

ACCIDENT STATEMENT

ACCIDENT DATE: (31 / 01 / 2018) (DD/MM/YYYY), TIME: (08 : 40) (HH:MM)

LOCATION: Loyang Ave

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLC 6860 L
 b) INSURANCE COMPANY: ATG
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Toyota Aritis
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE) COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: Private
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES / NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM) / REPORTING ONLY

2. INSURED / POLICY HOLDER

- A) NAME: Daud Bin Toengaji (MALE / FEMALE)
 B) NRIC/FIN/PASSPORT: S13590180 CONTACT: _____
 C) ADDRESS: BLK 231 Pasir Ris Drive 4 #07-454 S(510231)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Li Jing Han (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S9038940H CONTACT: 9222 7721
 c) ADDRESS: 6 marine vista # 21-21 S(449030)

- * d) DATE OF BIRTH: (15 / 10 / 1990) (DD/MM/YYYY)
 e) OCCUPATION: (INDOOR / OUTDOOR)
 f) YEARS OF DRIVING EXPERIENCE: 3 years

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Daughter in law

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
 b) ROAD SURFACE: (DRY / WET / OTHERS)
 6. WAS ANYBODY INJURED (YES / NO) motor driver
 7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: FBM 2671H MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
 (including driver)
(01)

* No of passenger
 (including driver)
()

* No of passenger
 (including driver)
()

KK
 1000 Ubi Industrial Park 2
 61-25, 51 Ubi Ave
 S(408933)

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SKETCH PLAN



Vehicle A: SLC 6860L

Vehicle B: FBM 2671 H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I vehicle A is travelling straight on my rightful lane. The vehicle in front of me stopped, I followed suit. Suddenly Vehicle B hit onto my vehicle rear portion.

DECLARATION

I/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:

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