

NATIONAL Assessment Centre Services. (ver 1 Jan'00) SL002000002

Date In: 01/11/2020 10:29	Job description	Date & Time Completed	Done by
Ref No: N/A/2000/37204	SAS e-filing		
Veh No: 281/2000 22:10	E-mail (Adjuster, AIG, etc)		
O.O.A. 281/2000 22:10	I-Motor Claim Form	MT/11/2000-001	01/11/2020 10:31
OID: TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Whiz		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	INC () / Non-INC ()	
Owner / Driver: (Tel:	
Policy No: (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 ()	

() 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: ()

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

NA20006.547

Driver/Owner: _____

Contact No: _____

Damaged Portion: _____

QC Checked by (Engi-In-Charge): _____

1) AIT Accident Reporting (\$30)	INC (\$40)
2) DA Damage Assessment (\$100)	\$40
3) TP Towing Fee	\$120
4) PT Follow-Through Survey	\$30
5) PT Follow-Through Survey (Resurvey)	\$30
6) TR Re-inspection	\$75
7) NI Idea DA + EMRT Survey	\$160
8) NTUC Additional Services	
ON:	
*NI Courtesy Car / Tpl Allowance	\$3
*NI Repairs Coordination	\$10
*NI Post Repair Inspection	\$25
*NI DV / Collect Excess Coordination	\$3
*NI TP (N/A INC) against L48	\$30
9) NI Idea Mobile	
Invoice dated	
Invoice dated	

Fee Charged _____

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 Submission	02/12/2020 10:29 (SGT)
Date of Accident	28/11/2020 22:10 (SGT)
Exact Location of Accident	Little India, Singapore
Additional Location Information	ALONG RANGOON ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS7512B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TEO TECK HIAN
NRIC No	SXXXX515E
Email Address	xride1204@gmail.com
Mobile Phone No	(Phone) +65-90235883
Alternative Phone No	+65-90235883

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5096455547-02
Cover Note Number	-

DRIVER

Name of Driver	TEO JUN HAO (ZHANG JUNHAO)
NRIC No	SXXXX895D

Date Of Driving Pass	04/03/2002
Driving experience	18 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87005893
Alt. Phone Number	-
Email Address	xride1204@gmail.com
Address	BLK 143 #18-1138
Address complement	JALAN BUKIT MERAH
Postcode	160143
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bukit Merah East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002369999
Alt. Police Station Phone No	(Fax) +65-62204360
Police Station Address	391 New Bridge Road Police Cantonment Complex Block A Singapore 088762
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20201129/2022

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	FBP4230T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle

NRIC No	SXXXX476B
Contact Number	(Phone) +65-87492091
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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: 30/11/20 12:20pm

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

SKETCH PLAN

Rangcon Road.



Vehicle A SLS 7512B
Vehicle B FBP 4230T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT 7/20221129/2022

DECLARATION

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

Policyholder's Signature
Date & Time:

2
Driver's Signature
(If driver is not the policyholder)
Date & Time: 30/7/20 12.20pm

12/12/2020
Reporting Centre Personnel's Signature
Name: Resh
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 28/11/20 (DD/MM/YYYY), TIME: 22:10 (HH:MM)

LOCATION: Rangoon road.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLS 7512B
 b) INSURANCE COMPANY: NTUC Income
 c) POLICY NUMBER: 5096455547-02
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Toyota Corolla Altis
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE WORK
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Tee Teck Hien (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S013551E CONTACT: 90255883
 c) ADDRESS: Blk 143 Jelen Bukit March #18-1138 S(160143)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Tee Jun Hien (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S831895D CONTACT: 92005893
 c) ADDRESS: Blk 143 Jelen Bukit March

* d) DATE OF BIRTH: 12/04/83 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 15th 4 March 2021

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Father

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
 b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)
 IF YES, PLEASE STATE WHICH POLICE STATION: BUKIN MURAH

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: FBP 42307 MODEL: Motorbike
 b) DRIVER'S NAME: Sanger Singh s/o Mander Singh
 c) NRIC/FIN/PASSPORT: S9933476B CONTACT: 8949291

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passengers
 (Including driver)
(1)

* No of passengers
 (Including driver)
(1)

* No of passengers
 (Including driver)
()

email =

VIDEO



**SINGAPORE
POLICE FORCE**



T/20201129/2022

2 of 3

Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

Report No. T/20201129/2022

CONTINUATION OF REPORT

Rider				
Name	SAMEER SINGH S/O MOHANDER SINGH		ID No.	S9933476B
Related Vehicle	FBP4230T (Motorcycle)		Contact No.	87495091
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	Slight	
Driver				
Name	TEO JUN HAO		ID No.	S8311895D
Related Vehicle	SLS7512B (Car)		Contact No.	87005893
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	

Brief Details.

On the above mentioned date, time and location, I was driving my vehicle SLS7512B along Rangoon Rd. I had signaled and was turning right into Starlight Rd when the other party, a motorist riding FBP4230T came from my blind spot on the right and hit head-on into my right wheel chassis. My chassis suffered a dent and his motorbike also sustained some damage. The rider had no visible injuries but complained of leg pain. Traffic Police attended to us, and we agreed to privately settle the payments in their view. I am lodging this for record purposes.



**SINGAPORE
POLICE FORCE**



T/20201129/2022

3 of 3

Report No. T/20201129/2022

Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

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:

A /

Sgt 2 MICH KOH EN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt NUR ADELINA BINTE MOHAMMAD
FUAT

Contact No.: 65476066

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

29/11/2020 09:53

Classification Of Case:



Signature

Singapore Police Force



SINGAPORE POLICE FORCE



T/20201129/2022

1 of 3

Report No. T/20201129/2022

Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
29/11/2020 09:53

Vide Report No.:

Station Diary No.:
17

Informant's Particulars

Name of Informant:
TEO JUN HAO

Address:
APT BLK 143 JALAN BUKIT MERAH #18-1138 SINGAPORE
160143

ID Type / ID No.:
NRIC NO / S8311895D

Contact No.:
Home/Office: Mobile: 87005893

Nationality:
SINGAPORE CITIZEN

Email:

Sex: Age: Date of Birth:
Male 37 12/04/1983

Type of Informant:
Driver

Race:
Chinese

Language:
English

Institution / School Name:

Occupation:
ACCOUNTS EXECUTIVE

Driving Licence Information:
Class: Date of Expiry:

General Information of the Accident

Type of Accident: Non-Injury
Attended by Police

Drink
Drive:
No

Date/Time of
Accident:
28/11/2020 22:10

Type of Location:
Straight Road

Location:

RANGOON ROAD

Weather:
Clear

Road Surface:
Dry

Road Speed Limit:

Traffic Flow:
One Way

Traffic Control:
Not Controlled

Traffic Volume:
Light

Type of Collision:
Between Moving Vehicles - Head To Side

Anyone conveyed by
ambulance:
No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP4230T	Motorcycle				Slightly Damaged	0
SLS7512B	Car	TOYOTA	Toyota Corolla Altis	Silver	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

Claim Handling

Accident MT/1112020

Policy No.	5096455547-02	Vehicle No.	SL575128	GST Registration No.
Certificate No.				
Policyholder Name	TEO TECK HIAN			Policyholder NRIC
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Comprehensive	Leading
Contact No.(Mobile)	90255883	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

▼ Accident Details

Report Date	02/12/2020 10:13	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	28/11/2020	Time of Accident hh:mm	22:10	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG RANDON ROAD			

▼ Total Excess Applicable

Excess Type	All Claims Excess	Windscreen Excess	100.00
All Claims Excess	2,000.00		
YIED All Claim Excess	0.00	Driver is Covered?	Covered
Total All Claim Excess Applicable	2,000.00		

▼ Benefits

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	02/12/2020 10:21:15 System changed GST Status Verified from No to Yes		

▼ Policyholder Mailing Address

Address 1	BLK 143 #18-1138	Address 2	JALAN BUKIT MERAH	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	18-1138	Related Policy Number	5096455547-02	

▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	TEO TECK HIAN	Driver NRIC	59311895D	Driver DOB
Register Date of Driver License	04/03/2002	Driver Age	37	Driving Experience
Contact No.(Mobile)	87005893	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 143 #18-1138	Address 2	JALAN BUKIT MERAH	Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.	18-1138			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	SL575128	Driver Insurer Comp.

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	TEO TEC
Contact No.(Mobile)	90255883	Contact No. (Home)	
Email Address	james_teoh@yahoo.com.sg	OI Vehicle Number	SL57512
Claim Description	SL575128 / FBP4230T CN 28 Nov 2020		
Preferred Workshop	Insured Liability	Not at Fault	
Contact No. Finalisation	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	Received		
Report Taken By			

[Print AK letter](#)[Save](#) [Submit](#)

Attachment

Accident No. MT/1112020 Claim No. 003
 Last Doc. Received ☒ Yes ☐ No Upload Date 02/12/2020 10:31

Path *

[Choose File](#) No file chosen[Choose File](#) No file chosen[Choose File](#) No file chosen[Choose File](#) No file chosen[Choose File](#) No file chosen[Choose File](#) No file chosen[Remove File](#)[Clear](#)[Clear](#)[Clear](#)[Clear](#)[Clear](#)[Clear](#)

Category *

Confidential

[Please Select](#) NO[Please Select](#) NO[Please Select](#) NO[Please Select](#) NO[Please Select](#) NO[Please Select](#) NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Descr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 02 Dec 2020 10:31	SAS	Normal	SAS 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 02 Dec 2020 10:31	NRIC/ Driving License	Normal	NRIC/ Driving Li
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 02 Dec 2020 10:31	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 02 Dec 2020 10:31	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 02 Dec 2020 10:31	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 02 Dec 2020 10:31	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 02 Dec 2020 10:22	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 02 Dec 2020 10:22	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 02 Dec 2020 10:22	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 02 Dec 2020 10:22	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 02 Dec 2020 10:22	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 02 Dec 2020 10:22	Photos	Normal	Photos 2
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 02 Dec 2020 10:22	Photos	Normal	Photos 2

Video List

Uploaded By/Date

Folder Date

File Name

[Display in New Window](#)[Scan and uploading](#)

Hello, NAC_PAYA_UBI_800601

• Change Language

• Change Password

• Log Out

[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.

Date of Accident

28/11/2020 09:58

Vehicle No. (For Motor)

SL57512B

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5096455547-02		TEO TECK HIAN	S0135515E	GCV	Comprehensive	SL57512B	SL57512B	03/08/2020	02/06/2021

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 : SN0820C20002 Vehicle Registration No: SL5 7572B
Name (as shown in NRIC) : Teo Jun Hao (Zitong's Jun Hao) NRIC/FIN/Passport No : _____
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 87065893
Email Address : _____
Date of Accident : 28/11/2020 Time of Accident : 22:10
Place of Accident : Along Roadway Road
Insurance Company : _____

(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:

DRIVER NAME TO Teo Jun Hao (Zitong's Jun Hao)

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name:

[Signature] 02/11/2020
Rashid Ibrahim