

NATION 11 Assessment Centre Services **SA10822470001**

Date: 19/04/2022 10:41	Job Description	Job & Time Completed	Done by
Ref No: X/BA/C9722003543/Y	SAS e-filing		
Vehicle: SNC 90927	E-mail (optional) - Mr. Blaz		
Date: 15/04/2022 06:48	i-Motor Claim Form		
TP: TP (Assigned)	i-Motor W/O (within 24 hrs. 17:4000)		
TP Insurer	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ()	Tel:	Fax:
TP Particulars:	Veh No: 3796815	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: 21-70%, F: 50-100%)		
Year of Registration: ()	Warranty YES () / NO ()	
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()	

General Remarks:-

() Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer or repairer

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towel-In () ; Invoice YES () / NO () ; Towing Co ()

Remarks:- (INC hotline: 6788 6616)	Date&Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo (Repair Cost > \$3000) ()		

Injury : _____

Date/Time	Actions

NA2201039 Claimant's Particulars :- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments :- Cat 1: Cat 2 & 3:	Invoice Preparation Checklist	Amt (\$) Inc Bill	Amt (\$) AAT Bill
	1) AR: Accident Reporting (\$40) 2) DA: Damage Assessment (\$100), INC (\$50) 3) TF: Towing Fee \$40 \$45 4) FT: Follow-Through Survey \$120 5) RT: Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (wef 10 Jan 2005) 6) TR: Re-inspection \$75 7) N1: Basic DA + SMRT Survey \$150 8) NTU: Additional Services: Q1: * N5: Courtesy Car / Tpt Allowance \$5 * N6: Repair Coordination \$10 * N7: Post Repair Inspection \$25 * N8: DV / Collect Excess Coordination \$5 * N9: TP / Ins' against INC \$10 9) N12: Basic DA \$10 Invoice dated 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	19/04/2022 10:41 (SGT)
Date of Accident	15/04/2022 06:45 (SGT)
Exact Location of Accident	Pasir Panjang Rd, Singapore
Additional Location Information	JUNCTION WITH SOUTH BUONA VISTA ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNC9092T
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHOONG YEE HUI, BENJAMIN
NRIC No	SXXXX613A
Email Address	benandting@gmail.com
Mobile Phone No	(Phone) +65-91713948
Alternative Phone No	+65-91713948

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Yaris
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1490

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00247662100
Cover Note Number	-

DRIVER

Name of Driver	CHOONG YEE HUI, BENJAMIN
NRIC No	SXXXX613A

Date Of Birth	11/01/1987
Occupation	Indoor
Date Of Driving Pass	07/02/2009
Driving experience	13 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91713948
Alt. Phone Number	+65-91713948
Email Address	benandting@gmail.com
Address	176 CANBERRA DRIVE #05-13
Address complement	-
Postcode	767950
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	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
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 vehicle 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

FOREIGN VEHICLE 1

Vehicle Registration Number	JTG6315
Vehicle Category	Motorcycle

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Queenstown Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004719999
Alt. Police Station Phone No	(Fax) +65-64715299
Police Station Address	No. 3 Queensway #01-03 Singapore 149073
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20220415/2015 AND T/20220415/2019

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH TRAFFIC POLICE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	JTG6315
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	CHRISTOPHER
Contact Number	(Phone) +65-97789817
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 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

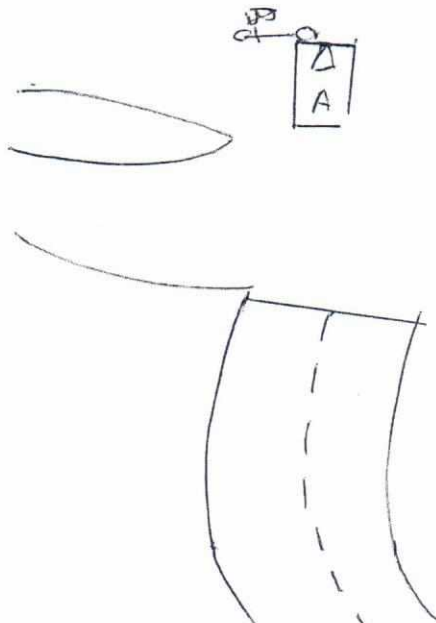
Ben Chong
Policyholder's Signature / Date & Time

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

19/04/2022
Witnessed by Reporting Centre Personnel

Sketch Plan

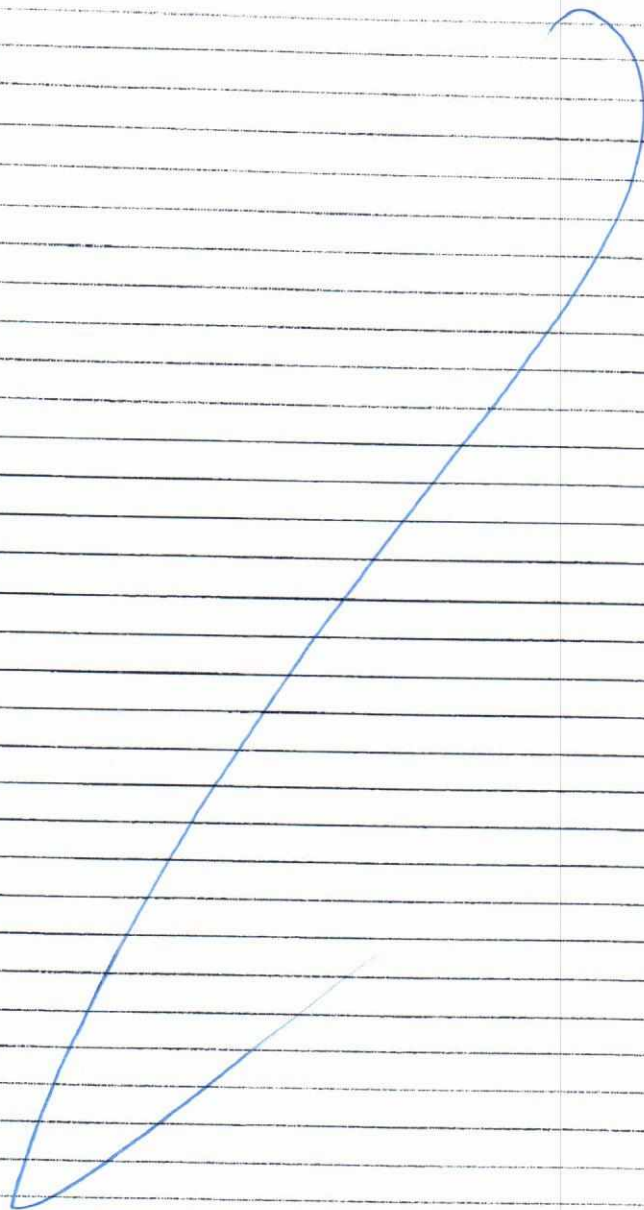
Basir Binzouh
Roto



Vehicle A : SNC 9092T
Vehicle B : JTG 631B

Describe Circumstances of the Accident

Refer to police report. - T/20220415/2015 & T/20220415/2019.



Benchong

✓ 19/04/2022

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 15 / 04 / 2022 (dd/mm/yy) Time of Accident: 06: 45 (24-HR-FORMAT)

Vehicle No.: SNC9092T Vehicle Make & Model: TOYOTA YARIS

*Transmission : ☐ Manual ☒ Auto *C.c : 1490

Exact location of Accident: PASIR PANJANG ROAD JUNCTION WITH SOUNTH BUONA VISTA

Policyholder's Name: CHOONG YEE HUI, BENJAMIN NRIC/FIN/REG No.: S8700613A

*Policyholder's email address : BENANDTING@GMAIL.COM

Driver's Name: CHOONG YEE HUI, BENJAMIN NRIC/FIN/REG No.: S8700613A

*Driver's email address : BENANDTING@GMAIL.COM

Driver's Contact No.: 91713948 Company Contact No (If any): _____

Date of birth: 11/01/1987 Driving Pass Date: 07/02/2009

Driver's Address: 176 CANBERRA DRIVE, #05-13, SINGAPORE (767950)

Insurance Company: CHINA TAIPING

Policy No.: DMPCSNW00247662100 Type of Coverage: Comprehensive / Third Party / Third Party, Fire & Theft

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please **TICK** one only)

☐ Own Insurance / ☐ Other Vehicle (The one you want to claim against) / ☒ Reporting (For Record Purpose)

Type of Accident

☐ Chain Collision ☐ Head To Rear ☐ Side Swipe ☒ Other CROSS JUNCTION

Occupation (nature job) ☒ Indoor / ☐ Outdoor *No. of Passengers / Including Driver): 1

*Passenger Name: _____ Gender: Male / Female

*Passenger Name: _____ Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

☐ Clear & Dry / ☒ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your car Car camera? ☒ Yes / ☐ No (with 1P)

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person' Name: _____

Injuries Sustain : _____ Injured Person in Which Vehicle: _____

Police Report field: ☒ Yes / ☐ No (If YES) Which Police Station: QUEENSTOWN

The Other Party (S) Details:

1. Driver's Name / IC No: CHRISTOPHER Vehicle No: JTG6315

Driver's Contact No: 97789817 Insurance Company : _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company : _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: MY CAR CONSULTANT PTE LTD Contact No: 83447681



**SINGAPORE
POLICE FORCE**



T/20220415/2015

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

1 of 3

Report No. T/20220415/2015

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/04/2022 09:44	Vide Report No.: D/20220415/0039	Station Diary No.: 11
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Informant's Particulars

Name of Informant: CHOONG YEE HUI, BENJAMIN			Address: 176 CANBERRA DRIVE #05-13 SINGAPORE 767950	
ID Type / ID No.: NRIC NO / S8700613A			Contact No.: Home/Office: Mobile: 91713948	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 35	Date of Birth: 11/01/1987	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: DOCTOR			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 15/04/2022 06:45	Type of Location: T-Junction
Location: PASIR PANJANG ROAD				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JTG6318	Motorcycle			Blue		0
SNC9092T	Car	TOYOTA	YARIS CROSS 1.5XB CVT	White	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNC9092T	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW002476 62100	24/11/2021	23/11/2022



**SINGAPORE
POLICE FORCE**



T/20220415/2015

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

2 of 3

Report No. T/20220415/2015

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHOONG YEE HUI, BENJAMIN	ID No.	S8700613A
Related Vehicle	SNC9092T (Car)	Contact No.	91713948
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

Brief Details.

On 15/04/2022, at about 0645hrs, I was traveling along Pasir Panjang towards West Coast as I was heading to National University Hospital. At the junction of Pasir Panjang Road and South Buona Vista, I slowed down and made the right turn. As I turn, I notice that the vehicles on my left started moving off from the traffic light junction. Then I saw a motorcycle coming from my left and we collided. The right of my vehicle had hit onto the right side of the motorcycle. I then parked my vehicle at the side of the road and alighted. I then went to make a check on the rider who was sitting at the side of the road, he complained of left shoulder and left ankle pain. I then called for the Police and ambulance. I made a check on my vehicle and the right headlight was smashed with scratch marks on the front bonnet and bumper area. The rider only gave his name as Chirstopher and contact number is 97789817. A while later, a friend of the rider came and his name was Yogesh and contact number 94812054. Shortly the ambulance and police arrived. The rider was conveyed by the ambulance and the police took over my in car camera SD card. I was then requested to lodge a Police report and was informed that the in-charge case is IO ISA. I wish to add that I did not suffer any injuries, I was also not under the influence of drugs or alcohol.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999



T/20220415/2015

Report No. T/20220415/2015

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:

D /

SGT 3 NG YONG XIN, ALESTER

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

15/04/2022 09:44

Officer In Charge Of Case:

TP / GIT /

SGT 3 MUHAMMAD ZICKIE BIN AHMAD
SUYUTI

Contact No.: 65476904

Classification Of Case:

SN 49

NP168



SINGAPORE
POLICE FORCE

SIGNATURE



**SINGAPORE
POLICE FORCE**



T/20220415/2019

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

1 of 3

Report No. T/20220415/2019

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/04/2022 10:44		Vide Report No.: D/20220415/0039		Station Diary No.: 19	
Informant's Particulars					
Name of Informant: CHOONG YEE HUI, BENJAMIN			Address: 176 CANBERRA DRIVE #05-13 SINGAPORE 767950		
ID Type / ID No.: NRIC NO / S8700613A			Contact No.: Home/Office: Mobile: 91713948		
Nationality: SINGAPORE CITIZEN			Email: benandting@gmail.com		
Sex: Male	Age: 35	Date of Birth: 11/01/1987	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: DOCTOR			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 15/04/2022 06:45	Type of Location: T-Junction
Location: PASIR PANJANG ROAD				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JTG6315	Motorcycle			Blue	Slightly Damaged	0
SNC9092T	Car	TOYOTA	YARIS CROSS 1.5XB CVT	White	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNC9092T	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW002476 62100	24/11/2021	23/11/2022



**SINGAPORE
POLICE FORCE**



T/20220415/2019

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

2 of 3

Report No. T/20220415/2019

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHOONG YEE HUI, BENJAMIN	ID No.	S8700613A
Related Vehicle	SNC9092T (Car)	Contact No.	91713948
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

Brief Details.

With reference to T/20220415/2015 vide D/20220415/0039, the amendments to make is to change the injured party vehicle number from JTG6318 to JTG6315 which is the correct vehicle registration number. That's all.



**SINGAPORE
POLICE FORCE**



T/20220415/2019

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

3 of 3

Report No. T/20220415/2019

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:
D/
SR STAFF SGT NUR ZAFIRAH
BINTE MOHD NOOR

Signature Of Informant:

[Handwritten signature]

Signature Of Interpreter:
Not applicable

Date/Time:
15/04/2022 10:44

Officer In Charge Of Case:
TP / GIT /
SGT 3 MUHAMMAD ZICKIE BIN AHMAD
SUYUTI
Contact No.: 65476904

Classification Of Case:

NP168



SINGAPORE
POLICE FORCE

SN 49

SIGNATURE

\$1,632.29

Motor Private Car

MX1F

N SN

AN0695A

Cov. Type:C

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)

CERTIFICATE No. DMPCSNW00247662100

Engine No.: M15AY237187

Cha. No.: MXPB102015093

1. Index Mark and Registration
Number of Vehicle

SNC9092T

2. Name of Policy Holder

CHOONG YEE HUI, BENJAMIN (ZHONG YIHUI)

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment24/11/2021
(14:16:42)

Named Drivers Ex Sect. I S\$500.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25 S\$3,000.00

Ex Sect. I - Age >= 26 S\$500.00

* Age as at date of accident

EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance

23/11/2022

5. Persons or Classes of Persons entitled to drive*

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his 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.

6. Limitations as to use:

Use for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover use for hire or reward tuition driving test racing pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled.

One time Waiver of Excess for the first S\$500 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.

HIRE PURCHASE CO.: TOKYO CENTURY LEASING (S) PTE LTD

* 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.

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

Please see reverse



TECK WEI CREDIT PTE LTD

Cr. Reg. No. 200814420

210 Telok Ayer St

The Grandstand, Level 4

Singapore 069700

Tel: 6465 0000 Fax: 6465 0001

Email: info@teckweicredit.com.sg

Issued By: TECK WEI CREDIT PTE LTD

Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SNE822400001 Vehicle Registration No: SNC9092T
Name (as shown in NRIC): CHONG YAN HUI, BENJAMIN NRIC/FIN/Passport No: SXXXX613A
(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: _____
Email Address: _____
Date of Accident: 15/04/2022 Time of Accident: 06.48
Place of Accident: PASIR PANJANG ROAD
Insurance Company: CITICORP

(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 ACCIDENT, 15/04/2022

Policyholder / Driver's Signature
Date:

 19/04/2022
Reporting Centre Personnel's Signature
Name: Rosa Winton
NRIC/FIN No:
Date: