahru NPP
128 Kim Tian Road #01-123 SINGAPORE
160128
Tel No: 1800-2739999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK2648L	NTUC Income Insurance Co-Operative Limited	5071758734-04	05/06/2019	04/06/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	UNKNOWN		ID No.	NIL
Related Vehicle	FBK2094J (Motorcycle)		Contact No.	84999034
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Rider				
Name	CHAN YIAW CHEE		ID No.	S7488058D
Related Vehicle	FBK2648L (Motorcycle)		Contact No.	91860920
Hospital/Clinic	RAFFLES MEDICAL		Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	14/08/2019		Date Discharge	14/08/2019
No. of Days granted Medical Leave	03		Degree of Injury	NIL

Brief Details.

On the 13/08/2019 at about 0900hrs, I was riding my motorcycle FBK2648L along Dunearn Road moving past Newton Circus Flyover which was below Dunearn. I was going to exit into Bukit Timah Road towards CTE. I was riding on the left lane of the two-lane road. As the traffic was heavy I was moving slowing near to the right border of the lane but not over the lane. Suddenly one motorcycle FBK2094J hit the back of my motorcycle and both of us fell from our motorcycles. We managed to get up and moved our motorcycles to the side of the road. When the other rider fell his motorcycle also hit the left side of one car SLN8361P which was on the right lane. The said car also move to the side of the road. As I was feeling ok, I took the handphone number of the other rider to settle with the insurance company. I then left the scene.

On the 14/08/2019 at about 0500hrs, I felt pain from the right hip and the right side of my whole right leg. I went to see a doctor at Raffles Medical at 50 Raffles Place and was given three days of medical leave.



**SINGAPORE
POLICE FORCE**



T/20190814/2155

Police Station Of Origin:
Tiong Bahru NPP
128 Kim Tian Road #01-123 SINGAPORE
160128
Tel No: 1800-2739999

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Report No. T/20190814/2155

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20190814/2155

4 of 4

Report No. T/20190814/2155

Police Station Of Origin:
Tiong Bahru NPP
128 Kim Tian Road #01-123 SINGAPORE
160128
Tel No: 1800-2739999

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 / Staff Sgt CHIA CHEE PIN 
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / AEIT / Staff Sgt WONG SIEU LUI Contact No.: 65476151

Signature Of Informant: 
Date/Time: 14/08/2019 18:10
Classification Of Case:

Authentication Stamp
NP168 

Claim Handling

Accident MT/1857983

Policy No.	SD7179034-04	Vehicle No.	PK2648L	GST Registration No.	
Certificate No.					
Policyholder Name	CHAN YIAW CHEE	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	S7488056D
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Leading	0
Contact No.(Mobile)	91860920	Special Remarks		Contact No.(Home)	
Email Address		TCA	- No Yes	eCode	No
MVA	- No Yes	NCD Entitlement(%)	10	eCode Reason	
MCD Protection	No			Private Hire	No

Accident Details

Report Date	15/08/2019 19:33	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	15/08/2019	Time of Accident (approx)	09:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG DUNDARU RD ABOVE NEWTON CIRCUS FLYOVER				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	
OD Standard Excess	0.00	TP Standard Excess	0.00
YIELD OD Excess	0.00	YIELD TP Excess	0.00
Additional Excess		Driver is Covered?	Not Covered
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00

Benefits

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

Policyholder Mailing Address

Address 1	BLK 717 #09-123	Address 2	JURONG WEST STREET 71	Address 3	SINGAPORE 640717
Address 4		Address Type	Singapore address	Post Code	640717
Unit No.		Related Policy Number	SD71758734-04		

QE Driver Info

Driver Name	CHAN YIAW CHEE	Driver Type	Main Driver	Driver DOB	19/08/1974
Unnamed driver Name		Driver NRIC	S7488056D	Driving Experience	8
Register Date of Driver License	10/06/2011	Driver Age	44	Contact No.(Home)	
Contact No.(Mobile)	91860920	Contact No.(Office)		Address 1	SINGAPORE 640717
Address 1	BLK 717 #09-123	Address 2	JURONG WEST STREET 71	Address 3	
Address 4		Address Type	Singapore address	Post Code	640717
Unit No.		Driver Vehicle No.	PK2648L	Driver Insurer Company	STUC
Does he own a Singapore Registered Car?	Yes - No				

Declaration	
Breathalyzer or Blood Test Reading?	0 mg
Any Injury?	Yes - No

Modification History

Claim 001 [New](#)

Claim Type *

Contact No.(Mobile)	91860920	Injured Name	CHAN YIAW CHEE	Injured NRIC	S7488056D
Email Address	yiewchee@ntm.com	Contact No. (Home)		Contact No. (Office)	
Claim Description	PK2648L / PK20943 ON 13 Aug 2019	QE	PK2648L	TP	PK20943
Preferred Workshop	Not at Fault	Vehicle Number	PK2648L	Vehicle Number	PK20943
Assessed No. / Situation	Repair / Preferred Workshop, Name unknown	Name of Injured Workshop			
DIET Registered	GIA Report	Accepted			
Report Taken By	ROSLI WAHAB	Claim Close Date	15/08/2019 19:33	Date Received	15/08/2019 00:00

Print AX letter

Save Submit

Attachment

Accident No.	MT/1857983	Claim No.	001
Last Doc. Received	Yes No	Upload Date	15/08/2019 19:33

Choose File	No file chosen	Category *	Please Select	Confidential	NO	Urgency *	Normal	Description *	
Choose File	No file chosen		Please Select		NO		Normal		
Choose File	No file chosen		Please Select		NO		Normal		
Choose File	No file chosen		Please Select		NO		Normal		
Choose File	No file chosen		Please Select		NO		Normal		
Choose File	No file chosen		Please Select		NO		Normal		
Choose File	No file chosen		Please Select		NO		Normal		
Message Read			Please Select		NO		Normal		

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_800676; NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 15 Aug 2019 19:33	Photos	Normal	Photos 2019-8-15	
	NAC_BUKIT_MERAH_800676; NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 15 Aug 2019 19:33	Photos	Normal	Photos 2019-8-15	

ACCIDENT STATEMENT

ACCIDENT DATE: 13/08/2019 (DD/MM/YYYY), TIME: 09:00 (HH:MM)

LOCATION: Along Road 1 traveling toward Road 2 DUNEARN ROAD
BUBUR TIMAH ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBK 2648L
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 507175P734-04
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: HONDA / CB400
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: CHAN YIKO CHIE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S74880580 CONTACT: 91860920
c) ADDRESS: BLK 635A JENIA ROAD #13-159 SINGAPORE 671633

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* d) DATE OF BIRTH: (19/08/1974) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 28/01/2015

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) CLEAR
b) ROAD SURFACE: (DRY / WET / OTHERS) DRY
6. WAS ANYBODY INJURED (YES / NO)
7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: TIONG SARU NPP

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: FBK 2094J MODEL: SUZUKI
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

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)
()

* No of passenger
(including driver)
()

email = Yianchee @ Hotmail: Com
VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7488058D



Name: **For LKK/NAC Use Only**
CHAN YIAW CHEE

陳耀志

Race: CHINESE
Date of birth: 19-06-1974
Country/Place of birth: MALAYSIA
Sex: M

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7488058D

Name:

CHAN YIAW CHEE

For LKK/NAC Use Only

Birth Date: 19 Aug 1974

Issue Date: 15 Jun 2011



5715258



NRIC No. S7488058D



For LKK/NAC Use Only

Date of issue: 15-03-2017

APT BLK 633A SENJA ROAD #13-15B
SINGAPORE 871633

NRIC No: S7488058D Date: 23/03/2018

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

EFFECTIVE DATE

Class

Class 2B	Motorcycles <= 200 CC	15 Jun 2011
Class 2A	Motorcycles between 201 CC and 400 CC	18 Jun 2015
Class 3	Motor cars <= 2000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	15 Jun 2011

For LKK/NAC Use Only

S / No. 9000216103

S7488058D



NP 428A

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 : 5071758734-04 **Cover** : Third Party, Fire & Theft

- | | |
|---|---|
| 1. Index mark and Registration Number of Vehicle | : FBK2648L |
| Chassis Number | : NC421603295 |
| 2. Name of Policyholder | : CHAN YIAW CHEE |
| 3. Effective Date of Insurance | : 05 Jun 2019 |
| 4. Expiry Date of Insurance | : 04 Jun 2020 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) Named Driver(s) Only. | |
| | 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)	: N/A
EXCESS (SECTION 2)	: N/A
EXCESS (THEFT OUTSIDE SINGAPORE)	: PLEASE REFER OVERLEAF
INSURE WITH COE	: YES
NAMED DRIVER (1)	: CHAN YIAW CHEE
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 : COMMERCIAL AGENCY PTE LTD (00000614425)
 Date of Issue : 02 May 2019 11:27 hrs
 Reprint : 02 May 2019 11:28 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048510
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours: Monday to Friday, 09:00 - 17:00
 UEN: S65500200 / 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 : MIA419107147 Vehicle Registration No: FBK 2648L

Name (as shown in NRIC) : CHOW YIAW CHAI NRIC/FIN/Passport No : S7488058D

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

Address : _____ Singapore ()

Contact (Tel) : _____ Mobile No. : 91860920

Email Address : _____

Date of Accident : 13/05/2019 Time of Accident : 09:00

Place of Accident : ALONG DUNKINSON ROAD ABCKY XIAW'NAN CIRCUS FLYOVER

Insurance Company : AMIC

(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:

THERE IS INJURIES IN THE ACCIDENT

Policyholder / Driver's Signature
 Date:

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