

NATIONAL Assessment Centre Services.

(ver 1 Jan 2020)

NA200/12714

Date In: 29/01/2020 11:07	Job description	Date & Time Completed	Done by
Ref No: NBA/INC20001551/4	SAS e-filing		
Veh No: SK 9079 R	E-mail (Vehicle hire, AIC hire)		
D.O.A: 24/01/2020 10:48	I-Motor Claim Form	M/108/1958-001	29/01/2020 11:28
OD TP Reporting Only	I-Motor W/O (With: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Witness		

Preferred Wkep / INC Assign Wkep / QW: (

Tel:

Fax:

TP Particulars: Veh No: SCM 6626B 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 repairer.

() 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:

NA200/089

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Additional Comments:

Ref. 1:

2/2

Item	Description	Amount	Total
1) AIT: Accident Reporting (\$30)			
2) DA: Damage Assessment (\$100)	INC (\$10)		
3) TP: Towing Fee	\$40/\$45		
4) PF: Follow-Through Survey	\$120		
5) PF: Follow-Through Survey (Resurvey)	\$30		
6) TR: Re-inspection	\$75		
7) NI: IDao DA + SMRT Survey	\$160		
8) NTUC Additional Services:			
• NS: Courtesy Car / Tpl Allowance	\$3		
• NG: Repairs Coordination	\$10		
• NG: Post Repair Inspection	\$25		
• NG: DV / Collect Excess Coordination	\$3		
TE (NTU) TP (Non-INC) against LAG	\$20		
9) NI: IDao 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	29/01/2020 11:07
Date Of Accident	24/01/2020 10:45
Exact Location Of Accident	ALONG BUFFALO RD B/F TEKKA MARKET CARPARK ENTRANCE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK5079R
Insured/Policyholder	
Name Of Registered Owner	KIRALY AUTOMOBILE PRIVATE LIMITED
Co Reg No	2XXXXX970K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94242859
Alternative Phone No	OFFICE-94242859

Vehicle Particulars

Manufacturer	MAZDA
Model	2
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	5106939990-01
Cover Note Number	

Driver

Name of Driver	XU RENXIN
NRIC No	SXXXX566B
Date Of Birth	30/03/1982
Occupation	OUTDOOR
Date Of Driving Pass	09/11/2006
Driving Experience	13 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94242859
Fax Number	
Contact Number	OTHERS-94242859
Email Address	NOEMAIL

Address	BLK 296B COMPASSVALE CRESCENT #07-275
Postcode	542296
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 - CHANGE/CROSS LANE
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?	YES
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: : SOMASANMMA S/O M S VELU 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 Witness 1

Name	SOMASANMMA S/O M S VELU
Phone Number	91271977
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

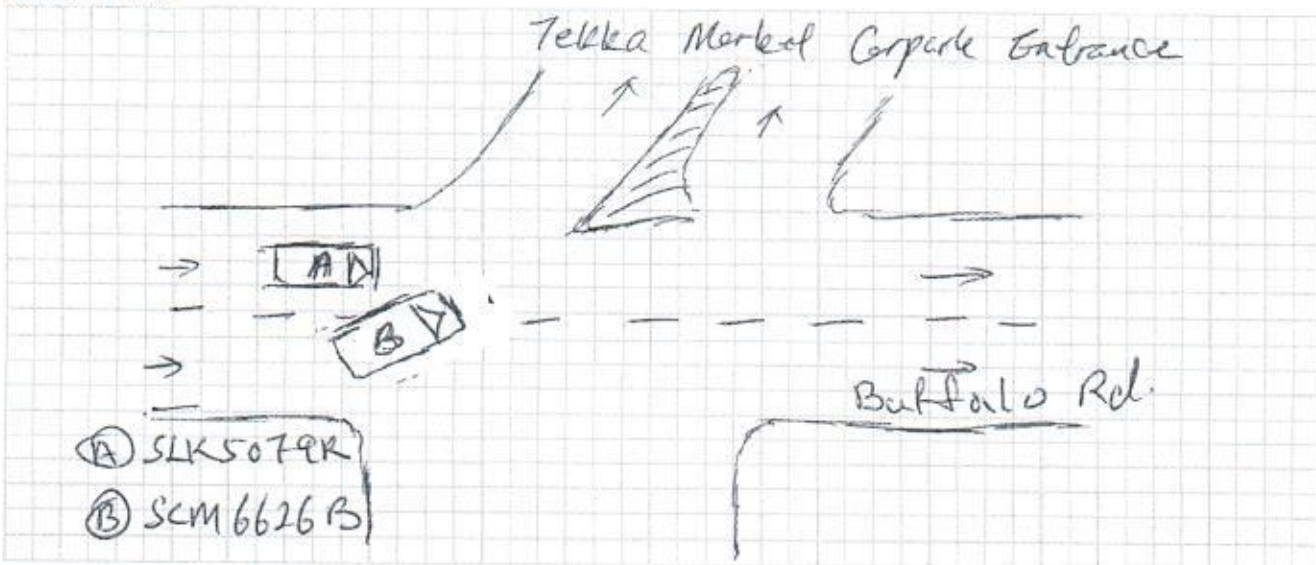
Vehicle Registration Number	SCM6626B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YIP LAI KHENG
NRIC/Passport Number	SXXXX202H
Contact Number	

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

DETAILS OF INJURED PERSON 1

Name XU RENXIN
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? SLK5079R
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on mentioned date and time, I was travelling along Buffalo Rd with a male passenger (Grab passenger) in my vehicle. Suddenly veh B from the right lane swerve left abstraptly and collided onto my vehicle right front portion. veh B driver says she wanted to turn into carpark entrance.

Grab passenger help me to take photo of the accident scene as I can't come out from my vehicle.

After the accident impact, I feel pain on my back and decided to consult doctor and was awarded 2 days M/C

Witness (Grab passenger) Name: Soma sanmma s/o M S Vela.
 NRIC: 7700584T-
 h/p: 91271977.

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.:

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.:

Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 24/01/2020 (dd/mm/yy)

Time of Accident: 10 : 45 (24-HR-FORMAT)

Vehicle No.: 3LK5079R Vehicle Make & Model: Mazda 2

Exact location of Accident: Along Buffalo Rd Before Tekka Market Carpark Entrance

Policyholder's Name / IC No.: Kiraly Automobile Private Limited / 201436970K

Driver's Name / IC No.: Xu Renxin / S8210566B (As Above) ☐

Driver's Contact No.: 9424 2859 Company Contact No (Company Veh Only): _____

Driver's Address: Blk 296 B Compassvale Crescent #07-2755 (542296)

Email address: _____ Insurance Company: _____

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / **Hirer** / Others specify: _____

What do you wish to claim? (Please **TICK** one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

☐ Private use / ☒ Work purpose

***No. of Passengers (Including Driver):** 2

*Passenger Name: Grab passenger

Gender: Male / Female

*Passenger Name: _____

Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☒ No

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: Xu Renxin

Injuries Sustain: 2 days m/c Injured Person in Which Vehicle: SLK5079R

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No.: Yip Lai Kheng / S140120214 Vehicle No.: SCM6626B

Driver's Contact No: _____ Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): Somasenma s/o M Svelu / S77005847 Contact No: 91271977

Preferred Workshop Name: _____ Contact No: _____

Claim Handling

The premium on this policy has not been collected.
Accident MT/1081959

Policy No.	5106939990-01	Vehicle No.	SLK5079R	GST Registration No.
Certificate No.				
Policyholder Name	KIRALY AUTOMOBILE PRIVATE LIMITED			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	94242859	Contact No.(Office)		Contact No.(Home)
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(%)	10	Private Hire
▼ Accident Details				
Report Date	29/01/2020 11:17	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	24/01/2020	Time of Accident hh:mm	10:45	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG BUFFALO RD B/F TEKKA MARKET CARPARK ENTRANCE			
▼ 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	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess	0			
Total OD Excess Applicable	2000.00	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	29/01/2020 11:21:49 System changed GST Status Verified from No to Yes			
▼ Policyholder Mailing Address				
Address 1	8 KAKI BUKIT AVENUE 4	Address 2	#06-43 PREMIER @ KAKI BUKIT	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	06-43	Related Policy Number	5106303954-01	
▼ OI Driver Info				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB
Unnamed driver Name	XU RENXIN	Driver NRIC	SXXXX5668	Driving Experience
Register Date of Driver License	09/11/2006	Driver Age	37	Contact No.(Home)
Contact No.(Mobile)	94242859	Contact No.(Office)		Address 3
Address 1	BLK 296B #07-275	Address 2	COMPASSVALE CRESCENT	Post Code
Address 4		Address Type	Foreign address	
Unit No.	07-275			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SLK5079R	Driver Insurer Company
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Modification History				

Claim 001 New

Claim Type *	OD-MX	Insured Name	KIRALY AUTOMOBILE PR
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	SLK5079R
Claim Description	SLK5079R / SCM6626B ON 24 Jan 2020		
Preferred Workshop		Insured Liability	Not at Fault
Preferred Repair Option	Yes	Preferred Workshop, Name unknown	
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	
<input checked="" type="checkbox"/> Print AK letter			
Save Submit			

Attachment

Accident No.	MT/1081959	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	29/01/2020 11:28

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

Choose File















No file chosen

Message Read

Path *

	Category *	Confidential	Urgency *
<div>Clear</div>	<div>Please Select</div>	<div>NO</div>	<div>Normal</div>
<div>Clear</div>	<div>Please Select</div>	<div>NO</div>	<div>Normal</div>
<div>Clear</div>	<div>Please Select</div>	<div>NO</div>	<div>Normal</div>
<div>Clear</div>	<div>Please Select</div>	<div>NO</div>	<div>Normal</div>
<div>Clear</div>	<div>Please Select</div>	<div>NO</div>	<div>Normal</div>
<div>Clear</div>	<div>Please Select</div>	<div>NO</div>	<div>Normal</div>

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Jan 2020 11:28	Photos		Normal	Photos 2020-1-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Jan 2020 11:28	Photos		Normal	Photos 2020-1-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Jan 2020 11:28	Photos		Normal	Photos 2020-1-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Jan 2020 11:28	Photos		Normal	Photos 2020-1-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Jan 2020 11:28	Photos		Normal	Photos 2020-1-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Jan 2020 11:28	Photos		Normal	Photos 2020-1-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Jan 2020 11:28	Photos		Normal	Photos 2020-1-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Jan 2020 11:28	Photos		Normal	Photos 2020-1-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Jan 2020 11:27	Photos		Normal	Photos 2020-1-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Jan 2020 11:27	Photos		Normal	Photos 2020-1-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Jan 2020 11:27	Photos		Normal	Photos 2020-1-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Jan 2020 11:27	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-1-2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Jan 2020 11:27	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-1-2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Jan 2020 11:27	SAS		Normal	SAS 2020-1-29

Video List

Uploaded By/Date	Folder Date	File Name		Source
		<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: 5106939990-01

- | | |
|---|-------------------------------------|
| 1. Index mark and Registration Number of Vehicle | Cover : drive CLASSIC |
| Chassis Number | : SLK5079R |
| 2. Name of Policyholder | : MM6DL2SAAGW191588 |
| 3. Effective Date of Insurance | : KIRALY AUTOMOBILE PRIVATE LIMITED |
| 4. Expiry Date of Insurance | : 18 Jan 2020 |
| 5. Persons or Classes of Persons entitled to drive# | : 17 Jan 2021 |
| (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\$1,500
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	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: TECK WEI CREDIT PTE LTD
	: 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 : TECK WEI CREDIT PTE. LTD. (00000572499)
Date of Issue : 10 Jan 2020 17:21 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



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 : MM420012714 Vehicle Registration No : SLK 5079R
Name (as shown in NRIC) : XU REXIN NRIC/FIN/Passport No : SXXSX566B
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 94242859
Email Address : _____
Date of Accident : 24/01/2020 Time of Accident : 10:45
Place of Accident : BEFORE BUFFALO ROAD BLF TUKKA MARRIOTT CP ENTRANCE
Insurance Company : NHIC

(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:

Third Party Vehicle Number 20 SCN6626B

Policyholder / Driver's Signature
Date:



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