

NATIONAL Assessment Centre Services. (ver 1 Jan 00) : MAA419108162-02

Date In: 19/08/2019	Job description	Date & Time Completed	Done by
Ref No: NBA/MC19014436/F	SAS e-filing		
Veh No: 85Y 55A 5C	E-mail (5 days 2hrs, AIC 2hrs)		
D.O.A: 18/07/2018	I-Motor Claim Form	MAA1058361-001	19/08/2019
OD: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		17:56
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wks32		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: 5JJ 482Y	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%. P: 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 repolar.

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

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

Repairer's Instructions:

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Date: _____

Driver/Owner:	1) AIR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$10)
Damaged Portion:	3) TP: Towing Fee	\$40/\$45
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	\$120
	5) PT: Follow-Through Survey (Resurvey)	\$30
	For claiming against INC Only (ver 10 Jan 2005)	
	6) TR: Re-inspection	\$75
	7) NI: Ideal DA + SMRT Survey	\$160
	8) NTUC Additional Services:-	
	ON:	
	*N5: Courtesy Car / Tpl Allowance	\$3
	*N6: Repair Co-ordination	\$10
	*N7: Post Repair Inspection	\$25
	*N8: DV / Collect Excess Co-ordination	\$3
	TP (Nil) : TP (Non INC) against INC	\$20
	9) N12: Ideal Mobile	\$0
	Invoice dated	Fee Charged
	Invoice dated	Fee Charged

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	19/08/2019 10:25
Date Of Accident	18/08/2019 20:50
Exact Location Of Accident	PIE TOWARDS PIONEER EXIT 17 LANE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGY5595C
Insured/Policyholder	
Name Of Registered Owner	MUN CHEONG WAI
NRIC No	S1228469A
Email Address	MAGDALENEMUN@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97801718
Alternative Phone No	OFFICE-97801718

Vehicle Particulars

Manufacturer	HONDA
Model	JAZZ
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	505616736206
Cover Note Number	

Driver

Name of Driver	MUN SOOK FERN, MAGDALENE(WEN SHUFEN)
NRIC No	S8519857B
Date Of Birth	13/07/1985
Occupation	INDOOR
Date Of Driving Pass	19/08/2004
Driving Experience	14 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98626501
Fax Number	
Contact Number	
E Mail Address	MAGDALENEMUN@HOTMAIL.COM

Address	APT BLK 647 JURONG WEST STREET 61 #08-164 SINGAPORE
Postcode	640647
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	CHAIN COLLISION
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	5
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)	2
Passenger 1	NAME: : UNKNOWN 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

REFER TO THE SKETCH PLAN STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJJ482X
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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKP9859R
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)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SGQ5698G
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)

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SJK1449G
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)

Accident Sketch Plan

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.

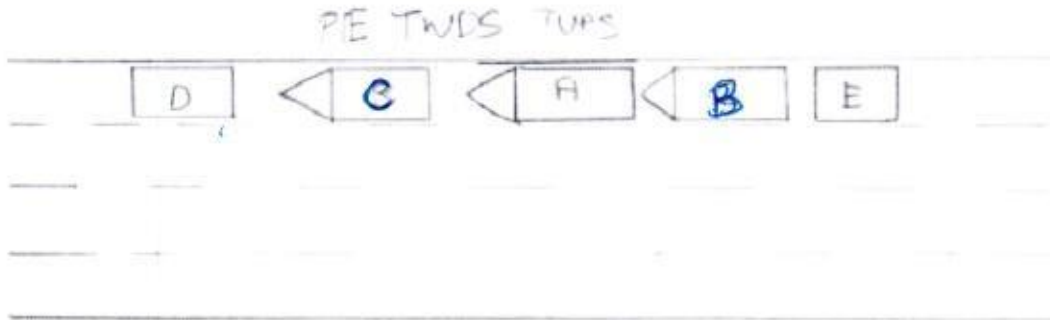
Policyholder's Signature
Date & Time


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


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

Accident Sketch Plan

SKETCH PLAN



VEH D: 56Y5575 C
 VEH C: 5K17757K
 VEH B: 253 482 X
 VEH D: 56Q56986
 VEH E: 5JK 14496

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Was driving along PE Towards Turs on Lane 1. Car B hit my car at the back and I hit car C.

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 19

Reporting Centre Personnel's Signature
 Name
 NRIC/PIN No.

Claim Handling

Accident MT/1058361

Policy No.	5056167362-06	Vehicle No.	SGY5595C	GST Registration No.	
Certificate No.					
Policyholder Name	MUN CHEONG WAI	Cover Type	drive CLASSIC	Policyholder NRIC	S1228469A
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	97801718	Special Remark		Contact No.(Home)	
Email Address		TCA	Yes	eCode	No
KFK	Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	No			Private Hire	No
Accident Details					
Report Date	19/08/2019 17:24	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	18/08/2019	Time of Accident hh:mm	20:50	Country of Accident	Singapore
Reporting Centre		Orange Force		IGM No.	
Accident Location	PIE TOWARDS PIONEER EXIT 17 LANE 1				
Excess					
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					

Policyholder Mailing Address					
Address 1	BLK 647 #08-164	Address 2	JURONG WEST STREET 61	Address 3	SINGAPORE 640647
Address 4		Address Type	Singapore address	Post Code	640647
Unit No.		Related Policy Number	5056167362-06		
OI Driver Info					
Driver Name	MUN SOOK FERN, MAGDALENE (WEN SHUFEN)	Driver Type	Named Driver	Driver DOB	13/07/1963
Unnamed driver Name		Driver NRIC	S6519857B	Driving Experience	14
Register Date of Driver License	19/08/2004	Driver Age	34	Contact No.(Home)	
Contact No.(Mobile)	97801718	Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	Yes	Driver Vehicle No.	SGY5595C	Driver Insurer Company	NTUC
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	MUN CHEONG WAI	Insured NRIC	S1228469A	
Contact No.(Mobile)	97801718	Contact No. (Home)	67911995	Contact No. (Office)		
Email Address	MUNCHEONGWAI@GMAIL.COM	Vehicle Number	SGY5595C	Vehicle Number	SJ482X	
Claim Description	SGY5595C / SJ482X ON 18 Aug 2019				Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault	USA report	Received	
Preferred Workshop, Name unknown						
Date Registered	19/08/2019 17:34	Claim Close Date		Date Received	19/08/2019 00:00	
Report Taken By	ROSLI WAHAB					

Print AK letter

Save Submit

Attachment

Accident No.	MT/1058361	Claim No.	001
Last Doc. Received	Yes No	Upload Date	19/08/2019 17:56
Path *			
Choose File	No file chosen	Clear	Category *
Choose File	No file chosen	Clear	Confidential
Choose File	No file chosen	Clear	Urgency *
Choose File	No file chosen	Clear	Description *
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Message Read			Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Aug 2019 17:56	Photos	Normal	Photos 2019-8-19	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Aug 2019 17:56	Photos	Normal	Photos 2019-8-19	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Aug 2019 17:56	Photos	Normal	Photos 2019-8-19	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Aug 2019 17:56	Photos	Normal	Photos 2019-8-19
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Aug 2019 17:56	Photos	Normal	Photos 2019-8-19
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Aug 2019 17:55	Photos	Normal	Photos 2019-8-19
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Aug 2019 17:55	Photos	Normal	Photos 2019-8-19
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Aug 2019 17:55	Photos	Normal	Photos 2019-8-19
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Aug 2019 17:55	Photos	Normal	Photos 2019-8-19
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Aug 2019 17:54	Photos	Normal	Photos 2019-8-19
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Aug 2019 17:54	Photos	Normal	Photos 2019-8-19
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Aug 2019 17:54	Photos	Normal	Photos 2019-8-19
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Aug 2019 17:54	Photos	Normal	Photos 2019-8-19
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Aug 2019 17:54	Photos	Normal	Photos 2019-8-19
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Aug 2019 17:54	Photos	Normal	Photos 2019-8-19
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Aug 2019 17:54	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-8-19
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 19 Aug 2019 17:54	SAS	Normal	SAS 2019-8-19

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		Display in New Window	Scan and uploading	

ACCIDENT STATEMENT

ACCIDENT DATE: 18 / 8 / 2019 (DD/MM/YYYY), TIME: (20 : 50) (HH:MM)

LOCATION: PIE Towards PIONEER (Exit 17) Lane 1

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: S6Y5595C
 b) INSURANCE COMPANY: NTAC
 c) POLICY NUMBER: 5056167362-06
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: S6Y5595C
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: going home
 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: MUN CHEONG WAI (MALE / FEMALE)
 B) NRIC/FIN/PASSPORT: S1228469A CONTACT: 97801718
 C) ADDRESS: 647 Jooi West St 61 #08-164

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Magdalen Mun Sook Fern (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8519857B CONTACT: 98626501
 c) ADDRESS: 647 Jooi West St 61 #08-164

* d) DATE OF BIRTH: (13 / 07 / 1985) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 19 Aug 2004

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Father

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:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJJ482X MODEL: Toyota
 b) DRIVER'S NAME: Priscilla Oh
 c) NRIC/FIN/PASSPORT: S8519857B CONTACT: 81130231

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKP9859R MODEL: Bmw
 b) DRIVER'S NAME: Long Wen Jing Christopher Leow
 c) NRIC/FIN/PASSPORT: 90057880 CONTACT: 92334451

* No of passengers
 (including driver)
(2)

* No of passengers
 (including driver)
(2)

* No of passengers
 (including driver)
(2)

Email =

VIDEO

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8519857B**

Name

MUN SOOK FERN, MAGDALENE
(WEN SHUFEN)

Birth Date: 13 Jul 1985
Issue Date: 19 Aug 2004

001276252C

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8519857B**



Name

MUN SOOK FERN, MAGDALENE
(WEN SHUFEN)

文淑芬

Race

CHINESE

Date of birth

13-07-1985

Sex

F

Country/Place of birth

SINGAPORE

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

Class 3 Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg

PASS DATE

19 Aug 2004

5618695



NRIC No **S8519857B**

For LKK/NAC Use Only

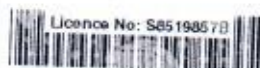
Date of issue

04-07-2016

Address

APT BLK 647 JURONG WEST STREET 61
#08-164
SINGAPORE 640647

NP 428A



Licence No: **S8519857B**

Hello, NAC_BUKIT_MERAH_800676

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No. Date of Accident
Vehicle No. (For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5056167362-06		MUN CHEONG WAI	S1228469A	GPC	drivo CLASSIC	SGY5595C	SGY5595C	28/09/2018	27/09/2019

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 : MAA19108162-02 Vehicle Registration No: SGY 5595C
Name(as shown in NRIC) : MUN SOOK FEM, m^a BALENE NRIC/FIN/Passport No : S8519857B
(*Vehicle Driver / ~~Vehicle Owner~~)(*) Please delete as appropriate
Address : APT BIK 6A7, JURONG WEST STREET 61 #05-16F Singapore(64647)
Contact (Tel) : — Mobile No. : 98626501
Email Address : noemail
Date of Accident : 18/08/2019 Time of Accident : 2050
Place of Accident : PIE TWOS PIONEER EXH 17 Lane 1
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:

amend accident date to 18/08/2019

Policyholder / Driver's Signature
Date:

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

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 : MNA41908162-01 Vehicle Registration No: SGY 5595C
Name(as shown in NRIC) : MUN SOOK FERN, MARGARENE NRIC/FIN/Passport No : S8519857B
(*~~Vehicle Driver~~ / Vehicle Owner) (*) Please delete as appropriate
Address : APT BIK 647, JURONG WEST STREET 61 # 08-164 Singapore(640647)
Contact (Tel) : — Mobile No. : 98626501
Email Address : noemail
Date of Accident : 18/07/2019 Time of Accident : 20:50
Place of Accident : PTE TOWARDS Pioneer Exit 17 Lan 1
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:

amend accident date to 18/07/2019

Policyholder / Driver's Signature
Date:

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

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 : MNA 4/9108762-02 Vehicle Registration No: SGY 5595C
Name (as shown in NRIC) : MUN BOON FERN, MAHOMUD NRIC/FIN/Passport No : S8519857B
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No.: 97801718
Email Address : _____
Date of Accident : 18/08/2019 Time of Accident : 20:50
Place of Accident : PIN TOWARDS PRONKAR EXIT 17 LOOR
Insurance Company: _____

(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 SKETCH PLAN
- ② THIRD PARTY VEHICLE NUMBER SHOULD STJ482X

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: 19/08/2019
NRIC/FIN No.:
Date: