

NATIONAL Assessment Centre Services			
Date In: 30/03/2020 15:59	Job description	Date & Time Completed	Done by
Ref No: NBSA/TMC90004688/Y	SAS e-filing		
Veh No: 85W 6534Y	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 27/02/2020 19:46	i-Motor Claim Form	mt/1087814-002	30/03/2020 16:18
OD: TP: Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-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: SHA 9347R	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%; F: 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 repairer.
( ) Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: ( )

Remarks:	INC hotline: 6788 6616	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )			
2) QC Check / Post Repair Inspection ( )			
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )			

Injury: _____
---------------

Date/Time	Actions

Invoice Preparation Checklist		Am't (\$)	Am't (\$)
		Est. Bill	Add. Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engy-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile \$0		
	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	30/03/2020 14:46
Date Of Accident	27/02/2020 19:40
Exact Location Of Accident	X-JUNCTION OF TOH GUAN ROAD/JURONG GATEWAY ROAD
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW6534Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JIANG JIE
NRIC No	SXXXX634Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82331689
Alternative Phone No	OTHERS-82331689

#### Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY-2.0 (A)
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	REPORTING ONLY
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	5103389130
Cover Note Number	

#### Driver

Name of Driver	JIANG JIE
NRIC No	SXXXX634Z
Date Of Birth	07/12/1980
Occupation	INDOOR
Date Of Driving Pass	06/09/2010
Driving Experience	9 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-82331689
Fax Number	
Contact Number	OTHERS-82331689
Email Address	NOEMAIL

Address	BLK 288D JURONG EAST STREET 21 #19-422
Postcode	604288
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	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)	2
Passenger 1	NAME: : LI JUNYAO GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 92 BOON LAY WAY , POSTCODE: 609962 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8999999 - FAX NO: 66655791
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200319/2105

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	OVER WRITTEN
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA9347R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)



## SKETCH PLAN

Veh A: SJW 6534Y

Veh B: SHA 9347R

### IMPORTANT NOTICE

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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.

\*\* I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

  
Policyholder's Signature  
Date & Time: 28/03/2020

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

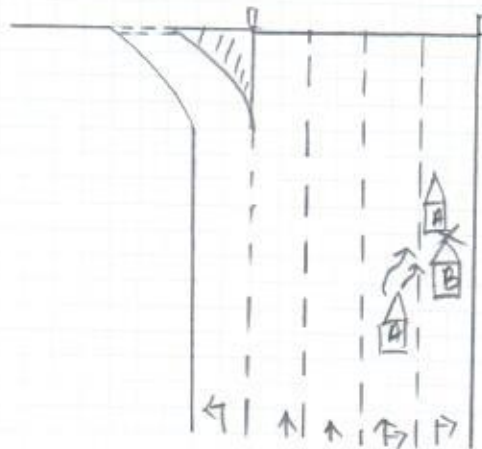
  
Reporting Centre Person's Signature  
Name: \_\_\_\_\_  
NRIC/FIN No.: \_\_\_\_\_

SKETCH PLAN

Veh A: SJW 6534Y

Veh B: SHA 9347R

→ Jurong Gateway Rd



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Toh Guan Rd

Police Report No. T/20200319/2105

DECLARATION

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

Policyholder's Signature  
Date & Time:

28/03/2020

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

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

30/03/2020

Rosa WONG



# Accord Auto Services Pte Ltd

Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: [avclaims@mycarworkshop.com](mailto:avclaims@mycarworkshop.com)

## Particular Of Insured/Driver & Details Of The Accident

### Motor Accident Report

\*Date of Accident: 27/2/2020

\*Time of Accident: 1940 HRS

\*Accident Location: X - Junction of Toh Guan Rd and Jurong Gateway Rd.

### Vehicle Details

\*Vehicle Number: SJW 6534 Y

\*Make & Model: Toyota Camry 2.0

### Insured / Policyholder

\*Owner Name: Tang Jie

\*NRIC: S80796342

\*Address: B1K 288 D Jurong East St 21 # 19-42 Singapore 604288

\*Email:

\*HP: 8233 1689

\*Occupation: (Indoor / Outdoor) \*Tel / H / Other:

### Driver ( ) same as above

\*Driver Name: \*NRIC:

\*Address:

\*Date of Birth: \*Driving Pass Date: 6/9/2010 \*HP:

\*Email: \*Gender: Male / Female

\*Occupation: (Indoor / Outdoor) \*Tel / H / Other:

\*Driver an employee: Yes / No (\*If no, what is relationship with the policyholder: )

### Passengers Details

\*P/Name: Li Sunyao (Male/Female) \*P/Name: (Male/Female)

\*P/Name: (Male/Female) \*P/Name: (Male/Female)

### Insurance Company

\*Insurer: NTUC

\*Coverage: C / TPFT / TPO \*Policy No:

### Detail of other vehicle / Property 1

Vehicle No.: SHA 9347 R

Make & Model:

Vehicle Category:

Name of Driver:

NRIC :

HP :

No. of Passengers (Including Driver):

### Detail of other vehicle / Property 2

Vehicle No.:

Make & Model:

Vehicle Category:

Name of Driver:

NRIC :

HP :

No. of Passengers (Including Driver):

### For Official Use Only

\*Claiming against Own Ins.: Yes / No (If No, Reporting Only / TP Claims)

### General Information of the accident

\*Type of accident: Head-Rear / Side swipe / others:

\*Weather conditions: Clear / Raining / others:

\*Any video cam: Yes / No

\*Road Surface: Dry / Wet / others:

\*Witness: Yes / No (Name: NRIC: HP: )

\*Accident reported to police: Yes / No

\*Summon against whom:

\*Injured party: Yes / No

\*No. of passengers (include driver):

-I/Name:

\*Fasten seat belt: Yes / No \*Conveyed by Ambulance: Yes / No

-I/Name:

\*Fasten seat belt: Yes / No \*Conveyed by Ambulance: Yes / No

Claim Handling

Accident MT/1087814

Policy No.	5103389110	Vehicle No.	S1W6534Y	GST Registration No.	
Certificate No.					
Policyholder Name	JIANG JIE			Policyholder NRIC	S8079634Z
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	Not available
Accident Details					
Report Date	11/03/2020 15:18	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	27/03/2020	Time of Accident Minimum	10:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TOH GUAN ROAD				
Excess					
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	500.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					

Policyholder Mailing Address					
Address 1	BUK 288D #10-422	Address 2	JURONG EAST STREET 21	Address 3	SINGAPORE 604289
Address 4		Address Type	Singapore address	Post Code	604289
Unit No.		Related Policy Number	5103389110		
OI Driver Info					
Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 1	
Address 1		Address 2		Address 3	
Address 4		Address Type	foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

Modification History







Claim #02 New

Claim Type *	OO-MX	Insured Name	JIANG JIE	Insured NRIC	S8079634Z
Contact No.(Mobile)	82331689	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	ingersides@gmail.com	CI	S1W6534Y	TP	
Claim Description		Vehicle Number	S1W6534Y	Vehicle Number	SHA9347H
Preferred Workshop				Name of Preferred Workshop	
Insured Liability	Partially at Fault				
Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received		
Date Registered	30/03/2020 16:12	Claim Close Date		Date Received	30/03/2020 00:00
Report Taken By	ROSLI WAHAB				

Print AX letter

Save Submit

Attachment					
Accident No. MT/1087814					
Claim No. 002					
Last Doc. Received Yes No					
Upload Date 30/03/2020 16:18					
Path *					
Choose File	No file chosen	Category *	Confidential	Urgency *	Description *
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Message Board					

Attachment List						
Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)	Action
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 30 Mar 2020 16:18	Photos	Normal	Photos 2020-3-30		Edit
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 30 Mar 2020 16:18	Photos	Normal	Photos 2020-3-30		Edit
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 30 Mar 2020 16:18	Photos	Normal	Photos 2020-3-30		Edit
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 30 Mar 2020 16:18	Photos	Normal	Photos 2020-3-30		Edit
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 30 Mar 2020 16:18	Photos	Normal	Photos 2020-3-30		Edit
	NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 30 Mar 2020 16:12	Photos	Normal	Photos 2020-3-30		Edit





Video List

NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Mar 2020 16:12	Photos	Normal	Photos 2020-3-30	Edit
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Mar 2020 16:12	Photos	Normal	Photos 2020-3-30	Edit
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Mar 2020 16:12	Photos	Normal	Photos 2020-3-30	Edit
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Mar 2020 16:12	NKIC/ Driving License	Y	NKIC/ Driving License 2020-3-30	Edit
NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 30 Mar 2020 16:12	SAS	Normal	SAS 2020-3-30	Edit

Uploads By/Date

Folder Data

File Name

Source

Action

Display in New Window

Scan and uploading



**SINGAPORE  
POLICE FORCE**



T/20200319/2105

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

1 of 3

Report No. T/20200319/2105

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 19/03/2020 19:17		Vide Report No.:		Station Diary No.: 61	
<b>Informant's Particulars</b>					
Name of Informant: JIANG JIE		Address: APT BLK 288D JURONG EAST STREET 21 #19-422 SINGAPORE 604288			
ID Type / ID No.: NRIC NO / S8079634Z		Contact No.: Home/Office: Mobile: 82331689			
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Female	Age: 39	Date of Birth: 07/12/1980	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Business development executive		Driving Licence Information: Class: 3A Date of Expiry:			

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 27/02/2020 19:40	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 TOH GUAN ROAD JURONG GATEWAY ROAD X-junction of Toh Guan Road and Jurong Gateway Road				
Weather: Dark		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJW6534Y	Car	TOYOTA	CAMRY 2.0 AUTO ABS AIRBAG	Beige	No Damage	1

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJW6534Y	NTUC Income Insurance Co-Operative Limited	5103389130	29/08/2018	07/04/2020





Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	JIANG JIE	ID No.	S8079634Z
Related Vehicle	NIL	Contact No.	82331689
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 27/2/2020 at about 1940hrs, I was driving my vehicle SJW6534Y from PIE to Toh Guan Road. I After exiting PIE, I then changed lane from the most left lane to the most right lane as I approached the X-junction of Toh Guan Road and Jurong Gateway Road to turn right to Jurong Gateway Road. As I was driving in the right turn lane, I saw from my rear view mirror that one taxi had braked behind me. As I did not hear any bang or feel any vibration to my vehicle, I then proceeded to turn right as per the traffic signal. I have in vehicle camera. However the footage had been overwritten when I checked.



SINGAPORE  
POLICE FORCE



T/20200319/2105

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

3 of 3

Report No. T/20200319/2105

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:

D /

Sgt 3 CHEN MIAOJUN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Signature Of Informant:

Date/Time:

19/03/2020 19:17

Classification Of Case:

Authentication Stamp

NP168



**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 : MM4420038013 Vehicle Registration No: SJW 6534Y  
Name(as shown in NRIC) : Jiang Jie NRIC/FIN/Passport No : SXXXX 6342  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 82331689  
Email Address : \_\_\_\_\_  
Date of Accident : 27/02/2020 Time of Accident : 19:40  
Place of Accident : X-JUNCTION OF TOH GUAN ROAD / GATEWAY ROAD  
Insurance Company : NTHC

**(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 27/02/2020

POLICE REPORT 1/20200319/2025

Policyholder / Driver's Signature  
Date:

30/03/2020  
Reporting Centre Personnel's Signature  
Name: Poh Li  
NRIC/FIN No.:  
Date: