

**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 : MCD619009490 Vehicle Registration No: SHC8045H

Name (as shown in NRIC) : PHUA KWEE WAH NRIC/FIN/Passport No : S0103578I

☒ (\*Vehicle Driver) ☐ Vehicle Owner) (\*) Please delete as appropriate

Address : BLK 3 TELOK BLANGAH CRESCENT #06-514 Singapore (090003)

Contact (Tel) : \_\_\_\_\_ Mobile No. : \_\_\_\_\_

Email Address : \_\_\_\_\_

Date of Accident : 20/01/2019 Time of Accident : 19:00

Place of Accident : FARRER RD B4 X JUNCTION TWDS HOLLAND RD

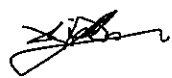
Insurance Company: India International Insurance Pte Ltd

**(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:

Location Of Accident Should Be: FARRER RD B4 X JUNCTION TWDS HOLLAND RD

\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: xiaoyan  
NRIC/FIN No.: \_\_\_\_\_  
Date: 06.05.2019

## 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	21/01/2019 11:29
Date Of Accident	20/01/2019 19:00
Exact Location Of Accident	FARRER RD B4 X JUNCTION TWDS HOLLAND RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8045H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E220

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 THIRD PARTY

Vehicle Category TAXI

### Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	

### Driver

Name of Driver	PHUA KWEE WAH
NRIC No	S0103578I
Date Of Birth	19/12/1950
Occupation	OUTDOOR
Date Of Driving Pass	15/11/1968
Driving Experience	50 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83147575
Fax Number	
Contact Number	
Email Address	PHUAKWEEWAH3578@GMAIL.COM