



## 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 ability.
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 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 Report	08/12/2017 13:55
Date Of Accident	08/12/2017 09:10
Exact Location Of Accident	AYE TOWARDS MCE BEFORE CLEMENTI ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS3877L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM PEI WOON
NRIC No	S8270384E
Email Address	NOEMAIL
Mobile Phone No.	(LOCAL) +65-98550644
Alternative Phone No	OTHERS-98550644

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 CVT (A)
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100408967-02000
Cover Note Number	

### Driver

Name of Driver	LIM CHENG HAO
NRIC No	S9102008D
Date Of Birth	23/01/1991
Occupation	INDOOR
Date Of Driving Pass	01/10/2009
Driving Experience	8 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98550644
Fax Number	
Contact Number	OTHERS-98550644
Email Address	NOEMAIL

Address	9F YUAN CHING ROAD #10-64
Postcode	618648
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ALJUNIED NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 13 JOO SENG ROAD , POSTCODE: 360013 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2809999 - FAX NO: 62815960
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20171208/2109

#### 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	SKL2155E
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	AXA INSURANCE PTE LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name

Phone Number

Email Address

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLN9825L

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Details of Witness

Name

Phone Number

Email Address

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SHC3373T

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Details of Witness

Name

Phone Number

Email Address

#### DETAILS OF INJURED PERSON 1

Name LIM CHENG HAO

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? SKS3877L

Were seat belts worn? YES

Was injured conveyed to hospital by ambulance? NO

Address

Postcode

## SKETCH PLAN

### IMPORTANT NOTICE

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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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the Information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

A SKS 3877L  
B SKL 2155E  
C SLN 9925L  
D SHC 3373T

On 08.12.2017 at about 09:10hrs, I was travelling along AYE Towards MCE Before Clementi Road. The traffic was on slow moving. Ahead of me, there's a vehicle slow down & stop, I follow suit. A second later, I felt an hard impact from the rear. Then I realised a vehicle SKL 2155E had collided onto my rear. Due to the hard impact, my vehicle had push forward and collided with SLN 9825L. Total 4 vehicles involved in this accident-That's all.

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

Reporting Centre Personnel's Signature  
Name: *[Signature]*  
NRIC/FIN No.: *[Signature]*





# SINGAPORE POLICE FORCE



T/20171208/2109

1 of 4

Report No. T/20171208/2109

Police Station Of Origin:  
Aljunied NPP  
13 Joo Seng Road #01-69 SINGAPORE  
360013  
Tel No: 1800-2809999

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/12/2017 15:39		Vide Report No.:		Station Diary No.: 18	
<b>Informant's Particulars</b>					
Name of Informant: LIM CHENG HAO			Address: 9F YUAN CHING ROAD #10-64 SINGAPORE 618648		
ID Type / ID No.: NRIC NO / S9102008D			Contact No.: Home/Office: Mobile: 98550644		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 26	Date of Birth: 23/01/1991	Type of Informant: Driver		
Race: Chinese			Language: Chinese		Institution / School Name:
Occupation: Sales Executive			Driving Licence Information: Class: 3 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 08/12/2017 09:10	Type of Location:
Location: Along Road 1 AYER RAJAH EXPRESSWAY AYE Expressway before Clementi Road Exit				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC3373T	Car				Slightly Damaged	0
SKL2155E	Car					0
SKS3877L	Car					0
SLN9825L	Car.				Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20171208/2109

Police Station Of Origin:

Aljunied NPP

13 Joo Seng Road #01-69 SINGAPORE

360013

Tel No: 1800-2809999

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Report No. T/20171208/2109

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Boey Lim Yip	ID No.	S1522394D
Related Vehicle	SHC3373T (Car)	Contact No.	90086696
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
Driver			
Name	Lim Zi Yang	ID No.	S9123401G
Related Vehicle	SKL2155E (Car)	Contact No.	96639818
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
Driver			
Name	LIM CHENG HAO	ID No.	S9102008D
Related Vehicle	SKS3877L (Car)	Contact No.	98550644
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	08/12/2017	Date Discharge	08/12/2017
No. of Days granted Medical Leave	05	Degree of Injury	NIL





**SINGAPORE  
POLICE FORCE**



T/20171208/2109

Police Station Of Origin:

Aljunied NPP

13 Joo Seng Road #01-69 SINGAPORE

360013

Tel No: 1800-2809999

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Report No. T/20171208/2109

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	Kang Lai Huat	ID No.	S1380025A
Related Vehicle	SLN9825L (Car)	Contact No.	98490008
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 the 8/12/2017 at around 0910hrs while I was driving vehicle bearing plate number SKS3877L, travelling along the AYE Expressway at the extreme right lane behind a vehicle bearing plate number SLN9825L and was heading toward Joo Seng Road. I had stopped behind the vehicle due to heavy and slow moving traffic. After 1-2 seconds when I was stationary, a vehicle bearing plate number SKL2155E traveling behind had hit onto the rear bumper of my vehicle causing my vehicle to hit the front vehicle. I then alighted and noticed a total of 4 vehicle was involved in the accident. No one was injured, no government property damaged, no police or paramedic was required due to the accident. I had exchanged particulars with the involved parties and went to seek medical attention on my own accord as I had felt pain on my hands, lower back and neck area. I was given 5 days of outpatient leave. There is no in-built CCTV installed in my vehicle. My vehicle had sustained damaged of dented-in and scratches marks at both the front and rear bumper of the vehicle



**SINGAPORE  
POLICE FORCE**



T/20171208/2109

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Police Station Of Origin:  
Aljunied NPP  
13 Joo Seng Road #01-69 SINGAPORE  
360013  
Tel No: 1800-2809999

Report No. T/20171208/2109

**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:

E /

Sgt 2 TAN HAN RONG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt TANG SIEW PING

Contact No: 65476430

Authentication Stamp

NP168

Signature: 

Signature Of Informant:



Date/Time:

08/12/2017 15:39

Classification Of Case:

# SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 08.12.2017	TIME: 09:10hrs	(hh:mm) 24 hrs Format
LOCATION: N/E Towards NEE before Chuan Rd		
VEHICLE NUMBER: SKS 3877L		
INSURED NAME: Lim Wei Moon		
NRIC / FIN: S8270384E	CONTACT:	
MAKE: TOYOTA COROLLA	MODEL: ALTIS 1.6L CVT	
Are you claiming under your own insurance policy for repair to your vehicle?		
( ) Yes, If No, Pls Select : ( <input checked="" type="checkbox"/> ) Third Party ( ) Reporting Only		
INSURANCE COMPANY: AIG		
TYPE OF POLICY ( <input checked="" type="checkbox"/> ) COMPREHENSIVE ( ) THIRD PARTY ( ) TPFT		
POLICY NUMBER: 2100408967-02000		
NAME DRIVER: Lim Chen G Hao		
( ) SAME AS INSURED		
NRIC / FIN: S9102008D	CONTACT: 9855 0644	
DATE OF BIRTH: 23.01.1991		
DRIVING PASS DATE: 01.10.2009		
OCCUPATION: ( <input checked="" type="checkbox"/> ) INDOOR ( ) OUTDOOR		
GENDER: ( <input checked="" type="checkbox"/> ) MALE ( ) FEMALE		
EMAIL ADDRESS: ( ) NO EMAIL		
ADDRESS OF DRIVER: 9F Yuan Ching Rd #10-04 S(618648)		
Number Of Passenger Include Driver: Driver		
Was driver an employee of the Insured's Company? ( ) YES ( <input checked="" type="checkbox"/> ) NO		
If No, Relationship Of The Driver With The Insured		
( ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( <input checked="" type="checkbox"/> ) Sibling ( ) Others		
Does The Driver Own Any Other Vehicle? : ( ) YES ( <input checked="" type="checkbox"/> ) NO		
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:		
Insurance Company Of Driver's Own Vehicle:		
Weather Conditions: ( <input checked="" type="checkbox"/> ) Clear ( ) Raining ( ) Drizzling ( ) Others		
Road Surface : ( <input checked="" type="checkbox"/> ) Dry ( ) Wet ( ) Others		
Was Any Foreign Vehicle Involved In This Accident? ( ) YES ( <input checked="" type="checkbox"/> ) NO		
Was Anybody Injured In The Accident? ( <input checked="" type="checkbox"/> ) YES ( ) NO		
If YES, Injured details :		
Convey By Ambulance: ( ) YES ( <input checked="" type="checkbox"/> ) NO		
Was There Any Video Capture By Car Camera? ( ) YES ( <input checked="" type="checkbox"/> ) NO		
Was There Accident Reported To The Police? ( ) YES ( <input checked="" type="checkbox"/> ) NO If Yes Attach Police Report		
Police Report Number (if any)		
Details Of 3rd Party	Name / NRIC	Contact
Veh B: SKL 2155E	( BKA )	
Veh C: SLN 9825L		
Veh D: SHC 3373T		
Veh E:		
Veh F:		
Veh G:		

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9102008D



Name

LIM CHENG HAO

林 承 皓

Race

CHINESE

Date of birth

23-01-1991

Sex

M

Country of birth

SINGAPORE

S9102008D

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S9102008D

Name: LIM CHENG HAO

Birth Date: 23 Jan 1991

Issue Date: 01 Oct 2009

001765841C



IDENTITY CARD NO. S9102008D



Date of expiry

17-03-2011

Address

DF YUAN CHING ROAD  
#10-04  
SINGAPORE 618648

4004827

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 01 Oct 2009

NP 428A



9160890



NRIC No. **S8270384E**

Nationality  
**MALAYSIAN**  
Date of issue  
**12-04-2012**

**BLK 34 SEGAR ROAD #15-27  
SINGAPORE 677723**

NRIC No: **S8270384E** Date: **27/05/2017**

**REPUBLIC OF SINGAPORE**

**IDENTITY CARD NO. S8270384E**



Name

**LIM PEI WOON**

**林 佩 文**

Race

**CHINESE**

Date of birth

**04-04-1982**

Sex

**F**

**S8270384E**

Country of birth

**MALAYSIA**





HOTLINE TEL: (65) 6419-3000  
FAX: (65) 6415-3723

## 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)

M.X.1

AUTOPLUS

CERTIFICATE NO. 2100408967-02000

(The below excess is subject to GST)

OWN DAMAGE EXCESS S\$600.00 (1)

WINDSCREEN EXCESS S\$100.00  
(For policies with effect from 1st November 2002)

SUM INSURED Market Value  
INSURING WITH COE/PARF Yes

- 1) VEHICLE REGISTRATION NO. SKS3877L  
2) NAME OF INSURED Lim Pei Woon  
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT 13 Apr 2017  
4) DATE OF EXPIRY OF INSURANCE 12 Apr 2018  
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE\*

SUBJECT TO AGE CONDITION: All Age Condition

a) The Insured.

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

This policy will indemnify the insured or any authorised driver only if he/she meets the age conditions. A Young and/or Inexperienced Driver Excess ("YIDR") of S\$3,000.00, in addition to the Policy Excess, applies to You and any Authorised Driver (named or unnamed) if You are or the said Authorised Driver is below the age of 23 and/or has less than 2 years' driving experience.

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) LIMITATION AS TO USE\*

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

The Policy does not cover use for hire or rewards, 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.

SOLE AGENT'S WORKSHOP: For new vehicles less than 3 years from initial registration, you have the option for claims-related repairs to be done at Sole Agent's workshop.

APPROVED REPORTING CENTRES / AIG AUTHORISED REPAIRERS (FOR CLAIMS-RELATED REPAIRS)

1. ComfortDelgro Engrg - 205 Braddell Rd (Tel: 63637116) 2. Glass-Fix - 52 Ubi Ave 3 (Tel: 62780887) - For windscreen only  
3. Ethoz - 30 Bukit Batok Cres (Tel: 65547777) 4. DPS Body & Paint (Subsidiary of C&C) - 209 Pandan Gardens (Tel: 65684501)  
5. Kan Fook Sing Motor - 61 Defu Lane 12 (Tel: 67479560) 6. Lai Huat (Meng Kee) Motor - 21 Sin Ming Ind (Tel: 64538110)  
7. Mova Automotive - 1008 Bukit Merah Lane 3 (Tel: 67223882) 8. Progressive Automotive - 3022A Ubi Rd 1 (Tel: 67415335)  
9. SME Motor - 1 Kaki Bukit Ave 6 Blk D (Tel: 67476108)

LOSS OF USE Loss of Use 10 Days (1500,- 1600cc) - Refer to policy wordings for details

\* NAMED DRIVER NA

HIRE PURCHASE COMPANY HONG LEONG FINANCE LTD  
EMPLOYER'S LOAN

\*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).

Issued in Singapore 24 Mar 2017

AIG Asia Pacific Insurance Pte. Ltd.

502353-000  
ONG TZE GUAN  
BLK 243 BUKIT BATOK EAST  
AVE 5 #05-46  
SINGAPORE 650243

  
AUTHORISED REPRESENTATIVE

ORIGINAL

SSPBKR

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

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: MNA417161705 Vehicle Registration No: SKS 3877L  
Name (as shown in NRIC): Lim Chien Hao NRIC/FIN/Passport No: S9102008D  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address: 9F Yuan Ching Rd #10-64 Singapore 618 648  
Contact (Tel): \_\_\_\_\_ Mobile No.: 9855 0644  
Email Address: \_\_\_\_\_  
Date of Accident: 08.12.2017 Time of Accident: 09:10hrs  
Place of Accident: A/E Towards MCE Before Clement Rd  
Insurance Company: AIG Asia

**(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 attach Police Report NO: T/20171208/2109

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date: