

# Sketch Plan Pg. 6

## Accident Statement Form

This is NOT an admission of blame/ liability, but a summary of identities and facts which will speed up the settlement claim.  
This form is to facilitate the mobile reporting service for E-filing.

Date of Accident	Time	Exact Location of Accident	
16-Nov-2017	8:30 AM	Tampines Ave 10 towards Bartley Road East	

  

REGISTERED OWNER VEHICLE DETAILS			
Registration No.: SKJ5983Y	Vehicle Make: Volkswagen	Model: Golf	Colour: Red
Name of Registered Owner: Chan Siong Fea		NRIC/FIN/Passport No. S7940222B	
Driver Address: Blk 624B Punggol Central #14-310 S822624		Owner Contact: 97393110	
Name of Insurance Company: AXA		Owner Email: fei03@yahoo.com	
Policy Type: <input checked="" type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party, Fire & Theft <input type="checkbox"/> Third Party	Policy No: VPA/P1371980		
Vehicle Category: <input checked="" type="checkbox"/> Private <input type="checkbox"/> Commercial <input type="checkbox"/> Hire & Reward	Fleet Policy: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Are you claiming your own insurance Policy for the repair of your Vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No, Reporting Only <input checked="" type="checkbox"/> No, Claim 3rd Party <input type="checkbox"/> No Private Settlement			

  

DRIVER'S DETAILS			
Name of Driver if Not The Registered Owner:		Email Address:	
Driver Own Vehicle No./Insurance Company		NRIC/FIN/Passport No.	
Occupation: <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	Nationality:
Class of License: <input type="checkbox"/> Class 2B <input type="checkbox"/> Class 2A <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3A <input type="checkbox"/> Class 3 <input type="checkbox"/> Class 4 <input type="checkbox"/> Class 5		License Serial No.	
Pass Date:		Relationship of the Driver with the insured if not an Employee:	
Was the driver an Employee of the? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please state Name of the Company:			

  

ACCIDENT DETAILS	
Exact purpose for the vehicle was being used at the time of accident. <input checked="" type="checkbox"/> Private <input type="checkbox"/> Commercial <input type="checkbox"/> Hire & Reward <input type="checkbox"/> Others	
Weather Condition: <input type="checkbox"/> Raining <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Others:	
Road Surface: <input type="checkbox"/> Wet <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Others	

  

POLICE DETAILS	
Was Accident reported to the Police? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Yes, please state which Police station the report made?)	
Was Notice of Prosecution Given? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, against whom?	

  

WAS ANY OTHER VEHICLE OR PROPERTY INVOLVE? (VEHICLE B)	
Registration No.: PC302Z	Vehicle Make:
Name of Driver:	Model:
Contact No:	Colour: White
NRIC/FIN/Passport No.	
Registration No.:	Vehicle Make:
Name of Driver:	Model:
Contact No:	Colour:
NRIC/FIN/Passport No.	

  

DETAILS OF INJURED PERSON	
Injured Person 1	
Name of Injured Person:	Contact No:
Conveyed to Hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No	If passenger state which Vehicle:
<input type="checkbox"/> Male <input type="checkbox"/> Female	Were seat belts worn? <input type="checkbox"/> Yes <input type="checkbox"/> No

  

WITNESS	
Witness 1	
Name of Witness:	NRIC/FIN/Passport No.
Home/Office/ Fax	Handphone no.
Email Address:	
Is Witness a passenger or insured or third party? <input type="checkbox"/> Insured <input type="checkbox"/> Third Party <input type="checkbox"/> Independent Witness	

  

Declaration	
We declare that the above particulars & information provided above are true in every aspect.	

1px.

16 Nov 2017

Registered Owner or Driver Signature

yes - camera (workshop)

Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo

