

**NATIONAL Assessment Centre Services** (not a person) **SA0923/P0003**

Date In: 28/01/2023 11:22	Job description	Date & Time Completed	Done by
Ref No: X142300227	SAS e-filing		
Veh No: SA 26238	E-incl (within 3hrs, AIC 2hrs)		
D.O.A: 20/01/2023 15:15	I-Motor Claim Form		
OD (TP) / Reporting Only	I-Motor W/O (within: OD 2hrs, TP 3hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Whse		

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

TP Particulars: Vch No: SA 1027B INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel: ( )

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by: ( ) Date: ( ) Time: ( )

Insured/Driver Liability: ( ) % (Note: Bst Status (WO): N: 0-20%, P: 21-79%, P: 80-100%)

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 of repeller.

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

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

Remarks: ( )

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

2) QC Check / Post Repair Inspection ( )

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

Injury: ( )

Date Taken: ( )

Actions: ( )

**X142300227**

Invoice Preparation Checklist	INC ( )	Non-INC ( )
1) A/Rt Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100)	INC (\$50)	
3) TP: Towing Fee (\$10/\$40)		
4) PT: Follow-Through Survey (\$120)		
5) PT: Follow-Through Survey (Resurvey)	\$50	
6) TR: Reformation		
7) NI: Issue DA, P, SMRT Survey	\$140	
8) NIUC Additional Services		
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100) NIUC Additional Services		

Checked by (Engr-In-Charge): ( )

Signature: ( )

Date: ( )

## 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	25/01/2023 11:22 (SGT)
Reported by	Both
Date of Accident	20/01/2023 15:15 (SGT)
Exact Location of Accident	Upper Serangoon Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNF2623S
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	JIANG GUOJU
NRIC No	SXXXX683I
Email Address	admin@mycar.sg
Mobile Phone No	(Phone) +65-82810699
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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
Transmission	Auto
CC	1496

#### INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SD22V06863/VPL/R00

#### DRIVER

Name of Driver	JIANG GUOJU
NRIC No	SXXXX683I
Date Of Birth	09/06/1985
Occupation	Outdoor

Date Of Driving Pass .....	12/05/2016
Driving experience .....	6 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-82810699
Alt. Phone Number .....	-
Email Address .....	admin@mycar.sg
Address .....	BLK 161 YISHUN STREET 11 #07-190
Address complement .....	-
Postcode .....	760161
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 .....	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions .....	Raining
Road Surface .....	Wet

#### 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) .....	1
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 .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH AND POLICE REPORT T/20230121/7017

#### 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 OWNER

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SLN1027B
Vehicle Manufacturer .....	-
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) .....	-

## 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:

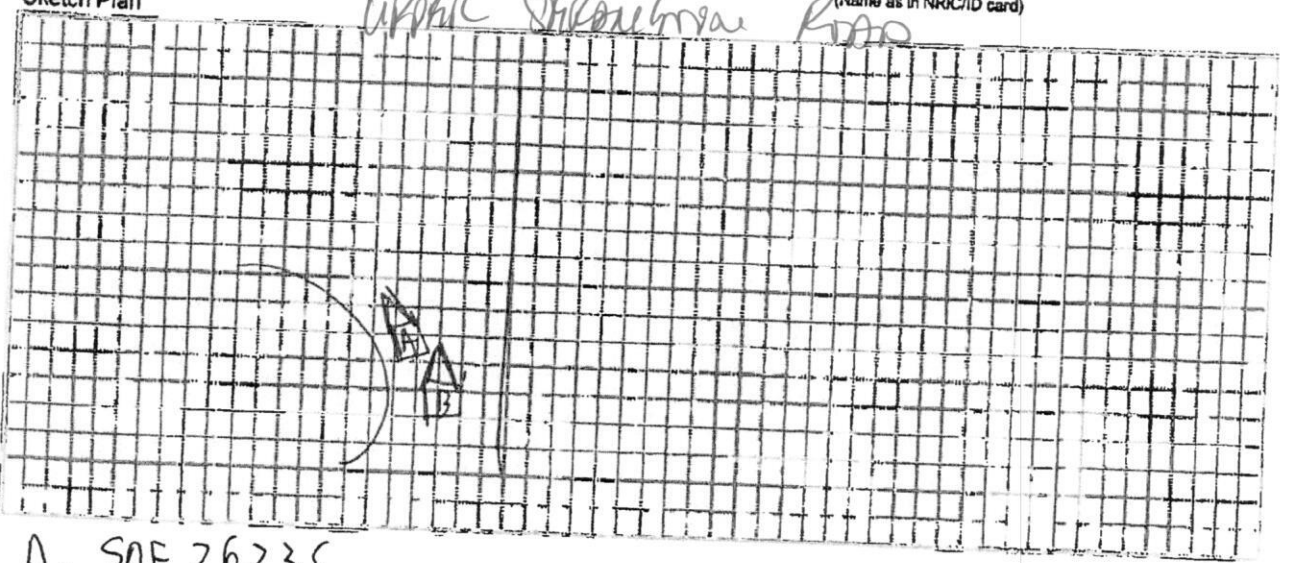
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (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.

*Giju*  
Policyholder's Signature / Date & Time

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

*[Signature]* 25/07/2023  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

Sketch Plan



A - SNF 26235  
B - SCN 1027B

Describe Circumstance of the Accident

on the stated time and date i was travelling  
along upper Seremban Road.  
Suddenly vehicle SLN1027B, Hit onto  
my Right rear. And they drove away.  
I went to make a police report.  
And submitted the video, the car  
plate that hit me is SLN 1027B

POLICE REPORT 7/2023 01/11/2017

Declaration

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

Gija  
Policyholder's Signature / Date & Time

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

25/02/2023  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)





# SINGAPORE POLICE FORCE



T/20230121/7017

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20230121/7017

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 21/01/2023 12:59		Vide Report No.:	Station Diary No.:
<b>Informant's Particulars</b>			
Name of Informant: JIANG GUOJU		Address: 161 YISHUN STREET 11 #07-190 SINGAPORE 760161	
ID Type / ID No.: NRIC NO / S8563683I		Contact No.: Home/Office: Mobile: 82810699	
Nationality: SINGAPORE CITIZEN		Email: JIANGGUOJU2015@GMAIL.COM	
Sex: Male	Age: 37	Date of Birth: 09/06/1985	Type of Informant: Vehicle Owner
Race: Chinese		Language: English	Institution / School Name:
Occupation: PRIVATE HIRE DRIVER		Driving Licence Information: Class:	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 20/01/2023 15:15	Type of Location: Straight Road
Location: UPPER SERANGOON ROAD				
Weather: Raining		Road Surface: Wet	Road Speed Limit: 40 Km/h	
Traffic Flow:		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of
SNF2623S	Car	HONDA	NA	Grey	Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNF2623S	LIBERTY	SD22V06863/VPL/R00	26/05/2022	25/05/2023



**SINGAPORE  
POLICE FORCE**



T/20230121/7017

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T/20230121/7017

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Vehicle Owner</b>			
Name	JIANG GUOJU	ID No.	S8563683I
Related Vehicle	SNF2623S (Car)	Contact No.	82810699
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

I was driving along upper serangoon road( NEX to KOVAN) ,Got to pick a passenger at Condo(815 UPPER SERANGOON ROAD). When I got to the condo ,A pedestrian is crossing the street, So I stopped and waited. The car (SLN1027B) behind me was ready to OVERTAKE me. And it hit the back right side of my car ,He didn't stop, run straight from the scene. Then I check my car, found some damage to the car ,That's all.





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20230121/7017

3 of 3

Report No. T/20230121/7017

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
RASHIDAH BINTE AZMAN  
Contact No.: 65476902

This report is lodged at Yishun North NPC Kiosk 1  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
21/01/2023 12:59

Classification Of Case:

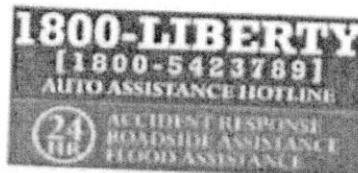
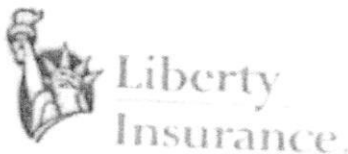
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Personal Particulars of Owner & Driver Vehicle A

Date of Accident: 20/1/23 (dd/mm/yy) Time of Accident: 15:15 (24-HR-FORMAT)  
Vehicle No.: SNF 26239 Vehicle Make & Model: Honda V20i  
\*Transmission: ☐ Manual ☒ Auto \*C.c.:  
Exact location of Accident: Upper Serangoon Road.  
Policyholder's Name: Jiang Guo Ju NRIC/FIN/REG No.: S85 63 6831  
\*Policyholder's email address: admin@my car.sg  
Driver's Name: \_\_\_\_\_ NRIC/FIN/REG No.: \_\_\_\_\_  
\*Driver's email address: \_\_\_\_\_  
Driver's Contact No.: 82810699 Company Contact No (if any): \_\_\_\_\_  
Date of birth: 9/6/1985 Driving Pass Date: 12/5/2016  
Driver's Address: 161 Yishyn street 11 #07-190 C 760161  
Insurance Company: \_\_\_\_\_  
Policy No.: \_\_\_\_\_ 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  
Occupation (nature job) ☐ Indoor ☒ Outdoor \*No. of Passengers / Including Driver): \_\_\_\_\_  
\*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 camera? ☒ Yes / ☐ No  
Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: \_\_\_\_\_  
Injuries Sustain: \_\_\_\_\_ Injured Person in Which Vehicle: \_\_\_\_\_  
Police Report filed: ☐ Yes / ☐ No (If YES) Which Police Station: \_\_\_\_\_

The Other Party (S) Details:

1. Driver's Name / IC No: \_\_\_\_\_ Vehicle No: SLN 1027B  
Driver's Contact No: \_\_\_\_\_ 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: \_\_\_\_\_ Contact No: \_\_\_\_\_



Liberty Insurance Pte Ltd  
Registration no 199002791D  
51 Club Street  
#03-00 Liberty House  
Singapore 069428  
Tel: (65) 6221 8611  
Website: <http://www.libertyinsurance.com.sg>

## CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1980  
ROAD TRANSPORT ACT, 1987  
ROAD TRANSPORT (AMENDMENT) ACT 2019  
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959

Certificate No	SD22V06863 /VPL /R00
From	MZ400B
Date Of Issue	26-MAY-2022
1.Index Mark and Registration No. of Vehicle:	SNF2623S
2.Chassis number of Vehicle:	RV31004030
3.Name of Policyholder:	JIANG GUOJU
4.Effective date of Commencement of Insurance for the purpose of the Act:	26-MAY-2022 00:00 AM
5.Date of Expiry of Insurance:	25-MAY-2023 23:59 PM
6.Persons or Classes of Persons entitled to drive*:	
For Private Hire Vehicle (PHV) Usage :	JIANG GUOJU
For Social, domestic & pleasure purposes : Any Authorised Drivers driving with the permission of the Policyholder.	
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.	
And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage	
7.Limitations as to use*:	
A) Use for carriage of passengers or goods in connection with the Policyholder's business	
B) Use for social, domestic and pleasure purposes	
8.Policy does not cover:	
A) Use for racing, pace-making, reliability trials or speed-testing	
B) Use whilst drawing a trailer except the towing (other than for reward) of any one driven mechanically propelled vehicle	
*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 are not to be included under these headings	
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.	
For and on behalf of <b>LIBERTY INSURANCE PTE LTD</b> Approved Insurers	
Authorised Signature	
For information only:	
COVERAGE :	Comprehensive, Unlimited Windscreen, PHV Extension (Geographical Area: Singapore only)
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	Section I (Singapore) S\$2000, Section I (Outside Singapore) S\$4000, Section II (Singapore) S\$1500, Section II (Outside Singapore) S\$3000, Windscreen Excess S\$100
FINANCE COMPANY:	GENIE FINANCIAL SERVICES PTE LTD
PRODUCER NAME:	CAR TIMES INSURANCE AGENCY PTE LTD

PLFRM/26-MAY-22

S1 C1 T1 T3 OE Template6-Ver1 26-MAY-22

**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: SUB 131 P003 Vehicle Registration No: SUF 2623 S  
Name (as shown in NRIC): FRANK GUNTH NRIC/FIN/Passport No: XXXXX 6887  
(\*Vehicle Driver/Policyholder) (\*) Please delete as appropriate  
Address: \_\_\_\_\_ Singapore ( )  
Contact (Tel): \_\_\_\_\_ Mobile No.: 82870699  
Email Address: \_\_\_\_\_  
Date of Accident: 20/01/2023 Time of Accident: 15:15  
Place of Accident: UPPER SHARONHONG ROAD  
Insurance Company: LIBERTY

**(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 upload the correct picture

\_\_\_\_\_  
Policyholder / Actual Driver's Signature  
Date:

25/1/2023  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name (as in NRIC/ID card):  
Date: