

NATIONAL Assessment Centre Services. (ver 1 Jan'00)

NA 1909129

Date In: 04/12/2019 10:15	Job description	Date & Time Completed	Done by
Ref No: NA 1909129	SAS e-Milling		
Veh No: SMF 8157	E-mail (Within 2hrs, A/C 2hrs)		
D.O.A: 03/12/2019 11:30	I-Motor Claim Form	ml/04279001	04/12/2019 12:43
OD TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Whan		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: YP 52141	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: ()
Location: ()
Other: ()

NA 1909129	Invoice/Repair Order
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 (Engi-In-Charge):	4) PT: Follow-Through Survey \$120
	5) PT: Follow-Through Survey (Resurvey) \$30
	For claims against INC Only (ver 10 Jan 2005)
	6) TR: Re-inspection \$75
	7) NI: 1 Day DA + SMRT Survey \$160
	8) NTUC Additional Services:
	ON:
	*NS: Courtesy Car / Tpt Allowance \$5
	*NG: Repair Co-ordination \$10
	*NT: Post Repair Inspection \$25
	*ND: DV / Collect Excess Coordination \$5
	TP (NI) / TP (Non INC) against INC \$30
	9) NI 2: 1 Day Mobile
	Invoice dated
	Invoice dated
	Fax Charged
	Fax 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	02/12/2019 17:14
Date Of Accident	30/11/2019 10:30
Exact Location Of Accident	HIGHWAY EXITING 8B (CTE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF8157T
Insured/Policyholder	
Name Of Registered Owner	GT PTE LTD
Co Reg No	201622568K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-93899125

Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE
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	5111772470
Cover Note Number	

Driver

Name of Driver	LAI JIA LEONG (LI JIALIANG)
NRIC No	S9246840B
Date Of Birth	30/11/1992
Occupation	OUTDOOR
Date Of Driving Pass	19/08/2013
Driving Experience	6 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91090170
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 935 YISHUN CENTRAL 1 #05-23
Postcode	760935
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	3
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

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	YP5214L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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	SMA816D
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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)

SKETCH PLAN

Veh A: SMF 8157T

Veh B: YP 5214L

Veh C: SMA 816D

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.

** I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

GT PTE LTD

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time: 30/11/2019

12:10p.m.

Reporting Centre Personnel's Signature

Name:

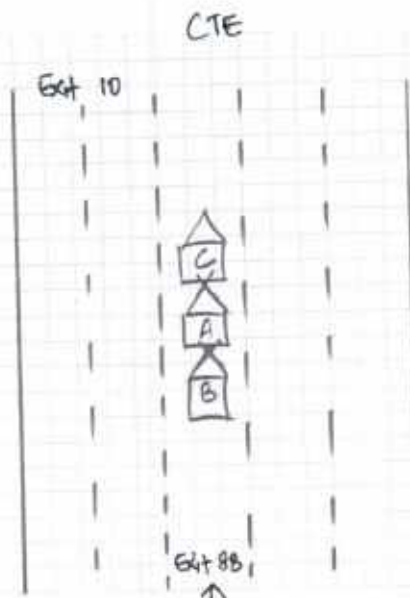
NRIC/FIN No.:

SKETCH PLAN

Veh A: SMF 8157 T

Veh B: YP 5214 L

Veh C: SMA 816 D



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along CTE toward Exit 8B. Vehicle in front of me make a-brake to complete stop, I followed. However vehicle B behind me could not stop in time and rammed onto my vehicle and my vehicle move forward to hit onto vehicle in front of me.

DECLARATION

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

GT PTE LTD

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 30/11/2019

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

12:10p.m.

Accord Auto Services Pte Ltd

Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: avclaims@mycarworkshop.com

Particular Of Insured/Driver & Details Of The Accident

Motor Accident Report

*Date of Accident: 30 November 2019

*Time of Accident: 10:30 a.m.

*Accident Location: Highway Exiting 8B (CTE)

Vehicle Details

*Vehicle Number: SMF 8157T

*Make & Model: Hyundai Avante 1.6 AT

Insured / Policyholder

*Owner Name: GT Pte Ltd

*NRIC: 201622568 F

*Address: _____

*Email: _____ *HP: 9389 9125

*Occupation: _____ (Indoor / Outdoor) *Tel / H / Other: _____

Driver () same as above

*Driver Name: LAI JIA LEONG

*NRIC: 59246890B

*Address: Blk 935 Yishun Central #05-23 S(760935)

*Date of Birth: 30/11/1992 *Driving Pass Date: 19 Aug 2013 *HP: 91090170

*Email: aaron.laijl@gmail.com *Gender: Male Female

*Occupation: Property Agent / Grab (Indoor / Outdoor) *Tel / H / Other: _____

*Driver an employee: Yes / No (*If no, what is relationship with the policyholder: _____)

Passengers Details

*P/Name: Unknown (Male/Female) *P/Name: _____ (Male/Female)

*P/Name: _____ (Male/Female) *P/Name: _____ (Male/Female)

Insurance Company

*Insurer: NTUC

*Coverage: C / TPFT / TPO *Policy No: _____

Detail of other vehicle / Property 1 Veh B: YP 5214 L

Vehicle No.: _____

Make & Model: _____

Vehicle Category: _____

Name of Driver: _____

NRIC : _____

HP : _____

No. of Passengers (Including Driver): _____

Detail of other vehicle / Property 2 Veh C: SMA 816 D

Vehicle No.: _____

Make & Model: _____

Vehicle Category: _____

Name of Driver: _____

NRIC : _____

HP : _____

No. of Passengers (Including Driver): _____

For Official Use Only

*Claiming against Own Ins.: Yes / No (If No, Reporting Only / TP Claims)

General Information of the accident

*Type of accident: Head-Rear / Side swipe / others: Chain Collision

*Weather conditions: Clear / Raining / others: _____ *Any video cam: Yes / No

*Road Surface: Dry / Wet / others: _____

*Witness: Yes / No (Name: _____ NRIC: _____ HP: _____)

*Accident reported to police: Yes / No *Summon against whom: _____

*Injured party: Yes / No

*No. of passengers (include driver): _____

-I/Name: _____ *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No

-I/Name: _____ *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No

Claim Handling

The premium on this policy has not been collected.

Accident MT/1074279

Policy No.	5111772470	Vehicle No.	SMF8157T	GST Registrar
Certificate No.	5111772470-000021			
Policyholder Name	GT PTE. LTD.			Policyholder I
Product Code	FLEET MASTER INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	93899125	Contact No.(Office)		Contact No.(
Email Address		Special Remark		eCode
KFK	<input type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

Accident Details

Report Date	04/12/2019 12:09	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	30/11/2019	Time of Accident hh:mm	10:30	Country of At
Reporting Centre		Orange Force		ICM No.
Accident Location	HIGHWAY EXITING 8B (CTE)			

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	1,500.00	TP Standard Excess	1,500.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Cow
Additional Excess	0.00			
Total OD Excess Applicable	1,500.00	Total TP Excess Applicable	1,500.00	

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	28 PAGODA STREET	Address 2	SINGAPORE 059188	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5111772470	

O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB
Unnamed driver Name	LAI JIA LING (LI JIALIANG)	Driver NRIC	S92468408	Driving Exper
Register Date of Driver License	19/08/2013	Driver Age	27	Contact No.(
Contact No.(Mobile)	93899125	Contact No.(Office)		Address 3
Address 1	BLK 935 #09-23	Address 2	YISHUN CENTRAL 1	Post Code
Address 4		Address Type	Foreign address	
Unit No.	05-23			
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.	SMF8157T	Driver Insure

Declaration

Breathalyser 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 OD-MX

New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop ☐ Insured Liability ☐ Not at Fault ☐ Preferred Repair Option ☐ Preferred Workshop, Name unknown ☐ GIA report ☐ Received ☐

Date Registered

Report Taken By

☒ Print AK letter

OD-MX Insured Name
 Contact No. (Home)
 O1 Vehicle Number

SMF8157T / YP5214L ON 30 Nov 2019

04/12/2019 12:26 Claim Close Date
 ROSLI WAHAB Workshop Repairer

Save Submit

Attachment

Accident No.:	HT/1074279	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	04/12/2019 12:43
Path *		Category *	Confid.
Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/> NO
Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/> NO
Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/> NO
Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/> NO
Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/> NO
Choose File	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/> NO
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Dec 2019 12:43	NRIC/ Driving License	Y	Normal	NRIC/ Dr
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Dec 2019 12:43	NRIC/ Driving License	Y	Normal	NRIC/ Dr
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Dec 2019 12:23	Photos		Normal	P
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Dec 2019 12:23	Photos		Normal	P
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Dec 2019 12:23	Photos		Normal	P
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Dec 2019 12:22	Photos		Normal	P
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Dec 2019 12:22	Photos		Normal	P
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Dec 2019 12:22	Photos		Normal	P
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Dec 2019 12:22	Photos		Normal	P
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Dec 2019 12:22	Photos		Normal	P
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Dec 2019 12:22	Photos		Normal	P
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Dec 2019 12:21	Photos		Normal	P
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Dec 2019 12:21	Photos		Normal	P
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Dec 2019 12:21	Photos		Normal	P
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Dec 2019 12:21	Photos		Normal	P
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Dec 2019 12:21	Photos		Normal	P
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Dec 2019 12:21	SAS		Normal	

Video List

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

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"/>	5111772470	5111772470-000021	GT PTE. LTD.	201622568K	GFM	drive CLASSIC	SMF8157T	SMF8157T	18/08/2019	13/08/2020

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: 5111772470-000021

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : SMF8157T
Chassis Number : KMH DU418MAU894084
2. Name of Policyholder : GT PTE. LTD.
3. Effective Date of Insurance : 18 Aug 2019
4. Expiry Date of Insurance : 17 Aug 2020
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 or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) 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\$1,500
EXCESS (SECTION 2)	: S\$1,500
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	: N/A
NAMED DRIVER (1)	: N/A
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 : INSMART (INSURANCE) AGENCY PTE LTD (00000615165)
Date of Issue : 07 Aug 2019 16:27 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 : M180419159021 Vehicle Registration No: SMF 8577
Name (as shown in NRIC) : LAI JIA HONG (LI JIA HONG) NRIC/PIN/Passport No : S9246840B
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore()

Contact (Tel) : _____ Mobile No. : 91090170

Email Address : _____

Date of Accident : 30/4/2019 Time of Accident : 10:30

Place of Accident : HIGHWAY EXPANDED BRIDGE (CITE)

Insurance Company : TAIC

(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:

POLICY NUMBER to 511772470

Policyholder / Driver's Signature
Date:


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