

NATIONAL Assessment Centre Services.

[ver 1 Jan 05]

MA420000939

Date In: 03/01/2019 12:34	Job description	Date & Time Completed	Done by
Ref No: N/A/NC200001457	SAS e-filing		
Veh No: SMM 5565 G	E-mail (4 days 2hrs, A/C 2hrs)		
DOA: 02/01/2020 15:35	1-Motor Claims Form	12/10/2019 8:30:00	02/01/2020 12:41
OD: TP Reporting Only	1-Motor W/O (With: OD 2hrs, TP 4hrs)		
	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SCH 977R	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 repair.		
() 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 of Injury:	
Location:	
Weather:	
Witness:	
Police:	
Other:	

NA2000124	
Driver/Owner:	
Contact No:	
Damaged Portion:	
QC Checked by (Engr-In-Charge):	
Author's Comments:	
Cal. 1:	
2 / 2	

1) AR: Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100) INC (\$10)	
3) TP: Towing Fee \$40/\$45	
4) PT: Follow-Through Survey \$120	
5) PT: Follow-Through Survey (Resurvey) \$30	
For claim against INC Only (ver 10 Jan 2005)	
6) TR: Re-inspection \$75	
7) NI: Idea DA + SMRT Survey \$160	
8) NTUC Additional Services:	
ON:	
*NS: Courtesy Car / Tpl Allowance \$3	
*NG: Repair Co-ordination \$10	
*NT: Post Repair Inspection \$25	
*ND: DV / Collect Excess Coordination \$3	
TE (NI): TP (Non-INC) against INC \$10	
2) NI 2: 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	03/01/2020 12:15
Date Of Accident	02/01/2020 15:35
Exact Location Of Accident	ALONG UPPER THOMSON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM5565G
Insured/Policyholder	
Name Of Registered Owner	PHUA SOON NGEE
NRIC No	SXXXX112J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96189433
Alternative Phone No	OTHERS-91507735

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE
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	5110681854
Cover Note Number	

Driver

Name of Driver	ONG ZI HAO, MELVIN (WANG ZIHAO)
NRIC No	SXXXX249H
Date Of Birth	27/07/1986
Occupation	INDOOR
Date Of Driving Pass	18/03/2009
Driving Experience	10 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91507735
Fax Number	
Contact Number	OTHERS-96189433
Email Address	NOEMAIL

Address	BLK 333A ANCHORVALE LINK #08-344
Postcode	541333
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	RELATIVE
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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	SLH1977R
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)	2

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

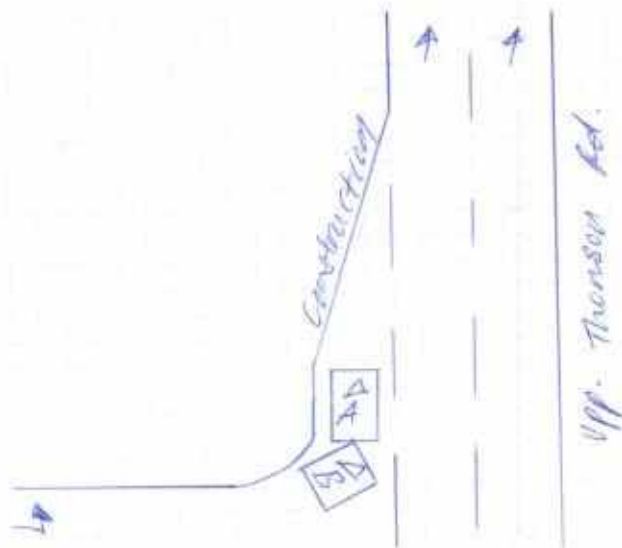
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
- (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: Ross
NRIC/FIN No: 031012000

SKETCH PLAN



Vehicle A: SMM5565G
Vehicle B: SLH1977R


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I, vehicle A was
straight
traveling at the stated venue. As there was
construction going on, I stopped. Suddenly, vehicle B
lilt onto my stationary vehicle rear portion.

DECLARATION

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

x 
Policyholder's Signature
Date & Time:


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

 03/01/2020
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 02 / 01 / 2020 (DD/MM/YYYY), TIME: 15 : 35 (HH:MM)

LOCATION: UPP. THURON RD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMM55656
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: SL1068185A
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Honda SHUTTLE
 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) (NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Mua Sam Ngel (MALE / FEMALE)
 b) NRIC/PIN/PASSPORT: S11291123 CONTACT: 9618 9433
 c) ADDRESS: To Talan Euros S(419515)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Ong Zi Hao Melvin (MALE / FEMALE)
 b) NRIC/PIN/PASSPORT: S862124911 CONTACT: 9150 1735
 c) ADDRESS: 333A Anchorvale Link # 02-344
S(341353)

* d) DATE OF BIRTH: 27 / 07 / 1986 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 18/03/2009

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) (NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: relative

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: SLH1971R MODEL: (P)
 b) DRIVER'S NAME: _____
 c) NRIC/PIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

Email = cassandra.chua@autosprint.com.sg
 VIDEO

Claim Handling

Exit

Accident MT/1078360

Policy No.	511291121	Vehicle No.	SMH5565G	GST Registration No.	
Certificate No.					
Policyholder Name	PHUA SOON NGEE	Cover Type	Driver CLASSIC	Policyholder NRIC	511291121
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)		License	0
Contact No. (Mobile)	96189433	Special Remarks		Contact No. (Home)	
Email Address		TCA	No Yes	ECODE	No
API	No Yes	NCD Entitlement(%)	0	ECODE Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	03/01/2020 12:23	Accident Report within 24 hrs	Yes	Accident Type	Collision - Head to Head
Date of Accident	03/01/2020	Time of Accident (h:mm)	10:38	Country of Accident	Singapore
Reporting Centre		Grange Force		ICN No.	
Accident Location	ALONG UPPER THONGOR ROAD				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	130.00	Driver is Covered?	Covered
OD Standard Excess	900.00	TP Standard Excess	0.00		
YTD OD Excess	0.00	NCD TP Excess	0.00		
Additional Excess	0				
Total OD Excess Applicable	900.00	Total TP Excess Applicable	0.00		

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	70 JALAN ZUNDA	Address 2	SINGAPORE 410025	Address 3	
Address 4		Address Type	Singapore address	Post Code	410025
Unit No.		Related Policy Number	5110681894		

01 Driver Info

Driver Name	DRU ZI HAO NELVIN (WANG ZI-HAO)	Driver Type	Normal Driver	Driver DOB	27/07/1986
Uninsured Driver Name		Driver NRIC	58521249H	Driving Experience	18
Regular Date of Driver License	18/03/2009	Driver Age	33	Contact No. (Home)	
Contact No. (Mobile)	91557735	Contact No. (Office)		Address 5	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	9HHS565M	Driver Insurer Company	QSLIC

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes - No
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Modification History

Claim 001 Item

Claim Type *	CO-NE	Injured Name	PHUA SOON NGEE	Injured NRIC	511291121
Contact No. (Mobile)	96189433	Contact No. (Home)	97475547	Contact No. (Office)	
Email Address	albertphua@andrew-int.sg	Vehicle Number	SMH5565G	Vehicle Number	SMH19778
Claim Description	SMH5565G / SMH19778 ON 2 Jan 2020				
Preferred Workshop		Insured Liability	Not at Fault	Claim Status	Received
Submits No. First/Last	Yes	Report Option	Preferred Workshop, Name unknown	ECIA report	
Date Registered	03/01/2020 12:40	Claim Clear Date		Date Received	03/01/2020 00:00
Report Taken By	JOSLI WANG				

Print & Sign

Save Submit

Attachment

Accident No.	MT/1078360	Claim No.	003
Last Doc. Received	Yes No	Upload Date	02/01/2020 12:41
File *		Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen	Description *	
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (Y/N)	Action
	NAC_BUKIT_MERAH_800679 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 03 Jan 2020 12:41	Photo	Normal	Photos 2020-1-3		edit
	NAC_BUKIT_MERAH_800679 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 03 Jan 2020 12:41	Photo	Normal	Photos 2020-1-3		edit
	NAC_BUKIT_MERAH_800679 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 03 Jan 2020 12:40	Photo	Normal	Photos 2020-1-3		edit

	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 03 Jan 2020 12:40	Photos		Normal	Photos 2020-1-3	Edit
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 03 Jan 2020 12:40	Photos		Normal	Photos 2020-1-3	Edit
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 03 Jan 2020 12:40	Photos		Normal	Photos 2020-1-3	Edit
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 03 Jan 2020 12:40	Photos		Normal	Photos 2020-1-3	Edit
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 03 Jan 2020 12:40	Photos		Normal	Photos 2020-1-3	Edit
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 03 Jan 2020 12:40	Photos		Normal	Photos 2020-1-3	Edit
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 03 Jan 2020 12:40	Photos		Normal	Photos 2020-1-3	Edit
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 03 Jan 2020 12:40	Photos		Normal	Photos 2020-1-3	Edit
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 03 Jan 2020 12:40	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-1-3	Edit
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 03 Jan 2020 12:40	NRIC/ Driving License	X	Normal	NRIC/ Driving License 2020-1-3	Edit
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 03 Jan 2020 12:40	SAS		Normal	SAS 2020-1-3	Edit

[Video List](#)

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

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="02/01/2020 12:14"/>							
Vehicle No.(For Motor)	<input type="text" value="SMMS565G"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder MRC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5110421854		PHUA SOON NGEE	511291133	GPC	Drive CLASSIC	SMMS565G	SMMS565G	04/02/2019	03/02/2020
<input type="button" value="Continue"/>										

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: S110681854

Cover : drive CLASSIC

- | | |
|---|------------------|
| 1. Index mark and Registration Number of Vehicle | : To Be Advised |
| Chassis Number | : GK82002217 |
| 2. Name of Policyholder | : PHUA SOON NGEE |
| 3. Effective Date of Insurance | : 04 Jul 2019 |
| 4. Expiry Date of Insurance | : 03 Jul 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 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)	: S\$600
EXCESS (SECTION 2)	: N/A
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	: PHUA SOON NGEE
NAMED DRIVER (1)	: ONG ZI HAO MELVIN (WANG ZIHAO)
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 : VINCAR PTE LTD (00000614250)
Date of Issue : 03 Jul 2019 08:31 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 : MMAY20000939 Vehicle Registration No : SMM 5565 G

Name (as shown in NRIC) : CHAI ZI HAO NRIC/FIN/Passport No : S06212454

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore ()

Contact (Tel) : _____ Mobile No. : 9130 7735

Email Address : _____

Date of Accident : 02/01/2020 Time of Accident : 15:35

Place of Accident : Along Upper Thomson Road

Insurance Company : MIC

(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:

Accident location should be Upper Thomson Road

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Pada
NRIC/FIN No.: CH0007
Date: