

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	30/04/2018 17:58
Date Of Accident	26/04/2018 12:00
Exact Location Of Accident	JURONG TOWN HALL RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA5815M
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Insured/Policyholder

Name Of Registered Owner	GLOBAL BUZZ SERVICES
Co Reg No	53245920B
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98866701

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE COMMUTER 3.0GL A
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USED
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	CN836281
Cover Note Number	

Driver

Name of Driver	RAJA RATNAM A/L KRISHNAM
NRIC No	G7022974P
Date Of Birth	18/10/1981
Occupation	OUTDOOR
Date Of Driving Pass	22/12/2017
Driving Experience	0 YEAR AND 4 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-98866701
Fax Number	
Contact Number	OFFICE-98866701
Email Address	NOEMAIL

Address	NIL
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PAID DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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?	NO
Was any injured conveyed to hospital by ambulance?	
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	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO STATEMENT

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	SHB9550P
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)

Common Statement

SKETCH PLAN

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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.



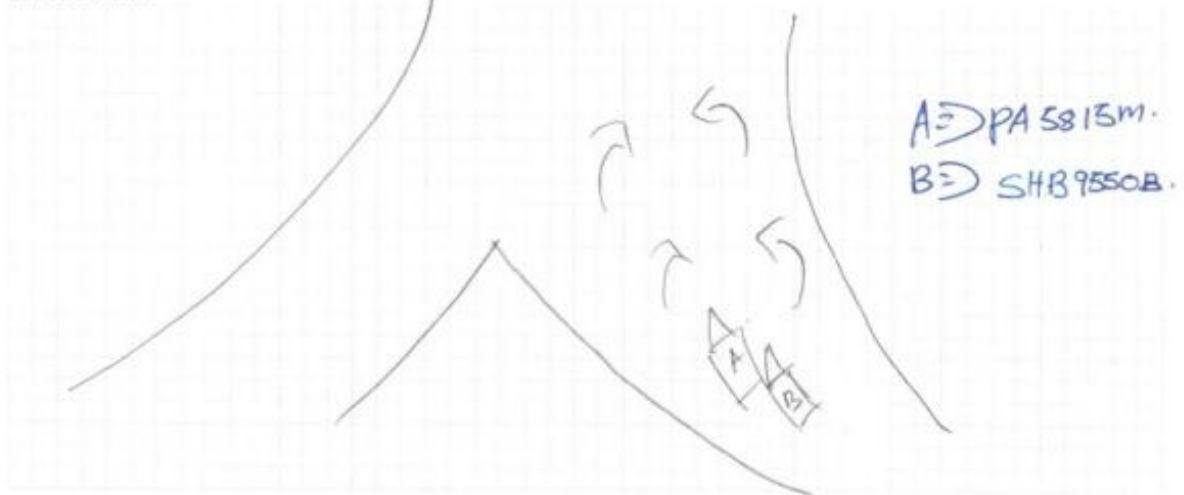
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten text in the description area: "Police report."

DECLARATION

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


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.:

Common Statement

☐ Owner
☐ Driver

ACCIDENT STATEMENT

Date of Accident

Time

Location of Accident

26/04/18

12:00

Jurong Town Hall Rd.

INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number

Name of Policyholder

NRIC/ FIN/ Passport/ ROC (if Policyholder is company)

Address

Contact Number

Occupation

PA 5815M
GLOBAL B422 Services
532459208

Tel

Hp

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model

Type of Vehicle

Exact Purpose for which vehicle was being used at the time of accident

Are you claiming under your own insurance policy?

Vehicle category

Saloon, MPV, CRV, Van, Lorry, ☒ Bus, Motorcycle, Others

private used.

☐ Yes

☐ No

Remarks

TP

☒ Private

☒ Commercial

☐ Motorcycle

INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company

Type of Policy

Fleet Policy

Policy Number

☒ Comprehensive

☐ TP Fire & Theft

☐ Third party

☒ Yes

☐ No

CN836281.

DRIVER

Name of Driver

NRIC/ FIN/ Passport

Date of Birth

Occupation

Driving Pass Date

Gender

Contact Number

Address

Email Address

Was driver an employee of the Insured's Company?

If No, relationship of Driver with the Insured

Vehicle Number of Driver's Own Vehicle (if applicable)

Insurance of Driver's Own Vehicle (if applicable)

GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (E.g. Chain Collision/ Head-On, etc)

Weather Conditions

Road Surface

Damage Area

☒ Male

☐ Female

Tel

Hp

☒ Yes

☐ No

E Raja Ratnam A/L Krishnan
G7022974P
18/10/1981
outdoor
22/12/2017
98866701.

☒ Clear

☐ Raining

☐ Others

☐ Wet

☒ Dry

☐ Others

OTHER INFORMATION

Was there any foreign vehicle(s) involved?

Was anybody injured in the accident? (Including Witness)

Was any other vehicle(s) or property damaged?

Was there any camera video footage (in car)?

DETAILS OF POLICE ACTION

Was the accident reported to the Police?

If Yes, please state which police station & Report No

Was notice of intended Prosecution given?

If Yes, against whom?

☒ No

☐ Yes

☒ No

☐ Yes

☐ No

☒ Yes

☒ No

☐ Yes

☒ No

☒ Yes

☒ No

☐ Yes

☒ No

☐ Yes

☒ No

☐ Yes

☒ No

☐ Yes

Individual Statement

OWN VEHICLE REGISTRATION NUMBER _____

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number _____

Vehicle Make/ Model/ Colour _____

Details of Properties (If Other Party is not a Vehicle) _____

Damage Area _____

Name of Driver _____

NRIC/ FIN/ Passport _____

Contact Number / Email Address _____

Address _____

Name of Insurance Company _____

Other Vehicle or Property 2

Vehicle Registration Number _____

Vehicle Make/ Model/ Colour _____

Details of Properties (If Other Party is not a Vehicle) _____

Damage Area _____

Name of Driver _____

NRIC/ FIN/ Passport _____

Contact Number / Email Address _____

Address _____

Name of Insurance Company _____

DETAILS OF WITNESS

Name _____

Phone / Email Address _____

Address _____

NRIC/ FIN/ Passport _____

DETAILS OF INJURED PERSON 1

Name _____

NRIC/ FIN/ Passport _____

Address _____

Approximate Age _____

Injuries Sustained _____

If Vehicle Occupants, state in which vehicle? _____

Were Seat Belts Worn? _____

☐ Yes

☐ No

Was Injured conveyed to hospital by ambulance? _____

☐ Yes

☐ No

DETAILS OF INJURED PERSON 2

Name _____

NRIC/ FIN/ Passport _____

Address _____

Approximate Age _____

Injuries Sustained _____

If Vehicle Occupants, state in which vehicle? _____

Were Seat Belts Worn? _____

☐ Yes

☐ No

Was Injured conveyed to Hospital by Ambulance? _____

☐ Yes

☐ No

Declaration

I/We declare that the above particulars & information provided above are true in every aspect.



Signature of Policy Holder
(Company Chop if applicable)

Date & Time _____

Signature of Driver / Date & Time
(If Driver is not the Policy Holder)

Date & Time _____



For claiming, fill in the following

Date: 20/04/18

To: Owner of vehicle Number: PA 5815M

The following has been advised to you via your workshop: BH AUTO Workshop through their staff: Saleem.

Please tick the applicable box if you had been advised on the contents seen below:

- ☒ You had been advised by the workshop that in the case that you wish to claim against your own policy, there is a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.
- ☒ You had been advised by the workshop on the liability and merits of the case accordingly.
- ☒ You had been advised by the workshop on the claims procedure for the type of claim that you will be making due to this accident.
- ☒ There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to import it from overseas.
- ☒ There will be no cancellation/withdrawal of the Own Damage claim once the order of the spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly in the procurement of the spare parts.
- ☒ The estimated waiting time for the spare parts to arrive is _____ The estimated arrival time does not include the repair period.
- ☒ You will be driving the vehicle out despite being advised by the workshop mechanic/personnel that the vehicle may not be road worthy.
- ☒ For vehicles below Three (3) years old, your Insurance Company will use only genuine original parts to repair your vehicle.
- ☒ For vehicles above Three (3) years old, your Insurance Company will be covering and repairing using any combination of genuine original parts and/or original equipment manufacturer (OEM) parts.
- ☒ You had been advised by the workshop of the Twelve (12) months warranty for Own Damage repairs on workshop related to this accident.
- ☒ For vehicles that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making the Own Damage claim.

☒ Other: TP @ Other Workshop

Signature of authorised signatory



Name and signature of policyholder/authorised driver

[Signature]

Name and signature of workshop personnel including company stamp

AUTHORIZATION FROM

Authorization Form

(Name) Global Race Services of (NRIC) 532459208 authorized

(Name) Raja Krishnam A/L ^{krishnam} of (NRIC) 67022974P to Repair/Reporting at

BRADING SERVICE PTE LTD located at NK1 Sin Hong Industrial Estate Sector C, B31-111/113/115/117
5575536

On behalf of me for my vehicle number P15815.M

My residential address is _____ and

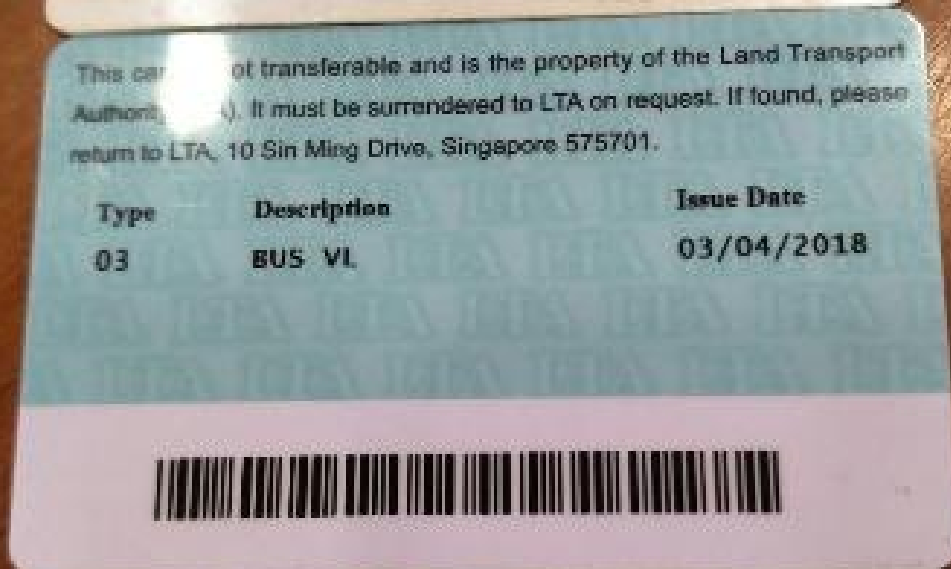
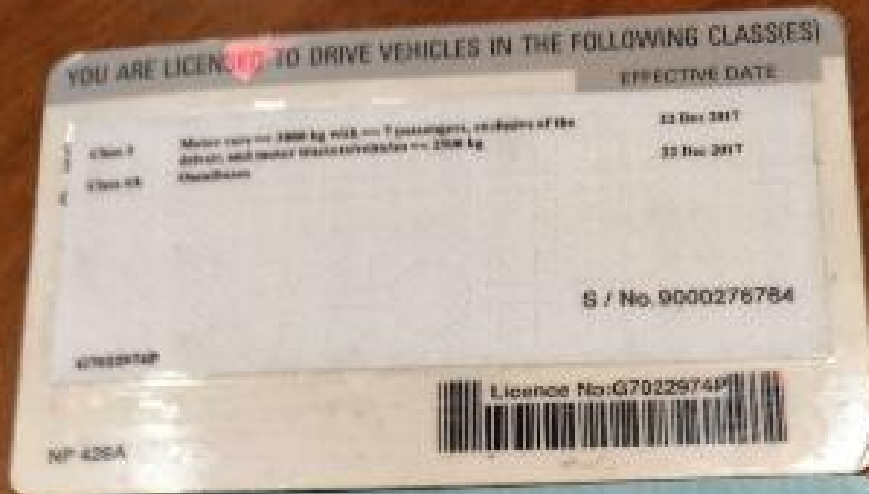
contact number is _____



Signature:
Daniel Kravitz

Signature
Witness Name:

Identification Card



Identification Card

REPUBLIC OF SINGAPORE **DRIVING LICENCE**



Licence Number: **G 7022974 P**
Name: **RAJA RATNAM A/L KRISHNAN**
Born Date: **18-Oct-1991**
Issue Date: **30-Nov-2016**
Valid Till: **30/12/2021**

002634142H

Land Transport Authority



VOCATIONAL LICENCE
Licence No : **G7022974P**
Name : **RAJA RATNAM A/L KRISHNAN**
Card Issue Date : **03/04/2018**
Please visit www.lta.gov.sg to check the status of this vocational licence

WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer:
AURORA WORLD PTE. LTD.



Name:
RAJA RATNAM A/L KRISHNAN
Work Permit No.: **4 00612242** Sector:
SERVICE



4 00612242

K0106647

Police Report



**SINGAPORE
POLICE FORCE**



T/20180430/2014

1 of 3

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8523999

Report No. T/20180430/2014

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/04/2018 10:55		Vice Report No.: T/20180427/2075		Station Diary No.: 48	
Informant's Particulars					
Name of Informant: RAJA RATNAM A/L KRISHNAN			Address: APT BLK 512 WOODLANDS DRIVE 14 #11-81 SINGAPORE 730512		
ID Type / ID No.: FIN NO / G7022974P			Contact No.: Home/Office:		Mobile: 98866701
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 36	Date of Birth: 18/10/1981	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name
Occupation: DRIVER			Driving Licence Information: Class: 3,4A		Date of Expiry

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 25/04/2018 12:00	Type of Location: Merging lane
Location: Along Road 1 AYER RAJAH EXPRESSWAY JURONG TOWN HALL ROAD Jurong Town Hall Road leading to AYE Merging lane towards city				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Heavy	
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 Passenger
PA5815M	Bus/Coach/Mini bus				Slightly Damaged	0
SHB9550P	Taxi				Slightly Damaged	1

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20180430/2014

2 of 3

Police Station Of Origin:

Yishun North N.P.C

31 Yishun Central SINGAPORE 768827

Tel No: 1800-8529999

Report No: T/20180430/2014

CONTINUATION OF REPORT

Driver			
Name	RAJA RATNAM A/L KRISHNAN		ID No. G7022974P
Related Vehicle	PA5815M (Bus/Coach/Minibus)		Contact No. 88888701
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3,4A 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 27/04/2018 at about 1458hrs, I came to Yishun North NPC to lodge a traffic accident report ref T/20180427/2075 but the date of the accident was incorrect should be dated on the 26/04/2018.

On the 26/04/2018 at about 1200hrs, I was driving my grab shuttle minibus along AYE merging lane towards city. I was driving out from Jurong Town Hall into the merging lane of AYE. However, at this point of time, there was a Transcab taxi SHB8550P who was also joining in the merging lane. I was ahead in the merging lane and the taxi which was behind was rushing ahead, trying to squeeze at the merging lane and hit onto my vehicle. As such, there was a side swipe between our vehicles. The taxi left side brushed against my vehicle right side. No one was injured. There was no major damage. Both our vehicles have only very slight scratches. Both of us stopped our vehicles along roadside and we settled the matter amongst ourselves. However, the taxi driver did not exchange particulars. I am lodging this report for my own record.

Police Report



**SINGAPORE
POLICE FORCE**



T/20180430/2014

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 76827
Tel No: 1800-8529999

3 of 3

Report No: T/20180430/2014

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 65474865 stating the report number as reference.

Signature Of Officer Recording The Report:

F /

Sgt 2 TEO KENG HUI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

30/04/2018 10:55

Officer In Charge Of Case:

TP / GIA /

Staff Sgt TANG BIEW PING

Contact No.: 65475430

Classification Of Case:

SR 035

Authentication Stamp

KP168

Singapore Police Force

INSURANCE

AXA INSURANCE PTE LTD

a Straits Times, #24-01
 AXA Tower, Singapore 068111
 Customer Service Centre (R1-01)
 Tel: 6336 7388 Fax: 6336 2662
 Website: www.axa.com.sg
 GST Registration Number: 102303512M



Original

Agent Code: 03165

Policy No./Ref:

New Business

SmartDrive Quote Ref:

MOTOR COVER NOTE

No. CN836281

- a. The Motor Vehicle (Third Party Risk and Compensation) Act (Cap 188) - Republic of Singapore, or
- a. The Road Transport Act 1987 of Malaysia, or
- a. The Agreement between the Minister of Finance (Singapore) and the Motor Insurers' Bureau of Singapore dated 22 February 1975, or
- a. The Agreement between the Minister for Transport (Malaysia) and the Motor Insurers' Bureau of West Malaysia dated 30 March 1987.
- a. And any subsequent revisions to the above Acts and Agreements.

The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule, is hereby **HELD COVERED** under the terms of the Company's usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

SCHEDULE

THE COMPANY	AXA INSURANCE PTE LTD
INSURED	GLOBAL BUZZ SERVICES
INSURED BUSINESS REGISTRATION NO.	532450208
MAKE AND DESCRIPTION OF VEHICLE	TOYOTA HAVEL COMMUTER
VEHICLE REGISTRATION NO.	PAS815M
YEAR OF MANUFACTURE	2008
ENGINE NO.	1K318J9285
CHASSIS NO.	KDH2230004369
ENGINE CAPACITY/TONNAGE	2082
COVER TYPE	COMPREHENSIVE
HIRE PURCHASE	N/A
VALUE (\$)	AS PER MARKET VALUE
PERIOD OF INSURANCE	FROM: 24/06/2017 TO: 23/06/2018
EXCESS (\$)	\$4,000.00 SECT I, \$81,000.00 SECT II
AXA PREMIUM WORKSHOP?	NO

WE HEREBY CERTIFY THAT POLICY TO WHICH THIS CERTIFICATE RELATES IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE MOTOR VEHICLES (THIRD PARTY RISK AND COMPENSATION) ACT (CAP 188) AND PART IV OF THE ROAD TRANSPORT ACT 1987 (MALAYSIA).

Issued by

TAN INSURANCE
 BROKERS PTE LTD

on

23/05/2017 1:27pm

AXA INSURANCE PTE LTD

Authorized Signatory

Note: This Cover Note is only valid for 60 days from the date of issue unless replaced by the Certificate of Insurance issued by the Company.

- Premium for time on risk will be charged subject to minimum of \$853.50 (inclusive of GST), if the policy is cancelled after the inception date.
- An administrative fee of \$826.70 (inclusive of GST) will be charged:
 - o Cover note issued and cancelled before inception.
 - o Retaining the old registration number for a new vehicle insuring with AXA.

PREMIUM WARRANTY

For Individual Customers:

Please note that the premium is full payable for good before inception date above shown in order for the insurance cover to be valid.

For Non-Individual Customers:

Please note that where the period of cover is for more than 60 days, the premium in full should be paid within 60 days of inception / renewal / reinsurance. For all other cases, the premium in full should be paid before inception.

0101020000000000

LETTER

BHAS - Jacelyn Loh

From: Jessie Thong <thongjessie@hotmail.com>
Sent: Monday, 30 April 2018 5:37 PM
To: BHAS - Jacelyn Loh
Subject: Re: Pa5815

Hi Jacelyn,

As spoken earlier, the respective drivers are trying to reach private settlement.

However, the damaged area seem to be too "large" & that we felt that since is a taxi & he is the hirer & not the owner, is better to go for proper channel.

Thanks & regards
Jessie

From: BHAS - Jacelyn Loh <jacelyn.loh@bhauto.com.sg>
Sent: Monday, April 30, 2018 4:01 PM
To: Jessie Thong
Subject: RE: Pa5815

Hi Jessie,

Please writing email, explaining why late submit accident report.

Thank You & Best Regards,
Jacelyn Loh



BH AUTO SERVICES PTE LTD

Address: Blk 1, Sector C, Sin Ming Industrial Estate

#01-111/113/115/117 Singapore:575636

(T) +65-6559 8944 /8940 (F) +65-6515 3144 / +65-6269 2404

Email: [Jacelyn.loh@bhauto.com.sg](mailto:jacelyn.loh@bhauto.com.sg)

Website: <http://www.bhauto.com.sg>

From: Jessie Thong [mailto:thongjessie@hotmail.com]
Sent: Monday, 30 April 2018 12:14 PM
To: BHAS - Jacelyn Loh <jacelyn.loh@bhauto.com.sg>
Subject: Pa5815

Accident Photo



3

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / 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 : MBHA18056748-01 Vehicle Registration No: PA5815M

Name(as shown in NRIC) : GLOBAL BUZZ SERVICES NRIC/FIN/Passport No : 53245920B

(*~~Vehicle Driver~~ / Vehicle Owner) (*) Please delete as appropriate

Address : NIL Singapore()

Contact (Tel) : NIL Mobile No. : NIL

Email Address : NIL

Date of Accident : 26/04/2018 Time of Accident : 12:00HRS

Place of Accident : JURONG TOWN HALL RD

Insurance Company: AXA INSURANCE

(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:

AMEND INSURANCE

Policyholder / Driver's Signature
Date:

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