

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	20/07/2018 13:34
Date Of Accident	19/07/2018 13:00
Exact Location Of Accident	ALONG JLN BUKIT MERAH NEAR T-JUNCT OF HOY FATT RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG4362T
Insured/Policyholder	
Name Of Registered Owner	LIFE IS...
Co Reg No	53241659K
Email Address	ENQUIRES.LIFEIS@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-97468360

Vehicle Particulars

Manufacturer	FIAT
Model	DOBLO-1.6 D CARGO MJ (M)
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VCA/P1969653
Cover Note Number	

Driver

Name of Driver	LEE YANG WEN
NRIC No	S7904858E
Date Of Birth	23/02/1979
Occupation	INDOOR
Date Of Driving Pass	07/08/2006
Driving Experience	11 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97468360
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 619 BEDOK RESERVOIR ROAD #07-1398
Postcode	470619
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PUNGGOL N.P.C
Police Station Address	ROAD: 21A TEBING LANE , POSTCODE: 828837 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT NO: T/20180719/2149. STATEMENT RECORDED BY SOO - PROGRESSIVE AUTOMOTIVE PTE LTD (6741 5336)

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC1544E
Vehicle Make/Model/Colour	BLUE, COMFORTDELGO
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

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.

Life Is..
Business Registration: 53241659K
Policyholder's Signature
Contact: 97468360
Date & Time:
Email: enquiries.lifeis@gmail.com

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

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

Vehicle No
A - GBG436
B - SHC154

Legend

Vehicle A

Bike

Refer to police report no: T/20180719/2149.

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 time frame from the date of occurrence. Kindly check your policy for more details.

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



**SINGAPORE
POLICE FORCE**



T/20180719/2149

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

1 of 3

Report No. T/20180719/2149

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/07/2018 19:09	Vide Report No.:	Station Diary No.: 69
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Informant's Particulars				
Name of Informant: LEE YANG WEN			Address: APT BLK 676B PUNGGOL DRIVE #11-716 SINGAPORE 822676	
ID Type / ID No.: NRIC NO / S7904858E			Contact No.: Home/Office: Mobile: 97468360	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 39	Date of Birth: 23/02/1979	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: SELF-EMPLOYED			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: 19/07/2018 13:00	Type of Location: X-Junction
Location: Along Road 1 Traveling Toward Road 2 JALAN BUKIT MERAH HOY FATT ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		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
GBG4362T	Van	FIAT	DOBLO	Grey	Slightly Damaged	0
SHC1544E	Taxi					0

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180719/2149

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

2 of 3
Report No. T/20180719/2149

CONTINUATION OF REPORT

Driver			
Name	LEE YANG WEN		ID No. S7904858E
Related Vehicle	GBG4362T (Van)		Contact No. 97468360
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 19/07/2018 at about 1258hrs, I was travelling along Jalan Bukit Merah in the third lane and there was a long queue on the first lane which is turning right that resulted in the queue coming into the second lane. However, there was this one taxi who tried to squeeze in between the first turning right lane and the third lane to go straight. That was when he side swipe my vehicle and did not even stop vehicle to exchange particulars with me.

I have an in-car camera and it captured the footages of the accident and the impact has left my vehicles with dents and scratches. From the footage, it can be seen that other vehicles are hornning but I am not sure whether they are hornning on the same taxi which has side swiped with my vehicle.

This is the first time such an incident happened and I am not too sure how much is the cost of the repair for the damages. That is all.



**SINGAPORE
POLICE FORCE**



T/20180719/2149

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

3 of 3

Report No. T/20180719/2149

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:

F /

Sr Staff Sgt ADIBAH HANIM BINTE MOHAMED
RASIT

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

19/07/2018 19:09

Officer In Charge Of Case:

TP / HRT /

Sr Staff Sgt ESTHER CHONG

Contact No.: 65476368

Classification Of Case:

SN 085

Authentication Stamp
NP168



Signature:

Singapore Police Force

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 19/7/18 1300		2 Exact location of accident Aby Jln Bukit Merah near Jln of Hoy Fatt Rd		To be signed by BOTH drivers	
3 Injuries even if slight No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		4 Material damage To vehicles other than vehicles A and B No <input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/>	
To objects other than vehicles No <input type="checkbox"/> Yes <input type="checkbox"/>					

Registration No. (VEHICLE A) **G6G 4362**

6 Insured / policyholder (see insurance cert.)
Name **LIFE IS ...**
(capital letters)
Address _____
NRIC / Passport no. _____
Tel no. (from 9am till 5pm) _____
HP **97468360**

7 Vehicle
Make, type _____

8 Insurance company
AXA ☒ C ☐ TPFT ☐ TPO
Does the policy cover damage to vehicle A?
No ☐ Yes ☐
Policy No. _____

9 Driver ☐ Same as Owner
Name **Lee Yany Wan**
(capital letters)
NRIC / Passport no. **S 7904858E**
Class of licence _____
HP **97468360**
Gender Male ☒ Female ☐

12 CIRCUMSTANCES

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

- | | |
|-----------------------------|---|
| <input type="checkbox"/> 1 | Chain Collision |
| <input type="checkbox"/> 2 | Collided into Bicycle |
| <input type="checkbox"/> 3 | Collided into Motorcycle |
| <input type="checkbox"/> 4 | Collided into Parked Vehicle |
| <input type="checkbox"/> 5 | Collided into Pedestrian |
| <input type="checkbox"/> 6 | Collided into Property |
| <input type="checkbox"/> 7 | Collision - Change/Cross Lane |
| <input type="checkbox"/> 8 | Collision - Cross Junction |
| <input type="checkbox"/> 9 | Collision - Head on Collision |
| <input type="checkbox"/> 10 | Collision - Head to Rear |
| <input type="checkbox"/> 11 | Collision - Major/Minor Rd |
| <input type="checkbox"/> 12 | Collision - Opening Door of Vehicle |
| <input type="checkbox"/> 13 | Collision - Roundabout |
| <input type="checkbox"/> 14 | Collision - U-Turn |
| <input type="checkbox"/> 15 | Drunk Driving / Drug Influence |
| <input type="checkbox"/> 16 | Fire, Explosion or Lightning |
| <input type="checkbox"/> 17 | Flood |
| <input type="checkbox"/> 18 | Hit and Run / Vandalism / Damaged whilst Parked |
| <input type="checkbox"/> 19 | Hit by Fallen Tree / Other Objects |
| <input type="checkbox"/> 20 | No Collision |
| <input type="checkbox"/> 21 | Side Swipe |
| <input type="checkbox"/> 22 | Theft |

Registration No. (VEHICLE B) **SHC 1544E**

6 Insured / policyholder (see insurance cert.)
Name _____
(capital letters)
Address _____
NRIC / Passport no. _____
Tel no. (from 9am till 5pm) _____
HP _____

7 Vehicle
Make, type **TAXI BLUE COMFORT DELGO**

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 ☐

State TOTAL number of boxes marked with a cross

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

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

REFER TO ATTACHED

Alternatively, please make reference to one of the sketches on page 4.

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

11 Visible damage to vehicle A

11 Visible damage to vehicle B

14 My remarks

15 Signatures of drivers

A

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 →

Reporting Centre: Progressive Automotive Pte Ltd

INDIVIDUAL STATEMENT (Part II)		Own Workshop Email / Fax (if any)													
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: <u>ENQUIRIES.LIFEIS@gmail.com</u>												
	2 Vehicle registration no.	C.C.	If commercial vehicle, state permissible carrying capacity												
	3 Is driver the owner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If no, State Relationship of Driver with owner <u>employee</u> state the vehicle number and name of owner 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If no, state where it is at present Tel no.														
	6 Are you claiming under your own insurance policy for repair to your vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If no, state action to be taken <input checked="" type="checkbox"/> Third Party <input type="checkbox"/> Reporting Only <input type="checkbox"/> Third Party (Own Workshop)														
Driver or person in charge of vehicle at the time of accident (Including insured)	7 Date of birth	Occupation	Date of license pass												
	Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/>		Was vehicle driven with the insured's permission? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>												
	Was driver an employee of the insured's company? <input type="checkbox"/> Yes <input 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															
<table border="1"> <thead> <tr> <th>Date</th> <th>Offence</th> <th>Penalty</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>				Date	Offence	Penalty									
Date	Offence	Penalty													
Injured persons	10 Name(s), address(es) and approximate age(s)	Injuries sustained	If vehicle occupants, state in which vehicle												
	Were seat belts being worn? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>		Was injured conveyed to hospital by ambulance? <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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please state which Police station <u>Punggol NPL</u>														
	13 Was notice of intended prosecution given? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, against whom?														
Accident details	14 Weather conditions <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others <input type="checkbox"/>														
	15 Road surface <input checked="" type="checkbox"/> Wet <input type="checkbox"/> Dry <input 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input 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) <input type="checkbox"/>														
	I/We declare the foregoing particulars are true in every respect														
	Policyholder's signature <u>Life Is...</u> Date <input type="checkbox"/> Driver's signature (if driver is not the policyholder) <u>Life Is...</u> Date <input type="checkbox"/>														

Business Registration: 53241659K
 Contact: 97468360
 Email: enquiries.lifeis@gmail.com

AXA INSURANCE PTE LTD
8 Shenton Way, #24-01
AXA Tower, Singapore 068811
Customer Service Centre #B1-01
Tel: (65)63387288 Fax: (65)63382522
Website: www.axa.com.sg
GST Registration Number: 199903512M
Customer.service@axa.com.sg



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)

CERTIFICATE NO.	: VCA/P1969653	Account No.	: 15525
Coverage	: Comprehensive		
Sum Insured	: Market value At The Time Of Loss		
Name of Policy Holder	: LIFE IS...		
Vehicle Registration No.	: GBG4362T		
Period of Insurance	: From 08/08/2017 To 07/08/2018 (Both Dates Inclusive)		

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE*

Any person who is driving on the Policyholder's order or with their permission.

Provided that the person driving is permitted in accordance with the licensing or other law 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.

LIMITATIONS AS TO USE*

- (a) Use in connection with the Policyholder's business
- (b) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business
- (c) Use for social, domestic and pleasure purposes

This Policy does not cover

- (a) Use for hire or reward or for racing, pace-making, reliability trial or speed-testing
- (b) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

(01)

EXCESS

Own Damage Excess : SGD 600.00

Windscreen Excess : SGD 100.00

(Please refer to your policy for Additional Excess)

* 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 Certification 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).

AXA INSURANCE PTE LTD

Authorized Signature

Issued by - SGOSP on 14/08/2017

IMPORTANT:

Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made. Failure to comply with the obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation) Act, (Cap. 189).

The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate, cover note and endorsement etc.

DRIVER IC/DL



DRIVER IC/DL



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet

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 : MPA218093727-01 Vehicle Registration No: GBG4362T
Name (as shown in NRIC) : Lee Gary Wen NRIC/FIN/Passport No : S7904858E
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : Blk 619 Bedok Reservoir Rd #07-1358 Singapore (470619)
Contact (Tel) : - Mobile No.: 9746 8360
Email Address : enquiries.Lifeis@gmail.com
Date of Accident : 19/7/18 Time of Accident : 13:00
Place of Accident : Along Jln Bukit Merah near T-junct of Hoy Fatt Rd.
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:

Attach police report.

Policyholder / Driver's Signature
Date:


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