

# NATIONAL Assessment Centre Services.

[wef 1 Jan'05]

MNA120042041

Date In: <b>13/04/2020</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/INC20005195/F</b>	SAS e-filing		
Veh No: <b>SMK 5494M</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : <b>13/04/2020</b>	i-Motor Claim Form		
<b>OD : TP : Reporting Only</b>	i-Motor W/O (Within: OD 2hrs, TP 4hrs)	<b>MT 1091396 - 001</b>	
	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:	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 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

<b>NA 2002615</b>	Invoice Preparation Checklist	Amf (\$) In Bill	Amf (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*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: Idao Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Dat. 1:

Dat. 2 / 3:



## 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	14/04/2020 15:16
Date Of Accident	13/04/2020 19:05
Exact Location Of Accident	PIE TWDS JURONG (BKE)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK5494M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PNG ENG SENG
NRIC No	SXXXX372I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97800178
Alternative Phone No	OFFICE-97800178

### Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA3
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	5111175391
Cover Note Number	

### Driver

Name of Driver	PNG CHEN WAI, KEITH
NRIC No	SXXXX022G
Date Of Birth	08/02/1994
Occupation	INDOOR
Date Of Driving Pass	29/11/2012
Driving Experience	7 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97800178
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 652 SENJA LINK #20-20 SINGAPORE 670652
Postcode	670652
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLIDED INTO PROPERTY
Weather Conditions	CLEAR
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

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



## 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:

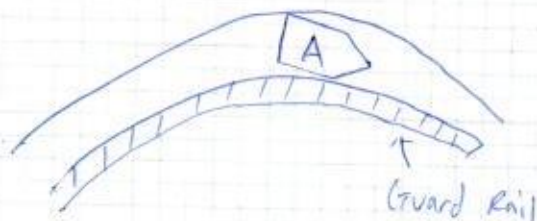
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

SKETCH PLAN

PIE TOWARDS JURONG (BKE)

A-SMK5444M



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG PIE TOWARDS JURONG (BKE). SUDDENLY MY VEHICLE SKIDED AND THE FRONT RIGHT HIT ONTO THE GUARD RAIL.

Prefer workshop: Ryder Auto Pte Ltd

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.:





## 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: 5111175391

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : SMK5494M  
 Chassis Number : JM6BL10Z1A0105020
2. Name of Policyholder : PNG ENG SENG
3. Effective Date of Insurance : 15 Jul 2019
4. Expiry Date of Insurance : 24 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.

**This Policy does not cover**

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) 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\$600
EXCESS (SECTION 2)	: N/A
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	: YES
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: PNG ENG SENG
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
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 : INSURE LINK PTE LTD (00000614836)  
 Date of Issue : 15 Jul 2019 15:03 hrs

Insure Link Pte Ltd  
 2 Kallang Avenue #08-16  
 CT Hub  
 Off : 6444 0040  
 Fax: 6444 0040

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

\_\_\_\_\_  
 Authorised Officer

\_\_\_\_\_  
 Chief Executive



VEHICLE NO: SMK5494M

SME

Model: Mazda 3

DATE OF ACCIDENT	13/4/2020
TIME OF ACCIDENT	1905 AM / PM
LOCATION OF ACCIDENT	PIE TOWARDS JURONG (BKE)
Exact Purpose use during accident	
NAME OF OWNER	PNG ENG SENG
TELP NO	97800178,96212767
NRIC	S1442372I
CLAIM TYPE	OD / THIRD PARTY / Reporting Only OD
INSURANCE CO.	NTUC
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft
POLICY NO.	
NAME OF DRIVER	PNG CHEN WAI, KEITH
NRIC	S9405022G
TE OF BIRTH	
OCCUPATION	Outdoor / Indoor
DATE OF DRIVING PASS	
GENDER	Male / Female
CONTACT NO.	97800178,96212767 Office: Home:
ADDRESS	APT BLK 652 SENJA LINK #20-20 S(670652)
DRIVER HAVE ANY OWN Vehicle	NO / If yes: Reg No:
RELATIONSHIP	Employee / If No:
WEATHER CONDITION	Clear / Raining / Other: CLEAR
ROAD SURFACE	Dry / Wet / Other: WET
ANY INJURIES	No / If yes: Who?
CONTACT NO.	
POLICE REPORT	No / If yes: Where?
VEHICLE B NO.	Any Passenger:
NAME	
CONTACT NO.	
VEHICLE C NO.	Any Passenger:
VEHICLE D NO.	Any Passenger:
VEHICLE E NO.	Any Passenger:
VEHICLE F NO.	Any Passenger:
ANY WITNESS	
WITNESS CONTACT NO.	
PARTICULAR WORKSHOP	Ryder Auto Pte Ltd
TELP NO	2 Kaki Bukit Ave 2, #02-19 AutoHub @ Kaki Bukit,
CONTACT PERSON	Singapore 417921
FAX NO.	ryderautoworkshop@gmail.com

Claim Handling

Accident MT/1091396

Policy No.	5111175391	Vehicle No.	SMK5494M	GST Registration No.	
Certificate No.					
Policyholder Name	PNG ENG SENG			Policyholder NRIC	S14423721
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No. (Mobile)	97800178	Contact No. (Office)		Contact No. (Home)	
Email Address		Special Remark		eCode	No ▼
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA		eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

▼ Accident Details

Report Date	15/04/2020 09:22	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Property
Date of Accident	13/04/2020	Time of Accident hh:mm	19:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE TWDS JURONG (BKE)				

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess		TP Standard Excess	0.00	Driver is Covered?	Covered
YIED OD Excess		YIED TP Excess	0.00		
Additional Excess			0		
Total OD Excess Applicable		Total TP Excess Applicable	0.00		

▼ Benefits

▼ GST Registered Information

GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified		Yes	
Modification History					

▼ Policyholder Mailing Address

Address 1	BLK 652 #20-20	Address 2		Address 3	SINGAPORE 670652
Address 4		Address Type		Post Code	670652
Unit No.		Related Policy Number	5111175391		

▼ 01 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	08/02/1994
Unnamed driver Name	PNG CHEN WAI, KEITH	Driver NRIC	S9405022G	Driving Experience	7
Register Date of Driver License	29/11/2012	Driver Age	26	Contact No. (Home)	
Contact No. (Mobile)	97800178	Contact No. (Office)		Address 3	SINGAPORE 670652
Address 1	BLK 652 #20-20	Address 2		Post Code	670652
Address 4		Address Type			
Unit No.	#20-20				

Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
---	---	--------------------	--	------------------------	--



Declaration

Breathalyzer or Blood Test  
Reading?

0 mg

Any injury?

☐ Yes ☒ No

Modification History

**Claim 001** **New**

Claim Type \*

Contact No. (Mobile)

Email Address

Claim Description

Preferred  
Repair Option  
Insured Liability  
Preferred Workshop (refer below)

Date Registered

Report Taken By

Print AK letter

**Attachment**

Accident No.

MT/1091396

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

15/04/2020 09:44

Path \*

No file chosen

No file chosen

No file chosen

No file chosen

No file chosen

No file chosen

No file chosen

Attachment List

Attachment

Uploaded By/Date

Category



Urgency

Description

Msg Sent?  
(CO)

Action

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o

15 Apr 2020 09:44










































SAS

Normal

SAS 2020-4-15

**Edit**  

OD-MD	Insured Name	PNG ENG SENG	Insured NRIC	S14A23721
96212767	Contact No. (Home)	6538338	Contact No. (Office)	
	Vehicle Number	SMK5494M	TP Number	
SMK5494M ON 13 Apr 2020		Name of Preferred Workshop		
15/04/2020 09:42	Claim Close Date		Date Received	15/04/2020 00:00
RYDER AUTO PTE LTD		OD Excess Collected by Workshop		

																					
NAC_PAVA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Apr 2020 09:44	NAC_PAVA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Apr 2020 09:44	NAC_PAVA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Apr 2020 09:44	NAC_PAVA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Apr 2020 09:44	NAC_PAVA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Apr 2020 09:44	NAC_PAVA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Apr 2020 09:44	NAC_PAVA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Apr 2020 09:44	NAC_PAVA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Apr 2020 09:44	NAC_PAVA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Apr 2020 09:44	NAC_PAVA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Apr 2020 09:44	NAC_PAVA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Apr 2020 09:43	NAC_PAVA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Apr 2020 09:43	NAC_PAVA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Apr 2020 09:43	NAC_PAVA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Apr 2020 09:43	NAC_PAVA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Apr 2020 09:43	NAC_PAVA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Apr 2020 09:43	NAC_PAVA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Apr 2020 09:43	NAC_PAVA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Apr 2020 09:42	NAC_PAVA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Apr 2020 09:42	NAC_PAVA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Apr 2020 09:42	NAC_PAVA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Apr 2020 09:42	
NRIC/ Driving License	Y	Normal	Normal	Normal	Normal	Normal	Normal	Normal	Normal	Normal	Normal	Normal	Normal	Normal	Normal	Normal	Normal	Normal	Normal	Normal	Normal
																					
Photos	Photos	Photos	Photos	Photos	Photos	Photos	Photos	Photos	Photos	Photos	Photos	Photos	Photos	Photos	Photos	Photos	Photos	Photos	Photos	Photos	Photos
<a href="#">Edit</a>	<a href="#">Edit</a>	<a href="#">Edit</a>	<a href="#">Edit</a>	<a href="#">Edit</a>	<a href="#">Edit</a>	<a href="#">Edit</a>	<a href="#">Edit</a>	<a href="#">Edit</a>	<a href="#">Edit</a>	<a href="#">Edit</a>	<a href="#">Edit</a>	<a href="#">Edit</a>	<a href="#">Edit</a>	<a href="#">Edit</a>	<a href="#">Edit</a>	<a href="#">Edit</a>	<a href="#">Edit</a>	<a href="#">Edit</a>	<a href="#">Edit</a>	<a href="#">Edit</a>	
NRIC/ Driving License 2020-4-15	Photos 2020-4-15	Photos 2020-4-15	Photos 2020-4-15	Photos 2020-4-15	Photos 2020-4-15	Photos 2020-4-15	Photos 2020-4-15	Photos 2020-4-15	Photos 2020-4-15	Photos 2020-4-15	Photos 2020-4-15	Photos 2020-4-15	Photos 2020-4-15	Photos 2020-4-15	Photos 2020-4-15	Photos 2020-4-15	Photos 2020-4-15	Photos 2020-4-15	Photos 2020-4-15	Photos 2020-4-15	





NAC\_PAVA\_UBL\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o  
15 Apr 2020 09:42  
NAC\_PAVA\_UBL\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o  
15 Apr 2020 09:42

Photos  
Normal  
Photos  
Normal

Photos 2020-4-15  
Photos 2020-4-15

[Edit](#)  
[Edit](#)

Video List

Uploaded By/Date

Folder Date

File Name

Source

Action

[Display in New Window](#)

[Scan and uploading](#)



**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 : MNA120042041 Vehicle Registration No: SMK5494M  
Name (as shown in NRIC) : PNG CHEN WAI KEITH NRIC/FIN/Passport No : S94050228  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : BLK 652 SENJA LINK #20-20 Singapore( 670657)  
Contact (Tel) : 978 Mobile No. : 97800178  
Email Address : -  
Date of Accident : 13 APR 2020 Time of Accident : 1905  
Place of Accident : PIE TWDS JURONG (BKE)  
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:

(changing OD claim to reporting)

Policyholder / Driver's Signature

Date: 16 Apr 2020

Reporting Centre Personnel's Signature

Name: PARASURAM  
NRIC/FIN No.: S952639E  
Date: 16/4/2020