

Date In: 01/02/2021 09:58	Job description	Date & Time Completed	Done by
Ref No: N/A/21001456/y	SAS e-Milling		
Veh No: SKR 1677D	E-mail (by date time, A/C time)		
D.O.A: 2010/0027 10:37	I-Motor Claims Form		
OID: (TP) Reporting Only	I-Motor W/O (with/without OD time, TP time)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Box/Hand to Owner/Witness		

Preferred Wksp / INC Assign Wksp / QW: (Tel: Fax:)

TP Ref/Category: Vch No: GBD 9930L 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 Refor of rapblor.

() 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: _____

<p style="font-size: 2em; color: blue;">N/A 2100971</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>1) All Accident Reporting (\$30)</td><td></td></tr> <tr><td>2) DA / Damage Assessment (\$100)</td><td>INC (\$10)</td></tr> <tr><td>3) TP / Towing Fee</td><td>\$120</td></tr> <tr><td>4) PT / Follow-Through Survey</td><td>\$20</td></tr> <tr><td>5) PT / Follow-Through Survey (Resurvey)</td><td>\$20</td></tr> <tr><td>6) TR / Re-inspection</td><td>\$75</td></tr> <tr><td>7) NI / Ideo DA + SMRT Survey</td><td>\$160</td></tr> <tr><td>8) NTUC Additional Services</td><td></td></tr> <tr><td>ONT</td><td></td></tr> <tr><td>* NS: Courtesy Car / Tpt Allowance</td><td>\$5</td></tr> <tr><td>* NG: Repair Coordination</td><td>\$10</td></tr> <tr><td>* NT: Post Repair Inspection</td><td>\$25</td></tr> <tr><td>* ND: DV / Collect Excess Coordination</td><td>\$5</td></tr> <tr><td>* TP (NI) / TP (NS) / INC / Special INC</td><td>\$20</td></tr> <tr><td>* NI: Ideo Mobile</td><td>\$0</td></tr> <tr><td>Invoice dated</td><td>Fee Charged</td></tr> <tr><td>Invoice dated</td><td>Fee Charged</td></tr> </table>	1) All Accident Reporting (\$30)		2) DA / Damage Assessment (\$100)	INC (\$10)	3) TP / Towing Fee	\$120	4) PT / Follow-Through Survey	\$20	5) PT / Follow-Through Survey (Resurvey)	\$20	6) TR / Re-inspection	\$75	7) NI / Ideo DA + SMRT Survey	\$160	8) NTUC Additional Services		ONT		* NS: Courtesy Car / Tpt Allowance	\$5	* NG: Repair Coordination	\$10	* NT: Post Repair Inspection	\$25	* ND: DV / Collect Excess Coordination	\$5	* TP (NI) / TP (NS) / INC / Special INC	\$20	* NI: Ideo Mobile	\$0	Invoice dated	Fee Charged	Invoice dated	Fee Charged
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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 01/02/2021 09:55 (SGT)
Date of Accident 30/01/2021 10:37 (SGT)
Exact Location of Accident BKE, Singapore
Additional Location Information TOWARDS SLE NEAR LAMP POST 351
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLR1677D

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SHL MOTOR PTE. LTD.
Company Reg No 2XXXXX814M
Email Address kscgp8@gmail.com
Mobile Phone No (Phone) +65-92230326
Alternative Phone No +65-92230326

VEHICLE PARTICULARS

Manufacturer Honda
Model Stream
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 - Claiming third party
Vehicle Category Private hire

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage ThirdParty
Fleet Policy No
Policy Number 5109792828-01
Cover Note Number -

DRIVER

Name of Driver RAPIE BIN ANWAR
NRIC No SXXXX248J

Date Of Driving Pass	24/02/1978
Driving experience	42 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92230626
Alt. Phone Number	-
Email Address	rinsanosaka@gmail.com
Address	BLK 165A TECK WHYE CRESCENT #11-329
Address complement	-
Postcode	681165
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Collision - Head to Rear
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	Bedok North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002449999
Alt. Police Station Phone No	(Fax) +65-62447258
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20210201/2030

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	GBD9930L
Vehicle Manufacturer	Nissan
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	NATARA JANITHYACARA JAN

Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	RAPIE BIN ANWAR
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLR1677D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	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 willful 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.



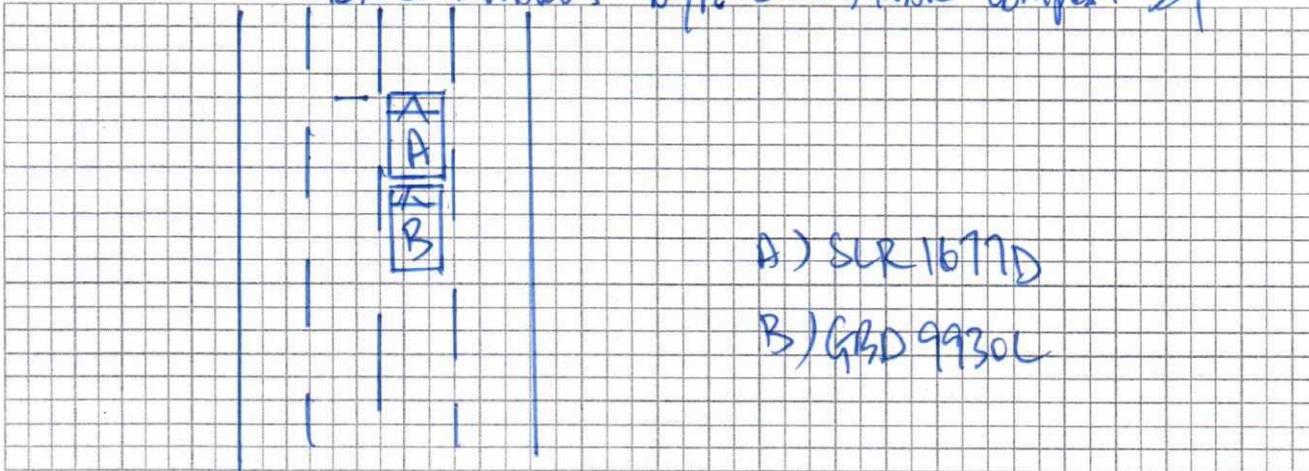
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

BKK towards A/Fc SUE MARK Camp 351

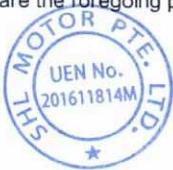


Describe Circumstances of the Accident

on 31/01/2021 AT ABOUT 10:37 hrs I WAS TRAVELLING BLINDLY
BACK TOWARDS SLK. NIKOR COMPOST 357. THE CAR IN FRONT OF
ME SLOW DOWN I FLOW SUDDENLY I FELT A GREAT IMPACT
FROM MY REAR & YOU GAD QIBOL BRAKE onto THE REAR
OF MY CAR SLR1677D. NO ONE WAS INJURED.

Declaration

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

Witnessed by Reporting Centre Personnel

Raj 30-1-21

[Signature] 01/02/2021

ACCIDENT STATEMENT

ACCIDENT DATE: (20/01/2021) (DD/MM/YYYY), TIME: (10:37) (HH:MM)

LOCATION: BKK Towards SLC Compost 351

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLR 167D
- b) INSURANCE COMPANY: NMC
- c) POLICY NUMBER: 5109792828
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: HONDA CBR600F
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: working
- i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) YES NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: SUC MOWIK PTK LTD (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
- c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: ROFIE BIN ANWAR (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: _____ CONTACT: 92230626
- c) ADDRESS: _____

*d) DATE OF BIRTH: (07/02/1956) (DD/MM/YYYY)

- e) OCCUPATION: (INDOOR / OUTDOOR)
- f) YEARS OF DRIVING EXPERIENCE: 24/02/1978

- 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) YES NO
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HIKAH
- 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
- b) ROAD SURFACE: (DRY / WET / OTHERS)
- 6. WAS ANYBODY INJURED (YES / NO) YES NO
- 7. a) REPORTED TO POLICE (YES / NO) YES NO
IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GBD 9930L MODEL: NISSAN
- b) DRIVER'S NAME: NARAJAN THIYAGARAJAN
- 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)
(1)

* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
()

87934483

Email = RUISANOSAKA@GMAIL.COM Rozi

Fax =

VIDEO =



Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

CONTINUATION OF REPORT

Driver			
Name	NATARAJAN THIYAGARAJAN		ID No. G5254319W
Related Vehicle	GBD9930L (Van)		Contact No. NIL
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
Driver			
Name	RAPIE BIN ANWAR		ID No. S1205248J
Related Vehicle	SLR1677D (Car)		Contact No. 92230626
Hospital/Clinic	UBI FAMILY CLINIC & SURGERY		Class of Driving Licence & Expiry Date Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	30/01/2021	Date Discharge	30/01/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 30th January 2021 at about 1040hrs, I was driving my vehicle bearing registration plate number SLR1677D, Grey colored Honda Stream along Bukit Timah Expressway towards Woodlands. The traffic was moderate at that point of time and the road was dry.

Subsequently, while I was driving at lane 2 of the expressway, to be specific near lamppost 351, there was obstacles on the road (metal ladder parts) on the same lane. As such, the vehicles driving on the same lane had slowed down and switched to other lane and I did the same.

However, as I slowed down, there was a silver colored van bearing registration plate number GBD9930L coming fast from my rear collided into me. I released the brake upon impact, so as to let the vehicle move forward and lessen the damage.

No one was injured at that point of time. No traffic police or ambulance came to scene. There are towing crews who were managing the accident scene for a while. I exchanged particulars with the other party, took some photos before leaving the scene.

Due to the vehicle, the rear portion of my vehicle was badly dented. I then went to a workshop at Paya Ubi vicinity.

When I was at the workshop, I felt pain on my neck and back due to the impact, I went to Ubi Family clinic & Surgery on the same day and was given 3 days MC from 30/01/2021 to 01/02/2021.

I have no footages of the accident. That's all.



**SINGAPORE
POLICE FORCE**



T/20210201/2030

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

3 of 4

Report No. T/20210201/2030

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20210201/2030

4 of 4

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

Report No. T/20210201/2030

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:

G /
Sgt 3 AHMAD BIN HASHIM

Signature Of Interpreter:

Not applicable

Signature Of Informant:

Date/Time:

01/02/2021 11:09

Officer In Charge Of Case:

TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Classification Of Case:

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE

SIGNATURE

Claim Handling

Accident MT/1119398

Policy No.	5109792828-01	Vehicle No.	SLR1677D	GST Registration No.
Certificate No.	5109792828-01-000027			
Policyholder Name	SHL MOTOR PTE. LTD.			Policyholder NRIC
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	92230326	Contact No.(Office)		Contact No.(Home)
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	No	NCD Entitlement(%)	0	Private Hire

Accident Details

Report Date	01/02/2021 10:17	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	30/01/2021	Time of Accident hh:mm	10:37	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	BKE TOWARDS SLE NEAR LAMP POST 351			

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess		
OD Standard Excess		TP Standard Excess	1,500.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess	0			
Total OD Excess Applicable	0.00	Total TP Excess Applicable	1,500.00	

Benefits

GST Registered Information

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

Policyholder Mailing Address

Address 1	51 UBI AVENUE 1	Address 2	#01-09 PAYA UBI INDUSTRIAL	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	01-09	Related Policy Number	5115995291-01	

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB
Unnamed driver Name	RAPIE BIN ANWAR	Driver NRIC	S1205248J	Driving Experience
Register Date of Driver License	24/02/1978	Driver Age	64	Contact No.(Home)
Contact No.(Mobile)	92230326	Contact No.(Office)		Address 3
Address 1	BLK 165A #11-329	Address 2	TECK WHYE CRESCENT	Post Code
Address 4	SINGAPORE 681165	Address Type	Foreign address	
Unit No.	11-329			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SLR1677D	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	SHL MOT
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	SLR1677
Claim Description	SLR1677D / GBD9930L ON 30 Jan 2021		
Preferred Workshop		Insured Liability	Not at Fault
Workshop No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered	01/02/2021 10:21	GIA report	Received
		Claim Close Date	

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 : SU1082210001 Vehicle Registration No: SLR1677D
 Name (as shown in NRIC) : RAPIK BIN ANWAR NRIC/FIN/Passport No : SXXX4248J
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : _____ Singapore ()
 Contact (Tel) : _____ Mobile No.: 9230626
 Email Address : _____
 Date of Accident : 30/01/2021 Time of Accident : 10:37
 Place of Accident : BK4 KAWAS SJK KUALA LAMPUR 351
 Insurance Company : NMC

(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:

Injured email address to KSC.GPP & GMAIL.COM

Policyholder / Driver's Signature
Date:

[Signature] 01/02/2021
Reporting Centre Personnel's Signature
Name:

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 : SN0821210001 Vehicle Registration No: SLR1677D
 Name(as shown in NRIC) : ROBIN BN DAUNOR NRIC/FIN/Passport No : SXXXX248J
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : _____ Singapore()
 Contact (Tel) : _____ Mobile No. : _____
 Email Address : _____
 Date of Accident : _____ Time of Accident : _____
 Place of Accident : BKE TOWARDS SUE ALMAR LOMPOS 7, 351
 Insurance Company: MTC

(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:

- ① To Insure Insured Party
- ② To Upload Police Report



Policyholder / Driver's Signature
Date:

an 01/08/2021
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date: