

## 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 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	26/04/2018 14:41
Date Of Accident	25/04/2018 11:20
Exact Location Of Accident	FARRER RD TWRDS QUEENSWAY OUTSIDE SERENE CENTRE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA6053D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KITH CAFE PTE LTD
Co Reg No	200903269D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62214878

### Vehicle Particulars

Manufacturer	DAIHATSU
Model	HIJET
Exact Purpose for which vehicle was being used at time of accident	
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA265839
Cover Note Number	

### Driver

Name of Driver	LIM BOON LIANG
NRIC No	S1617670B
Date Of Birth	29/11/1963
Occupation	INDOOR
Date Of Driving Pass	31/12/2012
Driving Experience	5 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81385599
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	23 KAMPONG BAHRU ROAD
Postcode	469349
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
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)	2
Passenger 1	NAME: : PAX 1 GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT MERAH EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 391 NEW BRIDGE ROAD POLICE CANTONMENT COMPLEX BLOCK A , <b>POSTCODE:</b> 088762 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2369999 - <b>FAX NO:</b> 62268438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO ATTACHED STATEMENT RECORDED BY LILY - PROGRESSIVE AUTOMOTIVE PTE LTD 67415336

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	REQUEST FROM OWNER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLE4286Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number YN7077M  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category COMMERCIAL VEHICLE  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SFV833B  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name LIM BOON LIANG  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? GBA6053D  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

## Sketch Plan





### 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 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. 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		Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:		(If driver is not the policyholder)	Name:
		Date & Time:	NRIC/FIN No.:

26/4/18.

## Sketch Plan #2

### SKETCH PLAN

	<b>Vehicle No</b>
	A - CBA 6053 D
	B - SLE 4284 Y
	C - YN 7077 M
	D - SFV 833 B
	<b>Legend</b>
	<div style="display: flex; justify-content: space-around; width: 100%;"> <span>Vehicle</span> <span>Bike</span> </div>

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police report

### DECLARATION

I/We declare the foregoing particulars are true in every respect.  
 Please be advised that your insurer may have a 14 day clause whereby the claim against own policy must be made within the stipulated timeframe from the date of occurrence. Kindly check your policy for more details.

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.:

GIARMC SketchPlanForm\_V3

2

26/4/18



# Common Statement

## ACCIDENT STATEMENT (Part I)

Reporting Centre: Progressive Automotive Pte Ltd

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

1 Date of accident 25/4/18		Time 11:20		2 Exact location of accident Farrel Rd turn Rineasway outside Seran Cafe		3 Injuries even if slight No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	
4 Material damage To vehicles other than vehicles A and B No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>		To objects other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B)		Vehicle Video Camera Available No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	

Registration No. (VEHICLE A) CFA6053D

6 Insured / policyholder (see insurance cert.)

Name KITH CAPE KELLY  
(capital letters)

Address 23 Kanyung Bahin Rd  
S(69349)

NRIC / Passport no. 20090326AD

Tel no. (from 9am till 5pm) 62214878

HP

7 Vehicle  
Make, type Renault Kijang

8 Insurance company  
AXA ☒ C ☐ TPFT ☐ TPO

Does the policy cover damage to vehicle A?

No ☐ Yes ☒

Policy No. GA265839

9 Driver ☐ Same as Owner

Name LIM BOON LIANG  
(capital letters)

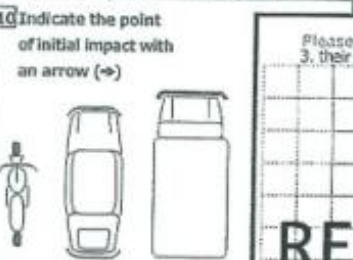
NRIC / Passport no. S16A670B

Class of licence

HP 81385594

Gender Male ☒ Female ☐

10 Indicate the point of initial impact with an arrow (→)



11 Visible damage to vehicle A

14 My remarks

C) YN 7077M  
D) SFV 633B

## 12 CIRCUMSTANCES

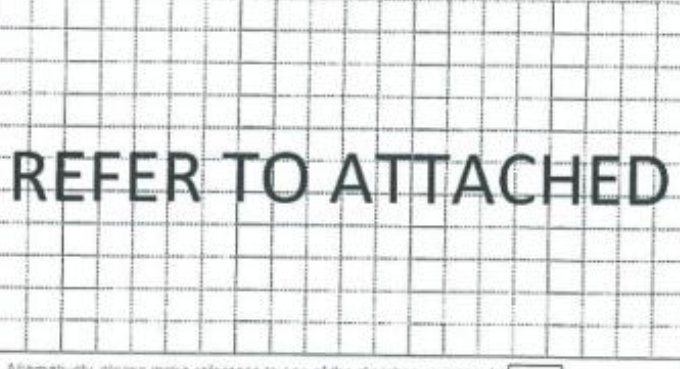
Put a cross (X) in each of the relevant boxes applicable to your vehicle

- ☐ Chase Collision
- ☐ Collided into Bicyclist
- ☐ Collided into Motorcyclist
- ☐ Collided into Parked Vehicle
- ☐ Collided into Pedestrian
- ☐ Collided into Property
- ☐ Collision - Change/Cross Lane
- ☐ Collision - Cross Junction
- ☐ Collision - Head on Collision
- ☐ Collision - Head to Rear
- ☐ Collision - Major/Minor Rd
- ☐ Collision - Opening Door of Vehicle
- ☐ Collision - Roundabout
- ☐ Collision - U-Turn
- ☐ Drink Driving / Drug Influence
- ☐ Fire, Explosion or Lightning
- ☐ Flood
- ☐ Hit and Run / Vandalism / Damaged whilst Parked
- ☐ Hit by Fallen Tree / Other Objects
- ☐ No Collision
- ☐ Side Swipe
- ☐ Theft

State TOTAL number of boxes marked with a cross

13 Sketch of accident when impact occurred

Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads



Alternatively, please provide reference to any of the sketches on page 4

15 Signatures of drivers

Registration No. (VEHICLE B) SLE4286Y

6 Insured / policyholder (see insurance cert.)

Name  
(capital letters)

Address

NRIC / Passport no.

Tel no. (from 9am till 5pm)

HP

7 Vehicle

Make, type

8 Insurance company

☐ C ☐ TPFT ☐ TPO

Does the policy cover damage to vehicle B?

No ☐ Yes ☐

Policy No. (if available)

9 Driver (See driving licence)

(if different from Insured B above)

Name

(capital letters)

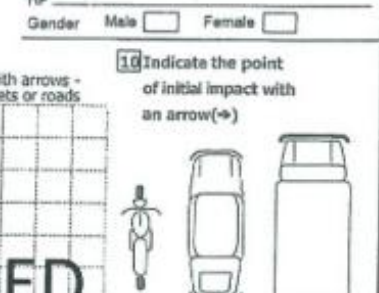
NRIC / Passport no.

Class of licence

HP

Gender Male ☐ Female ☐

10 Indicate the point of initial impact with an arrow (→)



11 Visible damage to vehicle B

14 My remarks

In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf

Do not alter anything in the statement after signing. Subsequently, each driver should take one copy.

For insured's Individual Statement (Part II) see overleaf →

claims@unitedsg.com.sg

67474454

67477752

# Individual Statement

Reporting Centre: Progressive Automotive Pte Ltd

INDIVIDUAL STATEMENT (Part II)		Own Workshop Email / Fax (if any) <u>#Claims@unitedsg.com.sg</u>	
To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)			
Insured	1 Occupation (if more than one, state all)		Email:
	2 Vehicle registration no. <u>GBA6053D</u> C.C.		If commercial vehicle, state permissible carrying capacity
	3 Is driver the owner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, State Relationship of Driver with owner		state the vehicle number and name of insurer of driver's own vehicle (where applicable)
	4 Exact purpose for which vehicle was being used at time of accident: <input type="checkbox"/> Private use <input checked="" type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private Hire		
	<input type="checkbox"/> Others - please specify		
	5 Is the vehicle still in use? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, state where it is at present		
Of which vehicle are you the owner?	<input checked="" type="checkbox"/> A		
	<input type="checkbox"/> B		
	6 Are you claiming under your own insurance policy for repair to your vehicle? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
	If no, state action to be taken: <input type="checkbox"/> Third Party <input type="checkbox"/> Reporting Only <input checked="" type="checkbox"/> Third Party (Own Workshop)		
	7 Date of birth		
	Occupation		
Driver or person in charge of vehicle at the time of accident (including insured)	Date of license pass		Was vehicle driven with the insured's permission?
	29-11-1963		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/>		Was driver an employee of the insured's company?
	31/12/2012		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	8 Give details of any pre-existing impairment of sight or hearing and of any other disability		
	9 Full details of all driving convictions including pending prosecutions in the last 36 months		
Injured persons	10 Name(s), address(es) and approximate age(s)		Injuries sustained
	Lim Boon Liang		Body
	If vehicle occupants, state in which vehicle		Were seat belts being worn?
	GBA6053D		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Was injured conveyed to hospital by ambulance?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
Damage to property & vehicles (other than vehicles A and B)	11 Name(s) and address(es) of owner(s)		Vehicle registration no. or details of property
	Nature of damage		Insurer's name and address (if known)
Police action	12 Was the accident reported to the Police? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
	If yes, please state which Police station		
Accident details	13 Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
	If yes, against whom?		
	14 Weather conditions: Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others <input type="checkbox"/>		
	15 Road surface: Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others <input type="checkbox"/>		
	16 Speed of vehicles: A <input type="checkbox"/> km/hr B <input type="checkbox"/> km/hr		
	17 What warnings were given by driver or other party?		
	18 Were street lights illuminated? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
	19 What lights were displayed on your vehicle/the other vehicle(s)?		
	20 If your vehicle is commercial, state weight of load carried at time of accident		
	21 State how accident happened, width of roads, speed limits, etc (Refer to attached)		
Declaration	22 State number of Passengers (Including Driver) <u>2</u>		
	I/We declare the foregoing particulars are true in every respect		
	Policyholder's signature <u>X</u> Date _____		
Driver's signature (if driver is not the policyholder) _____ Date _____			



**SINGAPORE  
POLICE FORCE**



T/20180426/2037

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

1 of 4

Report No. T/20180426/2037

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 26/04/2018 10:52	Vide Report No.:	Station Diary No.: 23
--	------------------	--------------------------

**Informant's Particulars**

Name of Informant: LIM BOON LIANG			Address: APT BLK 431 JURONG WEST AVENUE 1 #09-296 SINGAPORE 640431		
ID Type / ID No.: NRIC NO / S1617670B			Contact No.: Home/Office:		

**General Information of the Accident**

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 25/04/2018 11:20	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 FARRER ROAD QUEENSWAY Outside of Serene Centre				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Chain Collision				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBA6053D	Van				Slightly Damaged	1
SFV833B	Car				Slightly Damaged	0
SLE4286Y	Car				Seriously Damaged	0
YN7077M	Lorry				Slightly Damaged	0





**SINGAPORE  
POLICE FORCE**



T/20180426/2037

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

2 of 4

Report No. T/20180426/2037

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM BOON LIANG	ID No.	S1617670B
Related Vehicle	GBA6053D (Van)	Contact No.	81385599
Hospital/Clinic	LOI WONG CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	25/04/2018	Date Discharge	25/04/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Name			
Name	Pang Hsiang-Aun	ID No.	S7537744D
Related Vehicle	SFV833B (Car)	Contact No.	93627770
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
Name			
Name	Fam Tze Fatt	ID No.	S8563742H
Related Vehicle	SLE4286Y (Car)	Contact No.	98483095
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



**SINGAPORE  
POLICE FORCE**



T/20180426/2037

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

3 of 4  
Report No. T/20180426/2037

**CONTINUATION OF REPORT**

Name	Lim Chek Sai Leonard		ID No.	S1103014I
Related Vehicle	NIL		Contact No.	96542760
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 25/04/2018 at about 1100hrs, I was travelling along Bukit Timah Road and was turning into Farrer Road when a car in front of me, SFV833B, slowed down as there was another vehicle turning into Serene Centre. I then slowed down too and came to a stop. However a few moments later, my car was knocked from the back and subsequently my car jerk forward and had hit onto a the car in front of me, SFV833B. The car behind me SLE4286Y was being knocked by a Lorry which I believe to have been travelling along Farrer Road however had knock onto vehicle SLE4286Y which cause it to inch forward. We then alighted from our vehicle and subsequently had exchanged particulars.

I wish to state that no was was injured at that point of time. However when I got home I felt that a pain on my back and neck. I then went to consult a doctor whom then gave me 3 days of MC.



**SINGAPORE  
POLICE FORCE**



T/20180426/2037

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

4 of 4

Report No. T/20180426/2037

**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:

D /

Sgt 1 WEE WEI XIONG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

26/04/2018 10:52

Officer In Charge Of Case:

TP / GIA /

Staff Sgt TANG SIEW PING

Contact No.: 65476430

Classification Of Case:

Authentication Stamp  
NP168

SIGNATURE



NRIC No. S1617670B

Date of issue  
31-12-2012

Address

APT BLK 431 JURONG WEST AVENUE 1  
#09-296  
SINGAPORE 640431

## YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

	EFFECTIVE DATE
Class 2B Motorcycles =< 200 cc	23 Apr 1997
Class 2A Motorcycles between 201 cc and 400 cc	23 Jun 1998
Class 2 Motorcycles > 400 cc	13 Jul 1999
Class 3 Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver, and other motor vehicles =< 2500kg	18 Nov 1983
Class 4 Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg	26 Nov 1987
Class 5 Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg	24 Jan 1997
Motor vehicles not constructed to carry any load and the unladen weight > 7250kg	



NP 428A

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1617670B

Name

LIM BOON LIANG

林 文 良

Race

CHINESE

Date of birth

29-11-1963

Sex

M

Country of birth

SINGAPORE

S1617670B

## REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S1617670B

Name

LIM BOON LIANG

Birth Date: 29 Nov 1963

Issue Date: 31 Dec 2012





Accident Photo



Accident Photo



Accident Photo





Accident Photo







Accident Photo



Accident Photo





Accident Photo





## Addendum Sheet

### GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

**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 : MPA218054966 Vehicle Registration No : GBA 6053 D  
Name(as shown in NRIC): Lim Boun Liang  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
NRIC/Passport No : S1617670B  
Address : \_\_\_\_\_  
Contact (Tel) : \_\_\_\_\_ (H/P) : 8138 5599  
(Email) : \_\_\_\_\_  
Date of Accident : 25/4/18 Time of Accident : 1120hrs  
Place of Accident : Ferry Rd. Towards Queensway  
Insurance Company : AXA

##### (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:

NO video.



Signature of Vehicle Owner / Driver

Date:

10 Anson Road #06-16 International Plaza Singapore 079903 Phone : + 65 6224 0010 Fax : +65 6224 0030

Operating Hours : Monday to Friday 9am to 5pm