

Accident Photo



Accident Photo



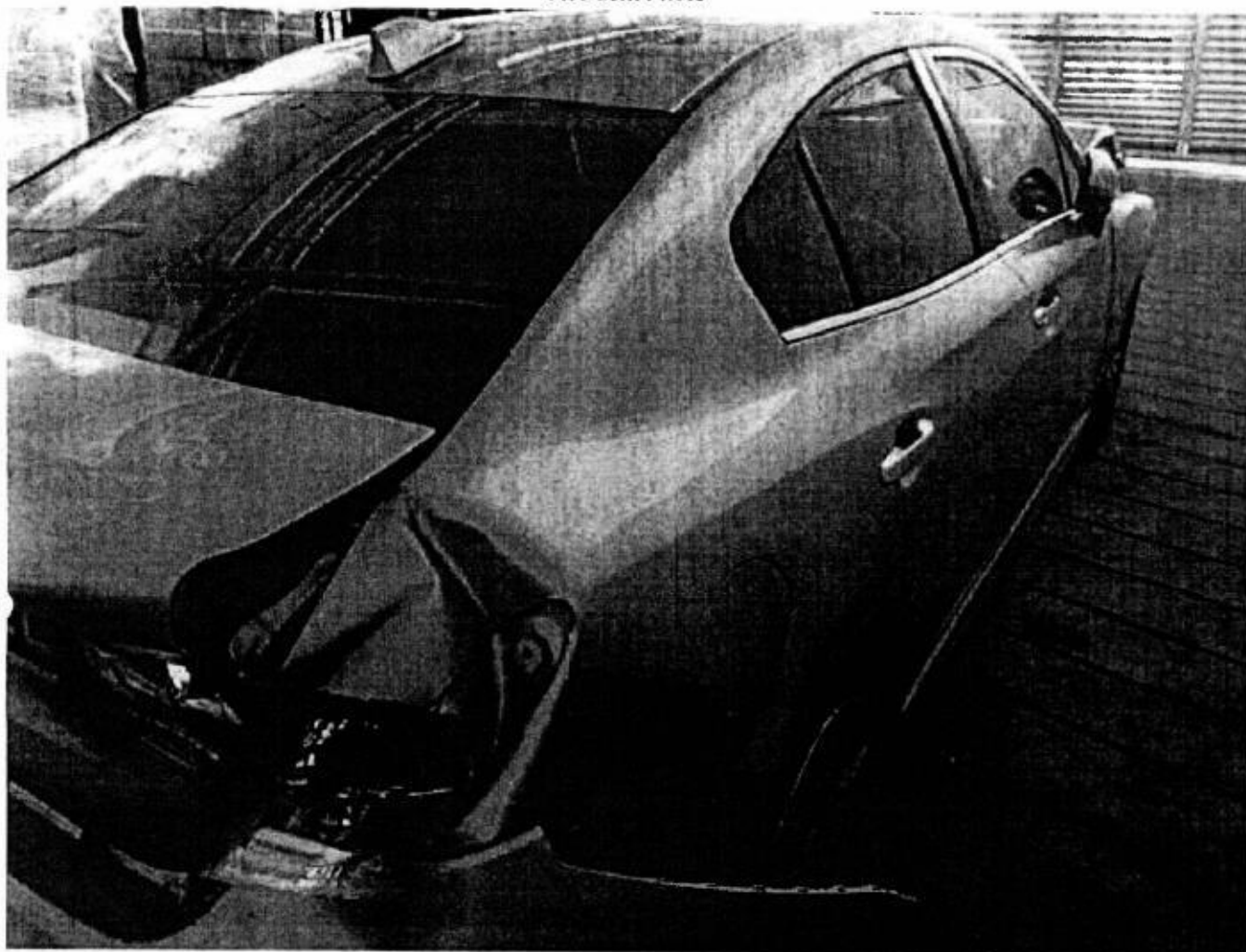
Accident Photo



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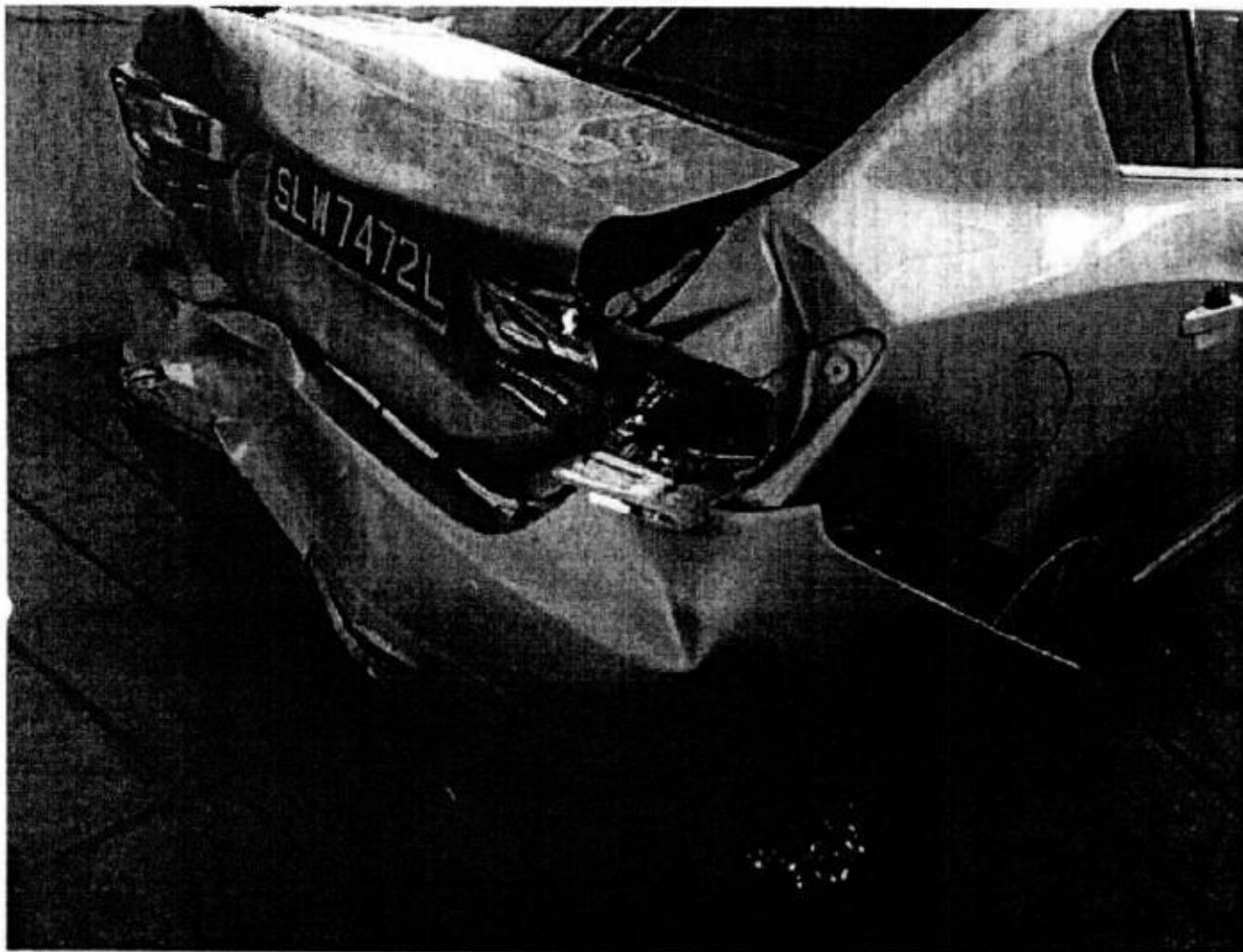


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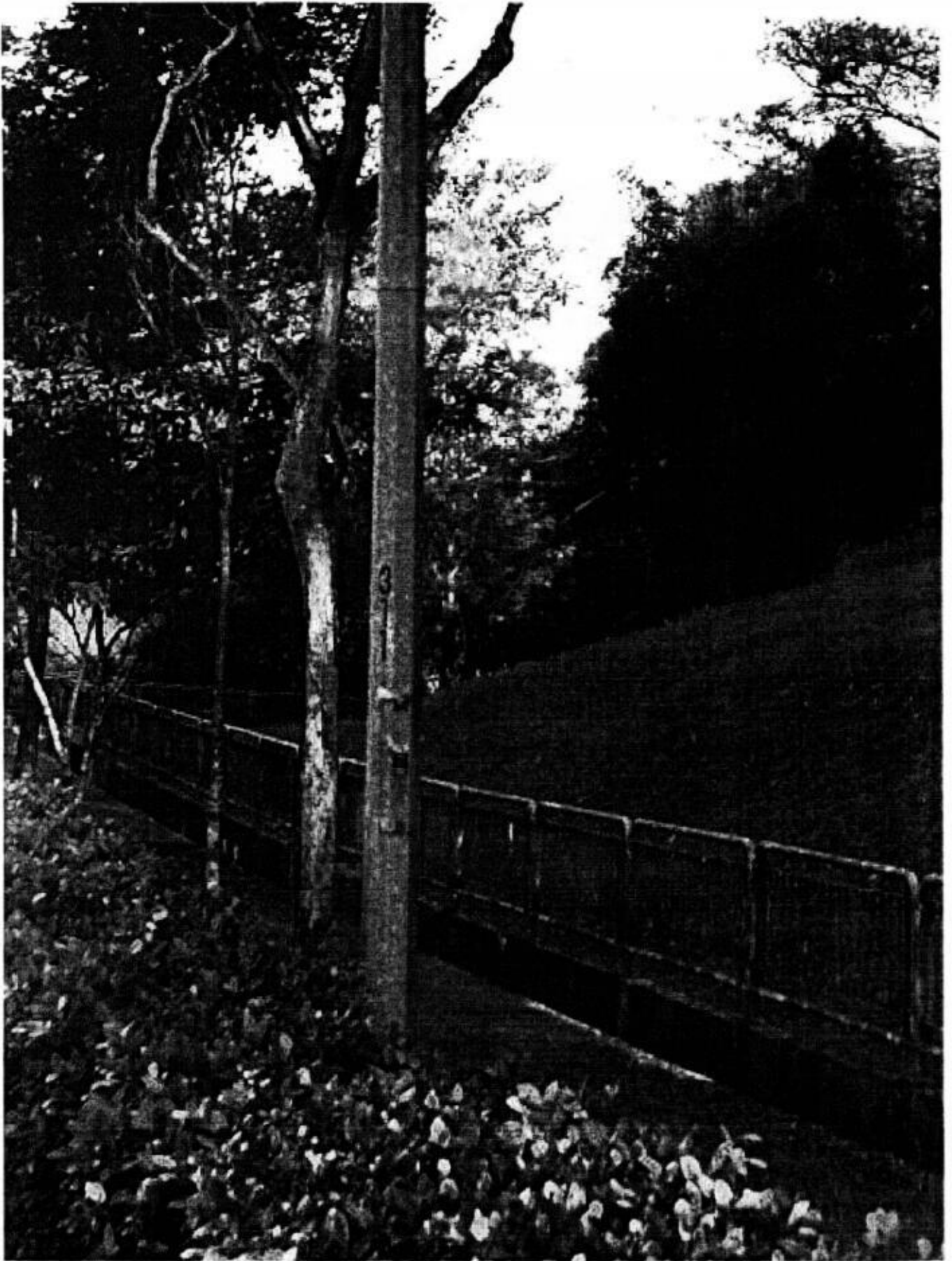
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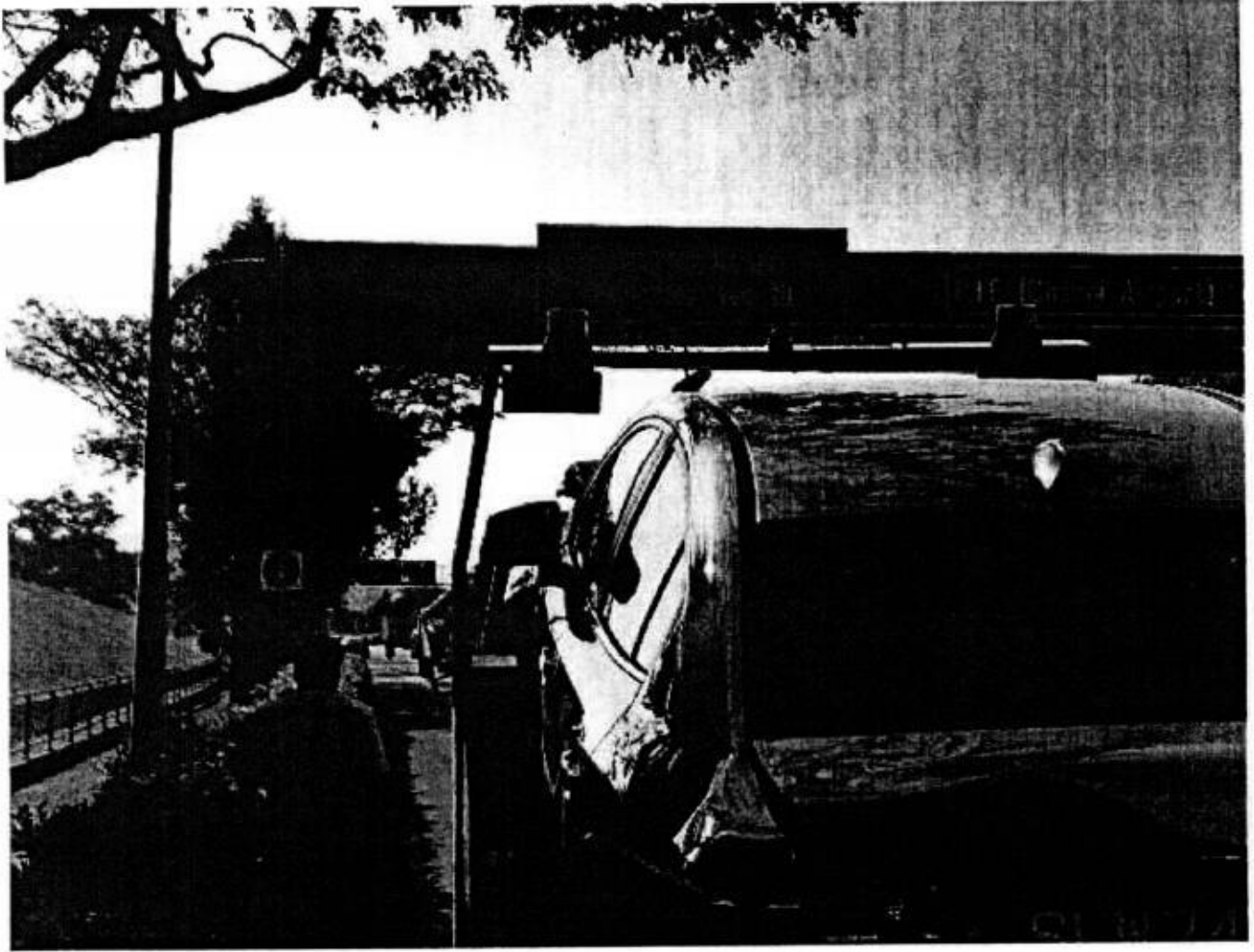
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**VISIT PASS**  
Immigration Regulations

Name

RAMASAMY VENGATESAN



|               |               |                |
|---------------|---------------|----------------|
| Date of Birth | Sex           | Nationality    |
| 04-03-1990    | M             | INDIAN         |
| FIN           | Date of Issue | Date of Expiry |
| G6819490W     | 23-12-2016    | 23-12-2018     |

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED  
OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU



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 **S PASS**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

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Employer  
**EVER SAN CONSTRUCTION PTE LTD**

Sector **CONSTRUCTION**

 Name  
**RAMASAMY VENGATESAN**

Occupation  
**DRIVER, TRUCK**

S Pass No.  
**0 35200789**

Date of Application  
**22-11-2016**

Date of Issue  
**23-12-2016**

Date of Expiry  
**23-12-2018**

**0 35200789**

 **L7503097**

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# Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048510  
Tel (65) 6724 0010 Fax (65) 6724 0030  
Operating Hours: Monday to Friday, 09:00 - 17:00  
Lien: 666 600210 / GST Reg. No.: M400017735

**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: MMIE 18049134 Vehicle Registration No: SLW 7472 L  
Name (as shown in NRIC): Lai Yin Fei NRIC/FIN/Passport No: S7878304 D  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address: \_\_\_\_\_ Singapore ( )  
Contact (Tel): \_\_\_\_\_ Mobile No.: 91838408  
Email Address: \_\_\_\_\_  
Date of Accident: 13/04/2018 Time of Accident: 0815 Hrs.  
Place of Accident: TPE 6 km  
Insurance Company: Direct 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:

Addendum OD Claim to 3rd Party Claim.

Policyholder / Driver's Signature  
Date:

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

**Enquire Vehicle & Owner Information ( Vehicle No. XE3314P As At 13 Apr 2018 / 08:15:00 )****Law Firm Search Details**

Search Reason: Insurance claim in relation to traffic accident

Law Firm Case No.: MN.IG.K2.1812381

**Current Owner Details**

Owner ID Type: Company

Owner ID: 201401018N

Owner Name: SOON HUA BEE PTE LTD

Registered Address Type: HDB / HUDC

Registered Block/House No.: 201E

Registered Street Name: TAMPINES STREET 23

Registered Unit No.: # 04 - 100

Registered Building Name: -

Registered Postal Code: 527201

**Current Vehicle Details**

Vehicle No.: XE3314P

Make Description/Model: MITSUBISHI / FUSO FV515JD2DEA

Insurance Company Name: AXA INSURANCE PTE LTD