

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	11/04/2015 11:30
Date Of Accident	10/04/2015 18:00
Exact Location Of Accident	BLK132 BEDOK NORTH AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFW6562M
-----------------------------	----------

Insured/Policyholder

Name Of Registered Owner	SYED NAQIB BIN SYED AHNAD AIMUSHAYAH
NRIC No	S8715124G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97624272
Alternative Phone No	OFFICE-97624272

Vehicle Particulars

Manufacturer	HONDA
Model	ACCORD-2.0 (A)

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? YES

If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
------------------	-------------

Insurance Company

Name of Insurance Company	OVERSEAS ASSURANCE CORPORATION LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	V8005638
Cover Note Number	

Driver

Name of Driver	SYED NAQIB BIN SYED AHNAD AIMUSHAYAH
NRIC No	S8715124G
Date Of Birth	18/05/1987
Occupation	INDOOR
Date Of Driving Pass	07/06/2010
Driving Experience	4 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97624272
Fax Number	
Contact Number	OFFICE-97624272
Email Address	NOEMAIL

Address	BLK 135 BEDOK NORTH STREET 2 #03-145
Postcode	460135
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION- HEAD TO REAR (TP HIT INSURED)
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
Was there any video captured by Car Camera?	NO
Number of Passengers (Including Driver)	2

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2449999 - FAX NO: 62447258
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

ON 10/04/2015, AT ABOUT 6PM ,I WAS DRIVING MY CAR SFW6562M AND WAS EXITING THE CARPARK OF BLK 133 BEDOK NORTH AVE 3.INSIDE THE CAR WAS MY SON AGE 2 YEAR OLD.I HAD WANTED TO MAKE A RIGHT TURN INTO BEDOK NORTH AVENUE 3.I HAD STOPPED MY CAR AT THE STOP LINE OF THE ENTRANCE OF THE CARPARK .I MADE A CHECK AND I SAW THAT THE VEHICLE ON MY RIGHT AT THE TRAFFIC LIGHT JUNCTION HAD STOPPED.I BEGAN TO INTO OUT AND SUDDENLY.MY CAR WAS HIT BY A BLACK CAR COMING FROM THE RIGHT SIDE ALONG BEDOK NORTH AVENUE 3. THE FRONT RIGHT SIDE OF MY VEHICLE WAS BADLY DAMAGED .THE POLICE AND AMBULANCE WAS CALLED TO THE ACCIDENT. THERE WAS AN EYEWITNESS TO THE INCIDENT WHO IS A PEDESTRIAN ,CROSSING BEDOK NORTH AVENUE 3.PTHE PEDESTRIAN INFORMED THAT THE BLACK CAR HAD BEATEB THE RED LIGHT AS HE WAS CROSSING THE ROAD.MY VEHICLE WAS TOWED AS A RESULT OF THE ACCIDENT .THE POLICE OFFICER WHO ATTENDED TO THE ACCIDENT HAD RECORDED A STATEMENT FROM THE EYEWITNESS .I EXCHANGED PARTICULAR WITH THE OTHER DRIVER OF THE BALCK CAR WITH REGISTRATION NUMBER SJD201Y(SUZUKI SWIFT/BLACK IN COLOUR) WHO IS NAMED ADRIAN LIM SOO JIN S7629964A HP:93859374.THE PASSENGER OF THE OTHER VEHICLE WAS CONVEYED BY AMBULANCE.

Are accident photos available for attachment?	YES
---	-----

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJD201Y
Vehicle Make/Model/Colour	SUZUKI SWIFT
Details Of Properties	
Name of Driver	ADRIAN LIM SOO JIN
NRIC/Passport Number	S7629964A
Contact Number	93859374
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	SYED NAQIB BIN SYED AHMAD AIMUSHAYAH
Approximate Age	28
Injuries Sustain	
Injured person in which vehicle?	SFW6562M
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	
Address	BLK135 #03-145 BEDOK NORTH STREET 2
Postcode	460135

Sketch Plan

Date of accident(事故日期): 10/04/15

Time of accident(事故时间): 1800 hrs

Exact location of accident(事故地点): B14 123 bedoh North Ave 3

Vehicle number(车牌): SFW 6562M

Insured name(保险人名字): SYED NAQIB BIN SYED AHMAD

Ic no: S8715124G

Office no(办公室号码): _____

Vehicle make/model(车辆制造或型号): HONDA ACCORD JDM 2.0

Claim type: O.D / TP / Record

Vehicle category: Private / Commercial

Insurance Company(保险公司): _____

Insurance Type(保险类型): Comprehensive / Third party fire & theft / Third party

Policy number(保险号码): V8005638

Name of driver(司机的名字): SYED NAQIB BIN SYED AHMAD

Ic no(身份证号码) S8715124G

Date of Birth(出生日期): 18/05/1987

Occupation(职业): OPERATION TECHNICIAN

Years of driving experience(几年驾驶经验): 5 years

Gender(性别) M / F

Contact no(电话号码): 97624272

Weather conditions(天气情况): Clear / Raining / Others

Road surface(路面): Wet / Dry / Others

Injury of Personnel(人员伤亡): _____

Third Party Vehicle No / Property(包含车/物产): SJD 2014

Third Party Driver Name(包含车辆拥有者名字): ADRIAN LIM SOO JIN

Third Party Driver Ic no(包含车辆拥证号码): S7629964A

Third Party Driver Mobile Number(包含车辆拥有者电话号码): _____

Sketch Plan #2

Describe Circumstances of the Accident

As per Police Report.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature] 01/11/15 11:20 AM

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan #3

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 willful 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 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.
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.

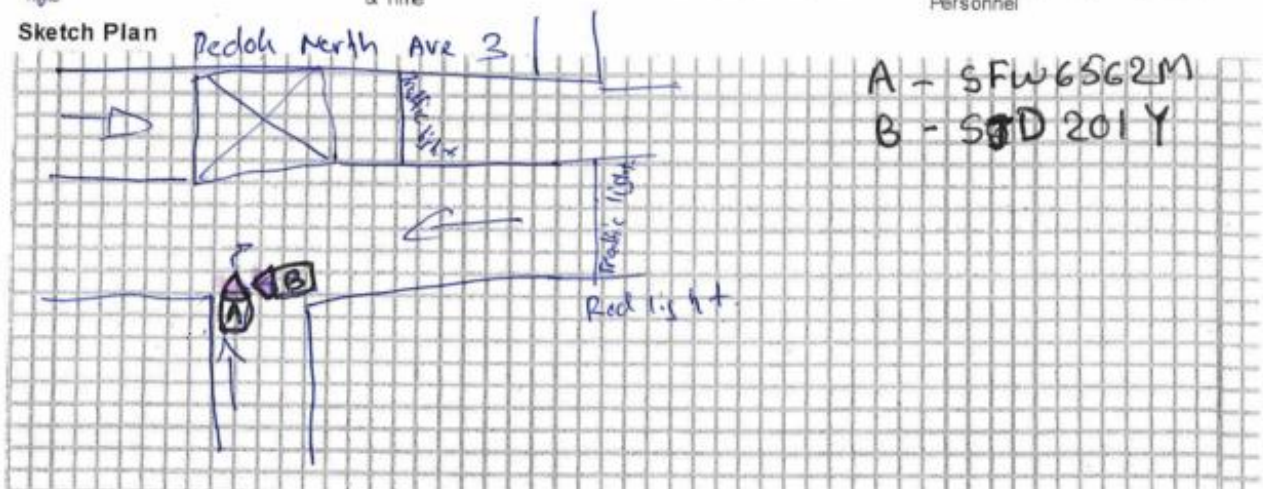


[Signature]
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





MEDICAL BILL AND RECORD



Billing Enquiries Tel: 6850 2854 / 6850 2857 / 6850 2862
Email: billing@cgh.com.sg

PAGE: 1 / 1

GST Registration No. : M2-0088821-9

ORIGINAL RECEIPT

CAEHAHA

10.04.2015 21:25 hrs

Bill To

SYED NAQIB BIN SYED AHMAD AIMUSHAYA
135 BEDOK NORTH STREET 2
#03-145 SINGAPORE 460135

MRN/NRIC : S8715124G
CASE NUMBER : 6915340829F
CUSTOMER : 3023842678
A&E VISIT : 10.04.2015 21:24

Name of Patient SYED NAQIB BIN SYED AHMAD AIMUSHAYAH

Service Description

Amount (\$S)

A&E ATTENDANCE FEE

TOTAL CHARGES

LESS : GOVERNMENT GRANT

AMOUNT PAYABLE BEFORE TAX

ADD : 7% GST

AMOUNT PAYABLE AFTER TAX

LESS : GST ABSORBED BY THE GOVERNMENT

NET AMOUNT PAYABLE

PAYMENT

SYED NAQIB BIN SYED AHMAD

AMOUNT DUE

SYED NAQIB BIN SYED AHMAD

FOR INFORMATION:

ST: P SN: S8715124G

PAYMENT DETAILS

NAME

SYED NAQIB BIN SYED AHMAD, AIM

DATE

10.04.2015

AMOUNT

108.00

PAYMENT TYPE

CASH

THIS IS AN ORIGINAL RECEIPT FOR CASH PAYMENT OF \$108.00 RECEIVED ON 10.04.2015.

TYPE OF SUPPLY: CASH/CREDIT

F/BO/02-003, R8

VIEW YOUR MEDISAVE AND/ OR MEDISHIELD CLAIM DETAILS ONLINE: Login to mycpf online services with your Singpass at <http://www.cpf.gov.sg> and proceed to My Statement>> Section B>> Medisave and/or MediShield Integrated Shield Plan Claims for the past 15 months. For more information, please visit <http://ask-us.cpf.gov.sg>>> Meeting Your Healthcare Needs. REIMBURSEMENT INFORMATION FOR EMPLOYERS AND INSURERS: Reimbursement should be made to cash outlay first, followed by Medisave, then MediShield OR the Medisave-approved Integrated Shield Plan. To make reimbursement to Medisave and MediShield, submit through internet at <http://www.cpf.gov.sg> and proceed to Employers>> E-Services>> Medisave/MediShield Reimbursement. To reimburse to a Shield Plan, please pay directly to the private insurer offering the Shield Plan.
Payment may be made at AXS or NETS Station or by Internet via <https://cpas.cgh.com.sg> or by Cheque. No receipt will be issued for payment by Cheque. Payment may also be made at the Patient Service Centre during office hours or at the A&E Registration counter after office hours.

Visit www.mypharmacy.com.sg for your health and homecare needs.

Please attach this portion to your cheque payment
(Cheque should be crossed and made payable to "Changi General Hospital Pte Ltd")

Amount Enclosed : \$

Cheque No./Bank :

10.04.2015

21:25 hrs

BALANCE DUE : S\$ 0.00

MRN/NRIC : S8715124G

CASE NUMBER : 6915340829F

MEDICAL BILL AND RECORD



Please bring this Referral Letter and your Identity Card / Passport / Work Permit / Birth Certificate (if <12yrs) on the day of your appointment.

These documents will help us speed up your Registration at the Specialist Clinics when you come for your appointment.

Referral For Continuation Of Treatment

Doctor's Decision

To : ATTENDING DOCTOR *SGT HAND SURGEON*

Appt Date : _____

Appt Time : _____

SOC : _____

X-Ray No : _____

Stitches Removal Date : _____

Name of Staff : _____

Date of Visit : 10/04/2015 21:24:25

Name of Patient : SYED NAQIB BIN SYED AHMAD

NRIC : SG 8715124 Account Numbe : 6915340829F

Address : Block 135 Level 03 Unit 145 BEDOK NORTH STREET 2

Telephone : 0

Date of Birth : 18/05/1987

Sex : MALE

Race : MALAY

FINAL DIAGNOSIS : CONTUSION LT WRIST AND RT SHOULDER

Additional Diagnosis : NIL

Main Complaints / History

MALE 28 YEARS OLD MALAY, TECHNICIAN AT EXON MOBIL

NKDA, Smoke 10 stick per day

Non Drinker, Right hand dominant

HAD A PREVIOUS LEFT SCAPHOID FRACTURE AND BONE GRAFTING DONE IN OCT 2013 BY DR LIM YI JIA

Left scaphoid proximal pole chronic non-union, dorsal SL ligament disruption

- patient underwent left wrist vascularized bone graft left scaphoid (Zaidenberg procedure), reconstruction of dorsal SL ligament using ECRB graft on 25/10/2013

TODAY, HE WAS A DRIVER OF A CAR INVOLVED IN A RTA AT 6PM OUTSIDE A CARPARK THAT HE WAS EXITING

ANOTHER CAR CAME FROM HIS RT SIDE AND HIT HIS CAR FRONT

C/O PAIN OVER HIS RT SHOULDER AND LEFT WRIST OLD INJURY SITE

SAYS THAT HIS HANDS WERE HOLDING THE STEERING WHEEL AND HE WAS WEARING A SEAT BELT

C/O PAIN OVER THE PREVIOUS SCAPHOID INJURY SITE

NO HI OR LOC, NO VOMITING, NO FEVER

PU NORMAL

Physical Examination

TEMPERATURE = 37.0

PULSE RATE = 78

RESPIRATION = 17

BLOOD PRESSURE = 120/58

COMFORTABLE, WALKS IN

NO PALLOR, NO DIAPHORESIS, NOT BREATHLESS

RT SHOULDER - ROM FULL, CAN LIFT BOTH HANDS ABOVE THE SHOULDERS

CLAVICLES, A-C JOINTS AND HUMERI PALPATED - NON TENDER

SLIGHT TENDER LEFT WRIST DORSUM, NO OPEN WOUND, NO BRUISE

SCAR FROM PREVIOUS SCAPHOID OPERATION NOTED

RADIUS, ULNA, STYLOIDS AND SNUFFBOX PALPATED NON TENDER

CRT < 2SECS, PERIPHERAL PULSES PALPABLE

CAN FORM FISTS, MP 5/5 BILATERALLY

NO NEUROLOGICAL DEFICITS

HEAD NO VISIBLE INJURIES

NECK SUPPLE, ROM FULL

BACK - NO PARAVERTEBRAL SPASM

NO SPINE TENDERNESS SLR 90/90

CHEST & PELVIC COMPRESSIONS NEGATIVE

NORMAL GAIT, FULL SQUAT

Investigations

DR SOH HUN BENG

MEDICAL OFFICER [LOCUM]

04213G

MBBS

Accident & Emergency

MEDICAL BILL AND RECORD



Please bring this Referral Letter and your Identity Card / Passport / Work Permit / Birth Certificate (if <12yrs) on the day of your appointment.

These documents will help us speed up your Registration at the Specialist Clinics when you come for your appointment.

Referral For Continuation Of Treatment

Doctor's Decision

To : ATTENDING DOCTOR

Date of Visit : 10/04/2015 21:24:25

Name of Patient : SYED NAQIB BIN SYED AHMAD

NRIC : SG 8715124 Account Number : 6915340829F

Address : Block 135 Level 03 Unit 145 BEDOK NORTH STREET 2

Telephone : 0

Date of Birth : 18/05/1987

Sex : MALE

Race : MALAY

RT SHOULDER X-RAYS - NO OBVIOUS FRACTURE
LEFT WRIST & SCAPHOID X-RAYS - NO OBVIOUS FRACTURE
IMPLANTS OF PREVIOUS SCAPHOID OPERATIONS SEEN

Prescription / Treatment

ALLERGY :

NIL

PRESCRIPTION :

OUTPATIENT LEAVE ISSUED FROM 10/04/2015 TO 12/04/2015

Procedures

IV Procedures

Bedside Medication

Paracetamol (Strength: 2, Unit: tab, Frequency: stat) Route: Oral Ordered by 04213G on 10/04/2015 22:12 Completed By CNUMYT on 10/04/2015 22:14

Suggested Follow-Up Treatment

IMPRESSION - CONTUSION LEFT WRIST AT OLD INJURY SITE AND RT SHOULDER
DISCHARGED WITH MEDICATIONS & MC
PATIENT WISHES TO BE FOLLOW UP BY A HAND SURGEON FROM SGH BECAUSE HIS PREVIOUS SURGEON HAS LEFT FOR
GLENEAGLES
HE PREFERS SGH HAND SURGERY
PATIENT IMPROVED; DISCHARGE PLAN AND ADVICE DISCUSSED WITH PATIENT / RELATIVES WHICH THEY UNDERSTAND AND
ABLE TO FOLLOW.
PLEASE SEE AND MANAGE. THANK YOU.

DR SOH HUN BENG
MEDICAL OFFICER [LOCOM]
04213G
MBBS

Identification Card



Police Report

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999



T/20150410/2176

1 of 3

Report No. T/20150410/2176

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/04/2015 20:55	Vide Report No.:	Station Diary No.: 87
--	------------------	--------------------------

Informant's Particulars

Name of Informant: SYED NAQIB BIN SYED AHMAD AIMUSHAYAH			Address: APT BLK 135 BEDOK NORTH STREET 2 #03-145 SINGAPORE 460135	
ID Type / ID No.: NRIC NO / S8715124G			Contact No.: Home/Office: Mobile: 97624272	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 27	Date of Birth: 18/05/1987	Type of Informant: Driver	
Race: Malay			Language: English	Institution / School Name:
Occupation: Technician			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/04/2015 18:00	Type of Location: Straight Road
Location: Along Road 1 BEDOK NORTH AVENUE 3				
Right Turn from Carpark Exit of Blk 133 into Bedok North Ave 3				
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 - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFW6562M	Car	HONDA	ACCORD 2.0 A	White	Seriously Damaged	1
SJD201Y	Car				Seriously Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SFW6562M	OVERSEAS ASSURANCE CORPORATION LIMITED	V8005638	29/04/2014	28/04/2015

Police Report

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999



T/20150410/2176

2 of 3

Report No. T/20150410/2176

CONTINUATION OF REPORT

Brief Details.

On 10/04/2015, at about 6pm, I was driving my car SFW6562M (Honda Accord/White in colour) and was exiting the carpark of Blk 133 Bedok North Ave 3. Inside the car was my son, age 2 years old. I had wanted to make a right turn into Bedok North Avenue 3. I had stopped my car at the stop line of the entrance of the carpark. I made a check and saw that the vehicles on my right at the traffic light junction had stopped. I began to inch out and suddenly, my car was hit by a black car coming from the right side along Bedok North Avenue 3.

The front right side of my vehicle was badly damaged. The police and ambulance was called to the accident.

There was an eyewitness to the incident who is a pedestrian, crossing Bedok North Avenue 3. The pedestrian informed that the black car had beaten the red light as he was crossing the road. My vehicle was towed as a result of the accident. The police officer who attended to the accident had recorded a statement from the eyewitness. I exchanged particulars with the other driver of the black car with the registration number SJD201Y (Suzuki Swift/Black in colour) who is named Adrian Lim Soo Jin S7629964A HP:93859374. The passenger of the other vehicle was conveyed by ambulance.

Police Report

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999



T/20150410/2176

3 of 3

Report No. T/20150410/2176

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:

G /

MUHAMMAD RAIHAN BIN OMAR

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

10/04/2015 20:55

Officer In Charge Of Case:

TP / GIT /

Chong Guan Fatt

Contact No.: 65476198

Classification Of Case:

Authentication Stamp

NP168



Singapore Police Force

Addendum Sheet Pg. 1

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 : MPPM15041154 Vehicle Registration No : SFW6562M
Name(as shown in NRIC): Syed Naqib Bin syed Ahmad A. mushayyah
(*~~Vehicle Driver~~ / Vehicle Owner) (*) Please delete as appropriate
NRIC/Passport No : S8715124G
Address : Blk 135 Bedok North street 2 #03-145
Contact (Tel) : 97624272 (H/P) : _____
(Email) : _____
Date of Accident : 10/04/2015 Time of Accident : _____
Place of Accident : Blk 132 Bedok north Ave3
Insurance Company : OAC

(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:

change TP claims to CD claims

Signature of Vehicle Owner / Driver

Date: 20/04/15

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