

ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV  
 To Inspect Vehicle No: \_\_\_\_\_  
 at Workshop m/s \_\_\_\_\_  
 of \_\_\_\_\_  
 Insured: \_\_\_\_\_  
 Policy No. \_\_\_\_\_  
 Claims No. 4610375304SG  
 Sum Insured: \_\_\_\_\_ Excess: 300  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_

Veh No: SLV43714 Yr Regn: 28/12/17  
 Type:  M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: Audi A4 c.c. 1395  
 Colour: White A/C: Insured / Std / Nil / NA  
 Sp. Reading: 92719 T/Radio: Insured / Std / Nil / NA  
 Eng/No: \_\_\_\_\_  
 C/No: WAUZZZ8VJA093310  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: In order / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Brake: In order / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Mod: Nil / S/Rim / STD A/Rim or \_\_\_\_\_  
 Tyre Size: F: 245/40ZR18  
 R: 1

N/S	O/S

(Policy Condition)  
 Remark: The veh had commenced its repair at the time of inspection.  
 Bal. or Market Value: \_\_\_\_\_  
 IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No  
 GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No  
 Est. Repairs: 5 days Res.: Yes or No  
 Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No  
 CA / REV / REP. / 24 HRS  
 Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

BS / DUN / EXNOVA / GY / FS / LIZA /  MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or \_\_\_\_\_  
 Front \_\_\_\_\_ Rear \_\_\_\_\_  
 R/Bal. 5 mm R/Bal. 5 mm  
 L/Bal. 5 mm L/Bal. 5 mm  
 D.O.A. 25/4/22 Premium D.O.I. 27/4/22  
 Survey held at \_\_\_\_\_  
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or  
Front RH  
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>MIR-103K</u>
<u>29/04/22 @ 9.18am</u>	<u>revert to AIG via Merimen.</u>
<u>29/04/22 @ 4.24pm</u>	<u>Kok Chong informed C/A via Merimen.</u>
<u>29/04/22 @ 4.42pm</u>	<u>Informed Kee Siang C/A &amp; ex:\$300 by email.</u>
<u>15/09/22 @ 11.25am</u>	<u>confirmed with Mr Boo final fig \$14884.16, 5 days. (Red \$11504.04, 44%)</u>

Date/Time, File Pass to?  : Prel. Report  
 : Final Report  
 1) \_\_\_\_\_  
 Date/Time, File Return to? \_\_\_\_\_  
 2) \_\_\_\_\_  
 Report Format: MER-OD  
 Lump Sum / L.B.F. (\$) 14884.16  
 Days Of Repair: 5  
 Resurvey No. of Trip: 2  
 Add Fee:  : Site Insp (\$) \_\_\_\_\_ )  
 : Interview (\$) \_\_\_\_\_ )  
 : Tech. Invs (\$) \_\_\_\_\_ )  
 : Weekend (\$) \_\_\_\_\_ )  
 Survey Fee: \_\_\_\_\_  
 Transportation: \_\_\_\_\_  
 S + RS: \_\_\_\_\_  
 Photos \_\_\_\_\_  
 Others \_\_\_\_\_  
 TOTAL \_\_\_\_\_



55 UBI ROAD 1, SINGAPORE 408699  
TEL : 6366 2323 FAX : 6841 1183  
EMAIL: NORA.KHAI@PREMIUMAUTO.COM.SG / CLAIMS@PREMIUMAUTO.COM.SG

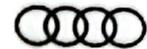
**ESTIMATE** : ACCIDENT REPAIRS  
**WORKSHOP** : UBI ROAD 1  
**CONTACT NO** : 6366 2323  
**FAX NO** : 6841 1183  
**REFERENCE** : PA/OD/0341/2022/JT  
**DATE** : 26-Apr-22  
**WIP** : 21563

**VEHICLE IN WORKSHOP. KINDLY ARRANGE FOR SURVEY ON 27/4/22**

**AIG ASIA PACIFIC INSURANCE PTE LTD**

78 SHENTON WAY  
#07-16 AIG BUILDING  
SINGAPORE 079120  
Attn: Motor Claims Dept  
**Tel: 6880 4602 - Fax: 6880 4838**

**OWNER'S NAME** : MS TAN YI TING  
**ADDRESS** : BLK 130 BEDOK RESERVOIR ROAD  
#10-1353  
SINGAPORE 470130  
**TELEPHONE** : HP +65 91709070  
**TYPE OF CLAIM** : OWN DAMAGE CLAIM  
**POLICY NO** : 1700094139-04  
**VEHICLE NO** : **SLV 4371 U**  
**MODEL CODE** : AUDI A4 SEDAN 1.4 TFSI  
**MODEL YEAR** : 28/12/2017  
**ENGINE NO** : CVN 045312  
**CHASSIS NO** : WAUZZZF41JA023310  
**MILEAGE** : -  
**DATE IN** : -  
**ESTIMATED BY** : JOHNNY BOO / ALLAN WU  
**ACCIDENT DATE** : 25-Apr-22  
**PLACE OF ACCIDENT** : GRANDSTAND CAR PARK ZONE B



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 TEL : 6366 2323 FAX : 6841 1183

EMAIL: NORA.KHAI@PREMIUMAUTO.COM.SG / CLAIMS@PREMIUMAUTO.COM.SG

**ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SLV 4371 U**

S/N	NATURE OF JOBS	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
1	TO REMOVE, CHECK AND TRANSFER FRONT WIRE HARNESS FOR HEADLIGHTS, HORNS, OUTSIDE TEMPERATURE SENSOR AND HEADLIGHT WASHER ASSY.	S/N \$ 360.00	X
2	TO REMOVE AND TRANSFER RHS HEADLIGHT'S CONTROL UNIT AND POWER MODULE.	S/N \$ 350.00	250
3	TO REMOVE AND REINSTALL AIRCON CONDENSER, CHARGE AIR COOLER AND RADIATOR. CHECK ELECTRICAL FANS AND CONTROL UNIT. TO CARRY OUT PRESSURISE, VACUUM AND REGAS.	S/N \$ 1,400.00	?
4	TO DISMANTLE AND RENEW FRONT BUMPER, RHS FRONT FENDER AND RHS HEADLIGHT. TO RENEW FRONT LOCK CARRIER AND ALIGN TO POSITION. RE-ORGANIZE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED.	\$ 4,200.00 2 x 500	1000
5	TO RESPRAY FRONT BUMPER AND RHS FRONT FENDER.	\$ 2,000.00 2 x 550 Bump - 1	1650
6	TO CARRY OUT DIAGNOSTIC CHECK.	S/N \$ 192.00	✓
<b>TOTAL LABOUR CHARGES</b>		<b>: \$ 8,502.00</b>	

# PREMIUM AUTOMOBILES



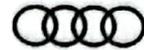
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## MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SLV 4371 U

S/N	PARTS DESCRIPTION	QTY	DAMAGED PARTS & PRICES	
			S/NETT	REMARKS
1	FRONT BUMPER — BR	1	TBC	
2	FRONT BUMPER FIXING PARTS X	1	TBC	
3	FRONT BUMPER SECURING STRIP (RH) — DT	21	\$ 79.00	
4	FRONT BUMPER GRILLE - CENTER X	1	\$ 219.00	
5	FRONT BUMPER CLOSING ELEMENT - LOWER CENTER X	1	\$ 254.00	
6	FRONT BUMPER AIR GUIDE - RH ?	1	\$ 72.00	
7	RADIATOR GRILLE X	1	\$ 1,277.00	
8	FRONT BUMPER AIR GUIDE GRILLE - RH ?	1	\$ 151.00	
9	FRONT BUMPER FOAM FILLER PIECE ?	1	\$ 139.00	
10	FRONT BUMPER REINFORCEMENT BEAM ?	1	\$ 899.00	
11	FRONT BUMPER GUIDE SECTION - RH ?	1	\$ 41.00	
12	FRONT BUMPER BRACKET - RH ?	1	\$ 254.00	
13	FRONT BUMPER TOP COVER — BR	1	\$ 143.00	
14	CAUTION STICKER — BK	1	\$ 16.00	
15	AIR COND STICKER — BK	1	\$ 9.00	
16	FRONT BUMPER LOCK CARRIER BRACKET — BR	1	\$ 154.00	
17	FRONT BUMPER SUPPORT - LH / RH ?	2	\$ 64.00	
18	POP RIVET ?	4	\$ 4.00	
19	HORN - RH ?	1	\$ 139.00	
20	HORN SUPPORT - RH ?	1	\$ 33.00	
<b>SUB TOTAL SPARE PARTS</b>		:	<b>\$ 3,947.00</b>	

ALL CHARGES ARE NOT INCLUSIVE OF GST  
 LEGEND: REMARKS (OK) = APPROVED, REMARKS (X) = NOT APPROVED  
 SPARE PARTS ARE SPECIAL NETT.

# PREMIUM AUTOMOBILES



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## MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SLV 4371 U

S/N	PARTS DESCRIPTION	QTY	DAMAGED PARTS & PRICES	
			S/NETT	REMARKS
21	FRONT FENDER - RH / (OK)	1	\$ 861.00	
22	FRONT FENDER ATTACHMENT PARTS X	1	\$ 211.00	
23	FRONT FENDER CLOSING ELEMENT - RH / (OK)	1	\$ 81.00	
24	FRONT FENDER BRACKET - RH / (OK)	1	\$ 41.00	
25	FRONT FENDER BRACE - RH ?	1	\$ 132.00	
26	FRONT FENDER BRACKET CENTER - RH X	1	\$ 55.00	
27	FRONT WHEEL HOUSING LINER - RH (OK) ?	1	\$ 262.00	
28	FRONT WHEEL HOUSING LINER ATTACHMENT PARTS ?	1	TBC	
29	FRONT WHEEL SPOILER / (OK)	1	\$ 82.00	
30	FRONT WHEEL SPOILER LOWER - RH X	1	\$ 40.00	
31	FRONT WHEEL SPOILER STONE CHIP GUARD - RH X	1	\$ 57.00	
32	FRONT FENDER LEDGE COVER LONG - RH ?	1	\$ 35.00	
33	FRONT FENDER LEDGE COVER SHORT - RH / (OK)	1	\$ 26.00	
34	HEADLIGHT - RH / (OK)	1	TBC	
35	HEADLIGHT POWER MODULE ?	1	\$ 840.00	
36	HEADLIGHT CONTROL UNIT ?	1	\$ 840.00	
37	HEADLIGHT HOSE - RH ?	1	\$ 42.00	
38	SPACER ?	3	\$ 136.00	
39	LIFT CYLINDER - RH ?	1	\$ 231.00	
40	LIFT CYLINDER BRACKET ?	1	\$ 7.00	
<b>SUB TOTAL SPARE PARTS</b>		:	<b>\$ 3,979.00</b>	

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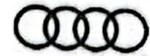
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**MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SLV 4371 U**

S/N	PARTS DESCRIPTION	QTY	DAMAGED PARTS & PRICES	
			S/NETT	REMARKS
41	LIFT CYLINDER CORRUGATED PIPE ?	1	\$	107.00
42	LIFT CYLINDER HOSE - INNER ?	1	\$	45.00
43	LOCK CARRIER ?	1	\$	1,127.00
44	OUTSIDE TEMPERATURE SENSOR BRACKET ?	1	\$	21.00
45	RADIATOR COOLANT ?	6	\$	282.00
46	RADIATOR AIR GUIDE INNER - RH ?	1	\$	32.00
47	RADIATOR AIR GUIDE OUTER - RH ?	1	\$	14.00
48	RADIATOR AIR GUIDE UPPER ?	1	\$	19.00
49	FRONT NO PLATE X	S/N	\$	120.00
50	SUNDRIES ?		\$	350.00
<b>TOTAL SPARE PARTS</b>		:	\$	<b>10,043.00</b>
<b>TOTAL LABOUR CHARGES</b>		:	\$	<b>8,502.00</b>
<b>GRAND TOTAL</b>		:	\$	<b>18,545.00</b>

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 **PREMIUM AUTOMOBILES**



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 TEL: 6366 2323 FAX: 6841 1183  
 EMAIL: NORA.KHAI@PREMIUMAUTO.COM.SG / CLAIMS@PREMIUMAUTO.COM.SG

NAME	:	Steve (LKR)	DD-MN
SURVEYED DATE	:	27/4/22, 3.00p	Exn S-?
AUTHORISED DATE	:		PIP
EXCESS COST	:		By BLG
LIABILITY	:		5 Lys
REMARKS	:		

PLEASE NOTE : THIS ESTIMATE IS BASED ON VISUAL INSPECTION OF THE AFFECTED VEHICLE. SHOULD WE REQUIRE FURTHER LABOUR CHARGES AND SPARE PARTS IN THE PROGRESS OF REPAIR, WE SHALL INFORM YOU ACCORDINGLY.  
 FOR INSPECTION OF VEHICLE, PLEASE REFER TO MS. NORAH KHAI AT TEL: 6768 9828 / 6768 9911 FOR APPOINTMENT.

YOURS FAITHFULLY,  
 PREMIUM AUTOMOBILES PTE LTD

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer  
 Signature:  
 Date:

JOHNNY BOO  
 BODY REPAIR MANAGER

ALLAN WU  
 CLAIMS CONSULTANT

# 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 ..... 26/04/2022 12:49 (SGT)  
Date of Accident ..... 25/04/2022 17:05 (SGT)  
Exact Location of Accident ..... 200 Turf Club Rd, Singapore 287994  
Additional Location Information ..... GRANDSTAND CAR PARK ZONE B  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLV4371U  
  
INSURED/POLICYHOLDER  
  
Is company? ..... No  
Name Of Registered Owner ..... TAN YI TING  
NRIC No ..... SXXXX541C  
Email Address ..... BRYANASHFIELD@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-91993737  
Alternative Phone No ..... +65-91993737

### VEHICLE PARTICULARS

Manufacturer ..... Audi  
Model ..... A4  
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? ..... Yes  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 1395

### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 1700094139-04  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... BRYAN LIM JUN YAN  
NRIC No ..... SXXXX370A

Date Of Birth ..... 19/09/1992  
 Occupation ..... Indoor  
 Date Of Driving Pass ..... 28/12/2013  
 Driving experience ..... 8 YEARS AND 4 MONTHS  
 Gender ..... Male  
 Mobile Number .....  
 Alt. Phone Number ..... (Phone) +65-91709070  
 Email Address ..... -  
 Address ..... BRYANASHFIELD@GMAIL.COM  
 Address complement ..... BLK 130 BEDOK RESERVOIR ROAD  
 Postcode ..... #10-1353  
 Is the driver the policyholder? ..... 470130  
 If No, Relationship of the Driver with the Insured ..... No  
 Does Driver Own Other Vehicles? ..... Child  
 Vehicle Registration Number of Other Vehicle Owned by Driver ..... No  
 Insurance Company of Other Vehicle Owned by Driver ..... -

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident ..... Collision - Cross Junction  
 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 vehicle or property damaged? ..... Yes  
 Number of Passengers (Including Driver) ..... 2  
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? ..... No

PASSENGER 1

Name ..... LYNN ONG YI JING  
 Gender ..... Female

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

I WAS REVERSING INTO A CAR PARK LOT AT THE GRANDSTAND, NEEDING TO RE-ALIGN MY VEHICLE. I CHECKED RIGHT & LEFT FOR ONCOMING VEHICLE. CONDITION WAS CLEAR, THEN I PROCEEDED TO RE-ALIGN MY VEHICLE. SUDDENLY, I FELT A MASSIVE IMPACT ON MY VEHICLE.

ATTACHMENT(S)

Are accident photos available for attachment? ..... Yes  
 Was there any video captured by Car Camera? ..... Yes  
 Was there any audio recorded? ..... No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... SMC241B  
 Vehicle Manufacturer ..... Mazda  
 Vehicle Model ..... 2  
 Vehicle Variant ..... -

Vehicle Colour	Black
Vehicle Category	Private car
Name of Driver	SEOW SZI RACHEL
Contact Number	(Phone) +65-90888269
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

## 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**.
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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 insurers 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/small 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.

*JH*, 26/04/22  
9.41am

Policyholder's Signature / Date & Time

*[Signature]*, 26/04/22  
9.41am

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



Witnessed by Reporting Centre Personnel

### Sketch Plan

A: SLU4371U  
B: SMC241B



**Describe Circumstances of the Accident**

I was reversing into a carpark lot at the Grandstand, needing to re-align my vehicle, I checked Right then left for oncoming vehicle. I probably condition was clear, then I proceeded to re-align my vehicle. Suddenly I felt a massive impact on my vehicle.

**Declaration**

We declare the foregoing particulars are true in every respect

*[Signature]* 26/04/22  
9.53 am

Policyholder's Signature / Date & Time

*[Signature]* 26/04/22  
9.53 am

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



Witnessed by Reporting Centre Personnel