Date of Accident : 21/2/18 Accident Time: 17 :20 (24-HR-Format)

Accident Place : Along AYE towards clementi

Vehicle. No. (Car Plate No.) : SJK3621L Make/Model: Honda Stream

Insurace Company : Sompo Policy No:

Owner or Company Name /IC No. : Yeong Kian Kiat/S6911544F

Owner or Company Contact No. : Owner's Hp 92296699 Company Tel

DRIVER'S Name / IC No. :

DRIVER'S Date Of Birth : 25/3/1969 DRIVER'S License Pass Date 14/11/2000

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee\ Others: Owner

DRIVER'S Address : BIK 764 choa chu kang North 5 #08-283 S680764

DRIVER'S Contact No./ Alt No. :1) 2)

DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)

Email Address : yeongkk1@yahoo.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): 1 passenger

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: GBF2262S (QBE)

Vehicle Make\Model:

Name Driver:

IC No. Driver/Contact:

Vehicle. No:

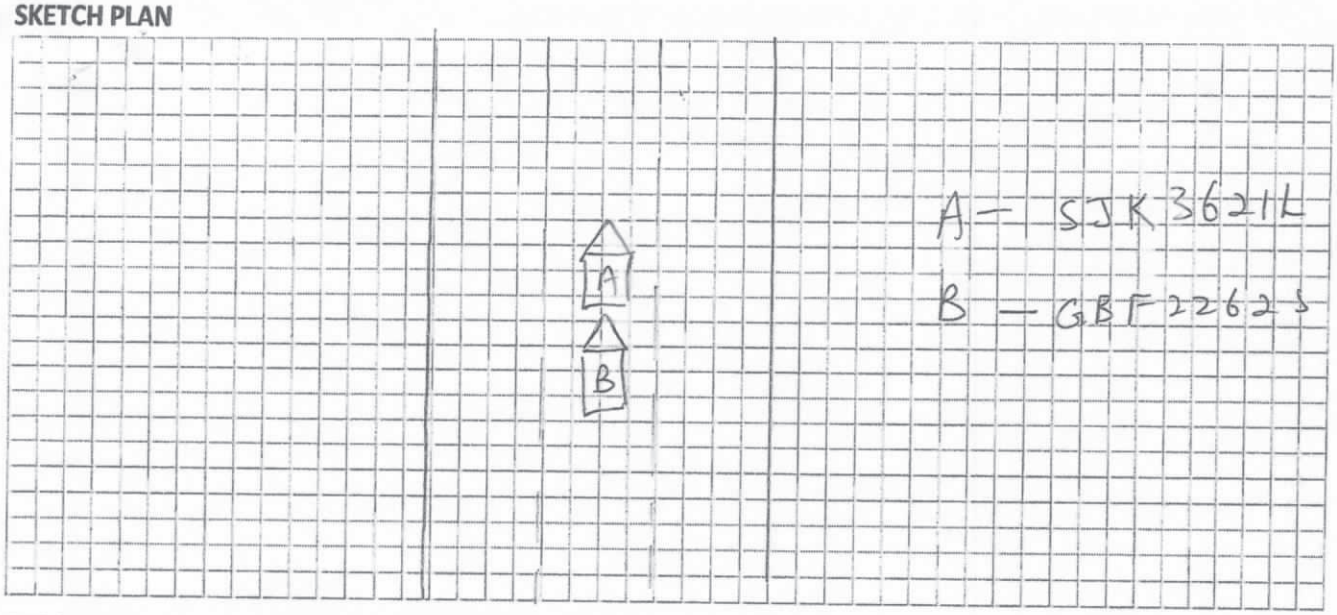
Vehicle Make\Model:

Name Driver:

IC No. Driver/Contact:

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 21/2/18 at 17:20hrs I was driving my vehicle (A) along AYE towards clementi. suddenly vehicle (B) hit on my 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.: