

# NATIONAL Assessment Centre Services.

[last 1 Jan 2001]

MA184200/2520

Date In: 28/01/2020 19:22	Job description	Date & Time Completed	Done by
Ref No: NPA/ZUC200015431	SAS e-filing		
Veh No: GBA 1541 E	E-mail (Update 2hrs, AIC 2hrs)		
D.O.A: 28/01/2020 17:30	I-Motor Claim Form	28/01/2020 19:40	
(ID) TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax/Hand to Owner/Whse		

Preferred Wkep / INC Assign Wkep / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SU4 5366Z	INC ( ) / Non-INC ( )
Owner / Drivers: (	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 > \$3000] ( )		

Injury: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NA200076	1) AIC: Accident Reporting (\$30)	INC (\$10)
Driver/Owner:	2) DA: Damage Assessment (\$100)	
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
_____	6) TR: Re-inspection	\$75
_____	7) NI: ID + DA + SMRT Survey	\$160
_____	8) NTUC Additional Services:	
_____	ON:	
_____	• NS: Courtesy Car / Tpt Allowance	\$3
_____	• NG: Repair Coordination	\$10
_____	• NT: Post Repair Inspection	\$23
_____	• ND: DV / Collect Excess Coordination	\$3
_____	TP (NIC) / TP (FSC) INC: against INC	\$25
_____	5) NI: ID + Mobile	\$30
_____	Invoice dated	
_____	Invoice dated	
_____	Fee Charged	
_____	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	28/01/2020 19:23
Date Of Accident	23/01/2020 17:30
Exact Location Of Accident	ALONG KEPPEL ROAD TOWARDS MCE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA7541E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YI FENG SEAFOOD PTE LTD
Co Reg No	2XXXXX925K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98192151
Alternative Phone No	OFFICE-98192151

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5106460123-01
Cover Note Number	

### Driver

Name of Driver	PEH CHEE HOCK
NRIC No	SXXXX517G
Date Of Birth	01/04/1959
Occupation	OUTDOOR
Date Of Driving Pass	27/02/1985
Driving Experience	34 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	+65-98192151
Fax Number	
Contact Number	OTHERS-98192151
EMail Address	NOEMAIL

Address	BLK 124 RIVERVALE DRIVE #05-177
Postcode	540124
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

#### General Information of the Accident

Type Of Accident	CHAIN COLLISION
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	3
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)	2
Passenger 1	NAME: : JOHN GENDER: : MALE

#### 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	SLU5566Z
Vehicle Make/Model/Colour	MAZDA 3
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	DONNA GOH ZIYUN
NRIC/Passport Number	SXXXX706Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	YK4937A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ANG JIOK SOON
NRIC/Passport Number	SXXXX239J
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.
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:  
NRIC/FIN No.:

SKETCH PLAN

KAPPEL ROAD TOWARDS MCKE

A	
B	
C	

A) GBA 7541E  
B) SLU 5566Z  
C) YK 4934A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 23/01/2020 AT ABOUT 17:30HRS I WAS AT KAPPEL ROAD TRAVELLING TOWARDS MCKE GOING UP THE SLOPE I SLOW DOWN DUE TO A HOLE ON THE ROAD. SUDDENLY I FELT A BANG FROM MY REAR, I STOP MY LORRY & CAME DOWN & SAW A LORRY YK 4934A BANG ONTO SLU 5566Z & THE CAR SLU 5566Z HIT ONTO MY LORRY GBA 7541E.

DECLARATION

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

Policyholder's Signature  
Date & Time:

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

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



# ACCIDENT STATEMENT

ACCIDENT DATE: 23/01/2020 (DD/MM/YYYY), TIME: 17:30 (HH:MM)

LOCATION: KAPPAL ROAD TOWARDS MCE

1. DETAILS OF VEHICLE GBA 751E
  - a) VEHICLE NUMBER: GBA 751E
  - b) INSURANCE COMPANY: MTC
  - c) POLICY NUMBER: \_\_\_\_\_
  - d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
  - e) MAKE & MODEL: TOYOTA PRADO
  - f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
  - g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
  - h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
  - 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: \_\_\_\_\_ (MALE / FEMALE)
  - b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_
  - c) ADDRESS: \_\_\_\_\_

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

- DRIVER
  - d) NAME: PEH CHIE HONG (MALE / FEMALE) MALE
  - e) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 98192151
  - f) 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) YES
- IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) RAINING
- b) ROAD SURFACE: (DRY / WET / OTHERS) WET
6. WAS ANYBODY INJURED (YES/NO) NO
7. a) REPORTED TO POLICE (YES/NO) NO
- IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

8. THIRD PARTY VEHICLE
  - a) VEHICLE NUMBER: SLU 5566Z MODEL: MAZDA 3
  - b) DRIVER'S NAME: DEWIA GOH ZIYUN
  - c) NRIC/FIN/PASSPORT: S9129706Z CONTACT: \_\_\_\_\_

9. THIRD PARTY VEHICLE
  - d) VEHICLE NUMBER: VK493FA MODEL: \_\_\_\_\_
  - e) DRIVER'S NAME: ANG JICK SOON
  - f) NRIC/FIN/PASSPORT: S6819239J CONTACT: \_\_\_\_\_

Email: \_\_\_\_\_  
VIDEO \_\_\_\_\_

JOHN (M)

No of passengers  
(including driver) 2

No of passengers  
(including driver) ( )

No of passengers  
(including driver) ( )

Claim Handling

Accident MT/1081886

Policy No.	5106460123-01	Vehicle No.	GBA7541E	GST Registrati
Certificate No.				
Policyholder Name	YI FENG SEAFOOD PTE LTD			Policyholder NI
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	98192151	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	28/01/2020 19:36	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	23/01/2020	Time of Accident hh:mm	17:30	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG KEPPEL ROAD TOWARDS MCE			
▼ Total Excess Applicable				
Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Cover
Additional Excess				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00	
▼ Benefits				
▼ GST Registered Information				
GST Registered	Yes	GST Registration Date		01/0
GST Registration No.	200701925K	GST Status Verified		Yes
Modification History	28/01/2020 19:38:59 System changed GST Registered from No to Yes 28/01/2020 19:38:59 System changed GST Registration No. from null to 200701925K 28/01/2020 19:38:59 System changed GST Registration Date from null to 01/03/2007			
▼ Policyholder Mailing Address				
Address 1	47 BEACH ROAD	Address 2	#02-03 KHENG CHIU BUILDING	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5106460123-01	
▼ OI Driver Info				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	PEH CHEE HOCK	Driver NRIC	SXXXX517G	Driver DOB
Register Date of Driver License	27/02/1985	Driver Age	60	Driving Experie
Contact No.(Mobile)	98192151	Contact No.(Office)		Contact No.(H
Address 1	BLK 124 #05-177	Address 2	RIVERVALE DRIVE	Address 3
Address 4	SINGAPORE 540124	Address Type	Foreign address	Post Code
Unit No.	05-177			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	GBA7541E	Driver Insurer
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes <input type="radio"/> No <input checked="" type="radio"/>	

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	YI FENG SEAFOOD PTE LTD
Contact No.(Mobile)	96660188	Contact No. (Home)	
Email Address		OI Vehicle Number	GBA7541E
Claim Description	GBA7541E / SLU5566Z ON 23 Jan 2020		
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			
<input checked="" type="checkbox"/> Print AK letter			



Save

Submit

Attachment



Accident No. MT/1081886

Claim No. 001

Last Doc. Received 

Yes

No

Upload Date 28/01/2020 19:40

Choose File	No file chosen	Clear	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 28 Jan 2020 19:40	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jan 2020 19:40	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jan 2020 19:40	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jan 2020 19:40	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jan 2020 19:40	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jan 2020 19:40	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jan 2020 19:40	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jan 2020 19:40	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jan 2020 19:40	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jan 2020 19:40	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jan 2020 19:40	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jan 2020 19:40	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jan 2020 19:40	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jan 2020 19:40	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jan 2020 19:40	NRIC/ Driving License	Y	Normal	NRIC/ Dri
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Jan 2020 19:40	SAS		Normal	S

Video List

Uploaded By/Date	Folder Date	File Name	
		<div>Display in New Window</div> <div>Scan and uploading</div>	

## 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)  
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number :** 5106460123-01

**Cover :** Comprehensive

- |   |                           |
|---|---------------------------|
| 1. Index mark and Registration Number of Vehicle  | : GBA7541E                |
| Chassis Number  | : JTFNT24Y505000191       |
| 2. Name of Policyholder   | : YI FENG SEAFOOD PTE LTD |
| 3. Effective Date of Insurance  | : 27 Dec 2019             |
| 4. Expiry Date of Insurance   | : 26 Dec 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.   |                           |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.   |                           |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) 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\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
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 : BIZFOLIO MOTOR TRADING (00000614894)  
Date of Issue : 17 Dec 2019 21:52 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 : MUA420012520 Vehicle Registration No: GBA 7541E  
Name (as shown in NRIC) : PHH CHIA HOCK NRIC/FIN/Passport No : SXXXX517G  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 98192151  
Email Address : \_\_\_\_\_  
Date of Accident : 23/01/2020 Time of Accident : 17:30  
Place of Accident : Away Knappe Road Towards MCK  
Insurance Company : MAL

**(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:

CIRCUMSTANCE OF STATEMENT SHOULD BE YK18934A BONG  
OWN S245566Z & THE CAR S245566Z BONG ONTO MY  
LORRY GBA 7541E

Policyholder / Driver's Signature  
Date:

 31/01/2020  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date: