NATIONAL Assessment Centre Services. [illegible] [illegible]

Date In: 20/11/2020 12:22	Job description	Date &Time Completed	Done by
Ref No: NB4/HMF2001287/1/4	SAS e-filing		
Veh No: GBH 8088U	E-mail? (b)able thrs, A/C thrs)		
D.O.A: 19/11/2020 15:30	I-Motor Claim Form		
OD / (TP) / Reporting Only	I-Motor W/O (Within: OD 3hrs, 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: SKS 9612D. 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 ( )

[illegible]

( ) 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 ( ) ; Invoices: YES ( ) / NO ( ) ; Towing Co: ( )

[illegible]

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > $3000] ( )

Injury :

[illegible]

NB2006185

[illegible]

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

[illegible]

Sal. 1:

1/2/3

[illegible]			[illegible]
1) AR : Accident Reporting ($30)			
2) DA : Damage Assessment ($100) INC ($18)	$40/$45		
3) TF : Towing Fee	$120		
4) FT : Follow-Through Survey	$30		
5) FT : Follow-Through Survey (Resurvey) For claiming against INC Only (wef 10 Jan 2010)	$75		
6) TR : Re-Inspection	$160		
7) NI : Idea DA + SMRT Survey			
8) NTUC Additional Services:			
OD:	$3		
• N5: Courtesy Car / Tpt Allowance	$10		
• N6: Repair Co-ordination	$25		
• N7: Post Repair Inspection	$3		
• N8: DV / Collect Excess Coordination	$18		
TP (NII) : TP (Non INC) against INC	30		[illegible]
9) NI3: Idea Mobile		[illegible]	
Invoice dated	Fee Charged		
Invoice dated	Fee Charged		

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 20/11/2020 14:32

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 witholding 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	20/11/2020 12:22
Date Of Accident	14/11/2020 15:30
Exact Location Of Accident	ALONG BRICKLAND ROAD TOWARDS SUNGEI TENGAH ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH8048U

Insured/Policyholder

Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	2XXXXX651D
Email Address	MUHD.MIN.LATIP@RENTOKIL-INITIAL.COM
Mobile Phone No	(LOCAL) +65-93374291
Alternative Phone No	OFFICE-93374291

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY HOME
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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	20-ML000245-R00
Cover Note Number	

Driver

Name of Driver	MUHAMMAD MUHAIMIN BIN LATIP
NRIC No	SXXXX218E
Date Of Birth	14/06/1988
Occupation	OUTDOOR
Date Of Driving Pass	13/06/2013
Driving Experience	7 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93374291
Fax Number	
Contact Number	OTHERS-93374291
EMail Address	MUHD.MIN.LATIP@RENTOKIL-INITIAL.COM

Address	BLK 489B CHOA CHU KANG AVENUE 5 #06-211
Postcode	682489
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	CHAIN COLLISION
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	4
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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: : NURASILA BINTE ABDUL LATIF GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	20 CHAO CHU KANG STREET 52 #01-02 SINGAPORE 689286
Police Station Address	**ROAD**: 20 CHAO CHU KANG STREET 52 #01-02 SINGAPORE 689286 , **POSTCODE:** 689286 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: - **FAX NO**:
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20201114/2068

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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGS9613P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	

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

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBF3909D
Vehicle Make/Model/Colour	NISSAN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ANDAR RAJESHWARKANNAN
NRIC/Passport Number	GXXXX525L
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SMP222M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WONG WAI LIN SHARON
NRIC/Passport Number	SXXXX664J
Contact Number	
Address	BLK16 CHOA CHU KANG GROVE #20-42
Postcode	688210
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

DETAILS OF INJURED PERSON 1

Name	NURASILA BINTE ABDUL LATIF
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	GBH8048U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN

IMPORTANT PLAN

conducted by the Policyholder and/or the Authorised Driver.

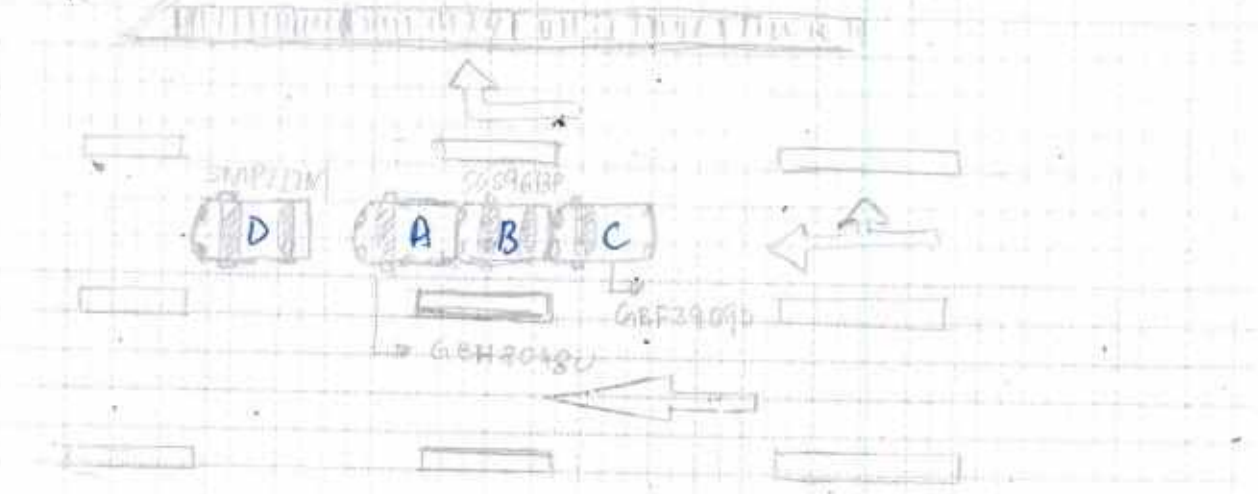
reconsider policy liability.

Any false reporting may be referred to the Traffic Police Department for investigation.

Consent under the Personal Data Protection Act (PDPA)

20/11/2020

ALONG BRICKLAND ROAD TOWARDS SUNGEI TENGAH ROAD



A) GBH 3048U

B) SGS 9613P

C) GBF 3909D

D) SMP 222M

On 14 Nov 2020 at about 1530 hrs I was driving my van (GBH2643U) along Brickland Road towards Sungei Tengah Road. My wife was also inside my van. I stopped my van at the T-junction between Brickland Road and Sungei Tengah Road as the traffic light was red. There was one car (SMP 333M) also stationary in front of my van. Suddenly the back of my van was hit by a car (SBS 9613P). The impact resulted my van to move forward and hit onto the car (SMP 333M) I alighted from my van and realized that it was a chain accident whereby another van (GBF 3900D) initially hit onto the car (SBS 9613P). Traffic Police and ambulance arrived at the scene to render assistance shortly after. My wife was conveyed to National University Hospital she was not given any medical leave as she was not working.

POLICE REPORT T/20201114/2068

20/11/2020

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the Authorised Reporting Centre ("ARC") for e-filing.
- Please ensure correctly the details of the accident stated on the claims process.
- This form is to be completed by the Policyholder and/or the Authorised Driver.
- Please provide particulars as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may lead to your claim being rejected by insurance companies to repudiate policy liability.
- The insurance coverage under this Form for insurance companies is not an admission of the policy liability on the part of the insurance company.
- Any false reporting may be referred to the Traffice Police Department for investigation.

ACCIDENT STATEMENT

Date and Time of Accident	*	Date 14.11.2020 Time 1530
Exact Location of Accident	*	Braeland Road

DETAILS OF OWN VEHICLE

Vehicle Registration Number	*	GBH 8048Y

INSURED / POLICYHOLDER (OWN VEHICLE)

Name (Registered Owner (Per Insurance Cert.)		**GOLDBELL CAR RENTAL PTE. LTD.**
Personal Identification: NRIC (Singaporean/PR)		-
FIN/Passport Number		-
Not Applicable		**200710651D**

VEHICLE PARTICULARS (OWN VEHICLE)

Vehicle Make / Model		Manufacturer: **TOYOTA** Model: **HIACE VAN TURBO**
Type of Vehicle		○ Saloon ○ MPV ○ CRV ✓ Van ○ Lorry ○ Bus ○ M/cycle ○ Others
Exact Purpose for which vehicle was being used at time of accident	*	On the way home.
Do you Comprehensive coverage insurance policy for repair to your vehicle?		○ Yes ○ No (If No, Pls select) ✓ Third Party ○ Repudiated

INSURANCE COMPANY (OWN VEHICLE)

Name of Insurance Company		**TOKIO MARINE**
Type of Policy		✓ Comprehensive ○ Third Party Fire & Theft ○ Others
Valid Policy		✓ Yes ○ No
Policy Number		**20-ML0o0245-R00 (Comm Vehicle Carry Other Goods)**
Remarks		-

DRIVER

		○ Same as Insured above
Name of Driver	*	Muhammad Muhaimin Bin Latip
Personal Identification: NRIC (Singaporean/PR)	*	S8821218E
FIN/Passport Number	*	
Date of Birth	*	dd 16 /mm 09 /yy 88
Driving Date Pass	*	13 /dd 06 /mm /yy 13
Years of Driving Experience	*	20 Year(s) Month(s)
Occupation	*	○ Worker ○ Others
Gender	*	✓ Male ○ Female
Email Address / Mobile Phone / Fax No	*	13374291

3657120

Address of Driver *	489B choa chu kang Ave 5 #06-411 S(682489)
Email Address *	muhamin.latip@rentoki-initial.com
Was driver An employee of the Insured's Company?	○ Yes ○ No
If Yes, Relationship of the Driver with the Insured	-
Vehicle Registration Number of Driver's Own	○ Yes ○ No
Renewal Registration Number of Driver's Own Vehicle (if applicable)	-
Insurance Company of Driver's Own Vehicle (if applicable)	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (Eg. Chain Collision, Head On Collision, Side Swipe, Front to Rear) *	Chain collision
Weather Conditions *	✓ Clear ○ Raining ○ Others
Road Surface *	✓ Dry ○ Wet ○ Others

OTHER INFORMATION

a. Was anybody injured in the accident? *	✓ Yes ○ No
b. Was any other vehicle or property damaged? (including Trees) *	✓ Yes ○ No

DETAILS OF POLICE ACTION

Was the Accident reported to the Police? *	✓ Yes ○ No (If Yes, please state which Police Station)
Police Station Name	**CHOA CHU KANG N.P.C**
Police Station Address	**20 CHOA CHU KANG STREET 52 #01-02 (S) 689286**
Police Station Contact	Tel No **1800-7659999** Fax No
Was criminal or conditional prosecution given?	○ Yes ○ No (If Yes, against whom?)

DETAILS OF OTHER VEHICLE / PROPERTY 1

Vehicle Registration Number *	SMP 222M
Vehicle Make / Model / Colour	Blue Car
Details of Property	
Name of Driver	Weng Wai Lin Sharon
Personal Identification - NRIC (Singaporean/PR)	S7511664J
FIN/Passport Number	
Contact Number	
Vehicle Make / Model / Colour	
Address of Driver	Blk 16 choa chu kang Grove #20-72 S(688210)
Name of Insurance Company	
No. of Passenger (Including Driver)	02

(Note - Please use page 6 if you need to add more vehicles)

DETAILS OF OTHER VEHICLE / PROPERTY 2	
Vehicle Registration Number	SG59613P
Vehicle Make/ Model/ Colour	Black Car
Details of Properties	
Name of Driver	
Personal Identification – NRIC (Singaporean/PR)	
FIN/Passport Number	
Contact Number	
Vehicle Make/ Model/ Colour	
Address of Owner	
Name of Insurance Company	
No. of Passengers (Including Driver)	

DETAILS OF OTHER VEHICLE / PROPERTY 3	
Vehicle Registration Number	GBF 3907D
Vehicle Make/ Model/ Colour	White Nissan Van
Details of Properties	
Name of Driver	Asdar Rakeshwar Tannan
Personal Identification – NRIC (Singaporean/PR)	
FIN/Passport Number	O 3746934 3, G2986525L
Contact Number	
Vehicle Make/ Model/ Colour	
Address of Owner	
Name of Insurance Company	
No. of Passengers (Including Driver)	

DETAILS OF OTHER VEHICLE / PROPERTY 4	
Vehicle Registration Number	
Vehicle Make/ Model/ Colour	
Details of Properties	
Name of Driver	
Personal Identification – NRIC (Singaporean/PR)	
FIN/Passport Number	
Contact Number	
Vehicle Make/ Model/ Colour	
Address of Owner	
Name of Insurance Company	
No. of Passengers (Including Driver)	

Details of Witness 1	
Name	
Phone	
Email Address	

Details of Witness 2	
Name	
Phone	
Email Address	

Details of Injured Person 1	
Name	Nurasila Bte Abdul Latif
Phone	98583004
Approximate Age	31
Injury Sustained	Slight
If seated in captive, state in which vehicle?	GBH8048U
Were seat belts worn?	✓ Yes ○ No
Was injured conveyed to hospital by ambulance?	✓ Yes ○ No

Details of Injured Person 2	
Name	
Phone	
Approximate Age	
Injury Sustained	
If seated in captive, state in which vehicle?	
Were seat belts worn?	○ Yes ○ No
Was injured conveyed to hospital by ambulance?	○ Yes ○ No

Details of Injured Person 3	
Name	
Phone	
Approximate Age	
Injury Sustained	
If seated in captive, state in which vehicle?	
Were seat belts worn?	○ Yes ○ No
Was injured conveyed to hospital by ambulance?	○ Yes ○ No

(Note: Please use page 3 if you need to add more injured persons)

SINGAPORE POLICE FORCE

T/20201114/2068

Report No. T/20201114/2068

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
14/11/2020 20:34	J/20201114/0178	90

Informant's Particulars

Name of Informant:			Address:
MUHAMMAD MUHAIMIN BIN LATIP			APT BLK 489B CHOA CHU KANG AVENUE 5 #06-211 SINGAPORE 682489
ID Type / ID No.:			Contact No.:
NRIC NO / S8821218E			Home/Office: Mobile: 93374291
Nationality:			Email:
SINGAPORE CITIZEN			
Sex:	Age:	Date of Birth:	Type of Informant:
Male	32	14/06/1988	Driver
Race:			Language: / Institution / School Name:
Boyanese			English / Technician
Occupation:			Driving Licence Information:
OTHERS			Class: 3 Date of Expiry:

General Information of the Accident

Type of Accident:	Injury	Drink Drive:	Date/Time of Accident:	Type of Location:
	Conveyed By Ambulance	No	14/11/2020 15:30	T-Junction

Location:
BRICKLAND ROAD

Weather:	Road Surface:	Road Speed Limit:
Clear	Dry	60 Km/h
Traffic Flow:	Traffic Control:	Traffic Volume:
	Traffic Light - Working	Light
Type of Collision:		Anyone conveyed by ambulance:
Moving vehicle against stationary vehicle		Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF3909D C	Van				Seriously Damaged	0
GBH8048U A	Van				Seriously Damaged	2
SGS9613P B	Car				Seriously Damaged	0
SMP222M D	Car				Slightly Damaged	0

SINGAPORE POLICE FORCE

T/20201114/2068

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MUHAMMAD MUHAIMIN BIN LATIP	ID No.	S8821218E
Related Vehicle	GBH8048U (Van)	Contact No.	93374291
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	Nurasila Binte Abdul Latif	ID No.	NIL
Related Vehicle	GBH8048U (Van)	Contact No.	98582004
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	14/11/2020	Date Discharge	14/11/2020
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details.

On 14 November 2020 at about 1530hrs, I was driving my van (GBH8048U) along Brickland Road towards Sungei Tengah Road. My wife was also inside my van. I stopped my van at the T-junction between Brickland Road and Sungei Tengah Road as the traffic light was red. There was one car (SMP222M) also stationary in front of my van. Suddenly, the back of my van was hit by a car (SGS9613P). The impact resulted my van to move forward and hit onto the car (SMP222M). I alighted from my van and realized that it was a chain accident whereby another van (GBF3909D) initially hit onto the car (SGS9613P). Traffic Police and Ambulance arrived at the scene to render assistance shortly after. My wife was conveyed to National University Hospital. She was not given any medical leave as she was not working.

SINGAPORE POLICE FORCE

T/20201114/2068

Police Station Of Origin:
Choa Chu Kang N.P C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No 1800-7659999

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: J / Staff Sgt ZHU XI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 14/11/2020 20:34
Officer In Charge Of Case: TP / GIT / Contact No.	Classification Of Case:
Authentication Stamp NP168	

Tokio Marine Insurance Singapore Ltd.
(Company Reg No. 199200031R) (GST Reg No. M2-0009023-4)
20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046
(65) 6221 6111 F (65) 6221 4355 / (65) 6224 0895 E tmis@tokiomarine.com.sg W www.tokiomarine.com

TOKIO MARINE
INSURANCE GROUP

FORM MZ406

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)

Policy No.: 20-ML000245-R00 (Comm Vehicle Carry Other Goods)

1. **Index Mark and Registration Number of Vehicle** GBH3048U **Chassis No.:** JTFHT02P400245234
2. **Name of Policyholder** GOLDBELL CAR RENTAL PTE LTD
3. **Effective date of the Commencement of Insurance for the purposes of the Act** 01/04/2020
4. **Date of Expiry of Insurance** 31/03/2021
5. **Persons or Class of Persons entitled to drive***
   Any person who is driving on the Policyholder's order or with their permission.
   The hirer.
   Any other person who is driving on the hirer's order or with his/ their 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. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

6. **Limitations as to use***
   Use for the carriage of passengers or goods in connection with the Policyholder's business or the hirer's business.
   Use for social domestic and pleasure purpose and business purposes of the Policyholder or of any person to whom the vehicle is hired.
   The Policy does not cover:-
   1) Use for racing, pace-making, reliability trial or speed-testing.
   2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.
   3) Use for the carriage of passengers for hire or reward by any person whom the vehicle is hired.

* *Limitations rendered inoperative by Section 8 of the Motor Vehicles (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.*

We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please refer to the Policy Schedule for full details, terms and conditions of the insurance.

IMPORTANT NOTICE

This Certificate is not transferable. During its currency, if the insurance is cancelled for whatsoever reason, you must return the Certificate to Tokio Marine Insurance Singapore Ltd. within 7 days thereof or, if the Certificate has been lost destroyed, you must make a statutory declaration to that effect. Failure to comply with this duty is an offence under Motor Vehicle (Third-Party Risks and Compensation) Act (Chapter 189).

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

User Name: Hee Boon Jie - ITD

Printed 01/04/2020

GENERAL INSURANCE ASSOCIATION
RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66SS0020G / GST Reg. No.: M400017735

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 : MNR/20102058 Vehicle Registration No: GBH 8048U

Name(as shown in NRIC) : SXXXX218E NRIC/FIN/Passport No :

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : Singapore( )

Contact (Tel) : Mobile No. : 93374291

Email Address :

Date of Accident : 14/1/2020 Time of Accident : 15:30

Place of Accident : Along Bukit Timah Rd Towards Singapore Thailand Rd

Insurance Company : TOKIO MARINE

(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 DRIVING PASS TO 13/06/2013

Policyholder / Driver's Signature
Date:

20/11/2020
Reporting Centre Personnel's Signature
Name: