

NATIONAL Assessment Centre Services.

(ver 1 Jan 05)

MAA89162712

Date In: 10/12/2019 18:15	Job description	Date & Time Completed	Done by
Ref No: N/A/INC190218714	SAS e-filing		
Veh No: SGC 8999Z	E-mail (w/John 3hrs, AIC 2hrs)		
DOA: 09/12/2019 17:30	I-Motor Claim Form	10/10/5163-001	10/12/2019
OD: TPC Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		18:20
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SGC 8999Z	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	Assign

Claimant's Particulars:	Invoice Ref: N/A/INC190218714
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
Auditor's Comments:	5) FT: Follow-Through Survey (Resurvey) \$30
Ref:	For claiming against INC Only (ver 10 Jan 2005)
	6) TR: Re-inspection \$75
	7) NI: Idao DA + SMRT Survey \$160
	8) NTUC Additional Services:
	ON:
	*NS: Courtesy Car / Tpl Allowance \$5
	*N6: Repair Co-ordination \$10
	*N7: Post Repair Inspection \$25
	*N8: DV / Collect Excess Coordination \$5
	TP (NI) / TP (N/A INC) against INC \$20
	9) NI: Idao 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	10/12/2019 17:37
Date Of Accident	09/12/2019 17:30
Exact Location Of Accident	STADIUM WALK ROUNDABOUT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG8995K
Insured/Policyholder	
Name Of Registered Owner	ANG KOK MENG
NRIC No	S6941625Z
Email Address	ADOLPHOUSANG4488@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81861238
Alternative Phone No	OTHERS-81861238

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E 200CGI
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5107483728
Cover Note Number	

Driver

Name of Driver	ANG KOK MENG
NRIC No	S6941625Z
Date Of Birth	01/11/1969
Occupation	OUTDOOR
Date Of Driving Pass	01/11/1991
Driving Experience	28 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81861238
Fax Number	
Contact Number	OTHERS-81861238
EMail Address	ADOLPHOUSANG4488@GMAIL.COM

Address	29 TAMPINES CENTRAL #11-38
Postcode	528612
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 - ROUNDABOUT
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?	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	SGC4899Z
Vehicle Make/Model/Colour	HYUNDAI GETZ
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YEO WEE TIONG TOMMY
NRIC/Passport Number	S7702296A
Contact Number	97710274
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Passenger 1

NAME: :

GENDER: :

Claim Handling

* Accident MT/1075163

Policy No.	5107483728	Vehicle No.	SMG8995K	GST Registrati
Certificate No.				
Policyholder Name	ANG KOK MENG			Policyholder NI
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	81861238	Contact No.(Office)		Contact No.(Hi
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire

▼ Accident Details

Report Date	10/12/2019 18:11	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	09/12/2019	Time of Accident hh:mm	17:30	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	STADIUM WALK ROUNDABOUT			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Cover
Additional Excess	500			
Total OD Excess Applicable	2500.00	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	29 TAMPINES CENTRAL 7	Address 2	#11-38 THE TAMPINES TRILLIAI	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	11-38	Related Policy Number	5107483728	

▼ OI Driver Info

Driver Name	ANG KOK MENG	Driver Type	Main Driver	
Unnamed driver Name		Driver NRJC	S6941625Z	Driver DOB
Register Date of Driver License	01/11/1991	Driver Age	50	Driving Experi
Contact No.(Mobile)	81861238	Contact No.(Office)		Contact No.(Hi
Address 1	29 TAMPINES CENTRAL 7	Address 2	#11-38 THE TAMPINES TRILLIAI	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	11-38			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	SMG8995K	Driver Insurer

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input type="radio"/> No
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Modification History

Claim 001

New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description




Preferred Workshop	<input type="text"/>	Insured Liability	<input type="text"/>	Not at Fault	<input type="text"/>	GIA report	Received	<input type="text"/>	Claim Close Date	<input type="text"/>
Repair No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown						10/12/2019 18:19	
Date Registered										
Report Taken By									ROSLI WAHAB	

Print AK letter

Attachment

Accident No.	MT/1075163	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	10/12/2019 18:20
Path *		Category *	Confider
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Message Read"/>			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Dec 2019 18:20	Photos	Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Dec 2019 18:20	Photos	Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Dec 2019 18:20	Photos	Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Dec 2019 18:20	Photos	Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Dec 2019 18:20	Photos	Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Dec 2019 18:20	Photos	Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Dec 2019 18:20	Photos	Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Dec 2019 18:20	Photos	Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Dec 2019 18:20	Photos	Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Dec 2019 18:20	Photos	Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Dec 2019 18:20	Photos	Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Dec 2019 18:20	Photos	Normal	Phc
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Dec 2019 18:20	NRIC/ Driving License	Y	Normal
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 10 Dec 2019 18:20	SAS	Normal	Sa

Video List

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

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: 10/12/19
17:25

Driver's Signature

(If driver is not the policyholder)
Date & Time:

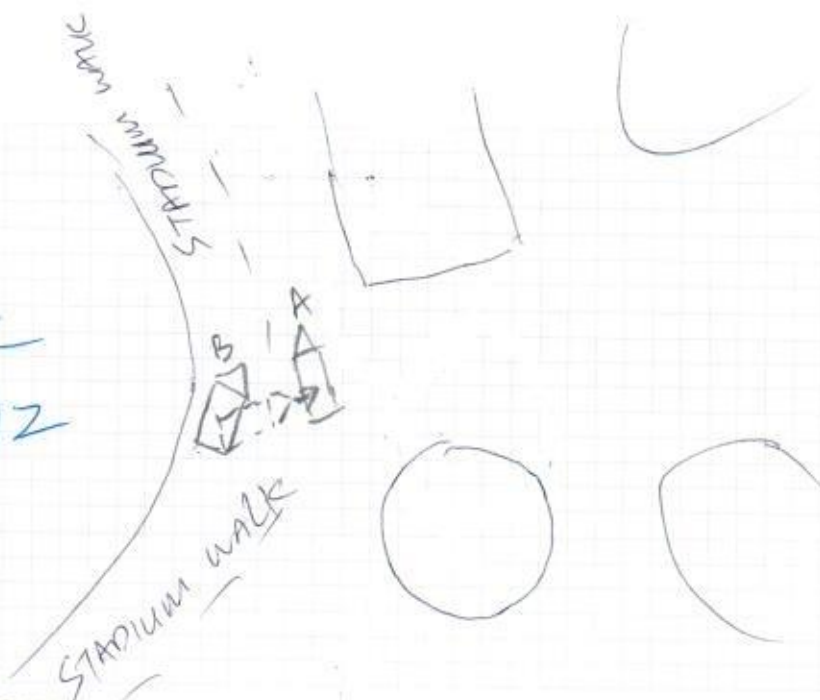
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

A) SMG 8995K
B) SGC 4899Z



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 09/12/2019 AT ABOUT 1730 HRS, I WAS TRAVELLING ON
STADIUM WALK AND I WAS BEHIND VEHICLE B. AS SOON VEHICLE
(FIRST LANE)
B TURNED LEFT INTO STADIUM WALK, I TOOK THE LEFT TURN INTO
SECOND LANE. HOWEVER, VEHICLE B DECIDED TO TURN RIGHT
TOWARDS STADIUM BOULEVARD. AT THIS MOMENT, VEHICLE B
FRONT RIGHT BUMPER BANGED INTO MY VEHICLE A LEFT REAR
DOOR CAUSED IT TO DENT - I HAVE CONFIRMED NO INJURIES
FOR BOTH SIDES.

DECLARATION

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

Policyholder's Signature
Date & Time: 10/12/19
17:25

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

Reporting Centre Personnel's Signature
Name: 10/12/2019
NRIC/FIN No.: Rosli Lim

ACCIDENT STATEMENT

ACCIDENT DATE: 09.12.2019 (DD/MM/YYYY), TIME: 17.30 (HH:MM)
LOCATION: STADIUM WALK Roundabout

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMG 8995K
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5107483728
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: E200 C63 MERCEDES
f) TYPE: (SALOON) / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE
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: ANU KOK MENA (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S69416252 CONTACT: 81861238
c) ADDRESS: 29 TAMPINES CENTRAL 7 #11-38
SC528612

* 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: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 01/11/1991

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)

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: SGC 4899Z MODEL: HYUNDAI GETZ
b) DRIVER'S NAME: YEO WEE TIONK TOMMY
c) NRIC/FIN/PASSPORT: S7702296A CONTACT: 9771 0274

9. THIRD PARTY VEHICLE

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

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
(2)

* No of passenger
(including driver)
()

email = adolphusang 4488@gmail.com
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: 5107483728

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SMG8995K**
Chassis Number : WDD2120482A094493
2. Name of Policyholder : ANG KOK MENG
3. Effective Date of Insurance : 13 Feb 2019
4. Expiry Date of Insurance : 04 Feb 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\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: S\$500
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: NO
NCD PROTECTION	: YES
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: ANG KOK MENG
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE LESS RESIDUAL COE/PARF VALUE 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 : NLE INSURANCE AGENCIES PTE LTD (00000614580)

Date of Issue : 13 Feb 2019 14:56 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Transaction ref 20190214170736387968

Please check that the owner and vehicle details are correct:

- | | |
|--|---|
| 1. Name | : ANG KOK MENG |
| 2. Identification No. Type | : Singapore NRIC |
| 3. Identification No. | : S6941625Z |
| 4. Country/Region | : - |
| 5. Vehicle Registration No. | : SMG8995K |
| 6. Previous Vehicle Registration No. | : - |
| 7. Effective Date of Ownership | : 14 Feb 2019 |
| 8. Original Registration Date | : 05 Feb 2010 |
| 9. First Registration Date | : 05 Feb 2010 |
| 10. Vehicle Type | : Z10 - Private Hire (Chauffeur)
Motor Car |
| 11. Vehicle Scheme | : Normal |
| 12. Attachment 1 | : No Attachment |
| 13. Attachment 2 | : - |
| 14. Attachment 3 | : - |
| 15. Vehicle Make Description | : MERCEDES BENZ |
| 16. Vehicle Model | : E 200CGI |
| 17. Year of Manufacture | : 2009 |
| 18. Primary Colour | : Blue |
| 19. Secondary Colour | : - |
| 20. Passenger Capacity | : 4 |
| 21. Chassis/Trailer Chassis No. | : WDD2120482A094493 / - |
| 22. Propellant | : Petrol |
| 23. Engine No./Motor No. | : 27186030008108 / - |
| 24. Engine Capacity(cc)/Power Rating(kW) | : 1796 / - |
| 25. Maximum Power Output(kW/bhp) | : 135.0 / 181 |
| 26. Unladen Weight(kg) | : 1615 |
| 27. Maximum Laden Weight(kg) | : 2150 |
| 28. Open Market Value | : \$51,190.00 |
| 29. PARF Eligibility | : Yes |
| 30. PARF Eligibility Expiry Date | : 04 Feb 2020 |
| 31. Minimum PARF Benefit | : \$25,595.00 |
| 32. No. of Transfers | : 3 |

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 : MA419162712 Vehicle Registration No : SMG 8995K
Name (as shown in NRIC) : Ang Kok Min NRIC/FIN/Passport No : SE941625Z
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 81861238
Email Address : _____
Date of Accident : 09/12/2017 Time of Accident : 17:30
Place of Accident : STADIUM WALK ROUNDABOUT
Insurance Company : MTC

(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:

EMAIL ADDRESS TO ADOLPHOUS@GMAIL.COM

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Belinda
NRIC/FIN No.: U01003
Date: 09/12/2017