

Date of Accident : 12.11.2024 Accident Time: 13:05hrs (24-HR-Format)
Accident Place : SENGKANG EAST AFTER TPE
Vehicle. No. (Car Plate No.) : YQ 2032J Make/Model: ISUZU FVR90SUQDC MT
Insurance Company : ALLIANZ INSURANCE Policy No: SP2009500796-01
Owner or Company Name /IC No. : JM LOGISTICS AND TRANSPORTS PTE. LTD. (202133466R)
Owner or Company Contact No. : _____ Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : GUO JINLONG (G8818428P)
DRIVER'S Date Of Birth : 04.10.1989 DRIVER'S License Pass Date 26.02.2020
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ **Employee** \ Others: _____
DRIVER'S Address : 34 JOO AVENUE SINGAPORE (219329)
DRIVER'S Contact No./ Alt No. : 1) _____ 2) 9379 9160
DRIVER'S Occupation : INDOOR **OUTDOOR** (e.g. working inside or outside office)
Email Address : jmlogisticstransports@gmail.com
Weather & Road Surface : **CLEAR & DRY** \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ **Claim Other Party** \ Claim Own Insurance
Number of Passengers (Including Driver): **DRIVER ONLY**
Was there any video Captured by car camera: YES \ **NO**
Exact purpose for which vehicle was being used at the time of accident: Private use \ **Work purpose**
Any Injury (If YES, Pls state): **YES**

Other Party Driver's Particular (if any)

Vehicle. No: SHD 2396D	Vehicle. No: _____
Vehicle Make\Model: _____	Vehicle Make\Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

*** NEW - Passenger's name & gender:**