

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 Report	25/04/2019 13:37
Date Of Accident	04/04/2018 19:40
Exact Location Of Accident	ALONG PIE (CHANGI) BEFORE EUNOS EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBA9495S
Insured/Policyholder	
Name Of Registered Owner	NAIMAH BINTE ABDUL KADIR
NRIC No	S8634782B
Email Address	RAHIMKADER89@GMAIL.COM
Mobile Phone No	(LOCAL) +65-83147354
Alternative Phone No	OFFICE-93234599

Vehicle Particulars

Manufacturer	YAMAHA
Model	T135-135CC
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?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	VMZ/P1119394
Cover Note Number	

Driver

Name of Driver	ABDUL KADER BIN AHMAD
NRIC No	S0100958C
Date Of Birth	14/11/1954
Occupation	INDOOR
Date Of Driving Pass	02/11/1982
Driving Experience	35 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82796277
Fax Number	
Contact Number	
E-Mail Address	RAHIMKADER89@GMAIL.COM

Address	BLK 212 TAMPINES STREET 23 #02-147
Postcode	520212
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES EAST NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 263 TAMPINES STREET 21 #01-128 , POSTCODE: 520263 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7839999 - FAX NO: 67832500
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT NO: T/20180405/2168 STATEMENT RECORDED BY LEONG KEAT - PROGRESSIVE CAR CARE PTE LTD (6741 5336)

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH8531P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLN9096Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name ABDUL KADER BIN AHMAD

Approximate Age

Injuries Sustain SERIOUS INJURIES

Injured person in which vehicle? FBA9495S

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

Sketch Plan

SKETCH PLAN


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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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
- (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


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.:



Sketch Plan #2

SKETCH PLAN

SKETCH PLAN

Vehicle
A - FIBA 94
B - SH 853
C - SLN 90

Legend

	
Vehicle	Motorcycle

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report no - 1/20180405/2168.

DECLARATION

I/We declare the foregoing particulars are true in every respect.
Please be advised that your insurer may have a fourteen (14) days clause whereby the claim against own policy must be made within the stipulated timeframe from the day of occurrence. Kindly check your policy for more details.

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.:



**SINGAPORE
POLICE FORCE**



T/20180405/2168

1 of 3

Police Station Of Origin:
Tampines East NPP
263 Tampines Street 21 #01-138
SINGAPORE 520263
Tel No: 1800-7839999

Report No. T/20180405/2168

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/04/2018 20:51	Vide Report No.:	Station Diary No.: 43
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Informant's Particulars			
Name of Informant: ABDUL KADER BIN AHMAD		Address: APT BLK 212 TAMPINES STREET 23 #02-147 SINGAPORE 520212	
ID Type / ID No.: NRIC NO / S0100958C		Contact No.: Home/Office: Mobile: 82796277	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 63	Date of Birth: 14/11/1954	Type of Informant: Rider
Race: Arab		Language:	Institution / School Name:
Occupation: Motorcycle delivery man		Driving Licence Information: Class: 2B Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 04/04/2018 19:00	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY towards Changi, before Eunos Exit.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBA9495S	Motorcycle	YAMAHA	135	Silver		0
SH8531P	Car			Blue		0
SLN9096Z	Car			Silver		0



**SINGAPORE
POLICE FORCE**



T/20180405/2168

2 of 3

Police Station Of Origin:
Tampines East NPP
263 Tampines Street 21 #01-138
SINGAPORE 520263
Tel No: 1800-7839999

Report No. T/20180405/2168

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ABDUL KADER BIN AHMAD	ID No.	S0100958C
Related Vehicle	FBA9495S (Motorcycle)	Contact No.	82796277
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	04/04/2018	Date Discharge	05/04/2018
No. of Days granted Medical Leave	07	Degree of Injury	NIL

Brief Details.

On 04/04/2018 at about 1940hrs, I was riding my motorcycle FBA9495S along PIE towards the direction of Changi Airport. There are 3 lanes and I was riding on the extreme right lane. I was riding straight when a taxi ahead of me SH8531P suddenly jam brake. I was unable to stop in time and collided against the rear of the mentioned taxi. I fell towards my right and my helmet came off. After the accident, I was able to stand up and observed that the accident involved 3 vehicles. The first in line is SLN9096Z followed by a taxi SH8531P and lastly my motorcycle.

After I stood up I began to feel giddiness, I then sat down on the kerb along the side of the road. Ambulance came down to the accident and I was later conveyed by the ambulance. Traffic police was also at scene and I provided my personal particulars. To my knowledge the investigation officer in charge of the case is IO Sufian.



**SINGAPORE
POLICE FORCE**



T/20180405/2168

Police Station Of Origin:
Tampines East NPP
263 Tampines Street 21 #01-138
SINGAPORE 520263
Tel No: 1800-7839999

3 of 3

Report No. T/20180405/2168

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:
G /
Staff Sgt LOO JIA JIE

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
05/04/2018 20:51

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt NORASHIKIN BINTE DAUD

Classification Of Case:

Contact No : 65476439
SINGAPORE
POLICE FORCE
Authentication Stamp
NP168

SIGNATURE

Authorisation Letter

To whom it may concern,

I, Naimah binte Abdul Kader, S8634782B, hereby authorised my father Abdul Kader bin Ahmad, S0100958C, to file the report regarding the accident he is involved.

Best Regards,



AXA INSURANCE PTE LTD

8 Shenton Way, #24-01
 AXA Tower, Singapore 068811
 Customer Service Centre #B1-01
 Tel: 6338 7288 Fax: 6338 2522
 Website: www.axa.com.sg
 GST Registration Number: 199903512M

**Original**Agent Code: **03375**Policy No. (if any): **P1119394****Renewal**

SmartDrive Quote Ref:

MOTOR COVER NOTENo. **CN854068**

- The Motor Vehicle (Third Party Risks and Compensation) Act (Cap 189) - Republic of Singapore; or
- The Road Transport Act 1987 of Malaysia; or
- The Agreement between the Minister of Finance (Singapore) and the Motor Insurers' Bureau of Singapore dated 22 February 1975; or
- The Agreement between the Minister for Transport (Malaysia) and the Motor Insurers' Bureau of West Malaysia dated 30 March 1992;
- And any subsequent revisions to the above Acts and Agreements


The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule, is hereby **HELD COVERED** under the terms of the Company's usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.


SCHEDULE

THE COMPANY	AXA INSURANCE PTE LTD
INSURED	NAIMAH BINTE ABDUL KADER
MAKE AND DESCRIPTION OF VEHICLE	YAMAHA T135
VEHICLE REGISTRATION NO.	FBA94955
YEAR OF MANUFACTURE	2006
ENGINE NO.	5YP203983
CHASSIS NO.	5YP203983
ENGINE CAPACITY/TONNAGE	135
COVER TYPE	THIRD PARTY, FIRE AND THEFT
HIRE PURCHASE	N/A
VALUE (S\$)	AS PER MARKET VALUE
PERIOD OF INSURANCE	FROM: 19/10/2017 TO: 18/10/2018
EXCESS (S\$)	REFER TO POLICY
AXA PREMIUM WORKSHOP?	NO

I/WE HEREBY CERTIFY THAT POLICY TO WHICH THIS CERTIFICATE RELATES IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) ACT (CHAPTER 189) AND PART IV OF THE ROAD TRANSPORT ACT 1987 (MALAYSIA).

AXA INSURANCE PTE LTD

Issued by  **MELANIE CRUZ** on **13/10/2017 12:52pm**
PORCIONCULA


 Authorised Signature

Note : This Cover Note is only valid for 60 days from the date of issue unless replaced by the Certificate of Insurance issued by the Company.

- Premium for time on risk will be charged subject to minimum of S\$53.50 (inclusive of GST), if the policy is cancelled after the inception date.
- An administrative fee of S\$26.75 (inclusive of GST) will be charged:
 - Cover note issued and cancelled before inception.
 - Retaining the old registration number for a new vehicle insuring with AXA.

PREMIUM WARRANTY

For Individual Customers:

Please note that the premium in full should be paid before inception date shown above in order for the insurance cover to be valid.

For Non-Individual Customers:

Please note that where the period of cover is for more than 60 days, the premium in full should be paid within 60 days on inception / renewal / endorsement. For all other cases, the premium in full should be paid before inception.

MTR/C/NOTE/V01/03

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8634782B**



Name

NAIMAH BINTE ABDUL KADER

نعيمه بنت عبد القادر

Race

ARAB

Date of birth

07-12-1986

Sex

F

8634782B

Country/Place of birth

SINGAPORE



5833247



NRIC No. **S8634782B**



Date of issue

28-11-2017

Address

APT BLK 212 TAMPINES STREET 23
#02-147
SINGAPORE 520212

DRIVER IC/DL Pg. 1

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0100958C


Name
ABDUL KADER BIN AHMAD

Race
ARAB

Date of Birth
14-11-1954

Country of Birth
SINGAPORE

Sex
M



REPUBLIC OF SINGAPORE DRIVING LICENCE


Licence Number S0100958C

Name
ABDUL KADER BIN AHMAD

Birth Date 14 Nov 1954

Issue Date 19 Oct 2013

002235935C




1575072

002235935C

NRIC No S0100958C

Blood Group A+ Date of issue 08-01-1994

Address
APT BLK 212 TAMPINES STREET 23
#02-147
SINGAPORE 1852




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

EFFECTIVE DATE 02 Nov 1982

Class 2B Motorcycles =< 200 cc

NP 428A

Licence No: S0100958C



Common Statement

C- SLN 90962 -

ACCIDENT STATEMENT (Part I)

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

1 Date of accident 4/4/2018		Time 1940		2 Exact location of accident Along PLE (Cmgn) before Emms Exit		To be signed by BOTH drivers	
3 Injuries even if slight No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>							
4 Material damage To vehicles other than vehicles A and B No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		To objects other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B)		Vehicle Video Camera Available No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	

Registration No. (VEHICLE A) FBA9495S

6 Insured / policyholder (see insurance cert.)

Name Naimah Binte

(capital letters) Abdul Kader

Address

NRIC / Passport no. S8634782B

Tel no. (from 9am till 5pm)

HP 83147354

7 Vehicle 93234599

Make, type

8 Insurance company AXA ☐ C ☒ TPFT ☐ TPO

Does the policy cover damage to vehicle A?

No ☐ Yes ☒

Policy No. UMZ/P 1119394

9 Driver Same as Owner

Name Abdul Kader Sin

(capital letters) Ahmad

NRIC / Passport no. S0100958C

Class of licence

HP 83796272

Gender Male ☒ Female ☐

10 Indicate the point of initial impact with an arrow (→)



11 Visible damage to vehicle A

14 My remarks

12 CIRCUMSTANCES

Put a cross (X) in each of the relevant boxes applicable to your vehicle

A

☐ C1

☐ C2

☐ C3

☐ C4

☐ C5

☐ C6

☐ C7

☐ C8

☐ C9

☐ C10

☐ C11

☐ C12

☐ C13

☐ C14

☐ C15

☐ C16

☐ C17

☐ C18

☐ C19

☐ C20

☐ C21

☐ C22

Chain Collision

Collided into Bicycle

Collided into Motorcyclist

Collided into Parked Vehicle

Collided into Pedestrian

Collided into Property

Collision - Change/Cross Lane

Collision - Cross Junction

Collision - Head on Collision

Collision - Head to Rear

Collision - Major/Minor Rd

Collision - Opening Door of Vehicle

Collision - Roundabout

Collision - U-Turn

Drink Driving / Drug Influence

Fire, Explosion or Lightning

Flood

Hit and Run / Wanderers / Damaged whilst Parked

Hit by Fallen Tree / Other Objects

No Collision

Side Swipe

Theft

← State TOTAL number of boxes marked with a cross →

13 Sketch of accident when impact occurred

Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads

REFER TO ATTACHED

NOTES: 1. Please mark the impact point on the sketch of vehicle A and B

15 Signatures of drivers

A

Naimah

Ahmad

Registration No. (VEHICLE B) S48531P

6 Insured / policyholder (see insurance cert.)

Name

(capital letters)

Address

NRIC / Passport no.

Tel no. (from 9am till 5pm)

HP

7 Vehicle

Make, type

8 Insurance company ☐ C ☐ TPFT ☐ TPO

Does the policy cover damage to vehicle B?

No ☐ Yes ☐

Policy No. (if available)

9 Driver (See driving licence)

(if different from insured B above)

Name

(capital letters)

NRIC / Passport no.

Class of licence

HP

Gender Male ☐ Female ☐

10 Indicate the point of initial impact with an arrow (→)



11 Visible damage to vehicle B

16 My remarks

* In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf

Do not alter anything in the statement after signing. Subsequently, each driver should take one copy.

For insured's Individual Statement (Part II) see overleaf →

Individual Statement

INDIVIDUAL STATEMENT (Part II)		Own Workshop Email / Fax (if any):													
To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)															
Insured	1 Occupation (if more than one, state all)		Email: <u>rahimkader89@gmail.com</u>												
	2 Vehicle registration no.	C.C.	If commercial vehicle, state permissible carrying capacity												
	3 Is driver the owner? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If no, State Relationship of Driver with owner <u>partner</u>	State the vehicle number and name of insurer of driver's own vehicle (where applicable)												
	4 Exact purpose for which vehicle was being used at time of accident <input checked="" type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private Hire <input type="checkbox"/> Others - please specify														
	5 Is the vehicle still in use? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	If no, state where it is at present		Tel no.											
	6 Are you claiming under your own insurance policy for repair to your vehicle? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>														
Of which vehicle are you the owner? <input checked="" type="checkbox"/> A <input type="checkbox"/> B	If no, state action to be taken <input type="checkbox"/> Third Party <input checked="" type="checkbox"/> Reporting Only <input type="checkbox"/> Third Party (Own Workshop)														
	7 Date of birth	Occupation	Date of license pass	Was vehicle driven with the insured's permission? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>											
	Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/>		Was driver an employee of the insured's company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>												
	8 Give details of any pre-existing impairment of sight or hearing and of any other disability														
	9 Full details of all driving convictions including pending prosecutions in the last 36 months														
	<table border="1"> <thead> <tr> <th>Date</th> <th>Offence</th> <th>Penalty</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>				Date	Offence	Penalty								
Date	Offence	Penalty													
Injured persons	10 Name(s), address(es) and approximate age(s)	Injuries sustained	If vehicle occupants, state in which vehicle	Were seat belts being worn? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Was injured conveyed to hospital by ambulance? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>										
	<u>Driver</u>	<u>Serious injury</u>	<u>PBA 94955</u>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>										
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>										
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>										
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>										
Damage to property & vehicles (other than vehicles A and B)	11 Name(s) and address(es) of owner(s)	Vehicle registration no. or details of property	Nature of damage	Insurer's name and address (if known)											
	<u>Veh C</u>	<u>SLN 90962</u>													
Police action	12 Was the accident reported to the Police? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		If yes, please state which Police station <u>Rampines E NPP</u>												
	13 Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		If yes, against whom?												
Accident details	14 Weather conditions	Clear <input checked="" type="checkbox"/>	Raining <input type="checkbox"/>	Others <input type="checkbox"/>											
	15 Road surface	Wet <input type="checkbox"/>	Dry <input checked="" type="checkbox"/>	Others <input type="checkbox"/>											
	16 Speed of vehicles	A <input type="checkbox"/> km/hr	B <input type="checkbox"/> km/hr												
	17 What warnings were given by driver or other party?														
	18 Were street lights illuminated? Yes <input type="checkbox"/> No <input type="checkbox"/>														
	19 What lights were displayed on your vehicle/the other vehicle(s)?														
	20 If your vehicle is commercial, state weight of load carried at time of accident														
	21 State how accident happened, width of roads, speed limits, etc (Refer to attached)														
Declaration	22 State number of Passengers (including Driver) <input type="checkbox"/>														
	I/We declare the foregoing particulars are true in every respect														
	Policyholder's signature <u>Natasha</u>		Date <u> </u>												
Driver's signature (if driver is not the policyholder) <u> </u>		Date <u> </u>													

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

