

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 | 14/10/2020 16:54 |
| Date Of Accident | 14/10/2020 13:40 |
| Exact Location Of Accident | JURONG WEST AVENUE 1 TRAFFIC LIGHT |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SMM1296J |
| Insured/Policyholder | |
| Name Of Registered Owner | NG RI HUA |
| NRIC No | SXXXX616A |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-90107030 |
| Alternative Phone No | OTHERS-90107030 |

Vehicle Particulars

| | |
|--|---------------------|
| Manufacturer | LAND ROVER |
| Model | DISCOVERY S14 SPORT |
| 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 | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5118523144 |
| Cover Note Number | |

Driver

| | |
|----------------------|------------------------|
| Name of Driver | NG RI HUA |
| NRIC No | SXXXX616A |
| Date Of Birth | 04/11/1984 |
| Occupation | INDOOR |
| Date Of Driving Pass | 17/10/2007 |
| Driving Experience | 12 YEARS AND 11 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-90107030 |
| Fax Number | |
| Contact Number | OTHERS-90107030 |

| | |
|---|--|
| Address | BLK 405 JURONG WEST STREET 42 #10-613 |
| Postcode | 640405 |
| 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) | 5 |
| Passenger 1 | NAME: : KIEW YEAN CHING GENDER: : FEMALE |
| Passenger 2 | NAME: : ANDERS NG YI MING GENDER: : MALE |
| Passenger 3 | NAME: : AURORA NG SHI WEI GENDER: : FEMALE |
| Passenger 4 | NAME: : TAN AH KHIM GENDER: : FEMALE |

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? | YES |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|-----------|
| Vehicle Registration Number | SLF6189B |
| Vehicle Make/Model/Colour | JAGUAR XE |

| | |
|-------------------------------------|----------------|
| Vehicle Category | PRIVATE CAR |
| Name of Driver | ONG THIAM HUAT |
| NRIC/Passport Number | SXXXX879I |
| Contact Number | 92305589 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | 1 |

DETAILS OF INJURED PERSON 1

| | |
|---|---------------|
| Name | NG RI HUA |
| Approximate Age | |
| Injuries Sustain | SLIGHT INJURY |
| Injured person in which vehicle? | SMM1296J |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

SKETCH PLAN

Veh A: SMM 1296 J

Veh B: SLF 6189B

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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: 11/10/2020

5:45

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

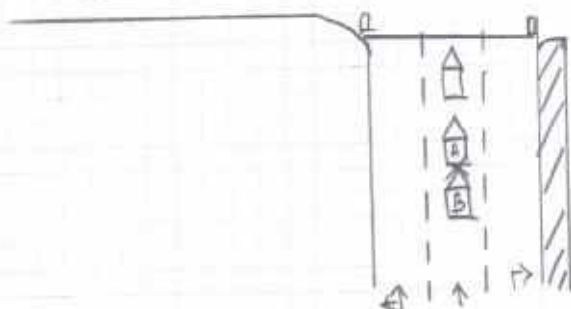
Veh A: SMM 1296J

Veh B: SLF 6189B

Jurong Central

Jurong Green
Community Club

Jurong West St 42



Jurong West Ave 1

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While i stationary at the traffic junction wait for traffic light turn green.
Suddenly Vehicle B bang onto my rear of Vehicle

DECLARATION

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

Policyholder's Signature

Date & Time: 14/10/2020

15:45

Driver's Signature

(If driver is not the policyholder)

Reporting Centre Personnel's Signature

Name:

14/10/2020

Rishi Kumar

Accord Auto Services Pte Ltd

Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: avclaims@mycarworkshop.com

Particular Of Insured/Driver & Details Of The Accident

Motor Accident Report

* Date of Accident: 14/10/2020 * Time of Accident: 13:45
* Accident Location: JURONG WEST ST 42 #10-673 SPOKE 40405 Traffic light
AVC 1

Vehicle Details

* Vehicle Number: SMM12965 * Make & Model: LAND ROVER DISCOVERY SIM SPORT

Insured / Policyholder

* Owner Name: NE RI HUA * NRIC: S8436616A
* Address: BLK 405 JURONG WEST ST 42 #10-673 SPOKE 40405
* Email: alanmg@ymail.com * HP: 90107030
* Occupation: operation manager (Indoor/Outdoor) * Tel / H / Other: _____

Driver (✓) same as above

* Driver Name: N * NRIC: _____
* Address: _____
* Date of Birth: 04/11/1984 * Driving Pass Date: 17/10/2007 * 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: FIEW YEAN CHINE (Male/Female) * P/Name: ANDERS NE XI MINING (Male/Female)
* P/Name: TAN AH KIM (Male/Female) * P/Name: AURORA NE SHI WEI (Male/Female)

Insurance Company

* Insurer: NHUC * Coverage: C / TPFT / TPO * Policy No: _____

Detail of other vehicle / Property 1

Vehicle No.: S4F 6189B
Make & Model: Jaguar XE
Vehicle Category: _____
Name of Driver: ONE THIAM HUAT
NRIC : S02128791
HP : 92305589
No. of Passengers (Including Driver): 1

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

MEDICAL CERTIFICATE

NRIC : S8436616A
NAME : NG RI HUA ALAN

VISIT DATE : 14 Oct 2020 (16:54)
VISIT NO : G06920017180

This is to certify that the above mentioned has been given:

OUTPATIENT SICK LEAVE for 2 days from 14 Oct 2020 to 15 Oct 2020

DOCTOR : SARALA DEVI SANKARAN NAIR (M02738C)

CLINIC : Jurong Point

ADDRESS : 1 JURONG WEST CENTRAL 2 LEVEL -B1A-19D JURONG POINT SHOPPING CENTRE

This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.
*This certificate is electronically generated. No signature is required.

Printed: 14 Oct 2020, 05:11PM



Raffles Connect

Download RafflesConnect to:

- Teleconsult with our GP Doctor
- Request eQueue before coming to GP clinic
- Book an appointment for GP phone consult
- More features ...



Medicine Delivery

Medicine Delivery Service.

- Scan QR Code to request online.

Claim Handling

Accident MT/1106593

| | | | | |
|---------------------|---|---------------------|---|-----------------|
| Policy No. | 5118523144 | Vehicle No. | SMM1296J | GST Registrat |
| Certificate No. | | | | |
| Policyholder Name | NG RI HUA | | | Policyholder NI |
| Product Code | PRIVATE CAR INSURANCE | Cover Type | drive CLASSIC | Loading |
| Contact No.(Mobile) | 90107030 | Contact No.(Office) | | Contact No.(H |
| Email Address | | Special Remark | | eCode |
| KFK | <input checked="" type="radio"/> No <input type="radio"/> Yes | TCA | <input checked="" type="radio"/> No <input type="radio"/> Yes | eCode Reason |
| NCD Protection | Yes | NCD Entitlement(%) | 50 | Private Hire |

▼ Accident Details

| | | | | |
|-------------------|------------------------------------|-------------------------------|-------|----------------|
| Report Date | 14/10/2020 16:50 | Accident Report Within 24 hrs | Yes | Accident Type |
| Date of Accident | 14/10/2020 | Time of Accident hh:mm | 13:40 | Country of Acc |
| Reporting Centre | | Orange Force | | ICM No. |
| Accident Location | JURONG WEST AVENUE 1 TRAFFIC LIGHT | | | |

▼ 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 | 0 | | | |
| Total OD Excess Applicable | 600.00 | 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 405 #10-613 | Address 2 | JURONG WEST STREET 42 | Address 3 |
| Address 4 | SINGAPORE 640405 | Address Type | Singapore address | Post Code |
| Unit No. | 10-613 | Related Policy Number | 5118523144 | |

▼ OI Driver Info

| | | | | |
|---|---|---------------------|-----------------------|----------------|
| Driver Name | Ng Ri Hua (Huang RiHua) | Driver Type | Main Driver | |
| Unnamed driver Name | | Driver NRIC | S8436616A | Driver DOB |
| Register Date of Driver License | 01/01/2007 | Driver Age | 35 | Driving Experi |
| Contact No.(Mobile) | | Contact No.(Office) | | Contact No.(Hi |
| Address 1 | BLK 405 #10-613 | Address 2 | JURONG WEST STREET 42 | Address 3 |
| Address 4 | SINGAPORE 640405 | Address Type | Singapore address | Post Code |
| Unit No. | 10-613 | | | |
| Does he own a Singapore Registered car? | <input checked="" type="radio"/> Yes <input type="radio"/> No | Driver Vehicle No. | smm1296j | Driver Insurer |

| | | | |
|-------------------------------------|------|-------------|---|
| 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 | NG |
| Contact No.(Mobile) | | Contact No. (Home) | 56 |
| Email Address | | OI Vehicle Number | 5H |
| Claim Description | SMM1296J / SLF61895 ON 14 Oct 2020 | | |
| Preferred Workshop | Insured Liability | Not at Fault | |
| Finalisation | Repair Option | Preferred Workshop, Name unknown | GIA report |
| Date Registered | 14/10/2020 17:14 | Claim Close Date | |
| Report Taken By | ROSLI WAHAB | | |

Print AK letter

Save Submit

Attachment

| | | | |
|--------------------|---|-------------|------------------|
| Accident No. | MT/1106593 | Claim No. | 001 |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 14/10/2020 17:15 |

| Path * | | 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 |
| Choose File | No file chosen | Clear | Please Select | NO |

[Message Read](#)

Attachment List

| Attachment | Uploaded By/Date | Category | | Urgency | |
|---|---|-----------------------|---|---------|------------|
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 14 Oct 2020 17:15 | Photos | | Normal | Phc |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 14 Oct 2020 17:15 | Photos | | Normal | Phc |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 14 Oct 2020 17:15 | Photos | | Normal | Phc |
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|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 14 Oct 2020 17:15 | Photos | | Normal | Phc |
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|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 14 Oct 2020 17:15 | Photos | | Normal | Phc |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 14 Oct 2020 17:14 | Photos | | Normal | Phc |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 14 Oct 2020 17:14 | Photos | | Normal | Phc |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 14 Oct 2020 17:14 | Photos | | Normal | Phc |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 14 Oct 2020 17:14 | Photos | | Normal | Phc |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 14 Oct 2020 17:14 | NRIC/ Driving License | Y | Normal | NRIC/ Driv |
|  | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 14 Oct 2020 17:14 | SAS | | Normal | Sa |

Video List

| Uploaded By/Date | Folder Date | File Name | |
|------------------|-------------|---------------------------------------|------------------------------------|
| | | Display in New Window | Scan and uploading |

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: 5118523144

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SMM1296J**
Chassis Number : **SALCA2AG0FH542221**
2. Name of Policyholder : **NG RI HUA**
3. Effective Date of Insurance : **17 Sep 2020**
4. Expiry Date of Insurance : **16 Sep 2021**
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 | : NO |
| NCD PROTECTION | : YES (FREE) |
| TRANSPORT ALLOWANCE | : NO |
| EXCESS WAIVER | : NO |
| PRIMARY DRIVER | : NG RI HUA (HUANG RIHUA) |
| NAMED DRIVER (1) | : N/A |
| NAMED DRIVER (2) | : N/A |
| HIRE PURCHASE COMPANY | : MAYBANK SINGAPORE LIMITED |
| SUM INSURED | : MARKET VALUE OF INSURED VEHICLE LESS RESIDUAL COE/PARF VALUE 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 : INSUREMYCAR.COM.SG (00000615275)
Date of Issue : 14 Aug 2020 11:28 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 : MVA420090013 Vehicle Registration No: SMH 1296 J
Name (as shown in NRIC) : Ng Ki Hua NRIC/FIN/Passport No : S 8436616 A
(* Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BK 405 Jurong West St 42 # 10 - 613 Singapore (640 405)
Contact (Tel) : _____ Mobile No. : 90107030
Email Address : _____
Date of Accident : 14.10.2020 Time of Accident : 1340 HRS
Place of Accident : Jurong West Ave 1 Traffic Light
Insurance Company: NHUC

(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:

Amend Owner got Injury for NG RI Hua before

Policyholder / Driver's Signature
Date: _____

Reporting Centre Personnel's Signature
Name: Rod
NRIC/FIN No.: _____
Date: 15/10/2020