

Date: <u>21/01/2020 17:30</u> <u>NSB/INC2000136714</u> <u>SMG: 843864</u> <u>21/01/2020 23:00</u>	Job description	Date & Time Completed	Done by
	SAS e-filing		
	E-mail (to Julia 3hrs, AIC 2hrs)		
	I-Motor Claim Form	<u>21/01/2020 14:38</u>	<u>21/01/2020</u>
	I-Motor W/O (Withfor: OD 2hrs, TP 4hrs)		<u>11/47</u>
	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Witness		

(1) Reporting Only

TP Insurer: _____

Preferred Wksp / INC Assign Wksp / QW: () Toll: _____ Fax: _____

TP Particulars: Veh No: 25U415 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 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 > \$9000) ()

Injury: _____

<u>MA2000735</u>	1) AR: 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 (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30	
Auditor's Comments:	For claiming against INC Only (wef 10 Jan 2020)	
Date:	6) TR: Re-inspection \$75	
	7) NI: Idan DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*NS: Courtesy Car / Tpl Allowance \$5	
	*NO: Repair Co-ordination \$10	
	*NT: Post Repair Inspection \$25	
	*ND: DV / Collect Excess Coordination \$5	
	TE (NI): TP (Non INC) against INC \$10	
	*NI: Idan 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	22/01/2020 17:20
Date Of Accident	21/01/2020 23:00
Exact Location Of Accident	ALONG ORCHARD BOULEVARD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML8436G
Insured/Policyholder	
Name Of Registered Owner	LIM BOON HONG
NRIC No	SXXXX938I
Email Address	EASY1842@YAHOO.COM
Mobile Phone No	(LOCAL) +65-97979498
Alternative Phone No	OTHERS-97979498

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL
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	5110055890
Cover Note Number	

Driver

Name of Driver	WONG YEW WAH
NRIC No	SXXXX130G
Date Of Birth	11/10/1966
Occupation	INDOOR
Date Of Driving Pass	20/04/1985
Driving Experience	34 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97979498
Fax Number	
Contact Number	OTHERS-97979498
E-Mail Address	EASY1842@YAHOO.COM

Address	BLK 141 YISHUN RING ROAD #08-06
Postcode	760141
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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?	YES
Foreign Vehicle Registration Number	JSU4155 (MOTORCYCLE)
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	WOODLANDS DIVISION HQ
Police Station Address	ROAD: 1 WOODLANDS STREET 12 , POSTCODE: 738622 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT L/20200122/7001

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	JSU4155
Vehicle Make/Model/Colour	YAMAHA
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

- Insurance Company Name
- Nature Of Damage
- No. Of Passenger (Including Driver)

SKETCH PLAN

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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:

Driver's Signature

(If driver is not the policyholder)

Date & Time: 22/1/2020, 1410hrs.

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 21 / 01 / 2020 (DD/MM/YYYY), TIME: 23 : 00 (HH:MM)

LOCATION: Orchard Boulevard

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SML 8436G
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5110055890
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: HONDA VEZEL
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Leisure
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: LIM BOON HONG (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 57687938I CONTACT: 97979498
c) ADDRESS: BK 141, Yishun Ring Road #08-06
Singapore 760141

* CONTINUE TO 3. IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Wong Jee Wah (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 51743130G CONTACT: 90901918
c) ADDRESS: BK 141, Yishun Ring Road #08-06 5760141

- * d) DATE OF BIRTH: 11 / 10 / 1966 (DD/MM/YYYY)
e) OCCUPATION: (INDOOR / OUTDOOR)
f) DATE OF DRIVING PASS: 38 years 20/4/1985

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Spouse

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) NO

IF YES, PLEASE STATE WHICH POLICE STATION: Traffic Police

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: Jsu 41XX MODEL: Yamaha Motorcycle
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: _____

FRIBALD (F)

* No of passengers
(including driver)
(2)

* No of passengers
(including driver)
()

* No of passengers
(including driver)
()

email: easy1842@yahoo.com
VIDEO



**SINGAPORE
POLICE FORCE**



L/20200122/7001

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20200122/7001

Gender	Unknown	Age	0
Race	Chinese	Relation To Informant	stranger
Person Name	WONG YEW WAH		
ID Type	NRIC NO	ID No	S1743130G
Gender	Male	Age	53
Race	Chinese	Language	English
Occupation	Financial/Investment adviser	Address	141 YISHUN RING ROAD #08-06 SINGAPORE 760141
Mobile No	90901918	Is Informant A Victim?	Yes
Person Name	WONG YEW WAH (Informant)		

Signature Of Officer Recording The Report: Not applicable
Signature Of Interpreter: Not applicable
Officer In-Charge Of Case:

Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Date/Time: 22/01/2020 01:33
Classification Of Case:

Authentication Stamp

Claim Handling

Accident MT/1081438

Policy No.	5110055890	Vehicle No.	SML8436G	GST Registrati
Certificate No.				
Policyholder Name	LIM BOON HONG			Policyholder No
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	97979498	Contact No.(Office)		Contact No.(H
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	No	NCD Entitlement(%)	0	Private Hire

▼ Accident Details

Report Date	22/01/2020 17:33	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	21/01/2020	Time of Accident hh:mm	23:00	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG ORCHARD BOULEVARD			

▼ 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	500.00	YIED TP Excess	0.00	Driver is Cover
Additional Excess	0			
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	22/01/2020 17:35:59 System changed GST Status Verified from No to Yes		

▼ Policyholder Mailing Address

Address 1	BLK 141 #08-06	Address 2	YISHUN RING ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	08-06	Related Policy Number	5110055890	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	WONG YEW WAH	Driver NRIC	SXXXX130G	Driver DOB
Register Date of Driver License	20/04/1985	Driver Age	53	Driving Experi
Contact No.(Mobile)	90901918	Contact No.(Office)		Contact No.(H
Address 1	BLK 141 #08-06	Address 2	YISHUN RING ROAD	Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.	08-06			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SML8436G	Driver Insurer

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 **New**

Claim Type *	OD-MX	Insured Name	LIM
Contact No.(Mobile)	97979498	Contact No.(Home)	
Email Address		DI Vehicle Number	SM
Claim Description	SML8436G / JSU4155 ON 21 Jan 2020		
Preferred Workshop		Insured Liability	Not at Fault
Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown
Date Registered		GLA report	Received
Report Taken By		Claim Close Date	22/01/2020 17:46
			ROSLI WAHAB

 Print AK letter

Save Submit

Attachment

Accident No. MT/1081438 Claim No. 001
 Last Doc. Received Yes No Upload Date 22/01/2020 17:47

Path *	Category *	Confider
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
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 22 Jan 2020 17:47	Photos	Normal	Ph	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Jan 2020 17:47	Photos	Normal	Ph	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Jan 2020 17:47	Photos	Normal	Ph	
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Jan 2020 17:46	Photos	Normal	Ph	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Jan 2020 17:46	NRIC/ Driving License	Y	Normal	NRIC/ Driv
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Jan 2020 17:46	SAS	Normal	S	

Video List

Uploaded By/Date	Folder Date	File Name
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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: 5110055890

Cover : drive CLASSIC

- | | |
|---|-----------------|
| 1. Index mark and Registration Number of Vehicle | : To Be Advised |
| Chassis Number | : RU31324973 |
| 2. Name of Policyholder | : LIM BOON HONG |
| 3. Effective Date of insurance | : 03 Jun 2019 |
| 4. Expiry Date of Insurance | : 02 Jun 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\$3,500
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	: LIM BOON HONG
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: GENIE FINANCIAL SERVICES PTE LTD
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 : CAR TIMES INSURANCE AGENCY PTE. LTD. (00000571584)

Date of Issue : 03 Jun 2019 11:05 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Hello, NAC_BUKIT_MERAH_800676

Change Language Change Password Log Out

- My Desktop
- Notice of Loss

Policy Query

Policy No.

Vehicle No. (For Motor)

Date of Accident

Certificate Number:

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5110055890		LIM BOON HONG	S76879381	GPC	drive CLASSIC	SMLB436G	SMLB436G	06/06/2019	05/06/2020

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 : MA420010727 Vehicle Registration No: SML 8436 G
 Name (as shown in NRIC) : Wah Yew Wah NRIC/FIN/Passport No : SXXXX 130G
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : _____ Singapore()
 Contact (Tel) : _____ Mobile No.: 97779498
 Email Address : _____
 Date of Accident : _____ Time of Accident : 2:00
 Place of Accident : Along Orchard Boulevard
 Insurance Company : NTUC

(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:

INSURANCE SHOULD BE NTUC & NOT MSIG

Policyholder / Driver's Signature
Date:

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

[Signature] 23/01/2020
Wah Yew Wah