

NATIONAL Assessment Centre Services

(Ref: 1-24-22)

210822AD0002

Date In: 13/10/2022 16:50	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: XBA/PC22010136/Y	E-mail (within 3hrs, A/C 2hrs)		
Vol No: GB5 4520M	1-Motor Claim Form		
D.O.A: 10/10/2022 18:58	1-Motor W/O (within 24 hrs, 24 hrs)		
QC () Reporting Only	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax: Hand to Owner/Whar		

Preferred Wksp / INC Assign Wksp / CW: (Tel: (Fax: (
TP Particulars: Vch No: SLT 944X	INC () / Non-INC ()	
Owner / Driver: (Tel: (
Policy No: (Period: (Cover Type: (
Confirmed by: (Date: (Time: (
Insured Driver Liability: (95) (Note: Use Status (WO): 12-0-2011, P: 21-79%, P: 80-110%)	
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 of repairer.

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

Drive-In () / Towed-In () : Invoice: YES () / NO () : Towing Co: (

Remarks: () (INC's Hotline: 6788 6616)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Recovery Photo (Repair Cost > \$3000) ()

Injury: ()

Particulars: ()

Actions: ()

Invoice Preparation Checklist	AMOUNT	AMOUNT
1) AR: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100) INC (\$55)		
3) TF: Towing Fee (\$40/\$45)		
4) PF: Follow-Through Survey (\$150)		
5) PF: Follow-Through Survey (Recovery) (\$30)		
6) TR: Re-orientation (\$75)		
7) NI: NI: DA + DMRT Survey (\$160)		
8) NIUC: Additional Towing Fee		
9) NIUC: Additional Towing Fee		
10) NIUC: Additional Towing Fee		
11) NIUC: Additional Towing Fee		
12) NIUC: Additional Towing Fee		
13) NIUC: Additional Towing Fee		
14) NIUC: Additional Towing Fee		
15) NIUC: Additional Towing Fee		
16) NIUC: Additional Towing Fee		
17) NIUC: Additional Towing Fee		
18) NIUC: Additional Towing Fee		
19) NIUC: Additional Towing Fee		
20) NIUC: Additional Towing Fee		
21) NIUC: Additional Towing Fee		
22) NIUC: Additional Towing Fee		
23) NIUC: Additional Towing Fee		
24) NIUC: Additional Towing Fee		
25) NIUC: Additional Towing Fee		
26) NIUC: Additional Towing Fee		
27) NIUC: Additional Towing Fee		
28) NIUC: Additional Towing Fee		
29) NIUC: Additional Towing Fee		
30) NIUC: Additional Towing Fee		
31) NIUC: Additional Towing Fee		
32) NIUC: Additional Towing Fee		
33) NIUC: Additional Towing Fee		
34) NIUC: Additional Towing Fee		
35) NIUC: Additional Towing Fee		
36) NIUC: Additional Towing Fee		
37) NIUC: Additional Towing Fee		
38) NIUC: Additional Towing Fee		
39) NIUC: Additional Towing Fee		
40) NIUC: Additional Towing Fee		
41) NIUC: Additional Towing Fee		
42) NIUC: Additional Towing Fee		
43) NIUC: Additional Towing Fee		
44) NIUC: Additional Towing Fee		
45) NIUC: Additional Towing Fee		
46) NIUC: Additional Towing Fee		
47) NIUC: Additional Towing Fee		
48) NIUC: Additional Towing Fee		
49) NIUC: Additional Towing Fee		
50) NIUC: Additional Towing Fee		
51) NIUC: Additional Towing Fee		
52) NIUC: Additional Towing Fee		
53) NIUC: Additional Towing Fee		
54) NIUC: Additional Towing Fee		
55) NIUC: Additional Towing Fee		
56) NIUC: Additional Towing Fee		
57) NIUC: Additional Towing Fee		
58) NIUC: Additional Towing Fee		
59) NIUC: Additional Towing Fee		
60) NIUC: Additional Towing Fee		
61) NIUC: Additional Towing Fee		
62) NIUC: Additional Towing Fee		
63) NIUC: Additional Towing Fee		
64) NIUC: Additional Towing Fee		
65) NIUC: Additional Towing Fee		
66) NIUC: Additional Towing Fee		
67) NIUC: Additional Towing Fee		
68) NIUC: Additional Towing Fee		
69) NIUC: Additional Towing Fee		
70) NIUC: Additional Towing Fee		
71) NIUC: Additional Towing Fee		
72) NIUC: Additional Towing Fee		
73) NIUC: Additional Towing Fee		
74) NIUC: Additional Towing Fee		
75) NIUC: Additional Towing Fee		
76) NIUC: Additional Towing Fee		
77) NIUC: Additional Towing Fee		
78) NIUC: Additional Towing Fee		
79) NIUC: Additional Towing Fee		
80) NIUC: Additional Towing Fee		
81) NIUC: Additional Towing Fee		
82) NIUC: Additional Towing Fee		
83) NIUC: Additional Towing Fee		
84) NIUC: Additional Towing Fee		
85) NIUC: Additional Towing Fee		
86) NIUC: Additional Towing Fee		
87) NIUC: Additional Towing Fee		
88) NIUC: Additional Towing Fee		
89) NIUC: Additional Towing Fee		
90) NIUC: Additional Towing Fee		
91) NIUC: Additional Towing Fee		
92) NIUC: Additional Towing Fee		
93) NIUC: Additional Towing Fee		
94) NIUC: Additional Towing Fee		
95) NIUC: Additional Towing Fee		
96) NIUC: Additional Towing Fee		
97) NIUC: Additional Towing Fee		
98) NIUC: Additional Towing Fee		
99) NIUC: Additional Towing Fee		
100) NIUC: Additional Towing Fee		



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 Actual 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	13/10/2022 16:50 (SGT)
Reported by	Driver
Date of Accident	10/10/2022 18:55 (SGT)
Exact Location of Accident	Ang Mo Kio Ave 8, Singapore
Additional Location Information	INFRONT OF BLOCK 505 CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ4520M
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SECURITAS ELECTRONIC SECURITY SINGAPORE PTE. LTD.
Company Reg No	2XXXXX059C
Email Address	ooinick@yahoo.com
Mobile Phone No	(Phone) +65-92330098
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Fiat
Model	Doblo
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	Commercial vehicle
Transmission	Manual
CC	1598

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Policy Number / Cover Note Number	Z/21/VC06/112746

DRIVER

Name of Driver	OOI UI CHENG
NRIC No	SXXXX914C
Date Of Birth	22/07/1973
Occupation	Outdoor



Date Of Driving Pass	08/08/1991
Driving experience	31 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92330098
Alt. Phone Number	-
Email Address	ooinick@yahoo.com
Address	BLK 507 ANG MO KIO AVENUE 8 #05-2714
Address complement	-
Postcode	560507
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio South Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004519999
Alt. Police Station Phone No	(Fax) +65-65535679
Police Station Address	81 Ang Mo Kio Ave 3 Singapore 569929
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/2022/1012/2088

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLT9444X
Vehicle Manufacturer	BMW
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

WITNESS DETAILS

WITNESS 1

Name	UNKNOWN
Phone	(Phone) +65-90670629
Email	-

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 Actual 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 Traffic Police Department for Investigation.**
6. This report will be forwarded by the insurers to 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.



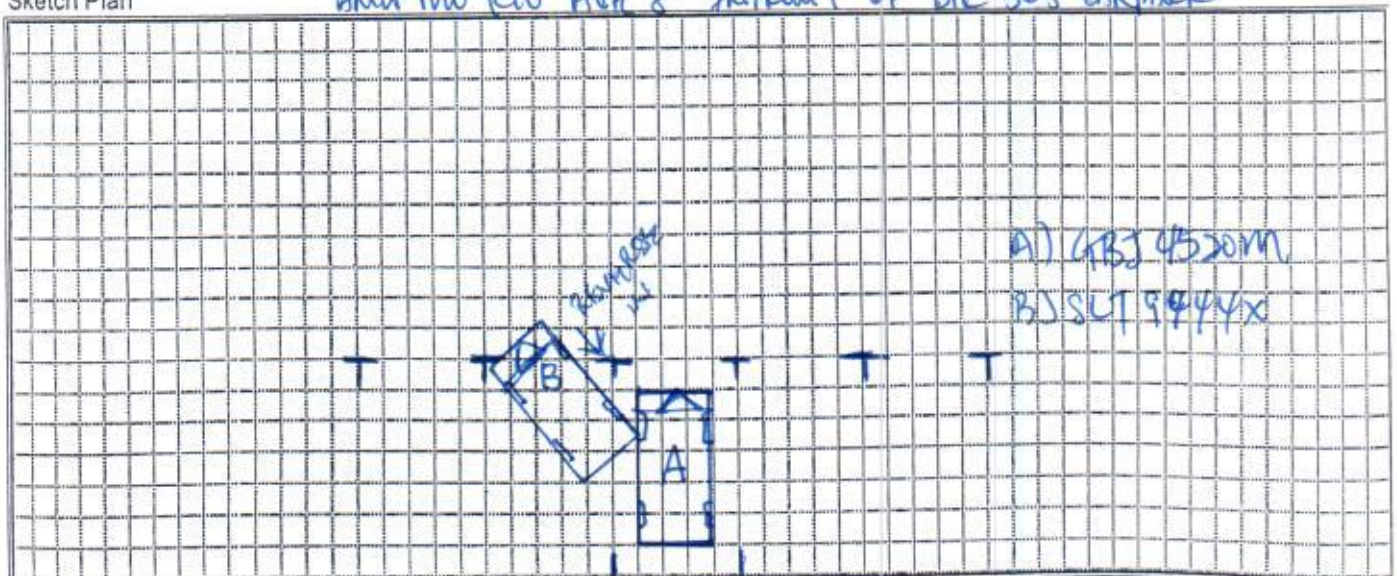
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

Along NW Kio Ave 8 Infront of BIK SOS CARPARK



Describe Circumstance of the Accident

REFER TO POLICE REPORT T/2022/012/2088

Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature]

13 OCT 2022.

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



SINGAPORE POLICE FORCE



T/20221012/2088

1 of 3

Report No. T/20221012/2088

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/10/2022 17:31	Vide Report No.:	Station Diary No.: 76
Informant's Particulars		
Name of Informant: OOI UI CHENG	Address: APT BLK 507 ANG MO KIO AVENUE 8 #05-2714 SINGAPORE 560507	
ID Type / ID No.: NRIC NO / S7371914C	Contact No.: Home/Office:	Mobile: 92330098
Nationality: SINGAPORE CITIZEN	Email:	
Sex: Male	Age: 49	Date of Birth: 22/07/1973
Type of Informant: Driver		
Race: Chinese	Language:	Institution / School Name:
Occupation: SERVICE MANAGER	Driving Licence Information: Class: 2B,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 09/10/2022 18:00	Type of Location: Car Park
Location: ANG MO KIO AVENUE 8				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBJ4520M						0
SLT9444X						0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20221012/2088

2 of 3

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

Report No. T/20221012/2088

CONTINUATION OF REPORT

Driver			
Name	OOI UI CHENG	ID No.	S7371914C
Related Vehicle	GBJ4520M	Contact No.	92330098
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	Unknown	ID No.	NIL
Related Vehicle	SLT9444X	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

Brief Details.

On 09/10/2022 at about 1800hours, I parked my vehicle (GBJ4520M) at the open carpark of in front Blk 505 Ang Mo Kio Avenue 8. Everything is all intact and no damages before I left for home.

On 12/10/2022 at about 1400hours, I went to retrieve my vehicle and discovered my vehicle passenger's left mirror was closed. I walked over to the left side and discovered dent and scratches at my left passenger door area. I realized there was a note left on my windscreen, I look at the note and a contact number was written on it.

I contacted the number (H/P: 90670629), a witness saw the incident and took photo of the incident. 2 photos were sent to me. I was informed by the witness that a lady driving vehicle (SLT9444X - grey BMW) tried to reverse into the lot on my left, but she misjudges it and collided on to my vehicle. She came down of her vehicle, take a look and subsequently left the place. The incident happened on 10/10/2022 at about 1855hrs.



**SINGAPORE
POLICE FORCE**



T/20221012/2088

3 of 3

Report No. T/20221012/2088

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

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:

F /

SGT 3 ELAINE ONG EE LING

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

12/10/2022 17:31

Officer In Charge Of Case:

TP / HRT /

STAFF SGT SUFIYAN BIN KHAIRI

Contact No.: 65476148

Classification Of Case:

NP168

ACCIDENT STATEMENT

ACCIDENT DATE: 10/10/2022 (DD/MM/YYYY), TIME: 18.55HRS. (HH:MM)

LOCATION: ANG MO KIO AVE 8, In front of block 505. Carpark

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBJ4520M
 b) INSURANCE COMPANY: LONPAC INSURANCE BHD.
 c) POLICY NUMBER: Z/21/VC06/112746
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: FIAT DOBLO
 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: SECURITAS ELECTRONIC SECURITY (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 200005059C CONTACT: 92330098
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

- DRIVER
 a) NAME: NICHOLAS OOI (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: ST371914C CONTACT: 92330098
 c) ADDRESS: BLK 507, ANG MO KIO AVE 8, #05-27/4, 560507.

- * d) DATE OF BIRTH: 22/07/1973 (DD/MM/YYYY)
 e) OCCUPATION: (INDOOR / OUTDOOR)
 f) DATE OF DRIVING PASS: 02NOV2011
 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: SLT9444X MODEL: BMW
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE


- a) VEHICLE NUMBER: _____ MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email = ooinick@yahoo.com

VIDEO

WITNESS.

Hi, saw SLT9444X
hit van van front
left side -
I got photo contact
me 90670629


13/10/2022

**LONPAC INSURANCE BHD (S98FC5635C)**

(Incorporated in Malaysia)

Singapore Office: 300, Beach Road #17-04/07, The Concourse, Singapore 199555.

Tel: (65) 6250 7388 Fax: (65) 6296 3767 Website: www.lonpac.com.sg

GST Reg No.: F0-0005635-C

MZ300

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION ACT (CAP 189) REPUBLIC OF SINGAPORE,
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES 1960 (REPUBLIC OF SINGAPORE),
ROAD TRANSPORT ACT 1987 (MALAYSIA),
ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA),
THE MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA).

Certificate No. : Z/21/VC06/112746

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

FIAT NEW DOBLO SX 1.6MJ E6 GLAZED
- GBJ 4520M

2. Name of Policy Holder

SECURITAS ELECTRONIC SECURITY
SINGAPORE PTE. LTD.3. Effective date of the Commencement of Insurance
for the purpose of the Act.

01/11/2021

4. Date of Expiry of the Insurance

31/10/2022

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/THEIR 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 IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS. USE FOR THE CARRIAGE OF
PASSENGERS (OTHER THAN FOR HIRE OR REWARD) IN CONNECTION WITH THE POLICYHOLDER'S
BUSINESS. USE FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES. THE POLICY DOES NOT
COVER:- USE FOR HIRE OR REWARD OR FOR RACING, PACEMAKING, RELIABILITY TRIAL OR
SPEED TESTING. USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE
DISABLED MECHANICALLY PROPELLED VEHICLE.

Excess : S\$500.00 (SECTION 1)
S\$2500.00 (SECTION 1) ADDITIONAL EXCESS FOR
YOUNG AND/OR INEXPERIENCED DRIVERS
S\$100.00 WINDSCREEN EXCESS (EXCESS WILL
BE DOUBLED ON SUBSEQUENT CLAIMS)

Condition : ACCIDENT REPAIRS AT LONPAC'S AUTHORISED WORKSHOPS

* Limitations rendered inoperative by Section 95 of the Road Transport Act 1987 (Malaysia) or Section 8 of the Motor
Vehicles (Third Party Risks and Compensation) Act (Cap 189) Republic of Singapore are not included under
heading.I/We hereby certify that this covering Note is issued in accordance with the provisions of Part IV of the Road
Transport Act 1987 (Malaysia) and Motor Vehicles (Third-Party Risks and Compensation) Act (Cap 189) Republic of
Singapore.CHIEF EXECUTIVE
(Singapore Branch)User ID : ambika / mhchan
Date Issued : 28-10-2021

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: SNE822AD0003 Vehicle Registration No: GBJ4520M
 Name (as shown in NRIC): EOI LI CHIAU NRIC/FIN/Passport No: SXXXX914C
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 92330098
 Email Address: _____
 Date of Accident: 10/10/2022 Time of Accident: 18:55
 Place of Accident: ANGL MO KIO AVE8 INFRONT OF BLK J05 CARPARK
 Insurance Company: WALPAC

(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 INPUT POLICY NUMBER Z/21/XCO6/112746

Policyholder / Actual Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date: 13/10/2022