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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- . 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 Submission 18/03/2021 17:24 (SGT) Date of Accident 17/03/2021 12:57 (SGT) **Exact Location of Accident** Jln Membina, Singapore Additional Location Information BETWEEN BLOCK 26 AND BLOCK 118 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKB8322C

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner KOH LI BENG NRIC No SXXXX713A **Email Address** yvonne_koh80@hotmail.com Mobile Phone No (Phone) +65-81818705 Alternative Phone No +65-81818705

VEHICLE PARTICULARS

Manufacturer Mercedes Model Cla200 Variant 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 - Claiming third party Vehicle Category Private car Transmission Auto CC 1595

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage Comprehensive Fleet Policy Policy Number 5121083524 Cover Note Number

DRIVER

Name of Driver KOH LI BENG NRIC No SXXXX713A

Date Of Birth 09/04/1980 Occupation Outdoor Date Of Driving Pass 22/01/2002 Driving experience 19 YEARS AND 2 MONTHS Gender Female Mobile Number (Phone) +65-81818705 Alt. Phone Number +65-81818705 Email Address yvonne_koh80@hotmail.com Address BLK 654 YISHUN AVENUE 4 #03-590 Address complement Postcode 762671 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured 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 - Major/Minor Rd Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) 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 Central Division Headquarters Police Station Phone No (Phone) +65-18002240000 Alt. Police Station Phone No (Fax) +65-62200877 Police Station Address 391 New Bridge Road #03-112 Police Cantonment Complex Block A Singapore 088762 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO SKETCH PLAN AND POLICE REPORT A/20210318/7015 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 SHD1625A

Hyundai

Vehicle Manufacturer

Vehicle Model Vehicle Variant Vehicle Colour

Vehicle Category	Taxi
Name of Driver	LIAN KOK KHENG ERIC
NRIC No	AND THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED I
Contact Number	SXXXX822A
Address	(Phone) +65-98181538
Address complement	-
Postcode	
Insurance Company Name	-
Nature Of Damage	-
	25
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	KOH LI BENG
Address	-
Address Complement	-
Post Code	
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SKB8322C
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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre

Sketch Plan

BIK26 25 B

A) SK8 & 322C

B) SHO 1625 A

SAMO MMMBINA BLK 18

Describe Circumstances of the Accident
On 17/03/2021, at about 12.57pm, along Jin Membina Road
a taxi silver cab Houndai stipiloge A who was turning out from
Small road collide onto my relicle 8KB 8322 e merce.
On [7/03/2021, at about 12.57pm, along Jin Membina Road, a taxi Silver cab Hyundai SHD1625A who was turning out from Small road collide onto my rehicle, 8KB 8322c, Mercs. CLA 200, when I was going straight.
He banged onto the right door of the passenger's seat. with scratches to the back of my relice.
with scratches to the back of my rehicle
Polick Rupon A/20210318/2015
1/10/10/10/50/5

Declaration

 ${\it l}{\it W}{\it e}$ declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel





1 of 3

POLICE REPORT (NP299)

Police Station Of Origin Central Division HQ A 391 New Bridge Road #03-112 Police Cantonment Complex SINGAPORE 088762 Tel No:1800-2240000 Report No. A/20210318/7015

Date/Time Report Made	Vide Rep	ort No.		Station Diary No.
18/03/2021 12:51				
Name Of Informant	Address			-
KOH LI BENG	671B YIS	HUN AVE	NUE 4 #03-590 S	INGAPORE 762671
ID Type / ID No.	Contact N	lo.		
NRIC NO / S8009713A	Home/Off	ice:	Mobile:	
			81818705	
Nationality	Email Add	dress		
SINGAPORE CITIZEN	yvonne k	oh80@ho	tmail.com	
Occupation	Sex	Age	Date of Birth	Race
Real estate agent	Female	40	09/04/1980	Chinese
Institution/School Name	Language	9	***	
	English			
Date/Time Of Incident	Location	Of Inciden	t	
17/03/2021 12:55 - 17/03/2021 13:00	JALAN M	EMBINA		
D 1 (1 (1)				

Brief details.

On 17/03/2021 at about 12:57hrs, Clear day and Dry road surface, I was driving straight along the main road of Jln Membina. I was on a legal speed and furthermore I was stopped at the traffic light just few metres away. Out of a sudden, an impact of something hit onto my vehicle was felt. I stopped and alighted to checked it out. It was a Silver Cab Taxi hit onto the right side rear door of my vehicle.

The driver of the Silver Cab Taxi was coming out from the small road near blk 26 Jln Membina when he hit onto my vehicle. There was no passenger in the car. The driver was alone.

Signature Of Officer Recording The Report:	Signature Of Informant: The identity of the person making this
Not applicable	report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 18/03/2021 12:51
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	





2 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20210318/7015

It left two hard dents on the right rear door and the margard next to it. Deep scratches on the door, the rim and all the way to the back.

I have made a accident statement at IDAC Bt. Merah yesterday, 17/03/2021, at 16:15hrs.

Silver cab Taxi:

Vehicle number: SHD1625A Vehicle model: Hyundai

Name of Driver: Lian Kok Kheng Eric

NRIC No: S1480822A Contact no: 9818 1538

My vehicle:

Vehicle number: SKB8322C

Vehicle model: Merc

Name of Driver: Koh Li Beng

NRIC No: S8009713A Contact no: 8181 8705

Victim	and (2) (2) (2) (2) (2) (2) (2) (2) (2) (2)				
Person Name	KOH LI BENG				
ID Type	NRIC NO	ID No		S8009713A	
Signature Of Off Not applicable	icer Recording The Report:		The ide	ure Of Informant: entity of the person making this has been authenticated by ss. No signature is required.	
Signature Of Interpreter: Not applicable			Date/Time: 18/03/2021 12:51		
Officer In-Charge	e Of Case:		Classifi	cation Of Case:	
Authentication S	tamn				





3 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20210318/7015

UE 4 #03- 2671

Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 18/03/2021 12:51
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

ACCIDENT STATEMENT

ACCIDENT DATE:	7,03,2021	(DD/MM/YYYY),	TIME: (12. :	5 7) (HH:MM)	## ##
LOCATION: Road	along Jin	membina	between	b1K 26 à	118

			*
	1.	DETAILS OF VEHICLE	
		a) VEHICLE NUMBER: SKB 8322C	
		DINSURANCE COMPANY: NTUC INCO	OME
		CIPOLICY NUMBER: 5/2/083524	
		d) POLICY TYPE: (COMPREHENSIVE / THIRD PAR	OTY (THISP BARTY FIRE STREET)
		OMAKE & MODEL: Mercs 200 C	
		F)TYPE: (SALOON / COUPE / MPV /VAN / LORR	. H H H H H H H H.
		g) VEHICLE CATEGORY: (PRIVATE / COMMERCI	IAL / MOTORCYCLE
		h) PURPOSE OF USING AT ACCIDENT TIME: P	
		I) ARE YOU CLAIMING UNDER YOUR OWN INSU	
5.40		IF NO, PLEASE STATE (THIRD PARTY CLAIM / RE	, , ,
	2.	INSURED / POLICY HOLDER	
		AINAME: KOh Li Beng	(MALE / FEMALE)
		bINRIC/FIN/PASSPORT: S 8009713A	CONTACT: 2121 8 705
		CIADDRESS: 671 R YISHUM AVC	
. 4			+ +103-590
		· S (+62671)	un Pro
nd 11 0		* CONTINUE TO 3.d IF DRIVER ALSO POLICY HO	LDER .
4 No of passon	ger	DRIVER AS ABOVE.	
Cludling driv	10,01		(MALE / FEMALE)
(61)		b)NRIC/FIN/PASSPORT:	CONTACT:
CULD		c)ADDRESS:	*
		60 64 1000	
		*d) DATE OF BIRTH: (09) 04/ 1980) (DD/A	MM/YYYY)
		e OCCUPATION: (INDOOR / OUTDOOR)	1222
*		FIDATE OF DRIVING PASS 22/01/	
	4.	WAS DRIVER AN EMPLOYEE OF THE INSURE	ED'S COMPANY? (YES NO)
		IF NO, RELATIONSHIP OF THE DRIVER WITH	HINSURED: OWNER.
	5.	a) WEATHER CONDITION; (CLEAR / RAINING /	OTHERS CIEAR
		b)ROAD SURFACE: (DRY / WET / OTHERS	Dry
		WAS ANYBODY INJURED (YEST NO)	
*.	7.	a) REPORTED TO POUCE (YES) NOT	
	1.	alkerokies to rouce frest not a	4
	/.	IF YES, PLEASE STATE WHICH POLICE STATION:	1
	8,	IF YES, PLEASE STATE WHICH POLICE STATION;	2
Ho of passenge	8,	IF YES, PLEASE STATE WHICH POLICE STATION; THIRD PARTY VEHICLE O) VEHICLE NUMBER: SHD 1625 A	MODEL: Hyundai
He of passing a	8. r	IF YES, PLEASE STATE WHICH POLICE STATION; THIRD PARTY VEHICLE O) VEHICLE NUMBER: SHD 1625 A b) DRIVER'S NAME: Lian KOK K	MODEL Hyyndai
Including drive	8. r	IF YES, PLEASE STATE WHICH POLICE STATION; THIRD PARTY VEHICLE O) VEHICLE NUMBER: SHD 1625 A b) DRIVER'S NAME: Lian KOK K	MODEL Hyyndai
	8. r 2r.).	IF YES, PLEASE STATE WHICH POUCE STATION; THIRD PARTY VEHICLE O) VEHICLE NUMBER: SHD 1625 A B) DRIVER'S NAME: Lian Kols K	MODEL Hyyndai
(01)	8. r 2r).	IF YES, PLEASE STATE WHICH POLICE STATION; THIRD PARTY VEHICLE O) VEHICLE NUMBER: SHD 1625A b) DRIVER'S NAME: Lian KOK K c) NRIC/FIN/PASSPORT: S1480832A THIRD PARTY VEHICLE	MODEL Hyyndai
(01) No of passane	8. r 2r,) 9.	IF YES, PLEASE STATE WHICH POUCE STATION; THIRD PARTY VEHICLE O) VEHICLE NUMBER: SHD 1625 A b) DRIVER'S NAME: Lian KOK K c) NRIC/FIN/PASSPORT: S1480822 A THIRD PARTY VEHICLE d) VEHICLE NUMBER:	MODEL: Hyundai heng Enc CONTACT: 98/8/538
Including drive	8. r 2r,) 9.	IF YES, PLEASE STATE WHICH POUCE STATION; THIRD PARTY VEHICLE a) VEHICLE NUMBER: SHD 1625 A b) DRIVER'S NAME: Lian Kok K c) NRIC/FIN/PASSPORT: S1480832 A THIRD PARTY VEHICLE d) VEHICLE NUMBER: e) DRIVER'S NAME:	MODEL: Hyundai heng Enc CONTACT: 98/8/538
(01) No of passane	8. r 2r,) 9.	IF YES, PLEASE STATE WHICH POUCE STATION; THIRD PARTY VEHICLE a) VEHICLE NUMBER: SHD 1625 A b) DRIVER'S NAME: Lian Kok K c) NRIC/FIN/PASSPORT: S1480822 A THIRD PARTY VEHICLE d) VEHICLE NUMBER: e) DRIVER'S NAME:	MODEL: Hyundai Neng Eric CONTACT: 98/8/538 MODEL:

email. = yvonne - 100 h 80 @ not mail. com.

Claim Handling

ccident MT/1124885					
Policy No.	5121083524	Vehicle No.	SKB8322	С	GST Registration No.
ertificate No.					
olicyholder Name	KOH LI BENG				Policyholder NRIC
roduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLA	ASSIC	Loading
ontact No.(Mobile)	81818705	Contact No.(Office)			Contact No.(Home)
mail Address		Special Remark			eCode
(FK	No Yes	TCA	No	Yes	eCode Reason
ICD Protection	Yes	NCD Entitlement(%)	50	163	
		NOD Endelment(70)	30		Private Hire
eport Date	18/03/2021 17:22	Accident Report Within 34 hrs	Vas		
ate of Accident		Accident Report Within 24 hrs	Yes		Accident Type
	17/03/2021	Time of Accident hh:mm	12:57		Country of Accident
Reporting Centre		Orange Force			ICM No.
Accident Location	JALAN MEMBINA BETWEEN BLK 26 AND BLK	118			
▼ Total Excess Applicable					
xcess Type	Per Accident	Windscreen Excess		100.00	
D Standard Excess	C00.00	TD Ch. J. J.			
IED OD Excess	600.00	TP Standard Excess		0.00	
	0.00	YIED TP Excess		0.00	Driver is Covered?
dditional Excess	0.00	12 : 17 ET 17			
otal OD Excess Applicable	600.00	Total TP Excess Applicable		0.00	
▽ Benefits					
GST Registered Informa					
ST Registered	No			ST Registration Date	
ST Registration No.			G	ST Status Verified	Yes
odification history					
	iress				
ddress 1		444			
ddress 4	BLK 671B #03-590	Address 2		AVENUE 4	Address 3
Init No.	SINGAPORE 762671	Address Type	Singapore	address	Post Code
		Related Policy Number	5121083	524	
♥ OI Driver Info					
river Name	Koh Li Beng (Xu Limin)	Driver Type	Main Driv	er	
Innamed driver Name		Driver NRIC	5800971	3A	Driver DOB
egister Date of Driver License	22/01/2002	Driver Age	40		Driving Experience
ontact No.(Mobile)	81818705	Contact No.(Office)			Contact No.(Home)
ddress 1	BLK 671B #03-590	Address 2	YISHUN A	EVENUE 4	Address 3
ddress 4	SINGAPORE 762671	Address Type	Singapore	address	Post Code
nit No.					
oes he own a Singapore egistered car?	Yes No	Driver Vehicle No.	SKB8322	С	Driver Insurer Company
eclaration					
reathalyser or Blood Test eading?	0 mg	Any injury?	Yes	No	
ooding!		15 (20% or \$6.00 co.	0.00	,	
odification History					
Claim 001 OD-MX New	h				
laim Type *	OD-MX 🗸	Insured Name	KOH LI B	ENG	Insured NRIC
ontact No.(Mobile)	91917436	Contact No.(Home)			Contact No.(Office)
Sittact (40.(140bile)	yvonne_koh80@hotmail.com	OI Vehicle Number	SKB8322	С	TP Vehicle Number
	yvonne_konso@notmail.com				Name of Preferred Works
mail Address	SKB8322C / SHD1625A ON 17 Mar 2021				
mail Address laim Description referred Workshop Contact		Insured Liability *	Not at F	ult	
mail Address laim Description referred Workshop Contact o.	SKB8322C / SHD1625A ON 17 Mar 2021	Insured Liability *	Not at Fa		
mail Address laim Description referred Workshop Contact o. equire Finalisation	SKB8322C / SHD1625A ON 17 Mar 2021 Yes	Preferered Repair Option		ult Workshop, Name unknown	GIA report
mail Address laim Description referred Workshop Contact o. equire Finalisation rate Registered	SKB8322C / SHD1625A ON 17 Mar 2021 Yes 18/03/2021 17:31	V.F			GIA report Date Received
mail Address laim Description referred Workshop Contact o. equire Finalisation ate Registered eport Taken By	SKB8322C / SHD1625A ON 17 Mar 2021 Yes	Preferered Repair Option			
mail Address laim Description referred Workshop Contact o. equire Finalisation rate Registered	SKB8322C / SHD1625A ON 17 Mar 2021 Yes 18/03/2021 17:31	Preferered Repair Option Claim Close Date			Date Received
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Accident No.

MT/1124885

Claim No.

Last Doc. Received

Yes ○ No

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Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 18 Mar 2021 17:34	Photos	Normal	Photos 2021-3-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 18 Mar 2021 17:34	Photos	Normal	Photos 2021-3-18
0	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BÜKIT MERAH)) on 18 Mar 2021 17:33	Photos	Normal	Photos 2021-3-18
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 18 Mar 2021 17:33	Photos	Normal	Photos 2021-3-18
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6_	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 18 Mar 2021 17:33	Photos	Normal	Photos 2021-3-18
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E	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 18 Mar 2021 17:32	Photos	Normal	Photos 2021-3-18
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eBaoTech GeneralClaim Hello, NAC_BUKIT_MERAH_800676 Change Language · Change Password Log Out My Desktop **Policy Query** Notice of Loss Policy No. 5121083524 Date of Accident 17/03/2021 17:39 Vehicle No.(For Motor) Certificate Number Search Certificate Number Policyholder Name Policyholder NRIC Policy No. Vehicle No. Select Insured Object Commence Date Product Cover Type Expiry Date 5121083524 drivo CLASSIC 0 S8009713A KOH LI BENG GPC SKB8322C SKB8322C 26/02/2021 25/02/2022

Continue



IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Accident Reporting Centre with whom you submitted the Original Report.

	ADDENDUM
A)	PARTICULARS OF PERSON MAKING THE AMENDMENTS:
	Original Report No: SVC 8713 HOWY Vehicle Registration No: SKB 8322 C
	Name (as shown in NRIC): COH LI BURE NRIC/FIN/Passport No: SXXXX 713A
	(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
	Address: Singapore (
	Contact (Tel): Mobile No.:
	Email Address:
	Date of Accident: 17/03/2021 Time of Accident: 12:57.
	Place of Accident: JLY MYMBING BYWHUN BLOCK 26 & BLOCK 118
	Insurance Company: 1990
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 Tresher Buch Rupoles Aportors trois
	To ROD METHOR PORTY
	19/03/2021
	Policyholder / Driver's Signature Date: Reporting Centre Personnel's Signature Name: