

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 : MC0620103980 Vehicle Registration No: SHA 1251 K
Name (as shown in NRIC) : TOH YEW CHUAN NRIC/FIN/Passport No : SXXXX951B
(* Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 175 BISHAN ST 12 # 07-153 Singapore (570175)
Contact (Tel) : _____ Mobile No. : _____
Email Address : _____
Date of Accident : 22/11/2020 Time of Accident : 19:30
Place of Accident : CLEMENT ROAD AVE 2 SLIP ROAD TO AVE
Insurance Company : India International Insurance Pte Ltd.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend Accident date from 21/11/2020 To 22/11/2020

Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name: Hong Leong Teuk
NRIC/FIN No.: _____
Date: 4/2/2021

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 Submission	23/11/2020 15:20 (SGT)
Date of Accident	22/11/2020 19:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CLEMENTI ROAD AVE 2 SLIP ROAD TO AYE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA1251K
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Company Reg No	1XXXXX821R
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	(Phone) +65-65508768
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Taxi

INSURANCE COMPANY

Name of Insurance Company	India International
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	MCOM0015
Cover Note Number	-

DRIVER

Name of Driver	TOH YEW CHOON
NRIC No	SXXXX955B
Date Of Birth	23/04/1953
Occupation	Outdoor