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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Mobile Number

Fax Number Contact Number

EMail Address

- 1. Please report correctly the details of the accident to speed up the claims process.
- Z. 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 misropresentation 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,

- 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	06/04/2020 18:08
Date Of Accident	03/04/2020 15:10
Exact Location Of Accident	ALONG ALEXANDRA ROAD TOWARDS HAVELOCK ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBH1231C
Insured/Policyholder	
Name Of Registered Owner	CERTIS CISCO SECURE LOGISTICS PTE LTD
Co Reg No	
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90125149
Alternative Phone No	OFFICE-90125149
Vehicle Particulars	
Manufacturer	YAMAHA
Model	YBR125-124CC (M)
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	MOTORCYCLE
Insurance Company	
Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D-20095422MFCE/29
Cover Note Number	
Driver	
Name of Driver	ABDUL RASHID BIN ABDUL RAHMAN
NRIC No	SXXXX645F
Date Of Birth	27/10/1964
Occupation	OUTDOOR
Date Of Driving Pass	18/08/1988
Driving Experience	31 YEARS AND 7 MONTHS
	SALES SALES CONTROL OF SALES S

MALE

NOEMAIL

(LOCAL) +65-90125149

OTHERS-90125149

Address

BLK 298B COMPASSVALE STREET

#01-152

Postcode

542298

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

SIDE SWIPE

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?

YES

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)

14

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

SENGKANG NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE:

545025 , COUNTRY: SINGAPORE

Police Station Contact

TEL NO: 1800 - 3438999 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20200403/2116

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 Vehicle Make/Model/Colour

FBN8231A

Details Of Properties

Vehicle Category

MOTORCYCLE

Name of Driver

HAFEEZ

NRIC/Passport Number

Contact Number

87849904

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SKW7765D

Vehicle Make/Model/Colour

MAZDA 3

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

97352249

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

ABDUL RASHID BIN ABDUL RAHMAN

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBH1231C

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- 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 Oriver.
- Information provided must be as <u>truthful</u> and accurate as possible. Any wilful misrepresentation or withholding of material
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 5. Any false ray arting may be referred to the Police for investigation.
- b. The report will be forwarded by the insurers of the GtA Records Management Centre established by the General insurance Association of Singapore (GtA) for archiving and that cooles of this report will for a fee be made available upon application by
- 7. By the odgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of
- 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 answer (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)
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary
 - (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, transfling and/or dealing with my claims (collectively the
- all insurer(s) who have insured vehicle(s) involved in this accident and the Indusers' lawyers/law firms, may/are permitted to collect, use, disclose and/ur process my Personal Information for one or more of the above Purposes, and
- ity 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/naw 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 traud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

ing with requirements under any regulations, laws or court orders.

Policyhalder' Date & Time:

CERTIS \$

Driver's Signature

(if driver is not the policyholder)

Date & Time:

06/04/20 1000 175

Page 3 of 4

Refor to accached

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT the accorded police paport DECLARATION are the conting particulars are true in every respect. CERTIS \$ AND ADM Driver's Signature Drate & Time: (If driver is not the policyholder) Date & Time MUC/FIN NO. 06/04/20 1000475

ALONG ALAXANDEA ROAD POWARD HAYFREECK ROAD

A FISH 1231C B FBA 8231A C SKW 77650

Certis Fleet Management Section Traffic Accident Reporting Form

Years 11

Section 1: DRIVER DECLARATION Name and Staff ID N			raffic A	ccident Rep	orting For	m		
Name and Staff ID: NRICE FIN Passport Date of Birth 27 100 64 Staff Stulk CF Driving Pass Date 15 20 100 64 Staff Shift Time (On the day of accident) Venicle Number: Venicle brand: Venicle Mode:	THE RESERVE THE PARTY NAMED IN							
NRICE FINAL Passport Date of Birth 27 10 64 Divenicle Number: Vehicle Drand: Vehicle Number: Vehicle Station Brand: Vehicle	Name of the last o			A PART WATER TO BE		HVI TO ST. OF ST.		
Date of Birth 27 LO 164 Driving Pass Date S SEP 2.03 Start Shift Time: MOR NING: (On the day of accidence) Vehicle brand: N 6 R Vehicle Category: Commercial / Molorcycle Number of passengers (include driver). Date: 3 - N - 20 Loston: 4 LS + LO Loston: 4 LS + LO Loston: 9 LS + LO LO LOSTON: 9 LS LO LO LO LO LOSTON: 9 LS LO	Name and Start ID:	H-KE	. 2559 OIHSI	8		of courts of the A	THE REAL PROPERTY.	The same
Start Shift Time: MOR PLING: Vehicle Number: F3H 1231 C Vehicle Datate: Vehicle Category: Commercial / Motorcycle Vehicle Mode: VARIAHY) Date: 3-W-20 Time: 15-to Shift Show Indiana Shift								
Vehicle Number: Vehicle Data: Vehi	Care of Billing	27	10 64				The state of the s	1
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Vehicle Model:	140 000	- 1 0	1231 C		Onton	1/4-27 page 12		
Date: 3 - W - ZO Time LS - LO Location: G ExtraChin RO Location: Hear-En Side-impact Sideswipe (Please Circle) His-and-Run Rollover Self-Skidded (Please Circle) His-and-Run Rollover Ro	Vehicle Model:			_	verage	a Category: Commerc	cial / Motorr	cycle / Ca
Time: LS LO Location: A Exetuating RD Type of Collusion: Rear-Engl Side-impact / Sideswipe Figure Figu			117		Numbe driver)	er of passengers (Include	1	
Time: LS LO Location: A Exetuating RD Type of Collusion: Rear-Engl Side-impact / Sideswipe Figure Figu	Date		Towns of the State	c) Accident Dotails	THE RESERVE	CONTRACTOR OF THE PARTY OF THE		-
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1) Any Fatality/Major Injury? 2) Did you violate any Traffic Rules? 3) Traffic Police Activated? 4) Any Pedestrians or Cyclist involved? No / Yes Any Other Vehicle Involved? No / Yes Any Other Vehicle Involved? No / Yes Any Prosecution Given by TP? No / Yes Vehicle Number: F &A F 23 A S K 1 550 Vehicle Pand Vehicle From MAZOA 3 Vehicle Modet: I So Name: H A F E E Z. NRICI FIN/ Passport: Contact Number: 8 78 4 994 9 125 2249 Asknowled-pannent On Activate Section (If any) Police report required? No / Yes Any Other Vehicle involved? No / Yes Any Other Vehic			Clear / Rainy / Gro	amy	"If any question	ns (I to d) consut of a "res", pro	ceed to make	policy report
2) Did you violate any Traffic Rules? 3) Traffic Police Activated? 4) Any Pedestrians or Cyclist involved? No / Yes Any Other Vehicle involved? No / Yes Any Prosecution Given by TP? No / Yes Any Prosecution Given by TP? No / Yes Vehicle 1 Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 5 Vehicle 6 Vehicle 6 Vehicle 6 Vehicle 7 Vehicle 7 Vehicle 8 Vehicle 9 Vehicle 1 Vehicle 1 Vehicle 1 Vehicle 9 Vehicle 1 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 5 Vehicle 1 Vehicle 1 Vehicle 1 Vehicle 1 Vehicle 1 Vehicle 1 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 5 Vehicle 1 Vehicle 3 Vehicle 5 Vehicle 5 Vehicle 1 Vehicle 1 Vehicle 1 Vehicle 1 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 5 Vehicle 5 Vehicle 6 Vehicle 1 Vehicle 1 Vehicle 1 Vehicle 1 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 5 Vehicle 6 Vehicle 1 Vehicle 1 Vehicle 1 Vehicle 1 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 5 Vehicle 6 Vehicle 7 Vehicle 7 Vehicle 8 Vehicle 9 Vehicle 9 Vehicle 9 Vehicle 9 Vehicle 9 Vehicle 1 Vehicle 9 V	1) Any Fatality/Major Injury	v?	() () () () () () () () () ()		^Police :	opart required?		No / Yes
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Vehicle Model: Name: NRIC/ FIN/ Passport: Contact Number: ### ### ############################			FBM 8231A		venice 3	Vehicle 4	Vehicle	e 5
Name: HAFEEZ. William Statement Contact Number: ###################################			Handy					
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9) Accident Statement 9) Accident Statement 9) Acknowledgement	ame	-	9	Witness Details (if arry)	The second	STEP STEP STEP	100	SCHOOL SHOW
9) Acknowledgement (We declare the foregoing particular and section)					Contact nun	iber:		
9) Acknowledgement (We declare the foregoing particular and section)	CONTRACTOR DESCRIPTION	A SOLDER		AND DESCRIPTION OF THE PARTY OF				
9) Acknowledgement	ease proceed to write Descripto	on of Accident, S	ce Page 4	Accident Statement			7820.1	E-6370
I/We declare the foregoing particulars	100		53/1/2M2036					
I'We declare the foregoing particulars			MAN THE PARTY OF	Arknewied amount	Company of the last of the las	-		
Driver Signature: N 4		00	I/We declare the foreg	ping particulars are to	ler municipal years of	A SHOP OF	CONT.	100
	Driver Signature:			har negative and title				The state of the s
Date: 3-11-20 Supervisor Signature:	2722					grature:		1.6
Time: Date:	Time:	12.19						

Claim purposes: Insurance Company: Policy Number:	Own Damage (3rd Party Fire & Theft	Is Driver employee of Company? Is driver the owner of the vehicle?	No (Yes
At-Fault Accident?	b) Certis Dement Point R	ecommendation	
MI-FBUIT Accident?	No / Yes		
Accident Type:	Minor / Major	BOLA Reference Number	
	I SHARWER	Demerit points allocated:	
Driver Acknowle	edgement	Head of FMS	
Date and Time		Acknowledgement	
DOIS M.O. TOTAL		Date and Time	
		134-172-1-177-17-1111-15	





1 of 3

Report No. T/20200403/2116

Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE

545025 Tel No: 1800-343 8999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/04/2020 22:09			Vide Report No.:	Station Diary No.:			
Informa	ant's Partic	ulara		106			
Name of ABDUL RAHMA	f Informant RASHID B	: IN ABDUL	Address: APT BLK 298B COMPASSV SINGAPORE 542298 Contact No.:				
Nationality: SINGAPORE CITIZEN			Home/Office: Mobile: 90215149 Email:				
Sex: Male	Age: 55	Date of Birth: 27/10/1964	Type of Informant: Driver				
Race: Malay			Language;	Institution / School Name;			
Occupation: DISPATCH			Driving Licence Information: Class: 2B,2A	Date of Evolog			

Type of Accident:	Injury Others	Drink Drive; No	Date/Time of Accident: 03/04/2020 15:10	Type of Location
Location: Along Road 1 ALEXANDRA HAVELOCK F				
Weather: Roa		Road Surface:		Road Speed Limit:
Traffic Flow: Traff				
Traffic Flow:		Traffic Control:		Traffic Volume:
Traffic Flow: Type of Collisi	on:	Traffic Control:		Traffic Volume: Anyone conveyed by

Vehicle No.	Type	Make	Model	Color	0	
FBH1231C	Motorcycle		Model	COIOI	Condition	No of Passenger
	Woldreycle					0
FBN8231A	Motorcycle					
	Motorcycle					0
SKW7765D	Car					
	- Out				1	0





Report No. T/20200403/2116

Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

Tel No: 1800-343 8999

CONTINUATION OF REPORT

No of m	Involved: No			100		
No. of Pedestri	ans Injured: NIL	1-77				
Kidel	A STATE OF THE LAND AS A STATE OF THE STATE	Use of F	'edestri	an Cros	ssing: NA	
Name	ABDUL BASHID BIN ABST	ASTRONOM NO.	Mile of	-1000		
	ABDUL RASHID BIN ABDUL	RAHMAN	ID No.		S1638645F	
Related Vehicle	FBH1231C /M-1		- F-5501		0,000045	
	FBH1231C (Motorcycle)		Con	act No.	90215149	
Hospital/Clinic	MUTUAL HEALTHA				. 30213149	
	MUTUAL HEALTHCARE MED	ICAL CLINIC	Clas	s of	Class: 2B,2A	
			Drivi		Date of Expiry: NIL	
		9				
Date Treatment	NIL	Y.	Licer	y Date		
No. of Days gran	ted Medical I	Date Disc	harge	NIL		
Rider	104 Medical Leave 04	Degree of	Injury	NIL		
Vame	Hafeez	PLASERIE	1		Marie Control of the Control	
	Harcez		ID No	. 1	NIL	
Related Vehicle	FRNR221A (MA			·	(1.75 1-)	
	FBN8231A (Motorcycle)		Contact No.		87849904	
lospital/Clinic	NIL				0.010004	
				of	Class: NIL	
			Driving	2371	Date of Expiry: NIL	
		1	Licenc		- 10 of Explity, MIL	
			Expiry	Date		
ate Treatment	NII		and the second second second second			
ate Treatment o. of Days grante	NIL ed Medical Leave NIL	Date Disch Degree of I	arge	NIL		

Brief Details.

On 03/04/2020 at about 1510hrs, I was motorbike registration plate FBH1231C along Alexandra Road towards Havelock Road. I was riding on the center lane.

I was approaching towards the traffic junction, suddenly there was one motorbike bearing registration plate number FBN8231A came from left lane and dash towards my lane. I then did not manage to stop in

My vehicle then fall and lean to the front vehicle SKW7765D left side. We then alight from the vehicle and

I then went to Mutual health care and given 4 days of MC. I suffer cut on my left hand which cause by the





3 of 3

Report No. T/20200403/2116

Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025 Tel No: 1800-343 8999

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 F / Sgt 3 ONG RONG HUI EDMUND	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 03/04/2020 22:09
Officer In Charge Of Case: TP / AEIT / SSI 2 JUREMAH BINTE AHMAD Contact No.: 65476219 Signature:	Classification Of Case:

CONFIDENTIAL

Annex E

NOTICE OF COMPLIANCE

This is to confirm that Abdul Rashid Bin Abdul Rahman, HP: 90215149
NRIC/FIN S1638645F , has reported to the Police a non-injury traffic accident
which occurred at Alexandra Road heading towards Havelock Road.
on 03/04/2020 at 1510hrs involving the following vehicles:
 FBH1231C (Abdul Rashid Bin Abdul Rahman, S1638645F HP: 90215149) SKW7765D FBN8231A
2 If this accident was reported to the Police within 24 hours of its occurrence, Then he/she has complied with Sec 84(2), 6 to 2
Then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.
Rank/Name of Issuing Officer: SSgt T100404 Ryan VM Tabret: 1800-3438999
Date: 03/04/2020 Time: 1908hrs
S/D Ref:63
Police Post/Unit: Sengkang NPC

CONFIDENTIAL

Version as of 15 Jan 2002

Original - to be issued to informant Duplicate - to be submitted to Traffic Police



Medical Certificate

Date

: 03 Apr 2020

MC No.

: 0000109410

This is to certify that:

Name : ABDUL RASHID BIN ABDUL RAHMAN

NRIC : \$1638645F

is Unfit for Duty for 4 days

from 03/04/2020 to 06/04/2020 inclusive.

Dr Ranjeet Narulla MBBS,MRCS(England), LRCP Senior Physician MCR02396E

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



MS First Capital Insurance Limited Co. Reg. No. 195000105C GST Reg. No. MZ-C001676-9 6 Ratfles Quay #21-00 Singapore 048580 Tel: (65) 6222 2311 Fax: (65) 6222 3547

Claims & Motor Underwriting Dept: 36 Robinson Road #16-01 City House Singapore 068877 Tel: (65) 6507 3848 Fax: (65) 6507 3849 www.msfirstcapital.com.sg

CERTIFICATE OF INSURANCE

ORIGINAL

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 (Malaysla)

Type of Policy.

MOTOR CYCLE INSURANCE - FLEET

Type of Cover.

Comprehensive

Certificate No.

Vehicle No / Chassis No

D-20095422MFCE/29

Name of Insured

FBH1231C / LBPKE1781D0016472

CERTIS CISCO SECURE LOGISTICS PTE LTD

Period Of Insurance

= 01.04.2020 To 31.03.2021

Insured Estimated Value

Market Value At Time Of Loss

Financial Institution

Excess

AUTHORISED/ANY WORKSHOP (EXCLUDING MANUFACTURE/DEALER WORKSHOP) - OD

MANUFACTURER/DEALER WORKSHOP - 00

- SGD1,500.00

Authorised Driver ANY AUTHORISED RIDERS

Persons or classes of persons entitled to drive*

Any person provided he is in the Insured's employ and is driving on their order or with their permission.

* Provided that the person driving is permitted in accordance with the ilicensing 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

Limitations as to use*

(a) Use only for the Insured's business or profession.

(b) Use for social domestic and pleasure purposes by the insured.

The Policy does not cover use for the carriage of passangers for hire or reward, racing, pace-making reliability trial or speedtesting.

† 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.

I/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)

MS First Capital Insurance Limited (Approved Insurers)

Lic.

JORDINE/B0020/MY100

Issued at Singapore on 30,03,2020

Authorised Signature



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: 566350020G / 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
(A) PARTICULARS OF	FPERSON MAKING THE AMENDMENTS:
Original Report N	No: MNA Y2040639- Vehicle Registration No: FBH 1281C
Namelas shownin Ni	RICES PROVIL KOR HOD BUY PROVIL NOTHINGS
(*Vehicle briver)	Vehicle Owner) (*) Please delete as appropriate
Address	
Contact (Tel)	Singapore(
Email Address	1
Date of Accident	03/04/2020 15.10
Place of Accident	: Alouh Mhyomoda Rom Tourage House Rom
Insurance Compar	TO CONTRACT CONTRACT (UTV)
onee compar	IV. THEST WITHOUT
VEHICUM MO	OAC TO YOMBHA YBR 125
·	
	The and
Palicyholder / Driver'	's Signature Reporting Control Page 100000
Date:	Reporting Centre Personnel's Signature Name: NRIC/FIN No. 101700