

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	12/04/2019 17:48
Date Of Accident	12/04/2019 14:30
Exact Location Of Accident	PIE TWDS TUAS BETWEEN EUNOS & PAYA LEBAR EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGV4721C
Insured/Policyholder	
Name Of Registered Owner	LEE CHEOW BENG
NRIC No	S7416612A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96443367
Alternative Phone No	OFFICE-96443367

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USAGE
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	ERGO INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPC18S005978
Cover Note Number	

Driver

Name of Driver	LEE CHEOW BENG
NRIC No	S7416612A
Date Of Birth	24/05/1974
Occupation	INDOOR
Date Of Driving Pass	11/02/2000
Driving Experience	19 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96443367
Fax Number	
Contact Number	OFFICE-96443367
Email Address	NOEMAIL

Address	11 BEDOK RESERVOIR VIEW #16-02
Postcode	478931
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JRX3876 (MOTORCYCLE)
Number of vehicles (including own vehicle) involved in the accident	5
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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 [OTHER]	T/20190412/2154
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHMENT

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH TRAFFIC POLICE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKE8400U
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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLT3872H
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)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLM5204K
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)

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number JRX3876
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category MOTORCYCLE
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name JRX3876 RIDER
Approximate Age
Injuries Sustain UNKNOWN
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

Sketch Plan

SKETCH PLAN

A: SGN4721C
B: SKE8400U
C: SLT3872H
D: SLM3204K
E: JRX3876

E
F

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 12 April 2019, at about 2:30pm, I was travelling along PIE towards TUNAS (between Eunos and Paya Lebar exits). Suddenly, the vehicle B in front jam brake. I brake immediately and checked the left hand side of my car before I swerved to the left to avoid the collision. After that, I heard a bang on my left fender and I saw a motorcyclist (vehicle E) fell on the road. I got off my car and realised that it was a chain collision involving 4 vehicles. The affected vehicles proceeded to the road shoulder after that. I immediately called 999 to report the incident and requested for an ambulance. After that, I proceeded to check with the drivers of vehicles D, C and B on what happened. Driver D explained that he had to jam brake because the vehicle in front suddenly stopped for no reason. Drivers of vehicle B and C explained that they have to pull their handbrake to stop in time. After that, the ambulance and roadside assistance come to attend to us.

DECLARATION

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

Andrew.

Policyholder's Signature _____
Date & Time: _____

Driver's Signature _____

If delivery is not the result, the

Reporting Centre Personnel's Signature

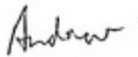
SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.:

ERGO

PRIVATE CAR

PC1
R SB
A000494
Cov.Type: C

CERTIFICATE OF INSURANCE
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

CERTIFICATE NO.

DMPC18S005978

**1) Index Mark and Registration
No. of Vehicle:**

SGV4721C

2) Name of Policyholder:

LEE CHEOW BENG

3) Commencement Date of Insurance:

15 June 2018

EXCESS: (SECTION I) . SGD500.00
ADD XS:UNNAMED DRS-I SGD500.00
ADD XS:NON-AUTH WKSH SGD300.00
EXCESS: WINDSCREEN SGD100.00
YNG&INEXP DRV (SEC I) SGD3,000.00

4) Expiry Date of Insurance:

14 June 2019

5) Persons or Classes of Persons entitled to drive

1) LEE CHEOW BENG

2) Any other person who is driving on the
Policyholder's order or permission

6) Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

7) Limitations as to Use

- (1) Use only for social domestic and pleasure purposes
- (2) Use for Policyholder's business

This Policy does not cover

- (1) Use for hire or reward, racing, pace-making, reliability trial or speed-testing
- (2) Use for the carriage of goods other than samples in connection with any trade or business
- (3) Use for any purpose in connection with the Motor Trade

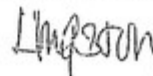
Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia) are not to be included under these headings (for Items 6 & 7)

WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Legend

Cov Type:
C - Comprehensive
F - Third Party, Fire & Theft
T - Third Party

For and on behalf of ERGO Insurance Pte. Ltd.
Approved Insurer





SINGAPORE POLICE FORCE
ACKNOWLEDGEMENT SLIP

Ref: Report No: 4/2019042 | 0100

I, SS 1091061 Khairi
(Recipient's Name, NRIC or Passport No. / Rank and No.)
of Traffic Police
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

- 1 ONE 128GB SDHC Memory Card
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____

from Lee Cheow Beng 57416612A
(Name, NRIC or Passport No. / Rank and No.)
of SBV 4721C
(Address / Police Station / NPC / NPP)
on 12/04/2019 at 1545hrs
(Date) (Time)

Witnessed by / * Handed over by:
(* Delete if applicable)

[Signature]
(Signature)
Lee Cheow Beng 57416612A
(Name, NRIC or Passport No. / Rank and No.)

Received by:

[Signature]
(Signature)
SS 1091061 Khairi
(Name, NRIC or Passport No. / Rank and No.)

Other Remarks: _____



TRAFFIC INVESTIGATION BRANCH
TRAFFIC POLICE
10 UBI AVENUE 3
SINGAPORE 408865
Fax: 65474749

CASE CARD

REPORT NO.: G/20190412/0100

Traffic Accident along PIC (Tuas) 10.7km

involving vehicles: A 54 GRS X 1 m/su m/ajck

on 12/04/2019 at about 14:35 am/pm.

With reference to the above, you are advised to lodge an accident report online via the SPF Electronic Police Centre website (<http://www.police.gov.sg/epc>) within 24 hours.

You are required to be present at Traffic Police on _____
at about _____ am/pm to see the Investigation Officer to assist in the
investigation to the traffic accident.

2. Please bring along your :-

- a) Identity card/Passport/Work Permit
- b) Driving Licence/Vocational Licence
- c) Vehicle Insurance/Medical Certificate
- d) Any video footage
- e) Any other relevant documents/Witnesses (if any)

3. If you are unable to keep to the appointment, kindly contact the Investigation Officer:

Name: Shirley Ng (26/07)
Contact: 6547 6909

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7416612A



Name

LEE CHEOW BENG
(LI ZHAOMING)

李 昭 明

Race

CHINESE

Date of birth

24-05-1974

Sex

M

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S7416612A

Name

LEE CHEOW BENG
(LI ZHAOMING)

Birth Date 24 May 1974

Issue Date 26 Mar 2003



3546124

NRIC No. S7416612A



Date of issue

26-05-2004

11 BEDOK RESERVOIR VIEW #16-02
SINGAPORE 478931

NRIC No. S7416612A

Date: 20/09/2018

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(IES)

PASS DATE

Class 2B Motorcycles not exceeding 200 cc

15 Jan 2001

Class 3 Motor Cars and Motor Tractors the weight of
which unladen does not exceed 2500 kilograms

11 Feb 2000



NP 428A



QUALITY RECOVERY SERVICES

BLK-519B, TAMPINES CENTRALE 8, #11-29, SINGAPORE 522519
Tel / Fax: +65 6745 8109 Email: qatowing@gmail.com

Reg No. 52854984 K

H/P: 9678 7717 (24 hrs Towing Recovery Hotline: 9678 7717)

☒ INVOICE / CASH ☐ WORK ORDER

1204/19 No. Q 33827
D D M M Y Y

Messrs : cah Tel/Hp : _____

Vehicle No : SB 4721-C

Place from : PIC Attend Time : 1530 Tow to : CAH UB1 Complete Time : _____

Cash \$: 60/- Cheque : _____

ADDITIONAL CHARGES:

TYPES OF SERVICES

- ☐ Breakdown Tow
☐ Change Tyre
☐ Cancellation Fee

- ☐ Use King Trolley
☐ Vehicles With Goods/Fridge
☒ Accident Tow
☐ Crane-up Services
☐ Scrap Vehicles

- ☐ Basement / Multi Storey Car Park
☐ Causeway / 2nd Link
☐ Standby/Waiting time (Per Hour)
☐ Windscreen Cracked
☐ Others : _____
☐ Jurong Port/Island
☐ Battery Jump Start

TYPES OF VEHICLES

- ☒ Car ☐ Van
☐ D/Cab Lorry or Pick-up
☐ Others: _____

- ☐ 10/ft Lorry/With Cover
☐ Taxi
☐ Motor Bike

- ☐ 14/ft Lorry/With Covers
☐ 24/ft Lorry/With Covers
☐ Compressor/Lane Rover
☐ Mini Bus (Seater)
☐ Tow Truck/ With Crane
☐ Ambulance/Car Carrier

Note: Vehicle is towed at owner's risk. The company accepts no responsibility for damage or other misdeemeanor to your vehicle whilst being towed.

All cheque should be crossed and made payable to "QUALITY RECOVERY SERVICES"

Tow-Truck No : 7717

Driver's name : J. V

Authorised by : [Signature]

Customer's Signature : _____

INDICATE DISCREPANCIES Please X damaged area for scratch and Y for dent
cash • hubcaps • spare wheel • tools headlining • speakers • amplifiers • front seats • rear seats • floor covering • radio • key • aerial

L



R



POLICE REPORT



**SINGAPORE
POLICE FORCE**



T201904122154

1 of 4

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T201904122154

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/04/2019 20:10
Vide Report No.: G/201904120100
Station Diary No.: 123

Informant's Particulars

Name of Informant: LEE CHEOW BENG
Address: 11 BEDOK RESERVOIR VIEW #16-02 SINGAPORE 478931
Contact No.:
Home/Office:
Mobile: 96443367
ID Type / ID No.:
NRIC NO / S7416612A
Nationality: SINGAPORE CITIZEN
Email:
Sex: Male
Age: 44
Date of Birth: 24/05/1974
Type of Informant: Driver
Language:
Institution / School Name:
Race: Chinese
Occupation: AUDIT MANAGER
Driving Licence Information: Class: 2B,3
Date of Expiry:

General Information of the Accident

Type of Accident: Injury Conveyed By Ambulance
Drink Drive: No
Date/Time of Accident: 12/04/2019 14:35
Type of Location: Straight Road
Location: Along Road 1
PAN ISLAND EXPRESSWAY
10.7km mark, in between Euros and Paya Lebar Exit
Weather: Clear
Road Surface: Dry
Road Speed Limit: 100
Traffic Flow: Dual Carriage Way
Traffic Control: Not Controlled
Type of Collision: Between Moving Vehicles - Head To Rear
Anyone conveyed by ambulance: Yes

Details of Vehicle Involved				
Vehicle No.	Type	Make	Model	Color
JRX3876				Black
SGV4721C	Car	HONDA	CIVIC 1.8L VTI AUTO	Black
SKE8400U	Car	MINI	COOPER	White
SLM5204K	Car	NISSAN	Qashqai	Brown
SLT3872H	Car	HYUNDAI		Grey



**SINGAPORE
POLICE FORCE**



T201904122154

2 of 4

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T201904122154

CONTINUATION OF REPORT

Details of Vehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective
SGV4721C	SHC INSURANCE PTE. LTD.	DMPC185005978	15/05/2018
			14/05/2019

Details of Person Involved

Any Pedestrian Involved: No
No. of Pedestrians Injured: NIL
Use of Pedestrian Crossing: NA
Driver: LEE CHEOW BENG
ID No.: S7416612A
Contact No.: 96443367
Related Vehicle: SGV4721C (Car)
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	LEE MING RU, BENEDICT	ID No.	S8617464Z
Related Vehicle	SKE8400U (Car)	Contact No.	85331523
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment			
No. of Days granted Medical Leave	NIL	Date Discharge	NIL
Degree of Injury	NIL	Date of Injury	NIL
Driver			
Name	TAN ZHI HUI CHERWYN	ID No.	S8600746J
Related Vehicle	SLT3872H (Car)	Contact No.	90665326
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



**SINGAPORE
POLICE FORCE**



T/201904122154

3 of 4

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

CONTINUATION OF REPORT

Report No. T/201904122154

Brief Details.

On 12/04/2019 at about 1430hrs, I was travelling with my vehicle SGV4721C along PIE towards Tuas (between Eunus and Paya Lebar Exit). There are 3 lanes and I was driving on the extreme right lane, lane 1. Suddenly, I observed that the vehicle SKE8400U ahead of me jam brake. I brake immediately and check the left hand side of my car before I swerved to the left to avoid the collision. After that, I heard a bang on my left fender and I saw a motorcyclist of JRX3876 fall onto the road. The mentioned motorcyclist collided against the front left fender of my vehicle. I alighted from my car and observed that it was an accident involving 5 vehicles. First in line is vehicle SLM5204K, followed by SLT3872H, followed by SKE8400U and lastly my vehicle SGV4721C. There was also the motorcycle JRX3876 which collided against my vehicle after I swerved towards my left.

After the accident happened, I drove the vehicle to the road shoulder together with other drivers. I immediately called 999 to report the incident and requested for an ambulance. I spoke to the drivers and the first driver in line explained that he had to jam brake because the vehicle ahead of his stopped for no reasons. The other drivers explained that they had to pull their handbrake to stop in time. We were attended by the police and was advised to lodge a police report with regards to the accident. The motorcyclist was conveyed to the hospital by the ambulance. There was no one else observed to be injured.



**SINGAPORE
POLICE FORCE**



T/201904122154

4 of 4

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

CONTINUATION OF REPORT

Report No. T/201904122154

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:
G/
Sr Staff Sgt LOO JIA JIE

Signature Of Interpreter:
Not applicable

Signature Of Informant:
[Signature]

Date/Time:
12/04/2019 20:10

Officer In Charge Of Case:
TP / GIT /

Inspector TAN CHIN YONG
Contact No. 65476178

Classification Of Case:

Authorised Signatory APR 18 2019 Signature
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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



Addendum Sheet

IMPORTANT NOTE: Please submit the completed Addendum form to the **GAMC** Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : _____ Vehicle Registration No: SGV 4721 C
 Name (as shown in NRIC) : _____ NRIC/FIN/Passport No : _____
 (*Vehicle Driver / Vehicle Owner) (*) please delete as appropriate
 Address : _____ Singapore
 Contact (Tel) : _____ Mobile No. : _____
 Email Address : _____
 Date of Accident : _____ Time of Accident : _____
 Place of Accident : _____
 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:

upload Police report

Policyholder / Driver's Signature _____
 Date: _____
 REPORTER'S SIGNATURE _____
 Name: _____
 NRIC/FIN NO: _____
 Date: _____