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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.

aforesaid.	<u> </u>
	ACCIDENT STATEMENT
Date Of Report	11/04/2019 18:57
Date Of Accident	07/03/2019 09:55
Exact Location Of Accident	RIVER VALLEY ROAD NATHAN ROAD U-TURN
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLK4008C
Insured/Policyholder	
Name Of Registered Owner	AMIN-AMIN FARNUSH MARK LOTFI
Passport No/FIN	G6057385P
Email Address	MARK.AMIN@TRADITIONASIA.COM

(LOCAL) +65-92340070

OTHERS-92340070

Alternative Phone No Vehicle Particulars

Mobile Phone No

Manufacturer SUBARU

Model FORESTER-2.0 I-L (SJ) (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 AIG ASIA PACIFIC INSURANCE PTE. LTD.

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 2100497785-02

Cover Note Number

Driver

Name of Driver AMIN-AMIN FARNUSH MARK LOTFI

Passport No/FIN G6057385P
Date Of Birth 13/11/1975
Occupation INDOOR
Date Of Driving Pass 28/09/2012

Driving Experience 6 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-92340070

Fax Number

Contact Number OTHERS-92340070

EMail Address MARK.AMIN@TRADITIONASIA.COM

Address 9 OCEAN WAY

#04-35

Postcode 098371

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 - U-TURN

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

NO YES

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

2

Number of Passengers (Including Driver)

Passenger 1

ambulance?

NAME: : BIANCA CHANTELLE AMIN-AMIN

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name PAYA LEBAR NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 114 HOUGANG AVENUE 1 #01-1270 , POSTCODE: 530114 ,

COUNTRY: SINGAPORE

Police Station Contact **TEL NO**: 1800-2899999 - **FAX NO**: 62815961

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

Refer Sketch Plan

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 SKU4273L
Vehicle Make/Model/Colour HONDA

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver MOHD AMIN BIN M SHARIFF

NRIC/Passport Number

Contact Number 92375253

Address
Postcode
Insurance Company Name
Nature Of Damage

No. Of Passenger (Including Driver)

SINGAPORE ACCIDENT STATEMENT

Accident Date & Time: 7 March 20	19; 9:55am
Accident Location: River Valley Road	Northan Road U-Turn
verlicle Number: SIK400XC	Make/ Model: S. how tovestor
Policy Holder Name: Farnish Mark	lothe Amen - Amin
NRIC/ROC: 66057385P	Mobile: 9239 0070
Email: nark anin a traditions	asia com
Insurance Company: AIG	
Policy Number: 2100497785-02	Policy Period: 16 72079 - 15 Jan 2020
Policy Coverage: Comprehensive (/)	Third Party () Third Party Fire & Theft ()
State Action Taken: Claim Own Policy (/) Clair	im Third Party () Reporting Only ()
Driver Name: Anin-Anin Farnush 1	lark Letfi
NRIC: 66057385P	Mobile: 96525081
Date Of Birth: 13/11/ 1975	Driving Pass Date: 28 /09/ 2072
Gender: Male (/) Female ()	Occupation: Indoor () Outdoor ()
Address: 9 Ocean Way #04-35 Si	CHARLES 098371
Is driver an employee of the insured's company	: Yes () No (/)
If No, Relationship of the driver with the insured	1:
Owner (/) Spouse () Friend () Relative () Children () Sibling () Hirer ()
Weather Conditions: Clear (/) Raining () C	Others ()
	thers ()
Was any foreign vehicle involved in this acciden	t? Yes () No (/)
Was anybody injured in the Accident?	Yes () No (/)
Was there any video captured by Car Camera?	Yes () No (/)
Number of Passenger (Including Driver): 🔾	
1) Farnush Mark Loffi 2) Bianca Chartelle :	3)4)
Was the accident reported to the police?	Yes (/) No () "attach Police Report, if any"
Brd Party Name: Stuff 131 Mohd Am	un Bin M Shanff
Vehicle Number: SKU4273L	Make & Model:
	Mobile No: 92375253
Vitness Details (if any):	(2310.32
IAME: NRIC:	Mobile No:
Other remark: if any	
H CONTROL (MATERIAL TOURS TOURS TOUR	

SKETCH PLAN

+++	++++					+++++	++++
	TO I						
AP 1 1 10	9						
			++++			+++++	
	6						
	11111	+HH			Lang	4	
1 1 1 1	50	++++	11111		X		+++++
1 12				DOWNS WAPTIALK	42731		
++++	++++	+++	++++		++++++++++++++++++++++++++++++++++++		11111
++++	++++	1	++++			++++	+++++

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DESCRIBE CIRCOMSTANCES OF THE ACCIDENT	
	wandy Anin-Anin Farmsh
number SIX good C along River Valley Road.	reliche bearing registration
left passenger seat. Nothing was amis.	
On the same day of about 8952hrs, we then	Ann left into Nothan Bood.
Not along after all about 2955his my hurband	niede a U-turn. My husband
considered safe to do so. Why slives so on from	t portion of reliche all it did
onto the said vehicles foul ight Oportion.	1
Butter of the diners then stopped to make a check the o	liver of the good vehicle is me
namely Muld tryin Bu Mid Chan # (Hp: 923+5253). /wi	ih to state that our left pourseryer door is
devoted and the damage was minor while the same retricte find screen the and dent. No one was injured. No ambulance	ingrat humper suffered devented nine
an in-built CCTV initalled in our reliefe anothe converg Protoge.	deice was operative at that point of time
Important:	- Reporting Only
You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14)	- Claim OD
DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame	- Claim TP
from the day of the occurrence.	- Claim OD/ TP at other workshop

DECLARATION

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

Policyholder's signature

Date & Time

Driver's Signature

(if driver not the policyholder)

Date & Time

Reporting Centre Personnel's Signature

Name:

Nric/Fin No.

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
- 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:

- 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)
 - 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")
- 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
- 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.
- 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.:



CERTIFICATE OF INSURANCE

SUBARU AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Amin-Amin Farnush Mark Lotfi Period of Insurance : 16 Jan 2019 To 15 Jan 2020

Engine No. : FB20Y508055

Chassis No. : JF1SJ5KC5GG081988 Vehicle No. : SLK4008C Policy No. : 2100497785-02

Endorsement No.

Issued Date : 14 Jan 2019

ABOUT THE COVER

Make/Model : SUBARU FORESTER 2.0I-L

Engine Capacity/Tonnage : 1,995.00 CC Sum Insured : Market Value First Year of Registration : 2017 Driver Restriction : NA Off Peak Car : No Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

a) The Policyholder b) Any other person who is driving on the Policyholder's order or with his/her permission. This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "inexperienced Driver Excess" (1DR1) if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experie

Age Condition : 40 years old and above

Limitation as to use* :

Use only for social, domestic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use 1500cc - 1600cc

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS

Section 1 Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$0

Section 2 Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Amin-Amin Farnush Mark Lotti - \$800 (Own Damage)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

1.Motor Image Enterprises Pte Ltd. Add: 19 Lorong 8 Toa Payoh Singapore 319255 64170100

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website www.aig.com.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

IWe hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rolles, 1959 (Malaysia).

0500619226

TAN CHONG CREDIT SUBARU-LLK

911 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE

SINGAPORE 589622

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE



LAW CORPORATION MMISSIONERS FOR OATHS

Co./GST Reg No. 201006902N

Address : 380 Jalan Besar

#05-02 ARC 380, Singapore 209000

[Branch Office]

: APAC.BL.19.5509.rj

Your Reference : Please advise

Our Reference

Main Line

: +65 6222 5593

Fax Line

+65 6224 3703

Direct Email

britto@apaclaw.com

Date

: 25 March 2019

AIG ASIA PACIFIC INSURANCE PTE LTD 78 SHENTON WAY

#07-16, AIG BUILDING SINGAPORE 079120

WITHOUT PREJUDICE CERTIFICATE OF POSTING & BY FAX 6835 7416

Attn: Manager (Motor Claims Department)

AMIN-AMIN FARNUSH MARK LOTFI

9 OCEAN WAY #04-35 SINGAPORE 098371

Dear Sirs

BY POST

(For information only)

ACCIDENT ON 7.3.2019 ALONG NATHAN ROAD IN FRONT OF LOFT@NATHAN BUILDING INVOLVING MOTOR VEHICLES SKU4273L & SLK4008C

We are instructed by MOHD AMIN BIN M SHARIFF to claim damages against you in connection with a road ACCIDENT ON 7.3.2019 ALONG NATHAN ROAD IN FRONT OF LOFT@NATHAN BUILDING involving our client's motor vehicle registration number SKU4273L and motor vehicle registration number SLK4008C driven by you or your authorised driver at the material time.

We are instructed that your negligent driving and/or management of your vehicle caused the accident. As a result of the accident, our client's vehicle was damaged and our client has sustained injuries, loss and damage.

General Damages

Pain and suffering 7.000.00 Loss Future Earnings to be assessed

Special Damages:-

(Medical and related expenses)

Medical Expenses to be assessed Transportation \$ 40.00 Loss of income to be assessed

Main Office

(Conveyancing, Corporate & Litigation Practice) 430 Toa Payoh Lor 6 #12-01 OrangeTee Building Singapore 319402

Branch Office

(Road Traffic Accidents Practice) 380 Jalan Besar #05-02 ARC 380 Singapore 209000

We do not accent service of Court documents via facsimile and/or email.

www.apaclaw.com



LAW CORPORATION

Co./GST Reg No. 201006902N

Dishursements incurred as to date:

		Total	\$ 7.385.40
•	Incidentals		\$ 150.00
•	LTA search fees		\$ 8.00
•	Police report fees		\$ 30.00
•	GIA report fees		\$ 29.00
•	Medical report fees		\$ 128.40
D10.	discinionts incurred as to date.		

•	Loss Future Earnings	to be assessed
	Future Medical Expenses	to be assessed

Cost Contribution to be negotiated at the appropriate stage

A copy of each of the following supporting documents is enclosed:

- Police report made by driver of SKU4273L;
- GIA report made by driver of SKU4273L
- LTA search;
- Medical certificate from Tampines Clinic & Surgery Pte Ltd dated 7 March 2018; and
- Medical report from Tampines Clinic & Surgery Pte Ltd dated 12 March 2018.

Please note that you or your insurer should send to us an acknowledgment of receipt of this letter within 14 days of your receipt of this letter. If you or your insurer wish to have our client examined by your own medical expert, this should be stated in your acknowledgement of receipt. Please also advise within 14 days of the acknowledgement of receipt, where and when the examination of our client is to take place so that we may arrange for him to attend.

Should you fail to acknowledgment receipt of this letter within 14 days, our client can commence court proceedings against you without further notice to you or your insurer.

Please also note that if you have a counterclaim against our client arising out of the accident, you are required to send to us a letter giving full particulars of the counterclaim together with all relevant documents within 8 weeks of your receipt of this letter.

Yours faithfully

APAC LAW CORPORATION Encl

Main Office

(Conveyancing, Corporate & Litigation Practice) 430 Toa Payoh Lor 6 #12-01 OrangeTee Building Singapore 319402 Branch Office

(Road Traffic Accidents Practice) 380 Jalan Besar #05-02 ARC 380 Singapore 209000 We do not accept service of Court documents via facsimile and/or email.



AIG Asia Pacific Insurance Pte. Ltd. (201009404M) AIG Building 78 Shenton Way #07-16 Singapore 079120

www.aig.com.sg

T: (65) 6419 3000 F: (65) 6835 7416

9- 5PM

Your Ref :SLK4008C

Our Ref: 0373027278SG-001

Date: 26 March 2019

Amin-Amin Famush Mark Lotfi 9 Ocean Way #04-35 Singapore 098371

WITHOUT PREJUDICE

Dear Sir/Madam,

ACCIDENT INVOLVING SLK4008C AND SKU4273L ON 07 March 2019 AT NATHAN ROAD Singapore

We refer to the above matter.

We would like to inform you that we have received a claim from a third party involved in the above auto accident.

Our record shows that you have not reported the accident to us. We would appreciate it if you could urgently file a report a tour approved reporting centre.

You should also IMMEDIATELY forward us by hand any letters or Courts Summons received from the other party involved in the accident. You should not negotiate, admit liability or offer payment to them.

We would like to bring to your attention that under Policy Condition 5A, we shall have full discretion in the process and settlement of the said third party claim.

Your NCD (No Claim Discount) will be reduced by 30%(20% for motorcycle/commercial vehicles) if a claim is made under your policy.

To enable us to look into the matter immediately, please let us hear from you within seven (7) days from date of this letter. In accordance with the policy conditions, we reserve the right to repudiate the said claim to you should you not give proper notice to us of any occurrence which may give rise to it.

Kindly contact our Call Centre at (65) 6419-3000 if you have any further enquiries.

Yours faithfully, Claims Department

AIG Asia Pacific Insurance Pte. Ltd.

This is computer generated document, no signature is required.





Police Station Of Origin: Paya Lebar NPP 114 Hougang Avenue 1 #01-1270 SINGAPORE 530114 Tel No: 1800-2899999 1 of 3 Report No. T/20190410/2190

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/04/2019 18:58			Vide Report No.:	Station Diary No.: 27	
Informan	t's Partic	ulars	克里斯斯斯 伊斯斯斯斯		
	Informant: IIN BIANC	A CHANTELLE	Address: APT BLK 9 OCEAN WAY SINGAPORE SENT SING	#04-35 RESIDENCES AT W SAPORE 098371	
ID Type / ID No.: FIN NO / G6059821K			Contact No.: Home/Office:	Mobile: 92340070	
Nationality: BRITISH			Email:		
Sex: Age: Date of Birth: Female 43 17/09/1975			Type of Informant: Passenger		
Race: Caucasian			Language:	Institution / School Name:	
Occupation: HOME MAKER			Driving Licence Information Class:	on: Date of Expiry:	

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 07/03/2019 09:55	Type of Location U-Turn	
Location: Along Road 1 RIVER VALLI NATHAN RO U-turn		pad 2			
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Light	
Type of Collis Between Mov	ion: ring Vehicles - Head 1	o Side		Anyone conveyed by ambulance: No	

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
SKU4273L	Car					0
SLK4008C	Car					1





Police Station Of Origin: Paya Lebar NPP 114 Hougang Avenue 1 #01-1270 SINGAPORE 530114 Tel No: 1800-2899999 2 of 3 Report No. T/20190410/2190

CONTINUATION OF REPORT

Brief Details.

On 07/03/2019 at about 0945hrs, my husband namely Amin-Amin Farnush Mark Lotfi (Hp. 96525081) was driving our vehicle bearing registration number SLK4008C along River Valley Rd. I was seated at the front left passenger seat. Nothing was amiss.

On the same day at about 0952hrs, we then turn left into Nathan Rd. Not long after at about 0955hrs my husband made a U-turn. Soon we noticed there was an oncoming vehicle bearing registration number SKU4273L and the vehicle then passed us. My husband then tried to overtake the said vehicle as my husband considered safe to do so. While doing so our front left portion of vehicle collided onto the said vehicle front right portion.

Both of the drivers then stopped to make a check. The driver of the said vehicle is one namely Muhd Amin Bin Muhd Shariff (Hp: 92375253). I wish to state that our left passenger door was dented and the damage was minor while the said vehicle front right bumper suffered several minor scratches and dents.

There were no one injured. No ambulance and police attended to scene. There is an in-built CCTV installed in our vehicle and the camera footage device was operative at that point of time. I am not sure if there is any CCTV at the said location.

On 26/03/2019. I received a letter by Traffic Police on the accident and was advised to make an accident report on the matter.





3 of 3

Report No. T/20190410/2190

Police Station Of Origin: Paya Lebar NPP 114 Hougang Avenue 1 #01-1270 SINGAPORE 530114 Tel No: 1800-2899999

CONTINUATION OF REPORT

Sketch Plan

NP168

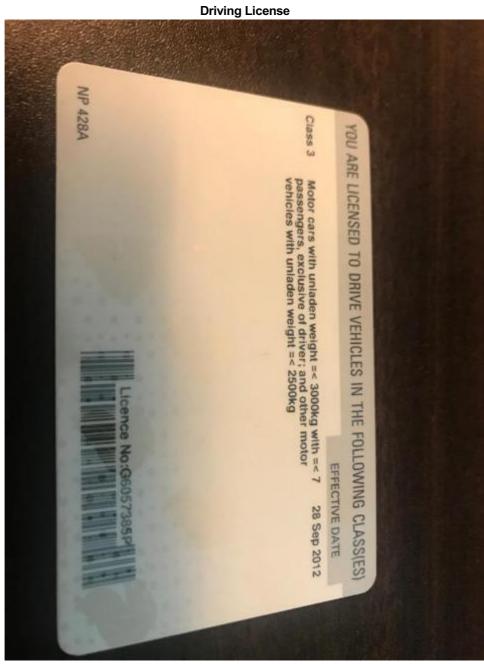
Informant is not able to provide sketch plan

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.

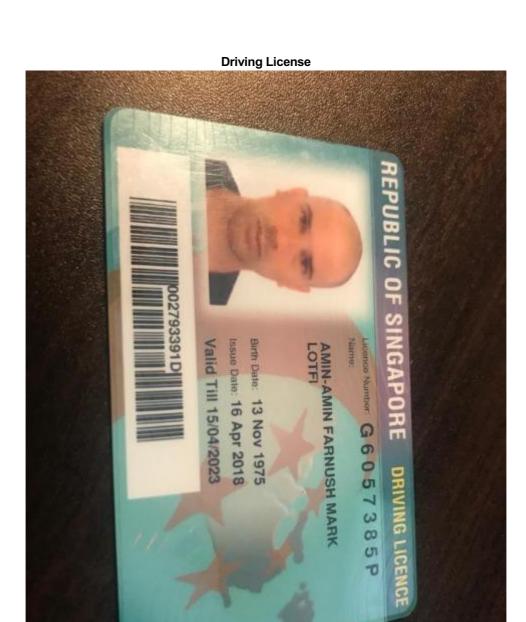
te/Time: 04/2019 18:58
to the second se
assification Of Case:

Identification Card































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: 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 : MM1L19047532 Vehicle Registration No: SLK4008 C Name(as shown in NRIC): AMIN-AMINFARNUSH MARY NRIC/FIN/Passport No: 6057385P (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate Address Contact (Tel) Mobile No.: **Email Address** : 07-03-2019 Date of Accident Place of Accident Insurance Company: (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: insert

Addendum Sheet

Reporting Centre Personnel's Signature

Name: Tell NRIC/FINNO.:

Date:

Policyholder / Driver's Signature

Date:



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: 566550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

	ADDENDUM
()	PARTICULARS OF PERSON MAKING THE AMENDMENTS:
	Original Report No: MM1L19047532 Vehicle Registration No: SLK4008C
	Name(as shownin NRIC): AMJN-AMJN FARN USH MARY NRIC/FIN/Passport No: 6057385P
	(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
	Address : 9 OCEAN Way #04-35 Singapore(09837)
	Contact (Tel) :Mobile No.: 92340070
	Email Address :
	Date of Accident : 07-03-2019Time of Accident :09-55 HRS
	Place of Accident : Kiver Valley Road Nathan Road wturn
	Insurance Company: AHG
	wrong accident date insert
	2 H
	Policyholder / Driver's Signature Date: Reporting Centre Personnel's Signature Name: Tell Joh NRIC/FINNO:

Date: