

# NATIONAL Assessment Centre Services.

(last 1 Jan 2003)

NA/909165798

Date In: 16/12/2009 15:50	Job description	Date & Time Completed	Done by
Ref No: NA/909165798	SAS e-filing		
Veh No: 13/12/2009 2015	E-mail (Update 2hrs, A/C 2hrs)		
DDA: 13/12/2009 2015	1-Motor Claims Form	11/10/2009 201	16/12/2009 15:54
OD: TP Reporting Only	1-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	1-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/VKsn		

Preferred Wkep / INC Assign Wkep / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SKB 556XC	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: ( )		
Resurvey ( ) / Re-inspection ( )		
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury:	
Date:	
Time:	
Location:	
Weather:	
Witness:	
Signature:	

NA/9091657	1) All: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$10)
Contact No:	3) TP: Towing Fee	\$40/\$45
Damaged Portion:	4) PT: Follow-Through Survey	\$120
QC Checked by (Engi-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$30
Witnesses (Comments):	6) TR: Re-inspection	\$75
Cal 1:	7) NI: Idas DA + SMRT Survey	\$160
2/2	8) NTUC Additional Services:	
	9) NI: Courtesy Car / Tpt Allowance	\$3
	10) NI: Repairs Co-ordination	\$10
	11) NI: Post Repair Inspection	\$25
	12) NI: DV / Collect Excess Coordination	\$3
	13) TP (NI): TP (NI) INC against TRG	\$20
	14) NI: Idas Mobile	\$30
	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	16/12/2019 14:19
Date Of Accident	13/12/2019 20:15
Exact Location Of Accident	JUNCTION OF BISHAN STREET 12/BISHAN STREET 13
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FV6512M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ALORIDE PTE. LTD.
Co Reg No	201629994W
Email Address	KAMILSAN21@YAHOO.COM
Mobile Phone No	(LOCAL) +65-83695487
Alternative Phone No	OFFICE-83695487

### Vehicle Particulars

Manufacturer	HONDA
Model	WAVE
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5113531735
Cover Note Number	

### Driver

Name of Driver	KAMILAH BINTE HASSAN
NRIC No	S8509714H
Date Of Birth	10/04/1985
Occupation	OUTDOOR
Date Of Driving Pass	05/10/2006
Driving Experience	13 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-83695487
Fax Number	
Contact Number	OTHERS-83695487
EMail Address	KAMILSAN21@YAHOO.COM

Address	BLK 275 YISHUN STREET 22 #01-136
Postcode	760275
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	COLLISION - CROSS JUNCTION
Weather Conditions	RAINING
Road Surface	WET

#### 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?	YES
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	JURONG WEST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2689999 - FAX NO: 62672438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20191214/2070

#### 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	SKB5569C
Vehicle Make/Model/Colour	NISSAN
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 INJURED PERSON 1**

Name KAMILAH BINTE HASSAN

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FV6512M

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

## Claim Handling

Accident MT/1075889

Policy No.	5113531735	Vehicle No.	FV6512M	GST Registrat
Certificate No.	5113531735-000081			
Policyholder Name	ALORIDE PTE. LTD.			Policyholder f
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	83695487	Contact No.(Office)		Contact No.(t
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reaso
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

## ▼ Accident Details

Report Date	16/12/2019 15:45	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	13/12/2019	Time of Accident hh:mm	20:15	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	JUNCTION OF BISHAN STREET 12;BISHAN STREET 13			

## ▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess		
OD Standard Excess		TP Standard Excess	1,500.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covi
Additional Excess				
Total OD Excess Applicable	0.00	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	31 ALEXANDRA ROAD	Address 2	#05-05 ALESSANDREA	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	04-08	Related Policy Number	5113531735	

## ▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	KAMILAH BINTE HASSAN	Driver NRIC	S8509714H	Driver DOB
Register Date of Driver License	05/10/2006	Driver Age	34	Driving Exper
Contact No.(Mobile)	83695487	Contact No.(Office)		Contact No.(t
Address 1	BLK 275 #01-136	Address 2	YISHUN STREET 23	Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.	01-136			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	FV6512M	Driver Insure

## Declaration

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

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	A
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	
Claim Description	FV6512M / SKB5569C ON 13 Dec 2019		
Preferred Workshop		Insured Liability	Not at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	16/12/2019 15:51
		Workshop Repairer	ROSLI WAHAB

☒ Print AK letter



Save Submit

## Attachment

Accident No. MT/1075889 Claim No. 001  
 Last Doc. Received: ☒ Yes ☐ No Upload Date 16/12/2019 15:54

Path \*

Category \*

Confid

Choose File No file chosen

Clear

Please Select ▼

NO

Choose File No file chosen

Clear

Please Select ▼

NO

Choose File No file chosen

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Please Select ▼

NO

Choose File No file chosen

Clear

Please Select ▼

NO

Choose File No file chosen

Clear

Please Select ▼

NO

Choose File No file chosen


















Clear

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 16 Dec 2019 15:54		NRIC/ Driving License	Y	Normal	NRIC/ Dr
 NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Dec 2019 15:54		NRIC/ Driving License	Y	Normal	NRIC/ Dr
 NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Dec 2019 15:54		SAS		Normal	
 NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Dec 2019 15:54		Photos		Normal	Pt
 NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Dec 2019 15:54		Photos		Normal	Pt
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 NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Dec 2019 15:53		Photos		Normal	Pt
 NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 16 Dec 2019 15:53		Photos		Normal	Pt

## Video List

Uploaded By/Date

Folder Date

File Name



Display in New Window

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: [Signature]  
Date & Time: 16/12/2019

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

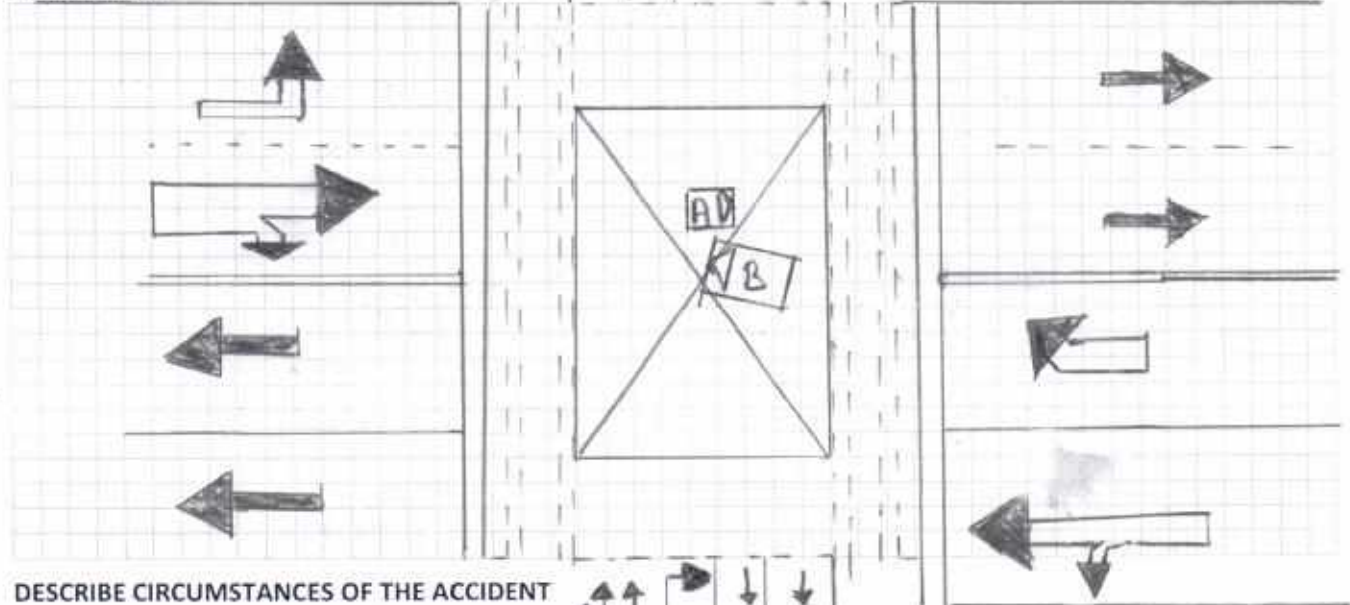
Reporting Centre Personnel's Signature  
Name: John W.  
NRIC/FIN No.: 960101000000

IT ROAD 14/15/16

# SKETCH PLAN

Bishan Street 12

Bishan Street 13



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

BISHAN STREET 11

A) FV6512M

B) SKB 5569C

REFER TO POLICE REPORT 7/2019/214/2070

## DECLARATION

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



Policyholder's Signature

Date & Time: 16/12/2019  
13:17 hours

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



# ACCIDENT STATEMENT

ACCIDENT DATE: 13/12/2015 (DD/MM/YYYY), TIME: 20:15 (HH:MM)

LOCATION: JUNCTION of BISHOP ST 12 / BISHOP ST 13

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: W 6512M  
 b) INSURANCE COMPANY: NTU  
 c) POLICY NUMBER: 513531TR  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: HONDA VAVE  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: ALLOPIDE (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 82695487  
 c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: KAMILAH RIZKA HASSAN (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 88097144 CONTACT: 82695487  
 c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: (\_\_\_\_/\_\_\_\_/\_\_\_\_) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS \_\_\_\_\_

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: None

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) Yes  
 IF YES, PLEASE STATE WHICH POLICE STATION: Jurnal Wkt.

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKB 5569C MODEL: NISSAN  
 b) DRIVER'S NAME: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 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)

( )

No of passenger  
 (including driver)

( )

Mr Arid 9324 2421

Unknown 82561652

Email = KAMILAH1@Yahoo.com  
 VIDEO



**SINGAPORE  
POLICE FORCE**



T/20191214/2070

1 of 3

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

Report No. T/20191214/2070

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 14/12/2019 13:32	Vide Report No.:	Station Diary No.: 55
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<b>Informant's Particulars</b>			
Name of Informant: KAMILAH BINTE HASSAN		Address: APT BLK 275 YISHUN STREET 22 #01-136 SINGAPORE 760275	
ID Type / ID No.: NRIC NO / S8509714H		Contact No.: Home/Office: Mobile: 83695487	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 34	Date of Birth: 10/04/1985	Type of Informant: Rider
Race: Javanese		Language: English	Institution / School Name:
Occupation: MAINTENANCE OFFICER		Driving Licence Information: Class: 2B Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 13/12/2019 20:15	Type of Location: X-Junction
Location: Along Road 1 Traveling Toward Road 2 BISHAN STREET 12 BISHAN STREET 13 INTERSECTION OF BISHAN STREET 11 & 13				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FV6512M	Motorcycle				Totally Damaged	0
SKB5569C	Car	NISSAN			Slightly Damaged	2



**SINGAPORE  
POLICE FORCE**



T/20191214/2070

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

2 of 3

Report No. T/20191214/2070

**CONTINUATION OF REPORT**

**Brief Details.**

On 13/12/2019 at 2014hrs - 2018hrs, I was riding from Bishan Street 12 towards Bishan Street 13. At the X- junction of Bishan St 12, 13 and 11, the traffic was in favour for me to proceed straight. At that time, one vehicle coming from the opposite direction, V1) SKB5569C made a right turn and its front bumper collided onto my right side of my motorbike. As such, together with my bike, I fell to the ground. Shortly, the driver of the car and some road users came to my assistance. The ambulance and traffic police came to scene. My right hand third finger has sustained injury, some slight abrasion on my right hand and my hand forearm has swollen a bit.

I wish to state that the accident was very unexpected and I was conveyed to Tan Teck Seng Hospital in conscious state. After being seen by the doctor, I was given 5 days of Medical leaves.





**SINGAPORE  
POLICE FORCE**



T/20191214/2070

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

3 of 3

Report No. T/20191214/2070

**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:  
J/  
Staff Sgt NIRHMALA K GOVINDASAMY

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
14/12/2019 13:32

Officer In Charge Of Case:  
TP / GIT /  
Staff Sgt MOHAMED SUFIAN BIN SUDIN  
Contact No.: 65476395

Classification Of Case:

Authentication Stamp  
NP168



**Tan Tock Seng Hospital**  
11 Jalan Tan Tock Seng, Singapore 308433  
TEL: (65) 6256 6011

MEDICAL CERTIFICATE	REPRINT	TTSH19291302
NAME: KAMILAH BINTE HASSAN		NRIC: S8509714H

Type of Medical Leave granted : **OUTPATIENT SICK LEAVE**

The above named is unfit for duty for a period of **5** day(s) from **13-Dec-2019** to **17-Dec-2019** inclusive

The certificate is not valid for absence from court attendance.

The above named attended for Examination/Treatment from **13-Dec-2019 21:00** to **13-Dec-2019 23:20**

**13-Dec-2019**  
Date  
**WONG KAI RUI ZEBEDEE**  
(63053E)  
Issued by

**Emergency Department**  
Location

Signature

  
A member of National Healthcare Group  
Adding green of healing life

Hello, NAC\_BUKIT\_MERAH\_800676

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

## Policy Query

Policy No.	<input type="text" value="5113531735"/>	Date of Accident	<input type="text" value="13/12/2019 12:40"/>							
Vehicle No.(For Motor)	<input type="text" value="FV6512M"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5113531735	5113531735-000081	ALORIDE PTE. LTD.	201629994W	GFM	Third Party	FV6512M	FV6512M	02/11/2019	01/11/2020
<input type="button" value="Continue"/>										



**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: KA14/19/165198 Vehicle Registration No: FV6512M  
Name (as shown in NRIC): KAMILAH BUNIE HASSEN NRIC/FIN/Passport No: S86097146  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate

Address: \_\_\_\_\_ Singapore( )  
Contact (Tel): \_\_\_\_\_ Mobile No.: 83695487  
Email Address: \_\_\_\_\_

Date of Accident: 13/12/2018 Time of Accident: 20:15

Place of Accident: JUNCTION OF BISHOP ST 12 / BISHOP ST 13

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:

GENDER SHOULD BE FEMALE

Policyholder / Driver's Signature  
Date:

  
Reporting Centre Personnel's Signature  
Name: \_\_\_\_\_  
NRIC/FIN No.: \_\_\_\_\_  
Date: 16/12/2018