

## 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 ..... 03/02/2022 13:34 (SGT)  
Date of Accident ..... 01/02/2022 14:30 (SGT)  
Exact Location of Accident ..... 701 Choa Chu Kang Street 53, Block 701, Singapore 680701  
Additional Location Information ..... OPENSOURCE CARPARK  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJX3535J

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... CHAN PINN FUNG  
NRIC No ..... S7900956C  
Email Address ..... chanbf@gmail.com  
Mobile Phone No ..... (Phone) +65-98378443  
Alternative Phone No ..... +65-98378443

#### VEHICLE PARTICULARS

Manufacturer ..... Volkswagen  
Model ..... Jetta  
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? ..... Yes  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 1400

#### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 1800071593-03  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... CHAN PINN FUNG  
NRIC No ..... S7900956C

Date Of Birth .....	16/01/1979
Occupation .....	Indoor
Date Of Driving Pass .....	03/12/1999
Driving experience .....	22 YEARS AND 2 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-98378443
Alt. Phone Number .....	+65-98378443
Email Address .....	chanbf@gmail.com
Address .....	101 WEST COAST VALE #33-05
Address complement .....	-
Postcode .....	126753
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 - Head to Rear
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other vehicle 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 .....	ONG GEK TEE
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Jurong West Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002689999
Alt. Police Station Phone No .....	(Fax) +65-62672438
Police Station Address .....	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO ATTACHED. TO UPLOADE CORRECT SKETCH

#### 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 .....	GBD7075T
Vehicle Manufacturer .....	Fiat

Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	TANG WAI SHUN
Passport No/FIN .....	G2465777P
Contact Number .....	(Phone) +65-87115922
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 .....	CHAN PINN FUNG
Gender .....	Female
Phone No .....	(Phone) +65-98378443
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	PAIN ON RIGHT CHEST, LEFT KNEE, LEFT NECK AREA AND LEFT WRIST AREA.
Injured person in which vehicle? .....	SJX3535J
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

##### INJURED 2

Name of injured person .....	ONG GEK TEE
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	NECK INJURY SEEN AT NUH A&E ON 03/02/2022.
Injured person in which vehicle? .....	-
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

#### WITNESS DETAILS

##### WITNESS 1

Name .....	ONG GEK TEE
Phone .....	(Phone) +65-97892574
Email .....	-

## 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 willful 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' 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.

*Pinth* 2023/02/03

Policyholder's Signature / Date & Time

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

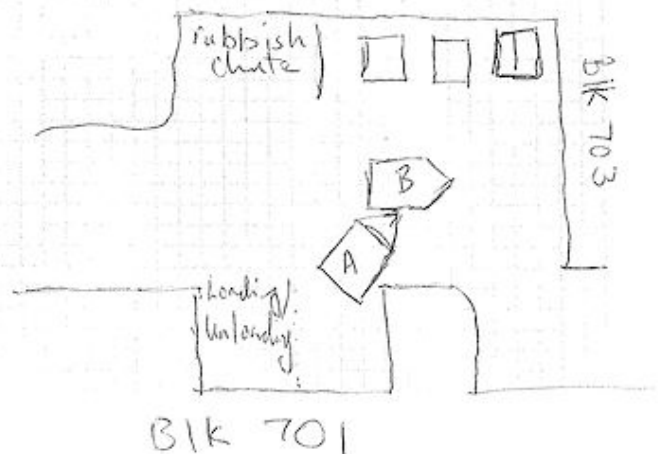
*[Signature]*

Witnessed by Reporting Centre Personnel

## Sketch Plan

A: SJX 3535J

B: GBD 70 75T









# CERTIFICATE OF INSURANCE

## AUTOPLUS PRIVATE VEHICLE

**Name of Policyholder** : Chan Pinn Fung  
**Period of Insurance** : 28 Jun 2021 To 27 Jun 2022  
**Engine No.** : CAXF84351  
**Chassis No.** : WWWZZ16ZGM025431

**Vehicle No.** : SJX3535J  
**Policy No.** : 1800071593-03  
**Endorsement No.** :  
**Issued Date** : 17 Jun 2021

### ABOUT THE COVER

**Make/Model** : VOLKSWAGEN JETTA 1.4 TSI  
**Engine Capacity/Tonnage** : 1,390.00 CC  
**Driver Restriction** : NA  
**Sum Insured** : Market Value  
**Off Peak Car** : No  
**First Year of Registration** : 2017  
**Insuring with COE/PARF** : Yes

**Person or Classes of Persons Entitled to Drive\*** :

a) The Policyholder  
 b) Any other person who is driving on the Policyholder's order or with his/her permission.  
 This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

**Age Condition** : All Age Condition  
**Mileage Condition** : Unlimited Mileage  
**Limitation as to use\*** :

Use only for social, domestic and pleasure purposes and for the Policyholder's business.  
 This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

**Loss of Use 1500cc - 1600cc Optional**

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

### EXCESS

**Section 1**  
 Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$600

**Section 2**  
 Property Damage - \$0

**Windscreen** : \$100

**Named Driver and Excess** (where applicable)

Chan Pinn Fung - \$600 (Own Damage), \$600 (Flood Cover)

### APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs)  
 Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop.  
 For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 8200. Alternatively, You may refer to AIG website [www.aig.sg](http://www.aig.sg) or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

### IMPORTANT NOTES

**Hire Purchase Company/Employer's Loan:** DBS BANK LTD

We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1958 (Malaysia).

0189000000  
 KONG ING ING  
 3 TAMPINES GRANDE #03-50 AIA TAMPINES  
 SINGAPORE 528799 SP-KONGING-MARGARETONG  
 Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

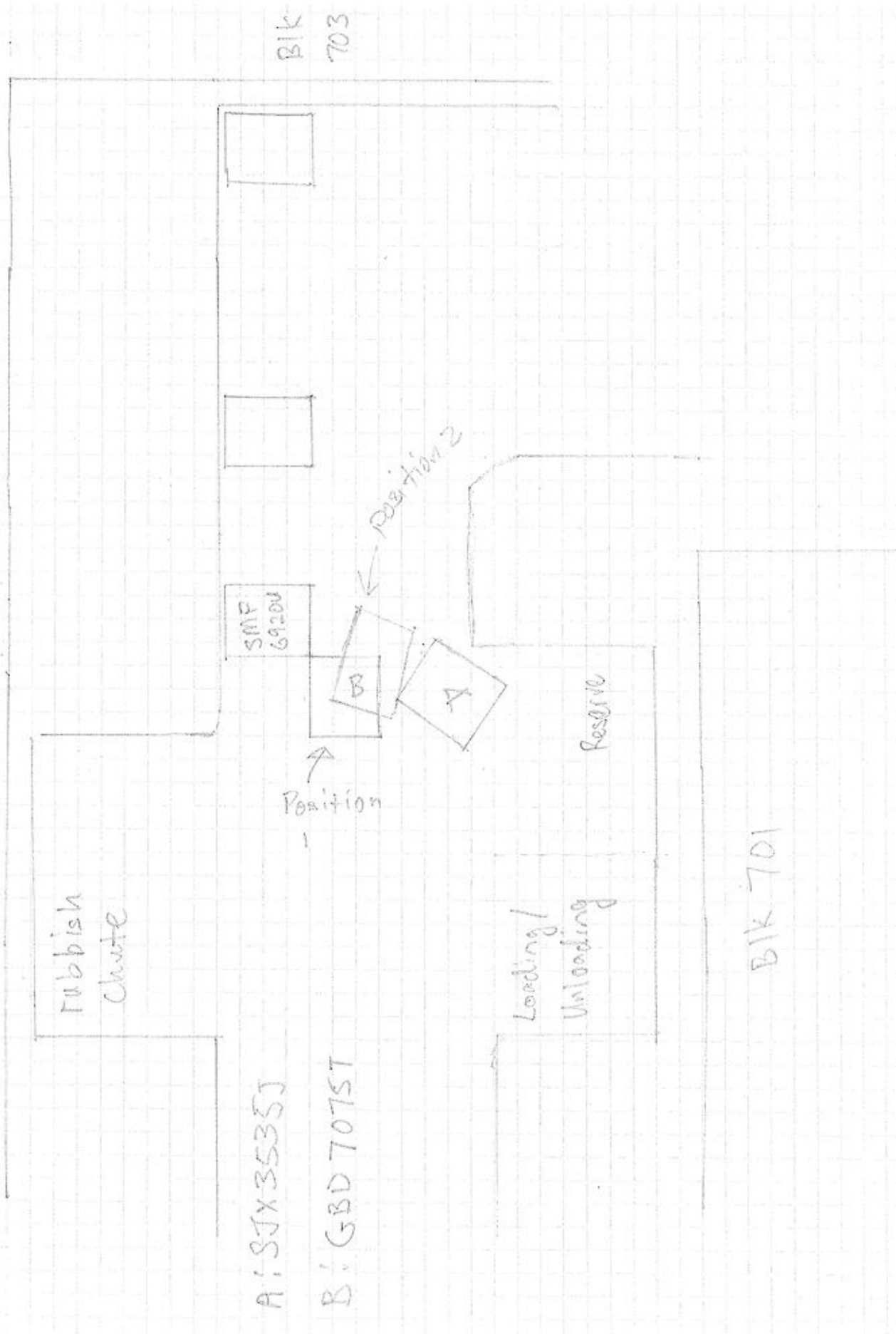
**AIG Asia Pacific Insurance Pte. Ltd.**  
 This computer generated document does not require a signature.

100455234/AC4

ISSP0418

78 Serangoon Way #04-16 AIG Building 5079120 | T: +65 6419 3000 | [www.aig.sg](http://www.aig.sg)

AIG Asia Pacific Insurance Pte. Ltd.

















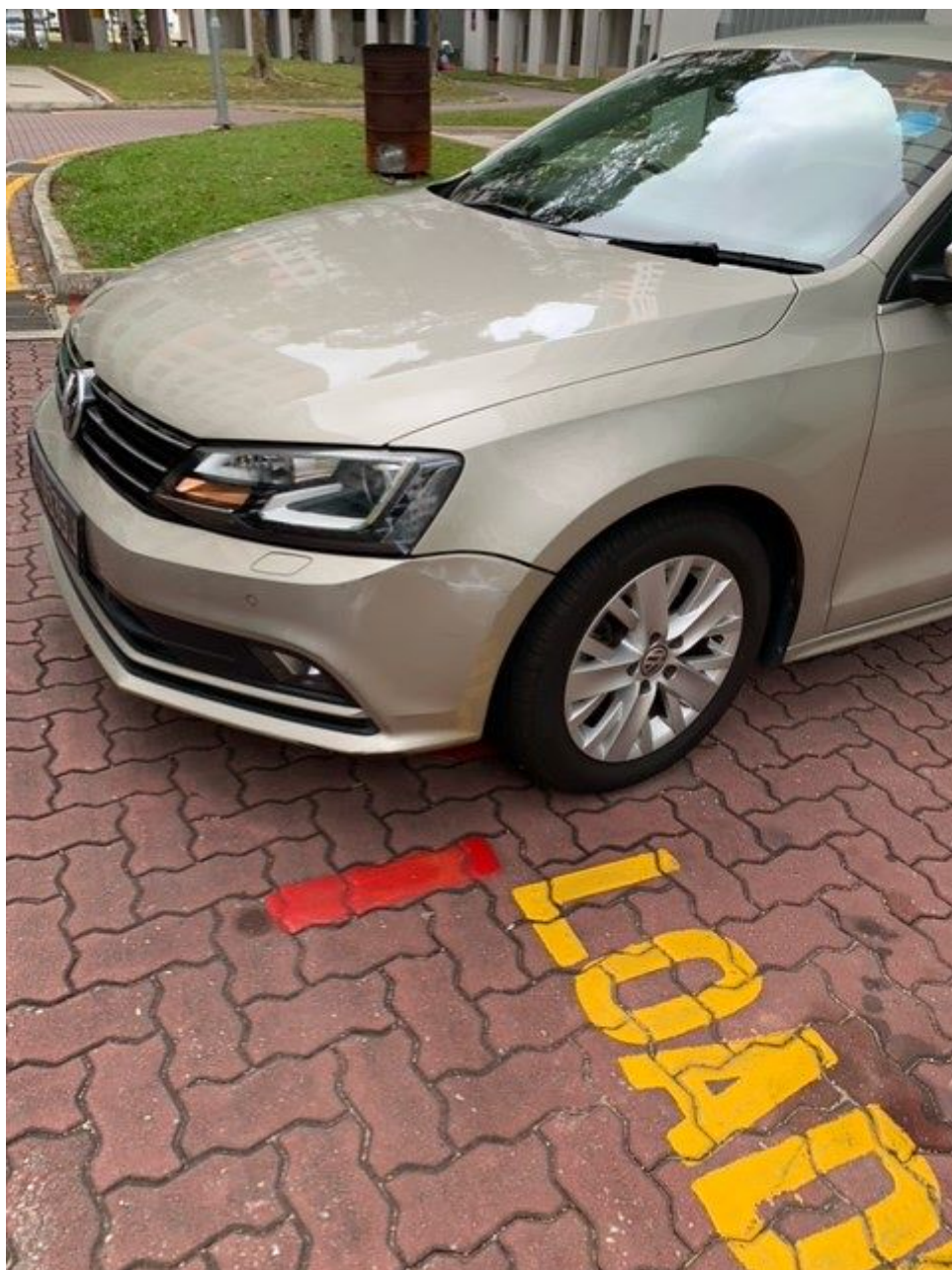




























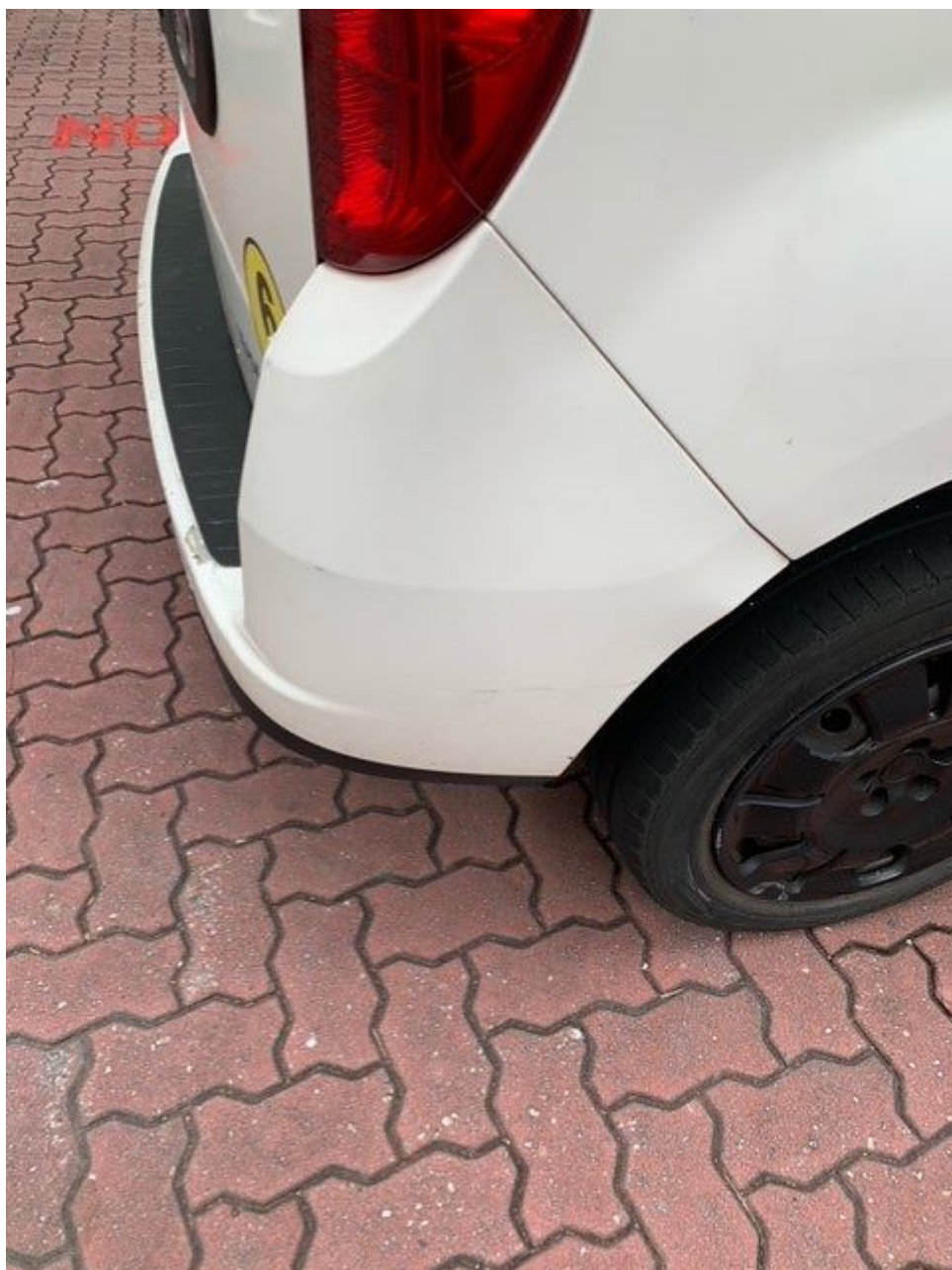














**SINGAPORE  
POLICE FORCE**



T/20220202/2051

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

1 of 4

Report No. T/20220202/2051

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 02/02/2022 21:26		Vide Report No.:		Station Diary No.: 78
<b>Informant's Particulars</b>				
Name of Informant: CHAN PINN FUNG		Address: 101 WEST COAST VALE #33-05 SINGAPORE 126753		
ID Type / ID No.: NRIC NO / S7900956C		Contact No.: Home/Office: Mobile: 98378443		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Female	Age: 43	Date of Birth: 16/01/1979	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: Project Manager		Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/02/2022 14:30	Type of Location: Car Park
Location:  CHOA CHU KANG STREET 53				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD7075T	Van				Slightly Damaged	0
SJX3535J	Car	VOLKSWAGO N	JETTA GP 1.4 TSI 90 A/T HL HID 1634G5	Silver	Slightly Damaged	1

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE  
POLICE FORCE**



T/20220202/2051

2 of 4

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

Report No. T/20220202/2051

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJX3535J	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1800071593-03	28/06/2021	27/06/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	TANG WAI SHUN		ID No.	G2465777P
Related Vehicle	GBD7075T (Van)		Contact No.	87115922
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
Driver				
Name	CHAN PINN FUNG		ID No.	S7900956C
Related Vehicle	SJX3535J (Car)		Contact No.	98378443
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	03		Degree of Injury	Slight

**Brief Details.**

On 01/02/2022 at about 1430hrs, I was at the carpark of Blk 701 Choa Chu Kang St 53 and was intending to park into a lot next the Loading/Unloading bay. As I was parking, another car who was behind me, tried to overtake my car from my left. After which, I heard a loud bang from the left side however the car did not stop until a few cars away.

After the accident, he came over to my car and asked for my particulars. However, when I asked for his, he informed me that he did not bring his driving license and only gave me his work permit.

From the collision, my left headlight and front left bumper was damaged.

Due to the collision, I felt pain my right chest, left knee, left neck area and left wrist area. I then seek medical treat at NUH and was given 03 days of MC.

I wish to state that while we were exchanging particulars, he took my NRIC and kept it. When I asked for



SINGAPORE  
POLICE FORCE



T/20220202/2051

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Jurong West N.P.C  
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Tel No: 1800-2689999

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Report No. T/20220202/2051

CONTINUATION OF REPORT

my NRIC, he told me that he mistook it. I also wish to state that I have an in-car camera installed.





**SINGAPORE  
POLICE FORCE**



T/20220202/2051

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Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

Report No. T/20220202/2051

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

J /

SGT 2 CHEW WEI XIANG

Signature Of Informant:

*[Signature]*

Signature Of Interpreter:  
Not applicable

Date/Time:  
02/02/2022 21:26

Officer In Charge Of Case

TP / AEIT /

SR STAFF SGT SYED ZAYID MUHAMMAD BIN

SYED ABDUL WAHID ALHINDUAN

Contact No.: 65476404

Signature :

Classification Of Case:

**Singapore Police Force**



**SINGAPORE  
POLICE FORCE**



T/20220215/2091

1 of 4

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

Report No. T/20220215/2091

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 15/02/2022 22:34	Vide Report No.: T/20220202/2051	Station Diary No.: 123
--------------------------------------------	-------------------------------------	---------------------------

Informant's Particulars			
Name of Informant: CHAN PINN FUNG		Address: 101 WEST COAST VALE #33-05 SINGAPORE 126753	
ID Type / ID No.: NRIC NO / S7900956C		Contact No.: Home/Office: Mobile: 98378443	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 43	Date of Birth: 16/01/1979	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Project Manager		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/02/2022 14:30	Type of Location: Car Park
Location:  CHOA CHU KANG STREET 53				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD7075T	Van				Slightly Damaged	2
SJX3535J	Car	VOLKSWAGO N	JETTA GP 1.4 TSI 90 A/T HL HID 1634G5	Silver	Slightly Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE  
POLICE FORCE**



T/20220215/2091

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Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

Report No. T/20220215/2091

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJX3535J	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1800071593-03	28/06/2021	27/06/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Tang Wai Shun	ID No.	G2465777P
Related Vehicle	GBD7075T (Van)	Contact No.	87115922
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
Driver			
Name	CHAN PINN FUNG	ID No.	S7900956C
Related Vehicle	SJX3535J (Car)	Contact No.	98378443
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

I previously lodged a traffic accident report (T/20220202/2051) and wish to add the following information to the report for clarification purposes.

On 01/02/2022 at about 1430hrs, I was attempting to reverse into a handicap lot at the open space car park between Blk 701 and 703 Choa Chu Kang Street 53, there was a stationary white car parked on my left. A grey-van (GBD7075T) attempted to overtake my car from my left but made a right turn in order to avoid the white car. My passenger and I then heard two loud bangs, which caused me to brake my car, however we are unsure if the van had hit the white car as well. We wanted to check the left side of his van to check for damages however he did not allow us to. I also observed a dent in the left rear corner of his van but he claimed that it was from a previous incident.

I have since checked my in-car camera footage and the registration number of the white car is SMF6920U. From the camera footage I could see some possible scratches on the left front side of the van as well, however I am not sure due to the quality of the footage.



SINGAPORE  
POLICE FORCE



T/20220215/2091

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
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Report No. T/20220215/2091

## CONTINUATION OF REPORT

I also amend from the previous report and state that the grey van had 2 passengers at the time of the incident. I did not get the particulars of the passengers.

I also wish to add that my passenger suffered neck injury from the incident and was seen at NUH A&E on 03/02/2022, no medical certificate was issued.

H. P.  
Russett





**SINGAPORE  
POLICE FORCE**



T/20220215/2091

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

4 of 4



Report No. T/20220215/2091

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.

 <p>Signature of Officer Recording The Report: <b>SN 126</b> PNSP (1) LEE HUI LING</p> <p>Signature : </p> <p><b>Singapore Police Force</b></p> <p>Signature Of Interpreter: Not applicable</p>	<p>Officer In Charge Of Case: TP / AEIT / SR STAFF SGT SYED ZAYID MUHAMMAD BIN SYED ABDUL WAHID ALHINDUAN Contact No.: 65476404</p>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------

NP168

<p>Signature Of Informant: </p> <p>Date/Time: 15/02/2022 22:34</p> <p>Classification Of Case:</p>
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**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: S665500206 / 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 : SC1K2223000A Vehicle Registration No: SJX3535J  
Name (as shown in NRIC) : CHAN PINN FUNG NRIC/FIN/Passport No : S7900956C  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : 101 WEST COAST VALE #33-05 Singapore (126753)  
Contact (Tel) : NIL Mobile No. : 9837 8443  
Email Address : chanbf@gmail.com  
Date of Accident : 2022-02-01 Time of Accident : 14:30 (SGT)  
Place of Accident : 701 Choa Chu Kang Street 53, Block 701, Singapore 680701 ; Open Space Carpark  
Insurance Company : AIG

**(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:

1. T/20220215/2091 (addendum to T/20220202/2051)
2. My passenger was also injured and had consulted doctor at NUH A&E on 2022-02-03.
3. Update of the sketch of the incident as the previous sketch submitted was inaccurate.
4. Change the option to own damage recovery.

Name of passenger: Ong Gek Tee

Pinn Fung

Policyholder / Driver's Signature  
Date: 2022-02-18

[Signature] 18/2/22

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