

# NATIONAL Assessment Centre Services.

(over 1 Jan 2021)

2022/10007

Date In: 29/01/2021 18:25	Job description	Date & Time Completed	Done by
Ref No: N/A 21001434/4	SAS e-Milling	20/01/2021 11:19	
Veh No: 1A942TZ	E-mail (by date 2hrs, A/C 2hrs)		
D.O.A: 28/01/2021 18:35	1-Motor Claim Form		
	1-Motor W/O (with 1hr, OD 2hrs, TP 4hrs)		
	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/VLISZ		

Preferred Wkup / INC Assign Wkup / QW: ( )	Tel: ( )	Fax: ( )
TP Participant: ( )	Veh No: 1A942TZ	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 ( )	

( ) 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 > \$9000] ( )

Injury: ( )

Driver/Owner: ( )	1) Alt: Accident Reporting (\$30)	INC (\$10)
Contact No: ( )	2) DA: Damage Assessment (\$100)	\$100
Damaged Portion: ( )	3) TP: Towing Fee	\$120
	4) PT: Follow-Through Survey	\$30
	5) PT: Follow-Through Survey (Resurvey)	\$30
	6) TT: Towing Allowance	\$160
	7) NT: NTUC Additional Services	
	8) NT: NTUC Additional Services	
	9) NT: NTUC Additional Services	
	10) NT: NTUC Additional Services	
	11) NT: NTUC Additional Services	
	12) NT: NTUC Additional Services	
	13) NT: NTUC Additional Services	
	14) NT: NTUC Additional Services	
	15) NT: NTUC Additional Services	
	16) NT: NTUC Additional Services	
	17) NT: NTUC Additional Services	
	18) NT: NTUC Additional Services	
	19) NT: NTUC Additional Services	
	20) NT: NTUC Additional Services	

QC Checked by (Engn-In-Charge): ( )	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	29/01/2021 18:26 (SGT)
Date of Accident	28/01/2021 18:35 (SGT)
Exact Location of Accident	North Buona Vista Rd, Singapore
Additional Location Information	SLIP ROAD TOWARDS AYE (CITY)
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA9427Z
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### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	PRESBYTERIAN COMMUNITY SERVICES
Company Reg No	SXXXXX022H
Email Address	dorcashome@pcs.org.sg
Mobile Phone No	(Phone) +65-90389132
Alternative Phone No	+65-90389132

### VEHICLE PARTICULARS

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

### INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	5096010280-03
Cover Note Number	-

### DRIVER

Name of Driver	CHO MUN WAI
NRIC No	SXXXX579G

Date Of Driving Pass .....	18/05/1977
Driving experience .....	43 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90389132
Alt. Phone Number .....	-
Email Address .....	dorcashome@pcs.org.sg
Address .....	BLK 3 JALAN BUKIT MERAH #07-5070
Address complement .....	-
Postcode .....	150003
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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? .....	No
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? .....	No
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SGE2020U
Vehicle Manufacturer .....	Nissan
Vehicle Model .....	Note
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-

Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

-



## SKETCH PLAN

### IMPORTANT NOTICE

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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 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.
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.



\* Policyholder's Signature / Date & Time

Sketch Plan

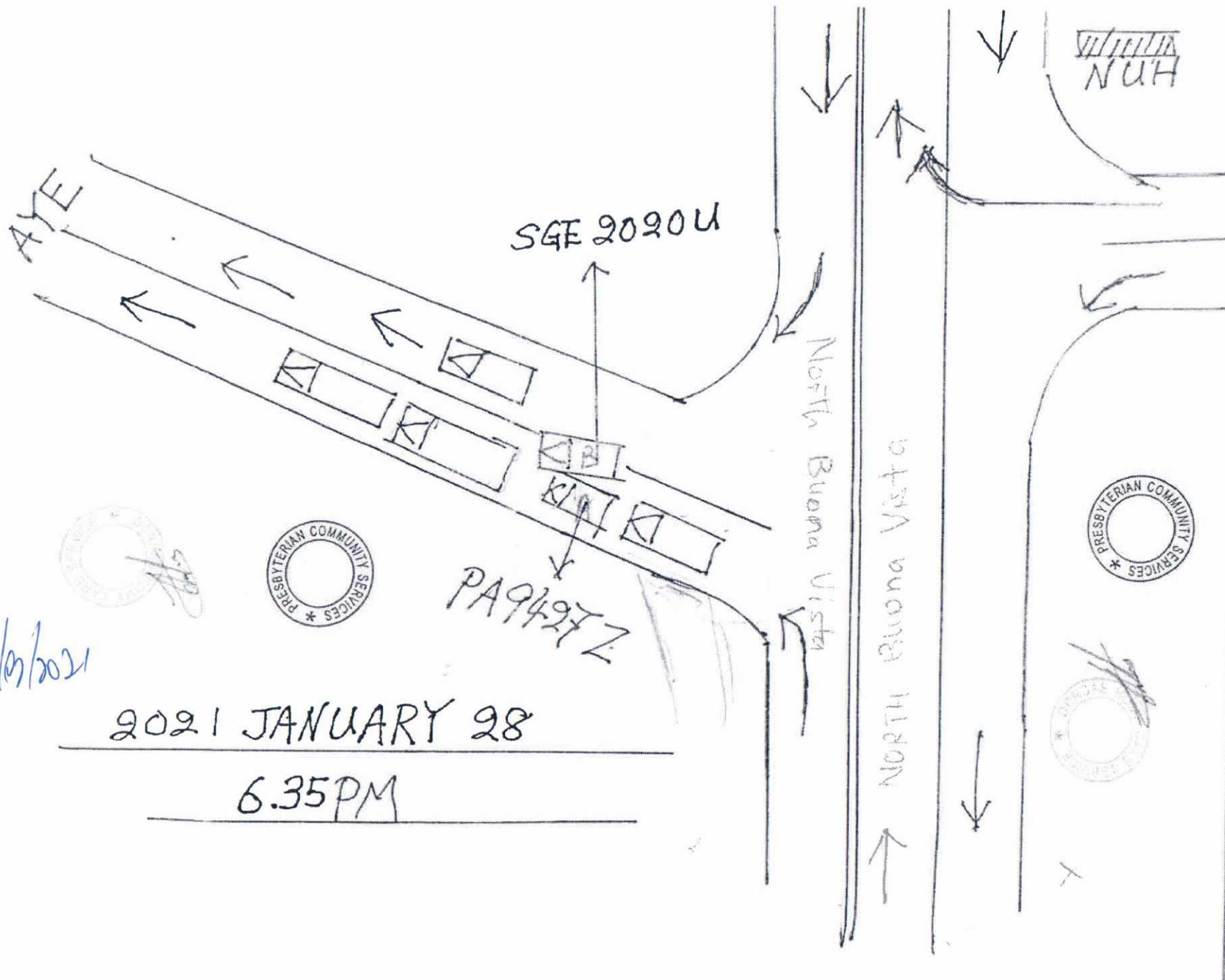
29/1/21

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

Witnessed by Reporting Centre Personnel



AS PER ATTACH



2021 JAN 28

2021 JANUARY 28

6.35PM



**Describe Circumstances of the Accident**

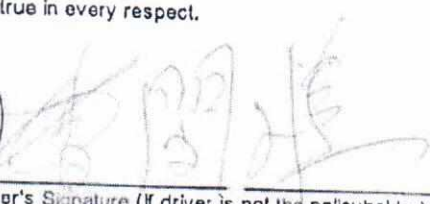
ON 28/01/2021 AT ABOUT 1835 HRS I WAS AT MIDDLETOWN  
 VISITING FRIENDS (AFTER) TOWARDS DYE CITY. TRAFFIC WAS HEAVY  
 AT THE POINT OF TIME AFTER I MANOUE TO TURN LEFT, SUDDENLY  
 A CAR SKR 20004 TRYING TO SWITCH INTO MY LANE & I JAM  
 BRAKE. I JUST A SMALL BUMP ON THE LEFT SIDE OF HIS CAR  
 & MY VIEW AT THE DRIVER SIDE WAS NO DAMAGE AT ALL.  
 WE TOOK SOME PICTURE & MOVED AWAY.

**Declaration**

We declare the foregoing particulars are true in every respect.

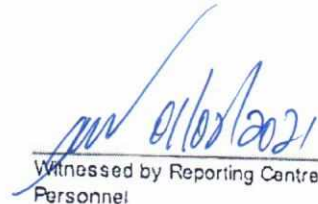
X 





Policyholder's Signature / Date & Time

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

 01/02/2021

Witnessed by Reporting Centre Personnel

29/1/21

# ACCIDENT STATEMENT

ACCIDENT DATE: (28/01/2021) (DD/MM/YYYY), TIME: (18:35) (HH:MM)

LOCATION: NORTH BUNDA Vista SIP Boto Rumohs Ayk (17)

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PA 9427Z  
 b) INSURANCE COMPANY: ANIC  
 c) POLICY NUMBER: 507601028002  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Toyota Innova  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: 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: PRABYMERIA COMMUNITY SVCS (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: Chit mura Wan (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 90389132  
 c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: (6/2/1960) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

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: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SGE 2020U MODEL: NISSAN XTRON  
 b) DRIVER'S NAME: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

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

\* No of passenger  
 (Including driver)  
 ( )

\* No of passenger  
 (Including driver)  
 ( )

\* No of passenger  
 (Including driver)  
 ( )

Email =

VIDEO





## Claim Handling

## Accident MT/1119329

Policy No.	5096010280-03	Vehicle No.	PA9427Z	GST Registration No.	
Certificate No.					
Policyholder Name	PRESBYTERIAN COMMUNITY SERVICES			Policyholder NRIC	S755S0022H
Product Code	BUS INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	90389032	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No
<b>▼ Accident Details</b>					
Report Date	30/01/2021 11:15	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	28/01/2021	Time of Accident hh:mm	18:35	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	NORTH BUONA VISTA ROAD TOWARDS AYE (CITY)				
<b>▼ Total Excess Applicable</b>					
Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	3,000.00	Driver is Covered?	Covered
YIED OD Excess	0.00	YIED TP Excess	0.00		
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	3,000.00		
<b>▼ Benefits</b>					
Coverage		Sum Insured	10000		
Accessory					
<b>▼ GST Registered Information</b>					
GST Registered	Yes	GST Registration Date	01/04/1994		
GST Registration No.	M400031282	GST Status Verified	Yes		
Modification History	30/01/2021 11:18:04 System changed GST Registered from No to Yes 30/01/2021 11:18:04 System changed GST Registration No. from null to M400031282 30/01/2021 11:18:04 System changed GST Registration Date from null to 01/04/1994				
<b>▼ Policyholder Mailing Address</b>					
Address 1	BLK 105 #01-1912	Address 2	JALAN BUKIT MERAH	Address 3	TIONG BAHRU ORC
Address 4	SINGAPORE 160105	Address Type	Singapore address	Post Code	160105
Unit No.		Related Policy Number	5106625213-02		
<b>▼ OI Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	06/02/1950
Unnamed driver Name	CHO MUN WAI	Driver NRIC	S0765579G	Driving Experience	43
Register Date of Driver License	18/05/1977	Driver Age	70	Contact No.(Home)	
Contact No.(Mobile)	90389032	Contact No.(Office)		Address 3	BRICKWORKS ESTA
Address 1	BLK 3 #07-5070	Address 2	JALAN BUKIT MERAH	Post Code	150003
Address 4	SINGAPORE 150003	Address Type	Foreign address		
Unit No.	07-5070			Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	PA9427Z		
<b>Declaration</b>					
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	PRESBYTERIAN COMMUNITY SERVICES	Insured NRIC	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	PA9427Z	TP Vehicle Number	
Claim Description	PA9427Z / SGE2020U ON 28 Jan 2021			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault		
Workshop No.		Preferred			
Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered				Claim Close Date	30/01/2021 11:19
Report Taken By					ROSLI WAHAB
<input checked="" type="checkbox"/> Print AK letter					
<div>Save</div> <div>Submit</div>					

Attachment

Accident No.

MT/1119329

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

30/01/2021 11:19

Path \*

Category \*

Confidential

Urgency \*

No file chosen

No file chosen

No file chosen


No file chosen

No file chosen

No file chosen

<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>
<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>

## ▼ Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2021 11:19	Photos		Normal	Photos 2021-1-30
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2021 11:19	Photos		Normal	Photos 2021-1-30
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2021 11:19	Photos		Normal	Photos 2021-1-30
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2021 11:19	Photos		Normal	Photos 2021-1-30
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2021 11:19	Photos		Normal	Photos 2021-1-30
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2021 11:19	Photos		Normal	Photos 2021-1-30
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2021 11:19	Photos		Normal	Photos 2021-1-30
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2021 11:19	Photos		Normal	Photos 2021-1-30
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2021 11:19	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-1-30
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 30 Jan 2021 11:19	SAS		Normal	SAS 2021-1-30

## ▼ Video List

Uploaded By/Date	Folder Date	File Name		Source
		<input type="button" value="Display in New Window"/>	<input type="button" value="Scan and uploading"/>	



## THE SCHEDULE

### Private Bus Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Insured named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M4-0003030-8

Policy Number	: 5096010280-02
The Policyholder	: PRESBYTERIAN COMMUNITY SERVICES 89 SHORT STREET #08-08 GOLDEN WALL CTR SINGAPORE 188216
Period of Insurance	: 23 Nov 2019 To 22 Nov 2020
Sum Insured	: Market Value of Insured Vehicle at Time of Loss
Premium (inclusive GST)	: S\$1,914.19

#### Interest Insured

Cover Type	: Comprehensive	
Make/Model	: TOYOTA/HIACE	
Capacity	: 1.21 ton(s)	Number of Seater : 10
Registration Number	: PA9427Z	Registration Date : 23 Nov 2009
Chassis Number	: KDH2010044212	Insure with COE : Yes
Excess (Section I)	: S\$2,000	NCD Entitlement : 20%
Excess (Section II)	: S\$3,000	Loyalty Discount : 5%
Windscreen Excess	: S\$100	
Geographical Limit	: WITHIN THE REPUBLIC OF SINGAPORE ONLY	
Hire Purchase Company	: N/A	

Memo A : N/A

Endorsement Operative : N/A

Agency	: ASSURE PTE. LTD. (00000572842)
Date of Issue	: 20 Sep 2019 10:16 hrs

#### DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



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 : SV0821/T0007 Vehicle Registration No: PA 9427Z  
Name (as shown in NRIC) : CHO MUN WAI NRIC/FIN/Passport No : SXXXX5794  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 90389132  
Email Address : \_\_\_\_\_  
Date of Accident : 28/01/2021 Time of Accident : 18:35  
Place of Accident : NORTH BRIDGE ROAD SLIP ROAD TOWARDS AYR (CITY)  
Insurance Company : ANIM

### (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:

To include SKETCH PLAN with PRESBYTERIAN COMPANY STAMP

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: