

## 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 19/03/2019 19:31  
 Date Of Accident 18/03/2019 17:55  
 Exact Location Of Accident  
 Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SLR3808E  
**Insured/Policyholder**  
 Name Of Registered Owner SPRAYWERKS ENGINEERING PTE LTD  
 Co Reg No Z01811714E  
 Email Address NOEMAIL  
 Mobile Phone No  
 Alternative Phone No OFFICE-93691200

### Vehicle Particulars

Manufacturer TOYOTA  
 Model SIENTA-1.5 G CVT (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? NO  
 If No, Please state action to be taken THIRD PARTY  
 Vehicle Category PRIVATE CAR

### Insurance Company

Name of Insurance Company GREAT EASTERN GENERAL INSURANCE LIMITED  
 Type Of Coverage THIRD PARTY  
 Fleet Policy NO  
 Policy Number  
 Cover Note Number

### Driver

Name of Driver CHEW JUN AN  
 NRIC No S8817986B  
 Date Of Birth 24/05/1988  
 Occupation INDOOR  
 Date Of Driving Pass 06/12/2016  
 Driving Experience 2 YEARS AND 3 MONTHS  
 Gender MALE  
 Mobile Number (LOCAL) +65-93691200  
 Fax Number  
 Contact Number  
 Email Address JAYDENCHEW@GMAIL.COM

Address	424 WOODLANDS ST 41 #10=340
Postcode	730424
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	CHAIN COLLISION
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	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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> NO. 92 BOON LAY WAY , <b>POSTCODE:</b> 609962 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-8999999 - <b>FAX NO:</b> 66655791
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO 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	SHA7973X
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	SIM CHEE KIONG
NRIC/Passport Number	S6837472C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

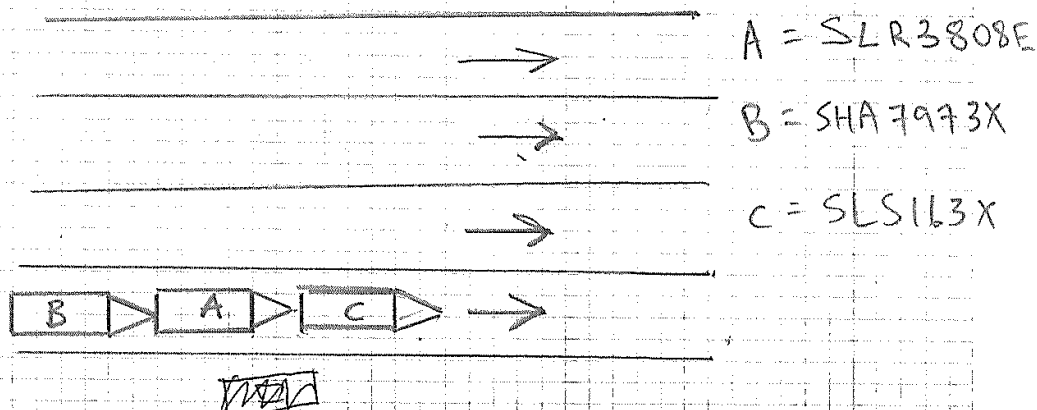
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLS163X
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)	

## SKETCH PLAN

PIE (Toward Changi) before Jalan Eunos Exit



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

18/3/2019, Monday at 17:55 (5:55pm) @ PIE before Jalan Eunos Exit. I was driving along PIE when a Nissan SYLPHY ~~(SLS163X)~~ (SLS163X) jammed brake in front of my vehicle causing me to brake immediately. Then the Taxi (SHA7973X) hit me from the back causing me to kiss the rear bumper of Nissan SYLPHY in front.

As I am working @ a car spray painting workshop the Nissan SYLPHY agreed to go to my workshop to do the repair & initially the taxi driver (SIM CHEE KIONG) ~~(S6837472C)~~ <sup>S6837472C</sup> agreed to settle it privately and we waited till today.

19/3/2019, I called him in the morning but he said He has already reported to His Taxi company hence I am late at reporting the accident.

I am also having a backache and have yet to see a doctor as I still need to work.

## 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:

COMFORTDELTA ENGINEERING PTE LTD  
EXTERNAL BUSINESS DIV, UBI BRANCH  
NAME & SIGNATURE: *[Signature]*  
DESIGNATION: *[Signature]* DATE: *[Signature]*  
Reporting Centre Personnel's Signature  
Name: *[Signature]*

**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.: 19/3/19

LOW CARLOS LEO CYRILLUS PUE LTD  
EXTERNAL BUSINESS DEVELOPMENT  
DATE: 19/3/19  
DESIGN: 19/3/19

For Customer Service please visit  
 1 Pickering Street  
 #01-01 Great Eastern Centre  
 Tel: +65 6248 2888 Fax: +65 6327 3080



## Schedule

Name/Address		COPY																														
SPRAYWERKS ENGINEERING PTE LTD  25 KAKI BUKIT ROAD 4 #03-65/67/68 SINGAPORE 417800		Policy No. : 2018-F0218139-BMW Policy Type : Motor Workshop Scheme Policy Period : 07-06-2018 to 06-06-2019 Date of Issue : 20-06-2018 Singapore Agency No. : K0000641 Gross Premium : SGD*****1,600.00																														
<p>Details of Coverage :</p> <p>Risk Number : 1 Fire On Contents</p> <p>Business/Occupation: Motor Veh Repairs Workshop            Construction : Class 1 Construction            Situation : 25, KAKI BUKIT ROAD 4            #03-65/67/68, SYNERGY@KB, SINGAPORE            Postcode : 417800</p> <p>Interest Insured</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 20%; text-align: right;">Sum Insured</th> </tr> <tr> <th></th> <th style="text-align: right;">-----</th> </tr> <tr> <th></th> <th style="text-align: right;">SGD</th> </tr> </thead> <tbody> <tr> <td>1.A) ON CONTENT OF EVERY DESCRIPTION EXCLUDING CUSTOMERS' VEHICLES AND VEHICLES BELONGING TO THE INSURED</td> <td style="text-align: right; vertical-align: bottom;">- S\$100,000.00 180,000</td> </tr> <tr> <td>B) CUSTOMER'S VEHICLES (EXCLUDING COE)</td> <td></td> </tr> <tr> <td>  i) STORED INDOORS WITHIN THE WORKSHOP - S\$ 40,000.00</td> <td></td> </tr> <tr> <td>  ii) STORED OUTDOORS IMMEDIATELY OUTSIDE - S\$ 35,000.00       THE WORKSHOP AND WITHIN 50M OF THE       PREMISE</td> <td></td> </tr> <tr> <td>      (SUBJECT TO A DEDUCTIBLE OF S\$2,500.00       EACH AND EVERY CLAIM)</td> <td></td> </tr> <tr> <td>C) RENT</td> <td style="text-align: right; vertical-align: bottom;">- S\$ 5,000.00 (IN THE AGGREGATE)</td> </tr> <tr> <td style="text-align: right;">Total:</td> <td style="text-align: right;">----- 180,000 =====</td> </tr> </tbody> </table> <p>Risk Number : 2 Theft and Holdup</p> <p>Premises : 25, KAKI BUKIT ROAD 4            #03-65/67/68, SYNERGY@KB, SINGAPORE            Postcode : 417800</p> <p>Interest Insured</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 20%; text-align: right;">Sum Insured</th> </tr> <tr> <th></th> <th style="text-align: right;">-----</th> </tr> <tr> <th></th> <th style="text-align: right;">SGD</th> </tr> </thead> <tbody> <tr> <td>1.ALL PROPERTY OF THE INSURED</td> <td style="text-align: right; vertical-align: bottom;">20,000</td> </tr> <tr> <td style="text-align: right;">Total:</td> <td style="text-align: right;">----- 20,000 =====</td> </tr> </tbody> </table> <p>Risk Number : 3 Money in Premises/Transit</p>				Sum Insured		-----		SGD	1.A) ON CONTENT OF EVERY DESCRIPTION EXCLUDING CUSTOMERS' VEHICLES AND VEHICLES BELONGING TO THE INSURED	- S\$100,000.00 180,000	B) CUSTOMER'S VEHICLES (EXCLUDING COE)		i) STORED INDOORS WITHIN THE WORKSHOP - S\$ 40,000.00		ii) STORED OUTDOORS IMMEDIATELY OUTSIDE - S\$ 35,000.00 THE WORKSHOP AND WITHIN 50M OF THE PREMISE		(SUBJECT TO A DEDUCTIBLE OF S\$2,500.00 EACH AND EVERY CLAIM)		C) RENT	- S\$ 5,000.00 (IN THE AGGREGATE)	Total:	----- 180,000 =====		Sum Insured		-----		SGD	1.ALL PROPERTY OF THE INSURED	20,000	Total:	----- 20,000 =====
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## Schedule

COPY

Policy Type : Motor Workshop Scheme

Policy No. : 2018-F0218139-BMW

Risk Number : 6 Motor Trade

Particulars of Motor Vehicle:

Registration Number: NA

Make :

Year of Manufacture: 9999

Tonnage : .01 Tons

Type of Cover : Third Party Only

Description	Annual Premium	Limit
Basic Premium	SGD 400.00	
Total Due:	SGD 400.00	

DEDUCTIBLE : S\$1,500.00 EACH AND EVERY CLAIM

MEMO

IT IS HEREBY DECLARED AND AGREED THAT THIS POLICY EXTENDS  
TO COVER UP TO 4 DRIVERS ONLY.

### DETAILS OF AUTHORISED DRIVERS

NAME	DATE OF BIRTH	EXPERIENCE
1. LEONG MUN WAH ANTHONY	21/11/1979	18 YEARS
2. TAN CHIN CHYE	27/02/1979	20 YEARS
3. YEO CHOON HUAT	05/12/1960	40 YEARS
4. LIM WEI SHENG (M'SIAN)	02/01/1989	3 YEARS

Signed for and on behalf of the Company




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 Authorised Signature

For Customer Service please visit  
 1 Pickering Street  
 #01-01 Great Eastern Centre  
 Tel: +65 6248 2888 Fax: +65 6327 3080



## Tax Invoice/Debit Note

COPY

Name/Address  
 SPRAYWERKS ENGINEERING PTE LTD  
 25 KAKI BUKIT ROAD 4  
 #03-65/67/68  
 SINGAPORE 417800

Policy No. : 2018-F0218139-BMW  
 Policy Type : Motor Workshop Scheme  
 Policy Period : 07-06-2018 to 06-06-2019  
 Effective Date : 07-06-2018  
 Date of Issue : 20-06-2018  
 Transaction No : 1

Insured Name : SPRAYWERKS ENGINEERING PTE LTD

Details Of Risks :  
 As Per Policy Schedule/Certificate of Insurance

Premium Details :

Standard Rated Premium

	(%)	SGD
Gross Premium		1,600.00
Sub-Total		1,600.00
Total Before GST		1,600.00
GST	7.00	112.00
Amount Due		1,712.00
Total Amount Due		1,712.00

Please ignore this tax invoice if payment has been made.

When making payment, please always quote your Policy No. and Transaction No., or return one copy of this invoice. Your cheque should be crossed and made payable to Great Eastern General Insurance Limited.

This is a computer generated document and it requires no signature.

Important Notice:  
 Premium Payment Warranty

It is a condition that the premium due must be paid in full in accordance with Premium Payment Warranty as follows:

1. For Individual Policyholders: Payment Before Cover.
2. For Corporate Policyholders: Premium Payment Warranty. If this condition is not complied with, then this Policy is automatically terminated from expiry of the premium payment warranty period and the insurance company will be entitled to a pro-rata premium for the period they have been on risk subject to a minimum premium as stated in the policy.

(Please refer to the policy for details on terms and conditions)

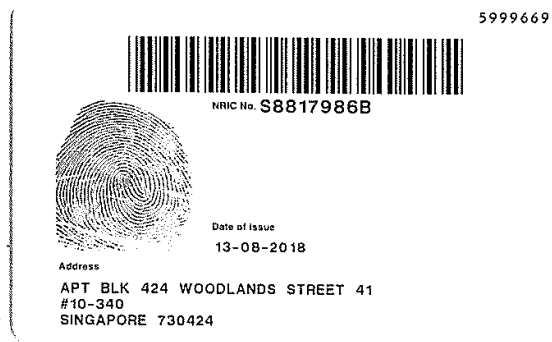
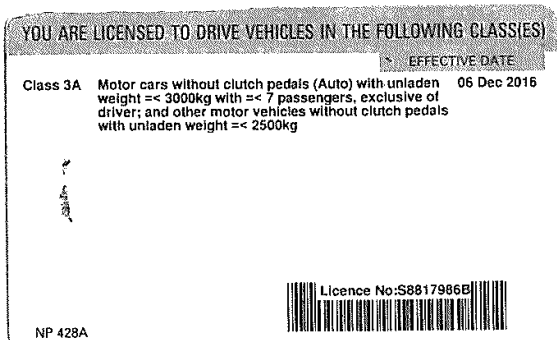
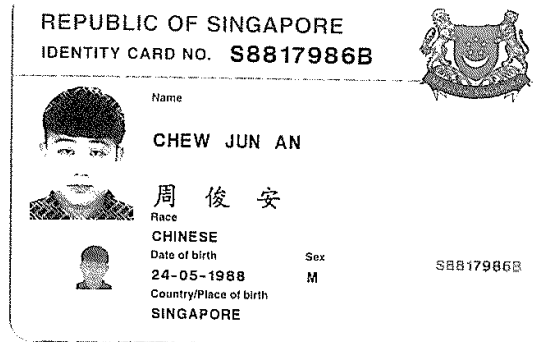
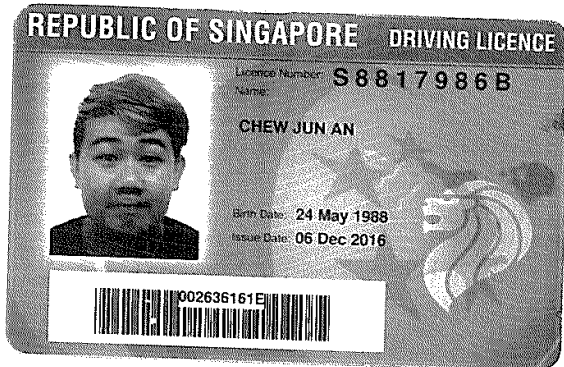


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1 Pickering Street  
#01-01 Great Eastern Centre  
Tel: +65 6248 2888 Fax: +65 6327 3080



## Endorsement Note

	ORIGINAL
<p><b>Name/Address</b>  <b>SPRAYWERKS ENGINEERING PTE LTD</b></p>	
<p>25 KAKI BUKIT ROAD 4                  #03-65/67/68                  SINGAPORE 417800</p>	<p>Policy No. : 2018-F0218139-BMW-E001                  Policy Type : Motor Workshop Scheme                  Policy Period : 07-06-2018 to 06-06-2019                  Date of Issue : 13-03-2019 Singapore                  Agency No. : K0000641                  Gross Premium : SGD*****0.00</p>
<p><b>Details of Coverage :</b>                  It is hereby declared and agreed that the following amendment(s) is/are made to this Policy and subject otherwise to its Terms, Conditions and Exceptions :-                  Effective Date : 07-03-2019                  WITH EFFECT FROM 07/03/2019, THE FOLLOWING AMENDMENT IS MADE                  TO RISK NO.06 - MOTOR TRADE SECTION OF THE POLICY :</p> <p style="text-align: center;">DETAILS OF AUTHORISED DRIVERS</p> <ol style="list-style-type: none"> <li>1. LIM WEI SHENG (REMOVED)</li> <li>2. CHEW JUN AN (ADDED)</li> </ol> <p>ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED.</p> <p>Signed for and on behalf of the Company</p> <div style="text-align: center; margin-top: 20px;"> </div> <p>Authorised Signature</p>	



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



**Accident Photo**





**SINGAPORE  
POLICE FORCE**



T/20190319/2177

2 of 4

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

Report No. T/20190319/2177

## CONTINUATION OF REPORT

Details of Person Involved					
Any Pedestrian Involved: No			Use of Pedestrian Crossing: NA		
No. of Pedestrians Injured: NIL					
Driver Name		SIM CHEE KIONG		ID No.	S6837472C
Related Vehicle		SHA7973X (TAXI)		Contact No.	97812368
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		CHEW JUN AN		ID No.	S8817986B
Related Vehicle		SLR3808E (Car)		Contact No.	93691200
Hospital/Clinic		PARKWAY EAST HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment		19/03/2019		Date Discharge	19/03/2019
No. of Days granted Medical Leave		03		Degree of Injury	Slight
Driver Name		RAPHAEL JARRELL YANG YIN-CHUAN		ID No.	S9808101A
Related Vehicle		SLS163X (Car)		Contact No.	96237747
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

**Brief Details.**

On 18.03.2019 at about 1755hrs, I was driving my vehicle bearing registration number 'SLR3808E', V2, along PIE towards Changi at the most right lane (1st lane). Suddenly, the vehicle bearing registration number 'SLS163X', V1, in front of me had jammed break. I had immediately applied my brake and had managed to stop and my vehicle was stationary. However, the vehicle bearing registration number 'SHA7973X' which was behind me did not managed to stop in time and had collided on my rear. The impact had caused my vehicle to move forward and collided onto V1.

We had alighted our vehicles and had exchange particulars. No one was injured thus we had left after



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999



T/20190319/2177

4 of 4

Report No. T/20190319/2177

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:  
D /  
Sgt 3 CATHERINE CHOY CHI CHING

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
19/03/2019 22:45

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

Classification Of Case:

Authentication Stamp  
NP168



SINGAPORE  
POLICE FORCE

SN 34

SIGNATURE



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999



T/20190319/2177

3 of 4

Report No. T/20190319/2177

**CONTINUATION OF REPORT**

exchanging particulars. The rear of my vehicle was dented inwards which caused the boot door to be faulty. In addition, the front bumper of my vehicle was damaged. As for V1, the rear bumper and boot are damaged.

I had consulted the doctor on 19.03.2019 as I felt pain on my back and neck area, I am given 3 days of medical leave by the doctor.

I wish to state that initially the driver of V3 had agreed to settle privately. However, earlier today, he had informed that he would like to report to his company instead and had informed us to lodge an accident report and claimed for the damages through the proper channel. Thus the delay in reporting the accident.



# Addendum Sheet Pg. 4



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: S66SS0020G / 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: SLR3808E  
Name (as shown in NRIC) : CHEO JUN AN NRIC/FIN/Passport No : S8817986B  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : 424 WOODLANDS ST 41, #10-340 Singapore 730424  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 98691200  
Email Address : \_\_\_\_\_  
Date of Accident : 18/02/2019 Time of Accident : 17-55  
Place of Accident : PIE BEFORE JALAN EUNOS EXIT  
Insurance Company: \_\_\_\_\_

### (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:

Amendment and Attach police report:

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: COMFORTDELGRO ENGINEERING PTE LTD  
NRIC/FIN No.: 320 UBI ROAD 3  
Date: SINGAPORE 408649  
TEL: 6746 7556 FAX: 6743 6072