

# 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 ..... 13/01/2021 13:26 (SGT)  
Date of Accident ..... 11/01/2021 08:05 (SGT)  
Exact Location of Accident ..... SLE, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMN3641C

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... TAN HENG SAN  
NRIC No ..... SXXXX987H  
Email Address ..... HSTAN8188@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-82825987  
Alternative Phone No ..... +65-82825987

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Shuttle  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Private use  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Private car

### INSURANCE COMPANY

Name of Insurance Company ..... FWD  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... PNPV2019-00016916  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... TAN HENG SAN  
NRIC No ..... SXXXX987H  
Date Of Birth ..... 08/01/1970  
Occupation ..... Indoor

Date Of Driving Pass .....	29/08/1990
Driving experience .....	30 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-82825987
Alt. Phone Number .....	+65-82825987
Email Address .....	HSTAN8188@GMAIL.COM
Address .....	532 WOODLANDS DR 14 #07-563
Address complement .....	-
Postcode .....	730532
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Collision - Change/cross lane
Weather Conditions .....	AFTER RAINED
Road Surface .....	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	Yes
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	YAP LAY PENG
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210111/7054 & T/20210112/7029 & T/20210114/7015

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GBA2052H
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	FBR365D
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	YAP LAY PENG
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY
Injured person in which vehicle? .....	SMN3641C
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

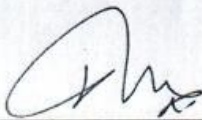
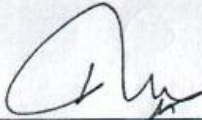

##### INJURED 2

Name of injured person .....	TAN HENG SAN
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY
Injured person in which vehicle? .....	SMN3641C
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

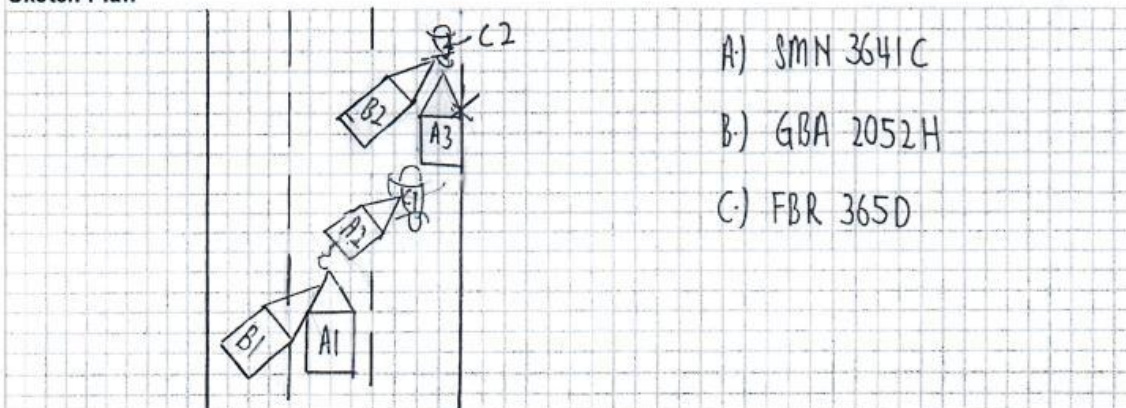
# **SKETCH PLAN**

## **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 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.
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' law yers/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 w ith 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 w ith 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, w hich could involve disclosure of certain personal data about me to bring about delivery of the same as w ell as on the external cover of envelopes/mail packages); and/or  
(v) complying w ith applicable law in administering, processing, handling and/or dealing w ith my claims.  
(collectively the "Purposes")  
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/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 law yers/law firms), w hich may be sited outside of Singapore, for one or more of the above Purposes.

 Policyholder's Signature / Date & Time	 Driver's Signature (If driver is not the policyholder) / Date & Time	 Witnessed by Reporting Centre Personnel
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## **Sketch Plan**



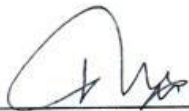


## Describe Circumstances of the Accident


Refer to the Police Report No: T/ 20210112 / 7029 .

## Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &  
Time



Driver's Signature (If driver is not the policyholder) / Date  
& Time



Witnessed by Reporting Centre  
Personnel











































**SINGAPORE  
POLICE FORCE**



T/20210111/7054

1 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20210111/7054

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 11/01/2021 23:27		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: TAN HENG SAN			Address: 532 WOODLANDS DRIVE 14 #07-563 SINGAPORE 730532		
ID Type / ID No.: NRIC NO / S7005987H			Contact No.: Home/Office: Mobile: 82825987		
Nationality: SINGAPORE CITIZEN			Email: HSTAN8188@GMAIL.COM		
Sex: Male	Age: 51	Date of Birth: 08/01/1970	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Management executive			Driving Licence Information: Class: 3		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/01/2021 08:05	Type of Location: SLE towards CTE (Ave 12)
Location:  SELETAR EXPRESSWAY				
Weather: Cloudy		Road Surface: Wet		Road Speed Limit: 70 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMN3641C	Car	HONDA	SHUTTLE HYBRID 1.5 AUTO	Black		0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**



T/20210111/7054

2 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20210111/7054

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMN3641C	FWD Singapore Pte. Ltd	PNPV2019-00016916	29/10/2019	31/01/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	YAP LAY PENG	ID No.	S7134246H
Related Vehicle	SMN3641C (Car)	Contact No.	84844246
Hospital/Clinic	RAFFLES HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	11/01/2021	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Slight
Driver			
Name	TAN HENG SAN	ID No.	S7005987H
Related Vehicle	SMN3641C (Car)	Contact No.	82825987
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	11/01/2021	Date	11/01/2021
No. of Days granted Medical Leave	02	Degree of	Slight

## Brief Details.

I was driving on the extreme right lane along SLE towards CTE (woodlands ave 12.) Suddenly the lorry on my left lost control hitting the motorcycle beside him n swerved into my lane hitting my front left portion of my vehicle pushing it to the right of the railing.  
Both me and my passenger (wife) Ms Yap Lay Peng were injured and conveyed to the nearest hospital. I was given 2 days MC n my passenger (wife)Yap Lay Peng was given 5 days MC.





**SINGAPORE  
POLICE FORCE**



T/20210111/7054

3 of 3

Report No. T/20210111/7054

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

**CONTINUATION OF REPORT**Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
SYED MUHAMMAD BIN SYED FARID ALBAR  
Contact No.: 65476200

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
11/01/2021 23:27

Classification Of Case:





**SINGAPORE  
POLICE FORCE**



T/20210112/7029

1 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20210112/7029

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 12/01/2021 18:12		Vide Report No.: T/20210111/7054		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: TAN HENG SAN			Address: 532 WOODLANDS DRIVE 14 #07-563 SINGAPORE 730532		
ID Type / ID No.: NRIC NO / S7005987H			Contact No.: Home/Office: Mobile: 82825987		
Nationality: SINGAPORE CITIZEN			Email: HSTAN8188@GMAIL.COM		
Sex: Male	Age: 51	Date of Birth: 08/01/1970	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Management executive			Driving Licence Information: Class: 3		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/01/2021 08:05	Type of Location: SLE TOWARDS CTE (AVE 12)
Location:  SELETAR EXPRESSWAY				
Weather: Cloudy		Road Surface: Wet		Road Speed Limit: 70 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBR365D	Motorcycle					0
GBA2052H	Lorry					0
SMN3641C	Car	HONDA	SHUTTLE+H YBRID+1.5+ AUTO	Black		0



**SINGAPORE  
POLICE FORCE**



T/20210112/7029

2 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20210112/7029

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMN3641C	FWD Singapore Pte. Ltd	PNPV2019-00016916	29/10/2019	31/01/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	YAP LAY PENG		ID No.	S7134246H
Related Vehicle	SMN3641C (Car)		Contact No.	84844246
Hospital/Clinic	RAFFLES HOSPITAL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	11/01/2021		Date	12/01/2021
No. of Days granted Medical Leave		05	Degree of	Serious
Driver				
Name	TAN HENG SAN		ID No.	S7005987H
Related Vehicle	SMN3641C (Car)		Contact No.	82825987
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	11/01/2021		Date	11/01/2021
No. of Days granted Medical Leave		02	Degree of	Serious

## Brief Details.

Hi I would like to amend the previous report been make on yesterday ...report no. : T/20210111/7054

On 11.01.2021 at around 8:05 am , I was travelling along SLE towards CTE after woodlands Ave 12 . I was driving straight , suddenly the lorry (GBA 2052H) on my left hit my car (SMN 3641C) , and my car lost control swerved to the right hitting motorcycle (FBA 365D) and the railing .. Both me and my passenger (my wife ) Yap Lay Peng were injured and conveyed to the nearest hospital . I was given 2 days MC and my passenger (wife ) Yap Lay Peng was given 5 days MC.





**SINGAPORE  
POLICE FORCE**



T/20210112/7029

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20210112/7029

**CONTINUATION OF REPORT**Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
SYED MUHAMMAD BIN SYED FARID ALBAR  
Contact No.: 65476200

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
12/01/2021 18:12

Classification Of Case:


**SINGAPORE  
POLICE FORCE**


T/20210114/7015

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 4

Report No. T/20210114/7015

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 14/01/2021 12:19		Vide Report No.: T/20210111/7054		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: TAN HENG SAN			Address: 532 WOODLANDS DRIVE 14 #07-563 SINGAPORE 730532		
ID Type / ID No.: NRIC NO / S7005987H			Contact No.: Home/Office: Mobile: 82825987		
Nationality: SINGAPORE CITIZEN			Email: HSTAN8188@GMAIL.COM		
Sex: Male	Age: 51	Date of Birth: 08/01/1970	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Management executive			Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/01/2021 08:05	Type of Location: SLE TOWARDS CTE
Location:  SELETAR EXPRESSWAY				
Weather: Cloudy		Road Surface: Wet		Road Speed Limit: 70 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBR 365D	Motorcycle					0
GBA 2052H	Lorry					0
SMN3641C	Car	HONDA	SHUTTLE HYBRID 1.5 AUTO	Black		0





**SINGAPORE  
POLICE FORCE**



T/20210114/7015

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 4

Report No. T/20210114/7015

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMN3641C	FWD Singapore Pte. Ltd	PNPV2019-00016916	29/10/2019	31/01/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	YAP LAY PENG		ID No.	S7134246H
Related Vehicle	SMN3641C (Car)		Contact No.	84844246
Hospital/Clinic	RAFFLES HOSPITAL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	11/01/2021		Date	12/01/2021
No. of Days granted Medical Leave		05	Degree of	Serious
Driver				
Name	TAN HENG SAN		ID No.	S7005987H
Related Vehicle	SMN3641C (Car)		Contact No.	82825987
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	11/01/2021		Date	11/01/2021
No. of Days granted Medical Leave		02	Degree of	Serious

## Brief Details.

HI I WOULD LIKE TO AMEND THE PREVIOUS REPORT BEEN MAKE ON REPORT NO :  
T/20210111/7054.

I WAS DRIVING ON THE EXTREME RIGHT LANE ALONG SLE TOWARDS CTE (WOODLANDS AVE 12) SUDDENLY THE LORRY ON MY LEFT LOST CONTROL HITTING THE MOTORCYCLE BESIDE HIM AND SWERVED INTO MY LANE HITTING MY FRONT LEFT PORTION OF MY VEHICLE PUSHING IT TO THE RIGHT OF THE RAILING .

BOTH ME AND MY PASSENGER (WIFE ) MS YAP LAY PENG WERE INJURED AND CONVEYED TO THE NEAREST HOSPITAL . I WAS GIVEN 2 DAYS MC AND MY PASSENGER , MS YAP LAY PENG WAS GIVEN 5 DAYS MC..





**SINGAPORE  
POLICE FORCE**



T/20210114/7015

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 4

Report No. T/20210114/7015

**CONTINUATION OF REPORT**

**SINGAPORE  
POLICE FORCE**

T/20210114/7015

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

4 of 4

Report No. T/20210114/7015

**CONTINUATION OF REPORT**Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPB /  
SYED MUHAMMAD BIN SYED FARID ALBAR  
Contact No.: 65476200

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
14/01/2021 12:19

Classification Of Case:



**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 : SN09211D0009 Vehicle Registration No : SMN 3641C  
Name (as shown in NRIC) : Tan Heng San NRIC/FIN/Passport No : S7005987H  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : 532 Woodlands Drive 14 # 07-563 Singapore (730532)  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 8282 5987  
Email Address : hstan8188@gmail.com  
Date of Accident : 11.01.2021 Time of Accident : 8.05am  
Place of Accident : SLE Towards CTE (After Woodlands Avenue 1) Exit).  
Insurance Company : FWD Singapore 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:

				A) SMN 3641C
				B) GBA 2052H
				C) FBR 365D

1-) Amend to the Sketch Plan

2-) Amend to the Police Police refer No : T/20210114/7015

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date: 14/1/21

SN09211D0009