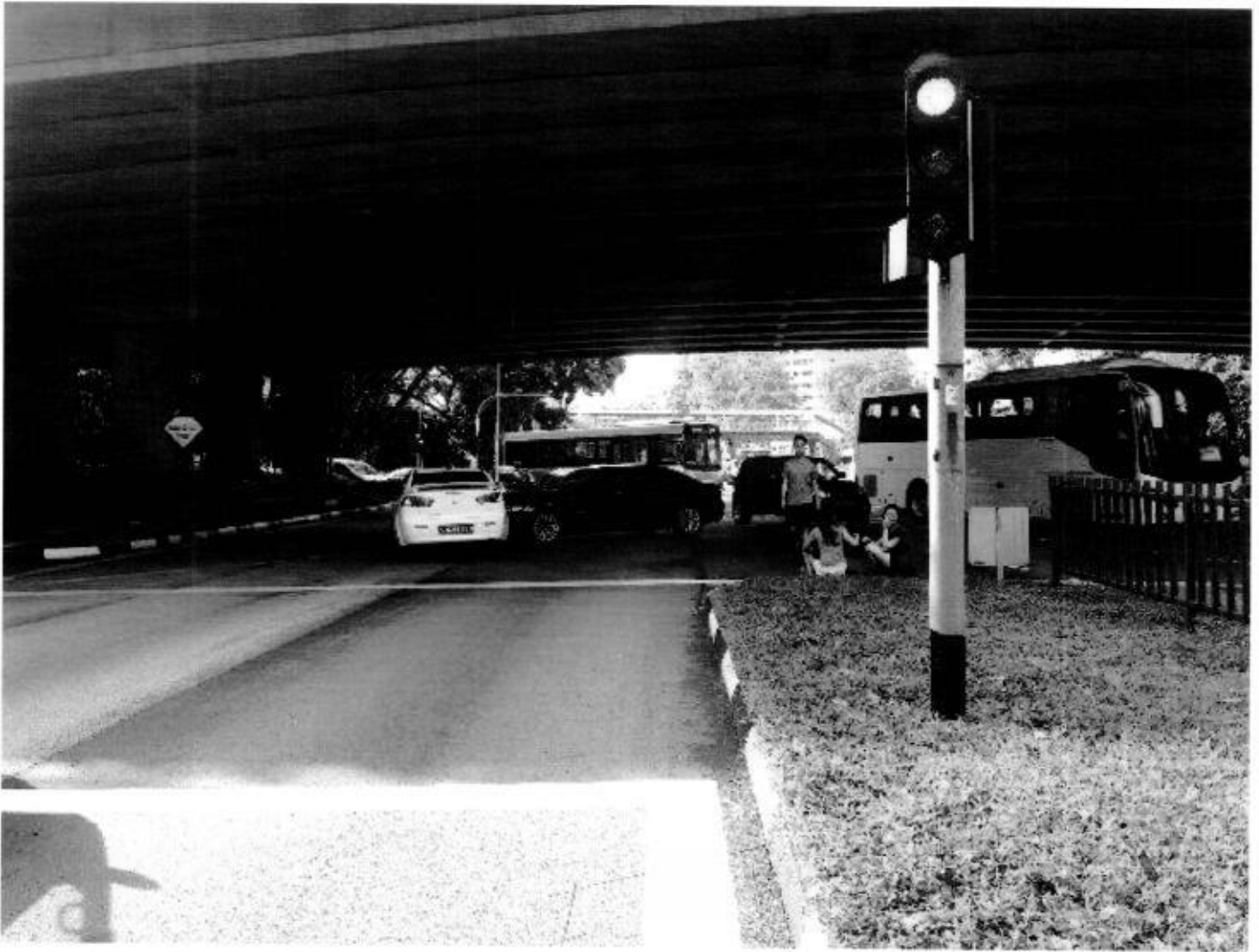


Accident Photo





GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0030 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 : _____ Vehicle Registration No: STK 66398
Name (as shown in NRIC) : AZHAR BIN ADAS NRIC/FIN/Passport No : S7110231-I
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 94821804
Email Address : _____
Date of Accident : 26/7/2018 Time of Accident : 0900
Place of Accident : Bukit Merah Flyover
Insurance Company : NTU

(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:

- update inpus

- was there any videos capture - NO

Policyholder / Driver's Signature
Date: _____

23 JUL 2018

IDAC KAKI BUKIT (VAC)

Reporting Centre Personnel's Signature
Name: _____ Singapore 415933
NRIC/FIN: 67416697 Fax: 67492305
Date: _____ Email: vackb@singnet.com.sg



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048560
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 : _____ Vehicle Registration No: SJK 66393
Name (as shown in NRIC): AZYAR BIO ADAS NRIC/FIN/Passport No : S7110231-I
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No.: 94821804
Email Address : _____
Date of Accident : 26/7/2018 Time of Accident : 0900
Place of Accident : Bukit Merah Flyover
Insurance Company: NTU

(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:

- update injuris
- was there any videos capture - NO


Policyholder / Driver's Signature
Date: 23 JUL 2018

IDAC KAKI BUKIT (VAC)
Reporting Centre Personnel's Signature
Name: Singapore 415933
NRIC/FIN No.: 67416697 Fax: 67492305
Date: _____ Email: vackb@singnet.com.sg

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Business
Owner ID: 6420M

Vehicle Details

Vehicle No.: SJK6639S
Vehicle to be sold: No
Intended De-registration Date: 27 Jul 2018
Vehicle Make: MITSUBISHI
Vehicle Model: LANCER 1.5 MIVEC GLX AT ABS D/AB 2WD 4DR
Primary Colour: White
Manufacture Year: 2008
Engine No.: 4A910105308
Chassis No.: JMYSRCY2A8U008377
Maximum Power Output: 80.0 kW (107 bhp)
Open Market Price: \$15,343.00
Original Registration Date: 30 Oct 2008
First Registration Date: 30 Oct 2008
Transfer Count: 2
Actual ARF: \$15,343.00

Intended De-registration Details

PARF Eligible: Yes
PARF Eligible Expiry Date: 29 Oct 2018
PARF Rebate Amount: \$7,671.00

Intended COE Details

COE Expiry: 29 Oct 2018
COE Category: A - Car (1600cc & below)
COE Period (Months): 10
QP Paid: \$10,989.00
COE Rebate: \$280.00
Total Rebate: \$7,951.00

The information obtained herein is correct as at 27 Jul 2018

OK

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID:	6420M
Vehicle Details	
Vehicle No.:	SJK6639S
Vehicle to be Exported:	No
Intended Deregistration Date:	29 Nov 2018
Vehicle Make:	MITSUBISHI
Vehicle Model:	LANCER 1.5 MIVEC GLX AT ABS D/AB 2WD 4DR
Primary Colour:	White
Manufacturing Year:	2008
Engine No.:	4A910105308
Chassis No.:	JMYSRCY2A8U008377
Maximum Power Output:	80.0 kW (107 bhp)
Open Market Value:	\$15,343.00
Original Registration Date:	30 Oct 2008
First Registration Date:	30 Oct 2008
Transfer Count:	2
Actual ARF Paid:	\$15,343.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	29 Oct 2023
COE Category:	A - Car (1600cc & below)
COE Period(Years):	5
PQP Paid:	\$15,142.00
COE Rebate Amount:	\$14,889.00
Total Rebate Amount:	\$14,889.00
Message	
Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 29 Nov 2018

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	23/07/2018 13:55
Date Of Accident	21/07/2018 09:15
Exact Location Of Accident	BUKIT MERAH ROAD UNDER FLYOVER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGA607L
Insured/Policyholder	
Name Of Registered Owner	YULIANA INDRAWATY
Passport No/FIN	X361279
Email Address	NOEMAIL
Mobile Phone No	(FOREIGN) 628-18777342
Alternative Phone No	Others-81353655

Vehicle Particulars

Manufacturer	BMW
Model	740I
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	B29010165SMP
Cover Note Number	

Driver

Name of Driver	JOHN ANG
NRIC No	S9290251Z
Date Of Birth	24/03/1992
Occupation	INDOOR
Date Of Driving Pass	19/06/2017
Driving Experience	1 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81353655

Fax Number	
Contact Number	
E-Mail Address	JOHN.WEIEN.ANG@GMAIL.COM
Address	10B BRADDELL HILL #18-08
Postcode	579721
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - GODMOTHER
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 ON 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	3
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)	3
Passenger 1	Name: : JOHN ANG Gender: : Male
Passenger 2	Name: : JUVANKA LIM Gender: : Female

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACH.

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	SJK6139S
Vehicle Make/Model/Colour	MITSUBISHI LANCER X
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	AZHAR BIN ADAS
NRIC/Passport Number	S7110231I

Contact Number

Address

BLK 537 WOODLANDS DRIVE 16 #09-163

Postcode

730537

Insurance Company Name

Nature Of Damage

FRONT

No. Of Passenger (Including Driver)

3

Passenger 1

Name: :

Gender: :

Passenger 2

Name: :

Gender: :

Sketch Plan

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

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. This report will be forwarded by the insurers to 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 purposes(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.



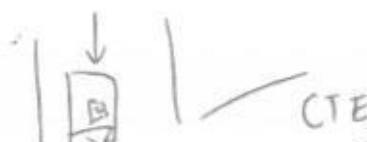
Policyholder's Signature
Date & Time



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



Reporting Centre Personnel's Signature
Name
NRIC / Fin No



Accident Photo



Accident Photo



Accident Photo



Accident Photo



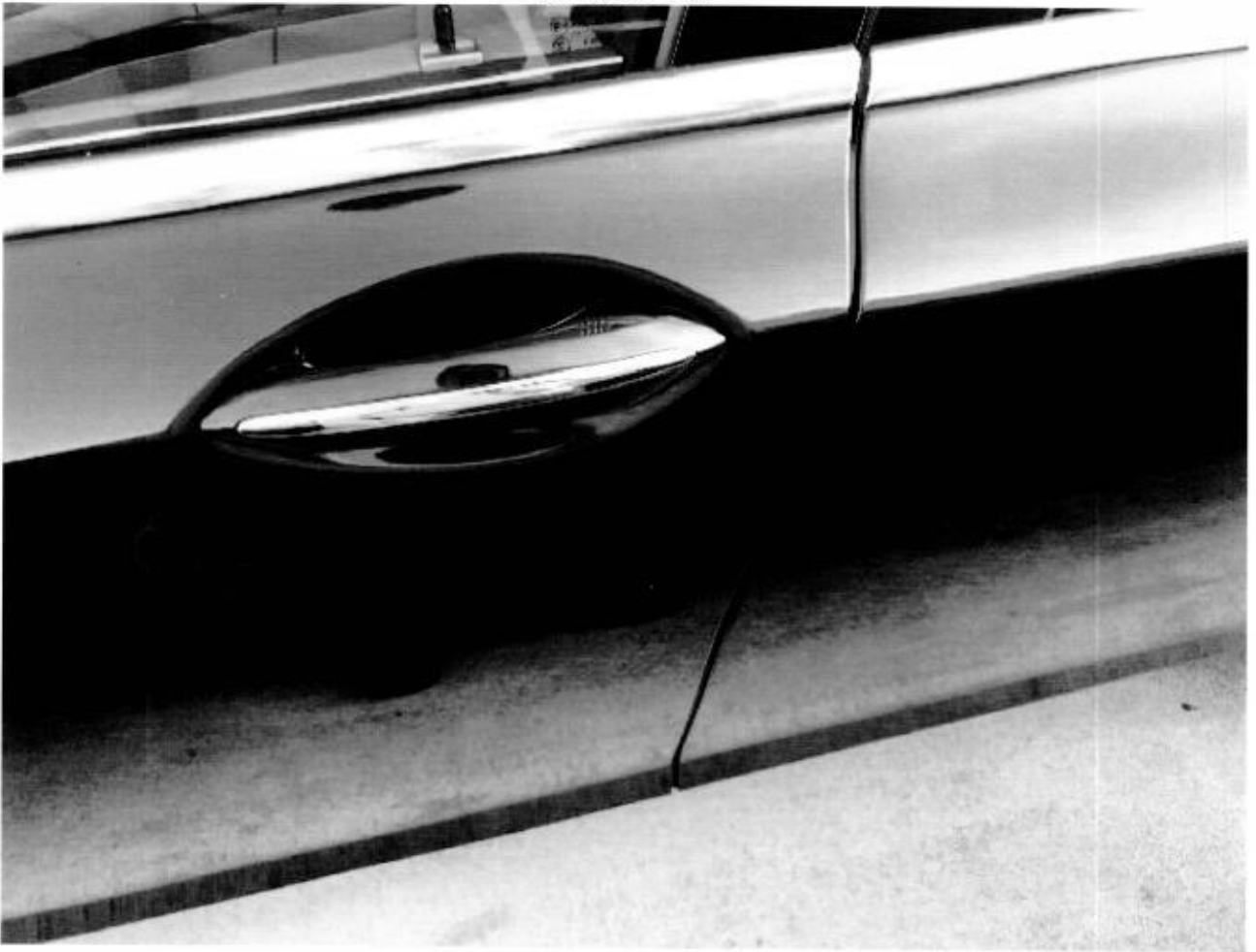
Accident Photo



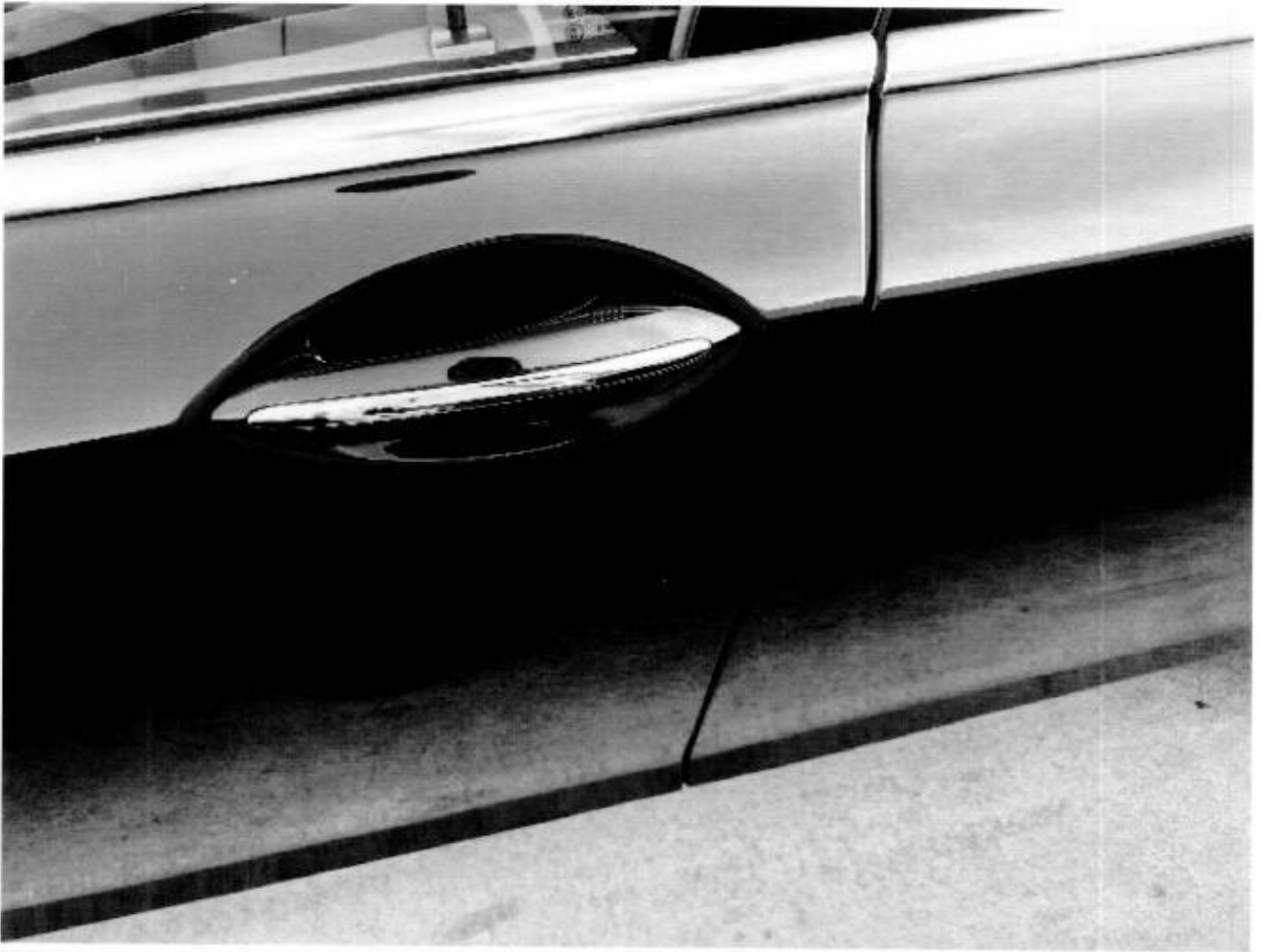
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

