

NATIONAL Assessment Centre Services.

(ver 1 Jan 05)

MAH/907/2765

Date In: 21/09/2019 19:26	Job description	Date & Time Completed	Done by
Ref No: X/BA/INC/501693814	SAS e-filing		
Veh No: F29453X	E-mail (Agenda 3hrs, AIC 2hrs)		
D.O.A: 21/08/2019 18:00	I-Motor Claim Form	mm/1067609-002	21/09/2019 19:22
OID: TR 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/Whse		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: FBM 9398	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 ()	

() 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: ()

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date	Time	Action

MAH/907/265

Driver/Owner:	1) AR: 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: Idea DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	OD:	
	*NS: Courtesy Car / Tpt Allowance \$3	
	*NG: Repair Coordination \$10	
	*NT: Post Repair Inspection \$25	
	*ND: DV / Collect Excess Coordination \$3	
	TP (NI): TP (Non INC) against INC \$30	
	9) NI: Idea 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	25/09/2019 19:10
Date Of Accident	31/08/2019 18:00
Exact Location Of Accident	EXIT OF BLK 121 BUKIT MERAH VIEW CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FZ9423X
Insured/Policyholder	
Name Of Registered Owner	SINGARAM S/O SUPPIAH
NRIC No	S2050626A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81667949
Alternative Phone No	OTHERS-81667949

Vehicle Particulars

Manufacturer	HONDA
Model	WAVE 125-125CC
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	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5067025339-04
Cover Note Number	

Driver

Name of Driver	SINGARAM S/O SUPPIAH
NRIC No	S2050626A
Date Of Birth	07/05/1942
Occupation	INDOOR
Date Of Driving Pass	14/06/1976
Driving Experience	43 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81667949
Fax Number	
Contact Number	OTHERS-81667949
EMail Address	NOEMAIL

Address	BLK 121 BUKIT MERAH VIEW #02-72
Postcode	151121
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	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?	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?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT MERAH WEST NPC
Police Station Address	ROAD: 500 BUKIT MERAH VIEW #01-01 , POSTCODE: 159682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
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	FBM9398B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	ADVIEL
NRIC/Passport Number	
Contact Number	90224414
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name

SINGARAM S/O SUPPIAH

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FZ9423X

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode


SKETCH PLAN

IMPORTANT NOTICE

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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:

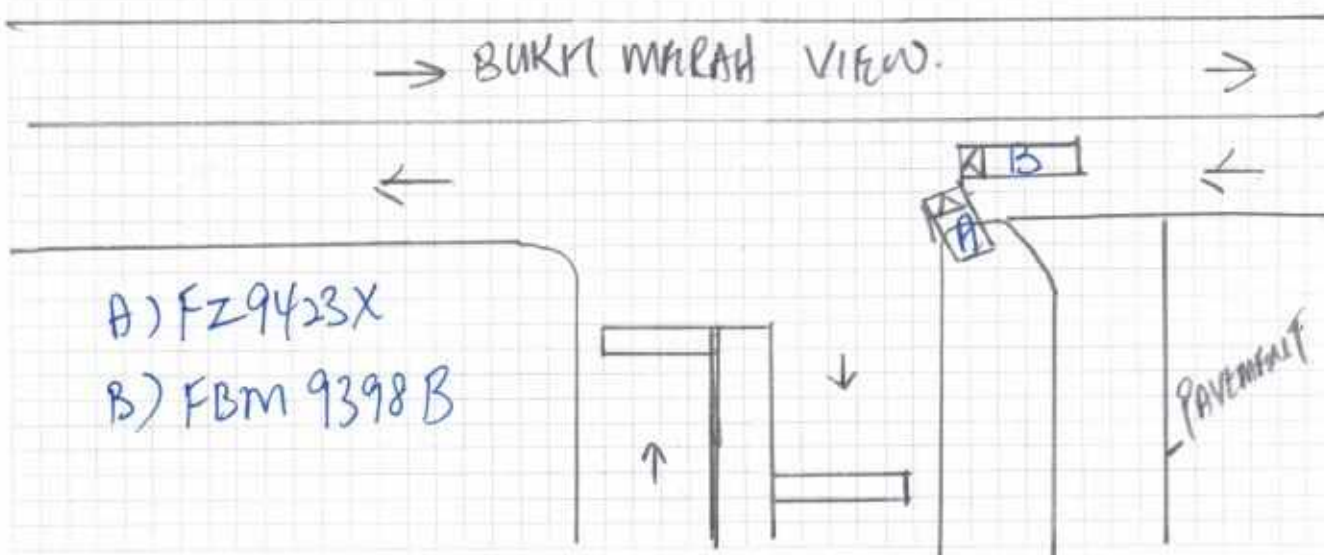
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*DIS REFER 2 POLICE REPORT
7/20190918/2068*

DECLARATION

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

Habibullah
Policyholder's Signature
Date & Time: 25/9/19.

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

25/9/2019
Reporting Centre Personnel's Signature
Name: BSA
NRIC/FIN No.: 123456789



**SINGAPORE
POLICE FORCE**



T/20190918/2068

1 of 3

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

Report No. T/20190918/2068

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/09/2019 12:26	Vide Report No.:	Station Diary No.: 31
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Informant's Particulars

Name of Informant: SINGARAM S/O SUPPIAH			Address: APT BLK 121 BUKIT MERAH VIEW #02-72 SINGAPORE 151121	
ID Type / ID No.: NRIC NO / S2050626A			Contact No.: Home/Office: Mobile: 81667949	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 77	Date of Birth: 07/05/1942	Type of Informant: Rider	
Race: Indian		Language: English	Institution / School Name:	
Occupation: Private security officer		Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 31/08/2019 18:00	Type of Location: Car Park
Location: Along Road 1 BUKIT MERAH VIEW				
At the exit of B/121 Bukit Merah View carpark				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FZ9423X	Motorcycle	HONDA	WAVE 125R A	Blue	No Damage	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FZ9423X	NTUC Income Insurance Co-Operative Limited	5067025339-04	13/12/2018	12/12/2019



**SINGAPORE
POLICE FORCE**



T/20190918/2068

2 of 3

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

Report No. T/20190918/2068

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	SINGARAM S/O SUPPIAH	ID No.	S2050626A
Related Vehicle	FZ9423X (Motorcycle)	Contact No.	81667949
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,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 31/8/19 at 1800hrs, I was riding my motorcycle (FZ9423X) exiting my carpark at B/121 Bukit Merah View to go to work. I signal left as I wanted to make a left turn. I waited at the junction as there were vehicles moving along the road. Subsequently, I then checked on my right side again to ensure there's no oncoming vehicles before turning left. However, after moving my motorcycle, another motorcycle from behind had knocked onto my right side causing me to fall on my right side. The other motorcyclist which had knocked onto me did not fall but only the motorcycle landed on the ground. At the same time, a patrol police car happened to be there. They asked if we needed any assistance. However, both of us decided to settle between ourselves. Hence, the patrol car took down our particulars and went off. No report was given to me. I suffered scratches on my right ankle and also bruise on my right knee. Both our motorcycles did not suffer any damage. I did not take down the plate number of the other motorcycle.

I wish to state that I did visit SGH on 1/9/19 as I suddenly felt pain on my knee. However, no MC was given to me and I only had the nurse did a dressing on my ankle.



**SINGAPORE
POLICE FORCE**



T/20190918/2068

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

3 of 3

Report No: T/20190918/2068

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:

D /

Sgt 3 NURJANNAH BINTE AMRAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Signature Of Informant:

Date/Time:

18/09/2019 12:26

Classification Of Case:

Authentication Stamp

NP158

Claim Handling

Accident MT/1062609

Police No.	306702339-04	Vehicle No.	F29423X	GST Registration No.	
Certificate No.					
Policyholder Name	SINGARAM S/O SURPSAH	Driver Type	Third Party	Policyholder NRIC	S2050626A
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Leading	0
Contact No.(Mobile)	0	Special Remarks		Contact No.(Home)	
Email Address		TCA		eCode	No
KIR	No Yes	NCD Entitlement(%)	15	eCode Reason	
NCD Protection	No			Private Hire	No

Accident details

Report Date	16/09/2019 10:09	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major Minor Road
Date of Accident	11/09/2019	Time of Accident hh:mm	18:30	Country of Accident	Singapore
Reporting Centre		Grange Force		ICM No.	
Accident Location	AT CARPARK ENTRANCE OF BLK 121 BUKIT TIMAH VIEW				

Excess

Own Damage Excess	0.00	Additional Excess		Windscreens Excess	
Uninsured Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 121 #02-72	Address 2	BUKIT HEMAH VIEW	Address 3	SINGAPORE 151121
Address 4		Address Type	Singapore address	Post Code	151121
Unit No.		Related Policy Number	5067025339-04		

Q1 Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed Driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Office)	
Contact No.(Mobile)		Contact No.(Office)		Address 1	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 None

Claim Type *	OD-HK	Insured Name	SINGARAM S/O SURPSAH	Insured NRIC	S2050626A
Contact No.(Mobile)	83489048	Contact No.(Home)	NIL	Contact No.(Office)	NIL
Email Address		OT		TP	
Claim Description		Vehicle Number	F29423X	Vehicle Number	FBM9398B
Preferred Workshop				Name of Preferred Workshop	
Insured Liability	Not at Fault				
Repair Option	Preferred Workshop, Name unknown	GIA report	Received		
Date Registered	18/09/2019 19:09	Claim Close Date		Date Received	25/09/2019 00:00
Report Taken By	RQSLL WAKAB				

Print Ak letter

Save Submit

Attachment

Accident No.	MT/1062609	Claim No.	002
LAST DOC. Received	Yes No	Upload Date	25/09/2019 19:22

Path *	Category *	Confidential	Urgency *	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				Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Sep 2019 19:22	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-9-25	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Sep 2019 19:22	SAS	Normal	SAS 2019-9-25	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Sep 2019 19:22	Photos	Normal	Photos 2019-9-25	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Sep 2019 19:22	Photos	Normal	Photos 2019-9-25	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Sep 2019 19:22	Photos	Normal	Photos 2019-9-25	

ACCIDENT STATEMENT

ACCIDENT DATE: (31/8/2019) (DD/MM/YYYY), TIME: (18:00) (HH:MM)

LOCATION: Exit 17 of B/121 Bukit Merah View Car Park

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FZ 9423x
 b) INSURANCE COMPANY: INCOME (NTUC)
 c) POLICY NUMBER: 5067025339-04
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Honda VANC 125A
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: 18:00
 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: SINGARANI SUPPIAH (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S 205626A CONTACT: 81667949
 c) ADDRESS: Bk 121 Bukit Merah View 02-72 S/PK 151121

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

*d) DATE OF BIRTH: (07/05/1942) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

DATE OF DRIVING PASS

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Owner

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: F3M 9378B MODEL:
 b) DRIVER'S NAME: ADRIEL
 c) NRIC/FIN/PASSPORT: CONTACT: 90224414

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 =

VIDEO

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 : 5067025339-04

Cover : Third Party

- | | |
|---|------------------------|
| 1. Index mark and Registration Number of Vehicle | : FZ9423X |
| Chassis Number | : NF125MP0063525 |
| 2. Name of Policyholder | : SINGARAM S/O SUPPIAH |
| 3. Effective Date of Insurance | : 13 Dec 2018 |
| 4. Expiry Date of Insurance | : 12 Dec 2019 |
| 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
INSURE WITH COE	: N/A
NAMED DRIVER (1)	: SINGARAM S/O SUPPIAH
NAMED DRIVER (2)	: ALEXANDER NATARAJAN
HIRE PURCHASE COMPANY	: PANG SCOOTER SERVICE
SUM INSURED	: N/A

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 : THINK ONE AUTOMOBILE & TRADING PTE LTD (00000571089)

Date of Issue : 09 Nov 2018 15:22 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: MNAY19/2726+ Vehicle Registration No: F2 9423X
Name (as shown in NRIC): SUGABRAM S/O SUPPIAH NRIC/FIN/Passport No: S2050626 A
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore()
Contact (Tel): _____ Mobile No.: 81667949
Email Address: _____
Date of Accident: 31/08/2019 Time of Accident: 18:00
Place of Accident: EXIT OF BIK 121 BUKIT MAHAH VIEW CARPARK
Insurance Company: NIC

(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:

INSURED NAME TO SUGABRAM S/O SUPPIAH

Policyholder / Driver's Signature
Date:

25/09/2019
Reporting Centre Personnel's Signature
Name: ROSE LINTAS
NRIC/FIN No:
Date: