

NATIONAL Assessment Centre Services. <small>Page 1 Jan 2003</small> MINA 2000 496514			
Date In: 06/04/2020 15:01	Job description	Date & Time Completed	Done by
Ref No: 1381/012000496514	SAS e-illing		
Veh No: SLV 787	E-mail (by date 2hrs, AIC 2hrs)		
D.O.A: 05/04/2020 17:40	I-Motor Claim Form		
OD <input checked="" type="radio"/> TP <input type="radio"/> Reporting Only	I-Motor W/O (Withdr: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/VK32		
Preferred Wkep / INC Assign Wkep / QW: (Tel:	Fax:
TP Particulars:	Veh No: SP 22660	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 ()			
General Remarks: ()			
() 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: ()			
Remarks: ()			
1) Apply for Transport Allowance () / Courtesy Car ()			
2) QC Check / Post Repair Inspection ()			
3) Upload Resurvey Photo [Repair Cost > \$3000] ()			
Injury: ()			
Date/Time: ()			
Signature: ()			
NA2002567			
Driver/Owner:	1) AIC: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)		
Damaged Portion:	3) TP: Towing Fee \$120		
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$30		
Additional Comments:	5) PT: Follow-Through Survey (Resurvey) For claiming against INC Only (ver 10 Jan 2003)		
Ref: ()	6) TR: Re-inspection \$75		
	7) NI: Idco DA + SMRT Survey \$160		
	8) NIUC Additional Services:		
	9) NI: Idco Mobile		
	10) NI: Courtesy Car / Tpl Allowance \$3		
	11) NI: Repairs Coordination \$10		
	12) NI: Post Repair Inspection \$25		
	13) NI: DV / Collect Theories Coordination \$5		
	14) TP (NI) / TP (ON INC) against INC \$30		
	15) NI: Idco Mobile		
	Invoice dated	Fee Charged	Signature
	Invoice dated	Fee Charged	Signature

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	06/04/2020 15:01
Date Of Accident	05/04/2020 17:40
Exact Location Of Accident	ALONG SERANGOON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV78T
Insured/Policyholder	
Name Of Registered Owner	THANARAJ S/O RAMAKRISHNAN
NRIC No	SXXXX343G
Email Address	VKAR@VKARTRADERS.COM
Mobile Phone No	(LOCAL) +65-96367367
Alternative Phone No	OTHERS-96367367

Vehicle Particulars

Manufacturer	LAMBORGHINI
Model	GALLARDO LP560-4-5.2 (M)
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPVSNA00025762000
Cover Note Number	

Driver

Name of Driver	THANARAJ S/O RAMAKRISHNAN
NRIC No	SXXXX343G
Date Of Birth	17/08/1971
Occupation	INDOOR
Date Of Driving Pass	15/03/1991
Driving Experience	29 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96367367
Fax Number	
Contact Number	OTHERS-96367367
EMail Address	VKAR@VKARTRADERS.COM

Address	35 THE INGLEWOOD
Postcode	575064
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	COLLISION - HEAD TO REAR
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KEBUN BARU NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 111 ANG MO KIO AVENUE 4 , POSTCODE: 560111 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4589999 - FAX NO: 64574454
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20200407/2096

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SBP2266D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	THIRUGNASAMBANDAM RAMDASS
NRIC/Passport Number	
Contact Number	84086066
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	THANARAJ S/O RAMAKRISHNAN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SLV78T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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

Approach Selegem Road

STOP

A = SLV 78T

B = SBP 2266D



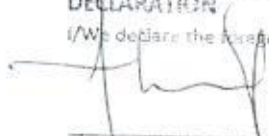
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

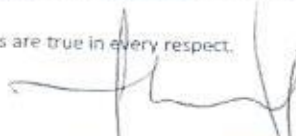
I was driving along Selegem Road, waiting for at a traffic signal. All of a sudden, I felt a jerk and realised a car (Hyundai) hit my car (Lamborghini).

POLICE REPORT 1/20200407/2096

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.:

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 050420	TIME: 17 40 pm	(hh:mm) 24 hrs Format
LOCATION: Serangoon Road		
VEHICLE NUMBER: SLV 787		
INSURED NAME: THANARAJ S/O RAMAKRISHNAN		
NRIC / FIN: S7128343G	CONTACT: 96367367	
MAKE: LAMBORGHINI	MODEL: GALLARDO	
Are you claiming under your own insurance policy for repair to your vehicle?		
() Yes, If No, Pls Select: (<input checked="" type="checkbox"/>) Third Party () Reporting Only		
INSURANCE COMPANY:		
TYPE OF POLICY (<input checked="" type="checkbox"/>) COMPREHENSIVE () THIRD PARTY () TPFT		
POLICY NUMBER: DMPCSNAC0025762000		
NAME DRIVER: (<input checked="" type="checkbox"/>) SAME AS INSURED		
NRIC / FIN: S7128343G	CONTACT:	
DATE OF BIRTH: 17-08-71		
DRIVING PASS DATE: 15-3-91		
OCCUPATION: (<input checked="" type="checkbox"/>) INDOOR () OUTDOOR		
GENDER: (<input checked="" type="checkbox"/>) MALE () FEMALE		
EMAIL ADDRESS: vkar@vkartraders.com	() NO EMAIL	
ADDRESS OF DRIVER: 35, THE INGLEDWOOD, SG 575064		
Number Of Passenger Include Driver:		
Was driver an employee of the Insured's Company? () YES (<input checked="" type="checkbox"/>) NO		
If No, Relationship Of The Driver With The Insured		
() Owner () Spouse () Friend () Relative () Children () Sibling () Others		
Does The Driver Own Any Other Vehicle? () YES (<input checked="" type="checkbox"/>) NO		
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:		
Insurance Company Of Driver's Own Vehicle		
Weather Conditions: (<input checked="" type="checkbox"/>) Clear () Raining () Drizzling () Others		
Road Surface: (<input checked="" type="checkbox"/>) Dry () Wet () Others		
Was Any Foreign Vehicle Involved In This Accident? () YES (<input checked="" type="checkbox"/>) NO		
Was Anybody Injured In The Accident? () YES () NO		
If YES, Injured details:		
Convey By Ambulance: () YES (<input checked="" type="checkbox"/>) NO		
Was There Any Video Capture By Car Camera? (<input checked="" type="checkbox"/>) YES () NO		
Was There Accident Reported To The Police? () YES () NO If Yes Attach Police Report		
Police Report Number (if any)		
Details Of 3rd Party		
	Name / NRIC	Contact
Veh B	SBP 2266 D	THIRUGNASAMBANDAM Kamnass 84086066
Veh C		
Veh D		
Veh E		
Veh F		
Veh G		

I, Thirugnasambandam Ramadoss F8104980R drove
hyundai SBP 2266D on 050420 and hit a
Lamborghini SLV 78T at 5.40pm. This took
place at the main road of Serangoon Road.
Both car has camera ~~is~~ ^{they} installed.

This was heard and explained to the driver of
the hyundai in Tamil.




SBP 2266D

Driver

T. Ramadoss

Witness


90450630

SLV 78T

Driver

84086066



**SINGAPORE
POLICE FORCE**



T/20200407/2096

Police Station Of Origin:
Kebun Baru NPP
111 Ang Mo Kio Avenue 4 SINGAPORE
560111
Tel No: 1800-4589999

1 of 3

Report No: T/20200407/2096

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/04/2020 19:36	Vide Report No.:	Station Diary No.: 37
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Informant's Particulars

Name of Informant: THANARAJ S/O RAMAKRISHNAN			Address: 35 THE INGLEWOOD SINGAPORE 575064	
ID Type / ID No.: NRIC NO / S7128343G			Contact No.: Home/Office: Mobile: 96438722	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 48	Date of Birth: 17/08/1971	Type of Informant: Driver	
Race: Indian			Language:	Institution / School Name:
Occupation: CONSULTANT			Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/04/2020 17:40	Type of Location: Straight Road
Location: Along Road 1 SERANGOON ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SBP2266D	Car	HYUNDAI	Elantra	Silver		0
SLV78T	Car	LAMBORGHINI	Gallardo	Yellow		0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20200407/2096

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Police Station Of Origin:
Kebun Baru NPP
111 Ang Mo Kio Avenue 4 SINGAPORE
560111
Tel No: 1800-4589999

Report No. T/20200407/2096

CONTINUATION OF REPORT

Driver			
Name	Thirugnasambandam Ramadass	ID No.	F8104980R
Related Vehicle	SBP2266D (Car)	Contact No.	91790033
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	THANARAJ S/O RAMAKRISHNAN	ID No.	S7128343G
Related Vehicle	SLV78T (Car)	Contact No.	96438722
Hospital/Clinic	Intemedical 24 Hr Clinic	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	06/04/2020	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	NIL

Brief Details.

On 05/04/2020 at 1740hrs, I was driving my car, one Yellow Lamborghini Gallardo (vehicle no. SLV78T) along Serangoon Road heading towards Thomson.

I was stopped at a traffic light along Serangoon Road. Whilst I was stationary, I suddenly felt a jerk from behind my car. I alighted and spotted a car, one Silver Hyundai Elantra (vehicle no. SBP2266D) that had collided front on to the rear of my car.

I exchanged particulars with the driver, Thirugnasambandam Ramadass (FIN: F8104980R, HP: 91790033).

Due to the collision, my car's rear bumper is dented and loose.

On 06/04/2020, I went to seek medical attention at Intemedical 24Hr Clinic and I received 5 days of MC from 06/04/2020 to 10/04/2020.

I have an in-car camera. I am lodging this report for my own record and insurance action.



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Kebun Baru NPP
111 Ang Mo Kio Avenue 4 SINGAPORE
560111
Tel No: 1800-4589999



T/20200407/2096

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Report No. T/20200407/2096

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:
F /
Sgt 2 IZWAN BIN SANI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SI MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Signature Of Informant:

Date/Time:
07/04/2020 19:36

Classification Of Case:

SN 085

Authentication Stamp
NP168

Singapore Police Force

Intemedical 24 Hr Clinic

525 Ang Mo Kio Avenue 10, #01-2407

Singapore 560525 Tel : 69192998

Medical Certificate

Date : 06 Apr 2020

MC No. : 0000041024

This is to certify that :

Name : THANARAJ S/O RAMAKRISHNAN

NRIC : S7128343G

is Unfit for Duty for 5 days

from 06/04/2020 to 10/04/2020 inclusive.

Intemedical 24-Hr Clinic
Blk 525 Ang Mo Kio Ave 10
#01-2407
Singapore 560525
Tel: 69192998

ONG SWEE SENG RAYMOND

MBBS (SINGAPORE)

**This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.*

Motor Private Car

MX1/B

N SN

AN0117A

Cov. Type C

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 169)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1952 (Malaysia)

CERTIFICATE No

DMPCSNA00025762000

Engine No. CEH004351

Cha. No. ZHWGE51U1BLA10546

1. Make, Model and Registration
Number of Vehicle

SLV78T

2. Name of Policy Holder

THANARAJ S/O RAMAKRISHNAN

3. Effective date of the Commencement of
Insurance for the purpose of the Road Transport
Act, 1987 (Malaysia)

06/03/2020
(17.00.55)

Excess Sect. I

S\$15,000.00

Excess Sect. I (Outside Singapore)

S\$30,000.00

4. Date of Expiry of Insurance

05/03/2021

EX ON WINDSCREEN

S\$1,000.00

5. Persons of Classes of Persons covered by the

As per Named Driver(s) stated below.

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

THANARAJ S/O RAMAKRISHNAN &

VINITA MENON D/O MADHAVAN DRIVING ONLY

6. Exclusions and Limitations

Use for social, domestic and pleasure purposes and for the Policyholder's business.

The Policy does not cover use for hire or reward, tuition, driving test, racing, pace-making, reliability trial, speed-testing, the carriage of
goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 169) and Section 16 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

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 169) and Part IV of the Road
Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By

Chua Sual Lay Sally

Authorised Officer

杨亚美

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)

3 Anson Road #16-00 Springleaf Tower Singapore 079909

6389 6111

6222 1033

www.sq.chinataiping.com

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Business

Owner ID:

200W

Vehicle Details

Vehicle No.:

SLV78T

Vehicle to be Exported:

Yes

Intended Deregistration Date:

06 Apr 2020

Vehicle Make:

LAMBORGHINI

Vehicle Model:

GALLARDO LP560

Primary Colour:

Yellow

Manufacturing Year:

2010

Engine No.:

CEH004351

Chassis No.:

ZHWGE51U1BLA10546

Maximum Power Output:

412.0 kW (552 bhp)

Open Market Value:

\$213,298.00

Original Registration Date:

24 Dec 2010

First Registration Date:

24 Dec 2010

Transfer Count:

4

Actual ARF Paid:

\$213,298.00

Intended PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

23 Dec 2020

PARF Rebate Amount:

\$106,649.00

Intended COE Rebate Details

COE Expiry Date:

23 Dec 2020

COE Category:

E - Open Category

COE Period(Years):

10

QP Paid:

\$64,900.00

COE Rebate Amount:

\$4,452.00

Total Rebate Amount:

\$111,101.00

The information contained herein is correct as at 06 Apr 2020

OK

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 : MNA420040436 Vehicle Registration No: SLV 78T
Name(as shown in NRIC) : THANARAJ S/O RAMAKRISHNAN NRIC/FIN/Passport No : S7128343G
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 35 THE INGLEWOOD Singapore(575064)
Contact (Tel) : _____ Mobile No. : 9636 7367
Email Address : _____
Date of Accident : 05.04.2020 Time of Accident : 17:40hrs
Place of Accident : SERANGOON ROAD
Insurance Company: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

(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:

ATTACHED POLICE REPORT NUMBER: T20200407/2096

THANARAJ S/O
RAMAKRISHNAN

Policyholder / Driver's Signature
Date: 08.04.2020

08/04/2020
Reporting Centre Personnel's Signature

Name: Kell Lim

NRIC/FIN No.: _____

Date: _____