





## 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	17/01/2020 14:08
Date Of Accident	11/12/2019 21:30
Exact Location Of Accident	AT CARPARK BLOCK 140 BISHAN STREET 12
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	ED188L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GETCHIEWTHERE
Co Reg No	5XXXX894L
Email Address	JARODCHIEW@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92478348
Alternative Phone No	OFFICE-92478348

### Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5101981323-01
Cover Note Number	

### Driver

Name of Driver	CHIEW CHONG AIK JAROD
NRIC No	SXXXX548H
Date Of Birth	11/06/1949
Occupation	OUTDOOR
Date Of Driving Pass	14/01/1977
Driving Experience	42 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92478348
Fax Number	
Contact Number	OTHERS-92478348
Email Address	JARODCHIEW@GMAIL.COM

Address	5 HOLLAND CLOSE #19-39
Postcode	272005
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	CLOUDY
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?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT TIMAH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 DUKE ROAD , POSTCODE: 268914 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4629999 - FAX NO: 64628933
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20191231/2043

#### 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	SJW443R
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

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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: 17/1/2020  
2:00pm

Driver's Signature

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

Reporting Centre Personnel's Signature

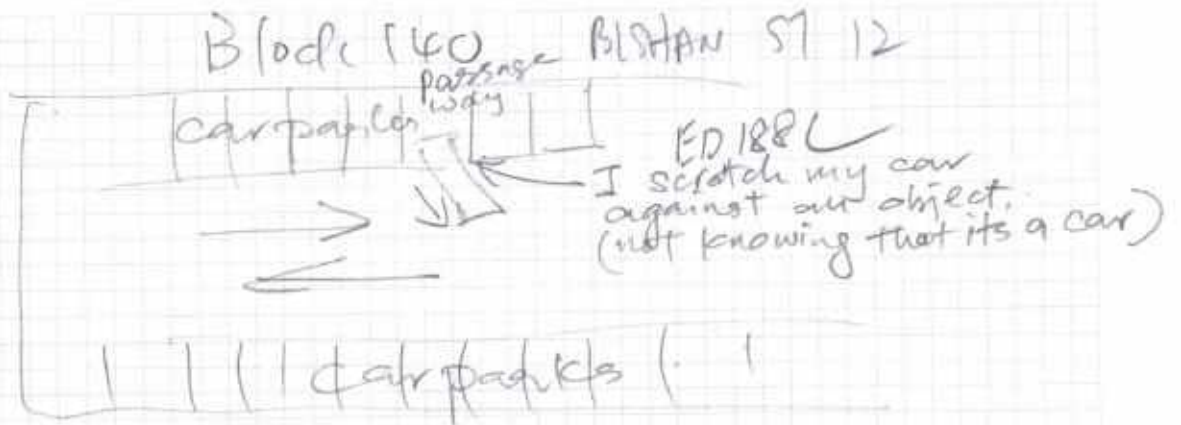
Name:

NRIC/FIN No.:

17/01/2020

Rashid Naim

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report 7/20191231/2043

DECLARATION

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

Policyholder's Signature  
Date & Time: 17/1/2020 2pm

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

Reporting Centre Personnel's Signature  
Name: 17/01/2020  
NRIC/FIN No.:



# ACCIDENT STATEMENT

ACCIDENT DATE: 11/12/2019 (DD/MM/YYYY), TIME: 21:30 (HH:MM)

LOCATION: Carpark of Bk 140 Bishan St 12

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: ED 188L  
 b) INSURANCE COMPANY: Income  
 c) POLICY NUMBER: 5101981323-01  
 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: Sending Passenger  
 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: Gatchiewthere (60) (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

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

## DRIVER

- a) NAME: Chiew Chong Aik Jarod (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 92558548H CONTACT: 92478348  
 c) ADDRESS: 5 Holland Close #19-39 S-272005

\* d) DATE OF BIRTH: 11/06/1947 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 14.01.1977

## 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) clear

b) ROAD SURFACE: (DRY / WET / OTHERS) Dry

## 6. WAS ANYBODY INJURED (YES/NO)

## 7. a) REPORTED TO POLICE (YES/NO)

IF YES, PLEASE STATE WHICH POLICE STATION: Bt Timah NPC

## 8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SJW443R MODEL: \_\_\_\_\_

b) DRIVER'S NAME: \_\_\_\_\_

c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_

e) DRIVER'S NAME: \_\_\_\_\_

f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passengers  
(including driver)  
( )

\* No of passengers  
(including driver)  
( )

\* No of passengers  
(including driver)  
( )

Email: jarodchiew@gmail.com

VIDEO



Police Station Of Origin:  
Bukit Timah N.P.C  
1 Duke's Road SINGAPORE 268914  
Tel No: 1800-4629999

Report No. T/20191231/2043

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/12/2019 12:06		Vide Report No.: T/20191212/2094		Station Diary No.: 23	
<b>Informant's Particulars</b>					
Name of Informant: CHIEW CHONG AIK JAROD			Address: APT BLK 5 HOLLAND CLOSE #19-39 SINGAPORE 272005		
ID Type / ID No.: NRIC NO / S2558548H			Contact No.: Home/Office: Mobile: 92478348		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 70	Date of Birth: 11/06/1949	Type of Informant: Vehicle Owner		
Race: Chinese			Language:		Institution / School Name:
Occupation: OTHERS			Driving Licence Information: Class: 3 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 11/12/2019 21:30	Type of Location: Car Park
Location:  BISHAN STREET 12  At a carpark block 140 Bishan Street 12				
Weather: Cloudy		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control:		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle against unknown object				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
ED188L	Car	HONDA	Shuttle	Silver	Slightly Damaged	0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
ED188L	NTUC Income Insurance Co-Operative Limited	5101981323-01	13/07/2019	12/07/2020





SINGAPORE  
POLICE FORCE



T/20191231/2043

Police Station Of Origin:  
Bukit Timah N.P.C  
1 Duke's Road SINGAPORE 268914  
Tel No: 1800-4629999

2 of 3

Report No: T/20191231/2043

CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	CHIEW CHONG AIK JAROD	ID No.	S2558548H
Related Vehicle	ED188L (Car)	Contact No.	92478348
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 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 11 December 2019 at about 2130hrs. I was driving grab with my vehicle (ED188L), which I alighted a passenger at Block 140 Bishan St 12 carpark. While reversing the car I believed that I scratch something but I did not alight to have a look and just continue driving. I thought that I scratched a pillar that why I continued driving.

When I reached home I noticed that my left rear mud guard have a slight scratch but I did not lodge a police report as I did not think it was serious as I thought that I scratched the car against a post.

About 4-5 days ago I received a letter from Traffic Police but I misplaced it, but I remember that the letter told me to lodge a police report.



Police Station Of Origin:  
Bukit Timah N.P.C  
1 Duke's Road SINGAPORE 268914  
Tel No: 1800-4629999

Report No: T/20191231/2043

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:

E /

SC2 MUHAMMAD MIJHAIMIN BIN SAMAT

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /

Insp GOH GEOK LYE

Contact No: 65476148

Authentication Stamp

NP168

SINGAPORE  
POLICE FORCE

SN 170

SIGNATURE

Signature Of Informant:

Date/Time:

31/12/2019 12:06

Classification Of Case:



## Claim Handling

## Accident MT/1077398

Policy No.	5101981323-01	Vehicle No.	ED188L	GST Registrati
Certificate No.				
Policyholder Name	GETCHIEWTHERE			Policyholder Ni
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(H
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	20	Private Hire

Accident Details

Report Date	27/12/2019 12:54	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	11/12/2019	Time of Accident hh:mm	21:20	Country of Acc
Reporting Centre		Orange Force		ICM Nu.
Accident Location	ALONG ROAD 1 BISHAN STREET 12			

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	2,000.00	TP Standard Excess	2,000.00	
YIED OD Excess		YIED TP Excess		Driver is Cover
Additional Excess				
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	2,000.00	

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	27/12/2019 12:57:29 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	BLK 5 #19-39	Address 2	HOLLAND CLOSE	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	19-39	Related Policy Number	5101981323-01	

OI Driver Info

Driver Name		Driver Type		
Unnamed driver Name		Driver NRJC		Driver DOB
Register Date of Driver License		Driver Age		Driving Experi
Contact No.(Mobile)		Contact No.(Office)		Contact No.(H
Address 1		Address 2		Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer

Modification History

Claim 002

New

Claim Type *	OD-MX	Insured Name	GE
Contact No.(Mobile)	98501215	Contact No. (Home)	
Email Address	jarodchiew@gmail.com	Vehicle Number	ED
Claim Description	ED188L / SJW443R ON 11 Dec 2019		
Preferred Workshop	Insured Liability	Partially at Fault	
Benefit No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered	17/01/2020 15:00	GIA report	Received
Report Taken By	ROSLI WAHAB		
<input checked="" type="checkbox"/> Print AK letter			

Save

Submit

Attachment

Accident No.

MT/1077398

Claim No.

002

Last Doc. Received

\* Yes ☐ No ☐

Upload Date

17/01/2020 15:01

Path \*

Category \*

Confiden

Choose File No file chosen

Choose File No file chosen

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Choose File No file chosen

Choose File No file chosen

Message Read

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NO

## Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Jan 2020 15:01	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Jan 2020 15:01	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Jan 2020 15:01	Photos		Normal	Ph
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Jan 2020 15:00	NRIC/ Driving License	Y	Normal	NRIC/ Dri
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Jan 2020 15:00	NRIC/ Driving License	Y	Normal	NRIC/ Dri
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Jan 2020 15:00	NRIC/ Driving License	Y	Normal	NRIC/ Dri
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 17 Jan 2020 15:00	SAS		Normal	S

## Video List

Uploaded By/Date	Folder Date	File Name	?
		Display in New Window	Scan and uploading



## 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 : S101981323-01

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle : ED188L  
Chassis Number : GP71032523
2. Name of Policyholder : GETCHIEWTHERE
3. Effective Date of Insurance : 13 Jul 2019
4. Expiry Date of Insurance : 12 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 or Hirer's business.  
(b) Use for the carriage of passengers or goods 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 whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

# 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\$2,000
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: UNITED OVERSEAS BANK LIMITED
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 : GRABCAR PTE. LTD. (00000601726)  
Date of Issue : 08 Jul 2019 15:09 hrs  
Reprint : 08 Jul 2019 15:09 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 : MHA420007943 Vehicle Registration No: ED 188L  
Name (as shown in NRIC) : CHAM CHONG JIK JORD NRIC/FIN/Passport No : SXXX5484  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 92478348  
Email Address : \_\_\_\_\_  
Date of Accident : 11/12/2019 Time of Accident : 21:30  
Place of Accident : AT CARPARK BLOCK 140 BUSHAN STRAITS 12  
Insurance Company : NMC

**(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:

DATE OF ACCIDENT TO 11/12/2019

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Policyholder / Driver's Signature  
Date:

17/01/2020  
Reporting Centre Personnel's Signature  
Name: Redi Lian  
NRIC/FIN No.:  
Date: