

GENERAL

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE CEN

.,.	INSURANCE	Tet (65) 6714 (95) - Fau (65) 674 60 Oceroting House "Attenday to Finday, t UNI SEES/SCOUTS GET Reg. NO. MESON	0) 60 - 11 (S)	
SPORTANT NOTE: Pic		ease submit the completed Addendum form to the \underline{same} Authorised Reporting Centre ith whom you submitted the Original Report.		
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1)	PARTICULARS OF PERSONMAKING THE AMENDMENTS:			
	Original Report No	: SF0F21390006	Vehicle Registration No: YP5887U	
	Name(as shown in fakt)	g: SHAI-KUN	NRIC/FIN/Passport No :	
	(*Vehicle Oriver/\	/chicle Owner) (*) Please dek	ete as appropriate	
	Address		Singaporel	
	Contact (Tel)		Mobile No.;	
	Email Address	• A statement of the contraction	wat mele men an in the second of the second	
	Date of Accident	: 08/03/2021	Elme of Accident: 17:45	
	Place of Accident : BLK 722 YISHUN ST 71 OPEN CAR PARK			
	Insurance Compar			
	AMEND:-			
	1) DOA - correct accident date is 05/03/2021			
	2) Accident Location is Blk 716 Yishun St 71 (behind Pacific Medical & Dental Group)			
	3) Third Party Vehicle Reg No is SH\$ 4041P			
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	f#Zinkien	TON BALLIAN	A () () ()	
	24959	Co-Regions	Reporting Centra Personnel's Signature	
	Solicatorical bior	20 CHIN SW	Name: NRIC/FINNo.:	
	MI	2HAI-KL	Date:	

SF0F21390006-01 / FALCON-AIR AUTO SERVICES PTE LTD [575721] ENTRY DATE & TIME: 09/03/2021 17:33 (SGT) SUBMITTED BY: Florence Loh VERSION: 2 (10/03/2021 16:01 (SGT))

© 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 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.

 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 Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss	09/03/2021 17:33 (SGT) 05/03/2021 17:45 (SGT) Yishun Street 71, Singapore BLK 716 YISHUN ST 71 OPEN CAR PARK (behind Pacific Medica & Dental Group) Singapore			
DETAILS OF	OWN VEHICLE			
Vehicle Registration Number				
INSURED/POLICYHOLDER				
Is company? Name Of Registered Owner Company Reg No Email Address Mobile Phone No Alternative Phone No	Yes SHAI-KLIN 5XXXX124J shaipul@shai-klin.com (Phone) +65-88700124 +65-88700124			
VEHICLE PARTICULARS				
Manufacturer Model Variant 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? Vehicle Category	Mitsubishi Fe83be6srdea No - Reporting only Goods vehicle			
INSURANCE COMPANY				
Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number	Lonpac ThirdPartyFireTheft No Z20VC05005600 -			
DRIVER				
Name of Driver NRIC No Date Of Birth	ASADAR BIN OSMAN SXXXX636H 29/08/1952			