

Addendum Sheet Pg. 1



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: S665500206 / 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 : MFA 21815 1399 Vehicle Registration No: YP 9997 J
Name (as shown in NRIC) : FENG ZUE SONG NRIC/FIN/Passport No : G53 72696 N
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 9799 3811
Email Address : _____
Date of Accident : 21.11.18 Time of Accident : 11.20
Place of Accident : In front of 183 Pandan Loop
Insurance Company : LONG PA LON PAC INS.

(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:

To upload sketch plans

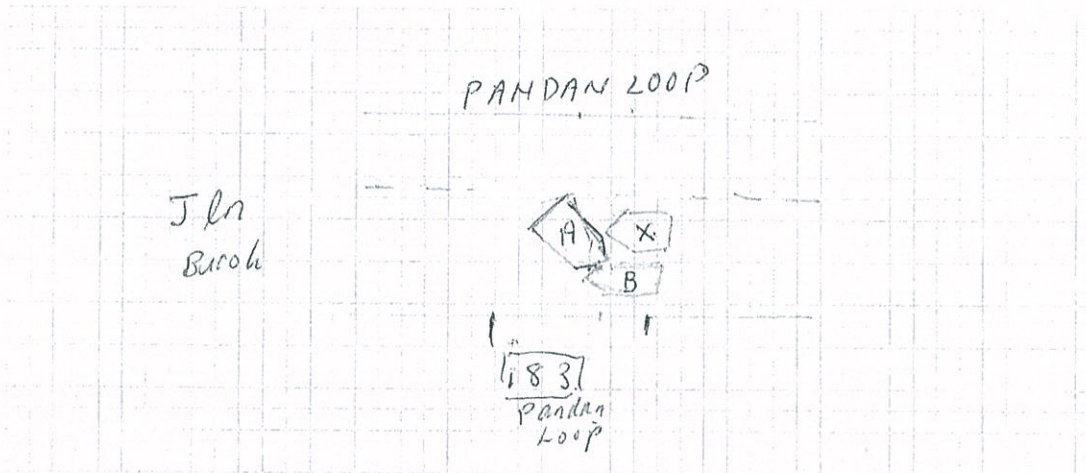
Policyholder / Driver's Signature
Date:

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



Accident Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident happened along Pandan Loop from direction of
Jln Buroh in front of 183 Pandan Loop.
While I was turning right into No 183 Pandan
Loop a 'Veh. Lorry X' was blocking my view. Suddenly
Vehicle No SKC 2071 K travelling from the opposite
direction collided on to the right side of my vehicle.

DECLARATION

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

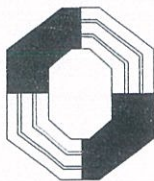
Policyholder
Date & Time



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

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





LONPAC INSURANCE BHD

(S98FC5635C)

Our Ref : 18/18/18//VC05/021135

22 November 2018

M/s Tan Insurance Brokers Pte Ltd
3A/5A Aliwal Street
Chenn Leonn Building
Singapore 199896

Dear Sir/Madam

INSURED: GENERAL MEAT CORPORATION PTE LTD
POLICY : Z/18VC05/001026
ACCIDENT INVOLVING SKC2071K & YP9997J ALONG PANDAN LOOP ON
20/11/2018

We refer to the accident report lodged by Feng Xue Song.

Kindly confirm the accident date as the police report of SKC2071K states 20 November 2018 whereas our insured driver indicates 21 November 2018.

Yours faithfully

GERALD POH
SENIOR EXECUTIVE
(CLAIMS)
Email: mt_claims@lonpac.com



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 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 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	22/11/2018 14:18
Date Of Accident	21/11/2018 11:20
Exact Location Of Accident	IN FRONT OF 183 PANDAN LOOP FROM JLN BUROH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP9997J
Insured/Policyholder	
Name Of Registered Owner	GENERAL MEAT CORPORATION PTE LTD
Co Reg No	201437747R
Email Address	SWEEKHOON_TEE@GMCSG.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-97993811

Vehicle Particulars

Manufacturer	HINO
Model	LORRY
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z18VC05001026
Cover Note Number	

Driver

Name of Driver	FENG XUESONG
NRIC No	G5372696N
Date Of Birth	23/11/1981
Occupation	OUTDOOR
Date Of Driving Pass	23/12/2014
Driving Experience	3 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97993811
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address NO ADDRESS

Postcode

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 COLLISION - CHANGE/CROSS LANE

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? NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO SKETCH PLANS

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 SKC2071K

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)

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

