

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	02/01/2019 15:39
Date Of Accident	02/01/2019 09:50
Exact Location Of Accident	AYER RAJAH AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ2871J
Insured/Policyholder	
Name Of Registered Owner	BLAZE MOTORING PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81477716
Alternative Phone No	OFFICE-81477716

Vehicle Particulars

Manufacturer	TOYOTA
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORK
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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	18-MJ001571-R00
Cover Note Number	

Driver

Name of Driver	MOHAMAD RAFFI BIN JUPRI
NRIC No	S8134171J
Date Of Birth	04/11/1981
Occupation	OUTDOOR
Date Of Driving Pass	05/11/2004
Driving Experience	14 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81477716
Fax Number	
Contact Number	OTHERS-81477716
EEmail Address	NOEMAIL

Address	BLK 1 HOLLAND CLOSE #09-101
Postcode	271001
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
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	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20190102/2089 / T/20190103/2015

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	AJH3218
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	THAM WAI KEAT
NRIC/Passport Number	G8415956K
Contact Number	86522168
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan

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. 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 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.



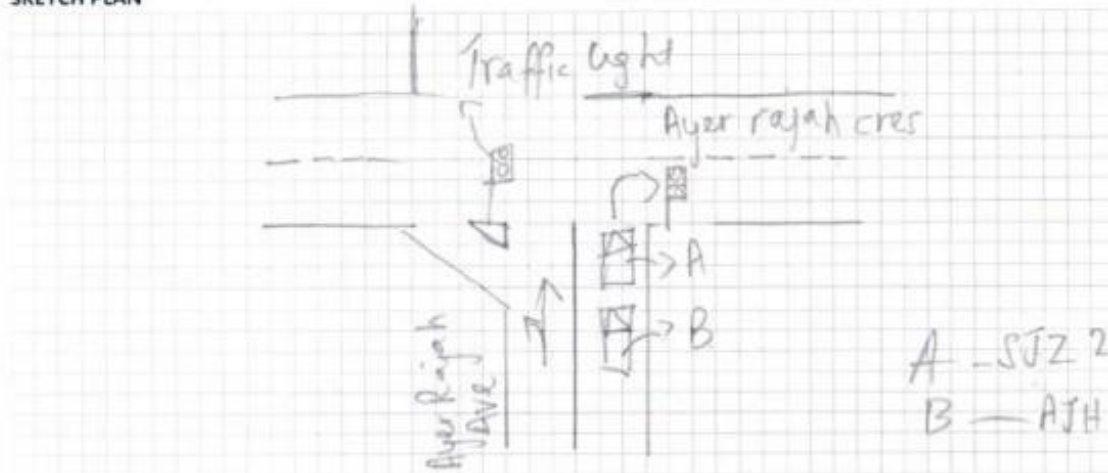
Policyholder's Signature
Date & Time:

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

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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report - T/20190102/2089

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.:

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20190102/2089

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20190102/2089

CONTINUATION OF REPORT

Driver			
Name	THAM WAI KEAT		ID No. G8415956K
Related Vehicle	AJH3218 (Car)		Contact No. 86522168
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
Driver			
Name	MOHAMAD RAFFI BIN JUPRI		ID No. S8134171J
Related Vehicle	SJZ2871J (Car)		Contact No. 81477716
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 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 ABOVE MENTIONED THE DATE, TIME AND LOCATION
THE TRAFFIC FLOW WAS MODERATE AND THE ROAD SURFACE WAS DRY. I WAS TRAVELLING
AYER RAJAH AVENUE ON THE EXTREME RIGHT AND STATIONARY, I WAS WAITING FOR THE
TRAFFIC LIGHT GREEN ARROW TO APPEAR. WHEN SUDDENLY VEHICLE NO.(AJH3218)
COLLIDED ONTO THE REAR OF MY VEHICLE, THERE WAS NOBODY INJURED.
IM LODGING THIS REPORT FOR RECORD PURPOSE ONLY.
THAT'S ALL

Sketch Plan #4



Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20190103/2015

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20190103/2015

CONTINUATION OF REPORT

Driver			
Name	THAM WAI KEAT		ID No. G8415956K
Related Vehicle	AJH3218 (Car)		Contact No. 86522168
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	MOHAMAD RAFFI BIN JUPRI		ID No. S8134171J
Related Vehicle	SJZ2871J (Car)		Contact No. 81477716
Hospital/Clinic	MY FAMILY CLINIC (CLEMENTI)		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	02/01/2019	Date Discharge	NIL
No. of Days granted Medical Leave	02	Degree of Injury	NIL

Brief Details.

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION,
THE TRAFFIC FLOW WAS MODERATE AND THE ROAD SURFACE WAS DRY. I WAS TRAVELLING
ALONG AYER RAJAH AVENUE ON THE EXTREME RIGHT AND STATIONARY, I WAS WAITING FOR
THE TRAFFIC LIGHT GREEN ARROW TO APPEAR WHEN SUDDENLY, VEHICLE NO.(AJH3218)
COLLIDED ONTO THE REAR OF MY VEHICLE, THERE WAS NOBODY INJURED.
I AM LODGING THIS RECORD FOR INSURANCE PURPOSES AND FOR THIRD-PARTY CLAIMS.
THAT IS ALL.

Accident Sketch Plan



My Family Clinic (Clementi)

Blk 420A Clementi Ave 1 #01-05 Casa Clementi S121420

Tel: 66942574 Fax: 66942573

Medical Certificate

Date : 02 Jan 2019

MC No. : 0000039128

This is to certify that :

Name : MOHAMAD RAFFI BIN JUPRI

NRIC : S813417J

is UNFIT FOR WORK/ DUTIES for 2 days

from 02/01/2019 to 03/01/2019 inclusive.

DR TEOH SHIN EE
MBChB (Edinburgh)
MRCP (UK)
MCR No. M16757F

DR TEOH SHIN EE

**This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.*

Accident Sketch Plan

My Family Clinic (Clementi)

81K 420A Clementi Ave1 #01-05 Casa Clementi S121420
Tel: 66942574 Fax: 66942573



GST Reg No : 2012164410

Co Reg No : 2012164410

TAX INVOICE

MOHAMAD RAFFI BIN JUPRI
1 HOLLAND CLOSE

#09-101

S(271001)

Patient : MOHAMAD RAFFI BIN JUPRI (S8134171J)

Invoice No. : 82279

Our Reference : 19024

Date : 02 Jan 2019

Doctor : DR TEOH SHIN EE

DESCRIPTION	QTY	DISC (%)	FEE (\$)
ANAREX TAB	20.00 tabs		7.00
ARCOXIA 120MG	5.00 tabs		15.00
CONSULTATION			26.00
	Sub-Total		48.00
	Add GST 7.0%		3.36
	Rounding Adjustment		-0.01
	Total Amount Payable		51.35
	Receipt No. 80889 - CASH Payment Received		51.35
	Outstanding Balance		0.00

This is a computer generated invoice which does not require a signature

E. & O.E

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



Police Report



**SINGAPORE
POLICE FORCE**



T/20190102/2089

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20190102/2089

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/01/2019 15:21		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MOHAMAD RAFFI BIN JUPRI			Address: APT BLK 1 HOLLAND CLOSE #09-101 SINGAPORE 271001		
ID Type / ID No.: NRIC NO / S8134171J			Contact No.: Home/Office: Mobile: 81477716		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 37	Date of Birth: 04/11/1981	Type of Informant: Driver		
Race: Javanese			Language: English		Institution / School Name:
Occupation: DELIVERY DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 02/01/2019 09:50	Type of Location: X-Junction
Location: Along Road 1 AYER RAJAH AVENUE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
AJH3218	Car				Slightly Damaged	0
SJZ2871J	Car				Slightly Damaged	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/20190102/2089

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20190102/2089

CONTINUATION OF REPORT

Driver			
Name	THAM WAI KEAT		ID No. G8415956K
Related Vehicle	AJH3218 (Car)		Contact No. 86522168
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
Driver			
Name	MOHAMAD RAFFI BIN JUPRI		ID No. S8134171J
Related Vehicle	SJZ2871J (Car)		Contact No. 81477716
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 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 ABOVE MENTIONED THE DATE, TIME AND LOCATION
THE TRAFFIC FLOW WAS MODERATE AND THE ROAD SURFACE WAS DRY. I WAS TRAVELLING
AYER RAJAH AVENUE ON THE EXTREME RIGHT AND STATIONARY, I WAS WAITING FOR THE
TRAFFIC LIGHT GREEN ARROW TO APPEAR. WHEN SUDDENLY VEHICLE NO.(AJH3218)
COLLIDED ONTO THE REAR OF MY VEHICLE, THERE WAS NOBODY INJURED.
IM LODGING THIS REPORT FOR RECORD PURPOSE ONLY.
THAT'S ALL

Police Report



**SINGAPORE
POLICE FORCE**



T/20190102/2089

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20190102/2089

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:
TP /
KEE CHUAN JIA MARCUS

Signature Of Informant:

R. K. N.

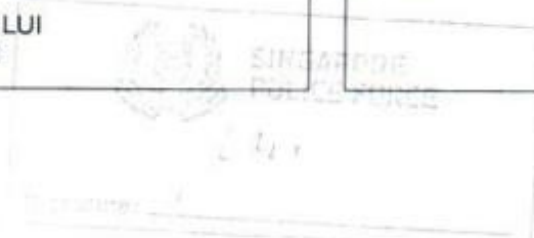
Signature Of Interpreter:
Not applicable

Date/Time:
02/01/2019 15:21

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Classification Of Case:

Authentication Stamp
NP168



Police Report



**SINGAPORE
POLICE FORCE**



T/20190103/2015

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20190103/2015

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/01/2019 10:50	Vide Report No.:	Station Diary No.:
--	------------------	--------------------

Informant's Particulars

Name of Informant: MOHAMAD RAFFI BIN JUPRI			Address: APT BLK 1 HOLLAND CLOSE #09-101 SINGAPORE 271001		
ID Type / ID No.: NRIC NO / S8134171J			Contact No.: Home/Office: Mobile: 81477716		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 37	Date of Birth: 04/11/1981	Type of Informant: Driver		
Race: Javanese			Language: English		Institution / School Name:
Occupation: Delivery Driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 02/01/2019 09:50	Type of Location: X-Junction
Location: Along Road 1 AYER RAJAH AVENUE AYER RAJAH CRESCENT				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
AJH3218	Car					0
SJZ2871J	Car					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/20190103/2015

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20190103/2015

CONTINUATION OF REPORT

Driver			
Name	THAM WAI KEAT	ID No.	G8415956K
Related Vehicle	AJH3218 (Car)	Contact No.	86522168
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	MOHAMAD RAFFI BIN JUPRI	ID No.	S8134171J
Related Vehicle	SJZ2871J (Car)	Contact No.	81477716
Hospital/Clinic	MY FAMILY CLINIC (CLEMENTI)	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	02/01/2019	Date Discharge	NIL
No. of Days granted Medical Leave	02	Degree of Injury	NIL

Brief Details.

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION,
THE TRAFFIC FLOW WAS MODERATE AND THE ROAD SURFACE WAS DRY. I WAS TRAVELLING
ALONG AYER RAJAH AVENUE ON THE EXTREME RIGHT AND STATIONARY, I WAS WAITING FOR
THE TRAFFIC LIGHT GREEN ARROW TO APPEAR WHEN SUDDENLY, VEHICLE NO.(AJH3218)
COLLIDED ONTO THE REAR OF MY VEHICLE, THERE WAS NOBODY INJURED.
I AM LODGING THIS RECORD FOR INSURANCE PURPOSES AND FOR THIRD-PARTY CLAIMS.
THAT IS ALL.

Police Report



**SINGAPORE
POLICE FORCE**



T/20190103/2015

3 of 3

Report No. T/20190103/2015

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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:

TP /

ZENG ZI CONG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

03/01/2019 10:50

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt STEPHANIE, CHEUNG TSZ YING

Contact No.: 90020518

Classification Of Case:

Authentication Stamp

NP168



SINGAPORE
POLICE FORCE

Signature: _____

Addendum Sheet



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: S46550020G / 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 : MNA119 000 525 Vehicle Registration No: SJZ2871J
Name(as shown in NRIC) : MOHAMAD RAFFI BIN SUPRI NRIC/FIN/Passport No : S8134171J
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 1 HOLLAND CLOSE, #09-101 Singapore(271001)
Contact (Tel) : — Mobile No.: 81477716
Email Address : NOEMAIL
Date of Accident : 02/01/2019 Time of Accident : 09:50
Place of Accident : AYER RAJAH AVENUE
Insurance Company : Tokio Marine Insurance Singapore Ltd.

(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 the Driver Vehicle number.

Policyholder / Driver's Signature
Date:

3/1/2019

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

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: 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 : MNA119000525-01 Vehicle Registration No: SJZ2871J
Name(as shown in NRIC) : MOHAMAD RAFFI BIN JUPRI NRIC/FIN/Passport No : S8134171J
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK1 HOLLAND CLOSE, #09-101 Singapore 271001
Contact (Tel) : - Mobile No.: 81477716
Email Address : NOEMAIL
Date of Accident : 02/01/2019 Time of Accident : 09:50
Place of Accident : AYER RAJAH AVENUE
Insurance Company: Tokio Marine Insurance Singapore Ltd.

(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:

Add Polize Report & Medical Report.



Policyholder / Driver's Signature
Date:

Raffi

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

3/1/2019