

☒ Scene Pic
☐ Auth Letter

☒ Owner
☒ Driver

ACCIDENT STATEMENT

Date of Accident Time (24 HRS)

15/7/18

1730

Location of Accident

TPE (towards SLE)

INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number

SLJ 6787D

Name of Policyholder

YAP SI RONG (MR)

NRIC/ FIN/ Passport/ ROC (if Policyholder is company)

S 8206095B

Address

BLK 308C PUNGOL WALK #15-338

Address

S 823308

Contact Number

Tel:

Hp: 97399633

Email Address

neville2yaps0003@hotmail.com

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model

TOYOTA / WISH

Type of Vehicle

Saloon, ☒ MPV, ☐ CRV, Van, Lorry, Bus M/cycle, Others: ☐

Are you claiming under your own insurance policy?

☐ Yes

☒ No

Remarks: TP: 6th

Vehicle category

☒ Private

☐ Commercial

☐ Motorcycle

INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company

MSIG Insurance

Type of Policy

☒ Comprehensive

☐ TP Fire & Theft

☐ Third party

Fleet Policy

☐ Yes

☒ No

Policy Number

DRIVER

Name of Driver

YAP SI RONG (MR)

NRIC/ FIN/ Passport

S 8206095B

Date of Birth

26/02/82

Occupation

ENGINEER

Driving Pass Date

10/01/2003

Gender

☒ Male

☐ Female

Contact Number

Tel:

Hp: 97399633

Address

BLK 308C PUNGOL WALK #15-338

Address

S 823308

Email Address

neville2yaps0003@hotmail.com

Was driver an employee of the Insured's Company?

☐ Yes

☒ No

OWNER

If No, relationship of Driver with the Insured.

No. of Passenger in vehicle (including Driver)

4

(including Driver)

For 2 passengers and above, please state:

Name: DYLAN YAP

Gender: M

Name: MAVIS YAP

Gender: F

Name: PEI LINH

Gender: F

Vehicle Number of Driver's Own Vehicle (if applicable)

Insurance of Driver's Own Vehicle (if applicable)

GENERAL INFORMATION OF THE ACCIDENT

Weather Conditions

☒ Clear

☐ Raining

☐ Others:

Road Surface

☐ Wet

☒ Dry

☐ Others:

OTHER INFORMATION

Was there any foreign vehicle(s) involved? (Malaysia car)

☒ No

☐ Yes

Was anybody injured in the accident? (Including Witness)

☒ No

☐ Yes

Was any other vehicle(s) or property damaged?

☐ No

☒ Yes

Was there any video captured?

☐ No

☒ Yes

near video (whatsapp)

DETAILS OF POLICE ACTION

Was the accident reported to the Police?

☒ No

☐ Yes

If Yes, please state which police station & Report No.

Was notice of intended Prosecution given?

☒ No

☐ Yes

If Yes, against whom?

OWN VEHICLE REGISTRATION NUMBER _____

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED (OTHER PARTY INFORMATION)

Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number

Make/ Model/ Others

Vehicle category

Name of Driver

NRIC/ FIN/ Passport

Contact Number

SK Z 9365X

HONDA

☐ Private

☒ Commercial

☐ Motorcycle

MOHAMED LUD BIN MOHAMED

S1833189F

9663 2804

After Hire

Other Vehicle or Property 2 (VEHICLE C)

Vehicle Registration Number

Make/ Model/ Others

Vehicle category

Name of Driver

NRIC/ FIN/ Passport

Contact Number

☐ Private

☐ Commercial

☐ Motorcycle

DETAILS OF WITNESS

Name

Phone / Email Address

NRIC/ FIN/ Passport

DETAILS OF INJURED PERSON 1

Name

NRIC/ FIN/ Passport

Contact Number

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐ Yes

☐ No

Was Injured conveyed to hospital by ambulance?

☐ Yes

☐ No

DETAILS OF INJURED PERSON 2

Name

NRIC/ FIN/ Passport

Contact Number

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐ Yes

☐ No

Was Injured conveyed to Hospital by Ambulance?

☐ Yes

☐ No

Declaration

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

[Signature]

Signature of Policy Holder
(Company Chop if applicable)

28/7/18 @ 12:20pm

Date & Time

Date & Time

Signature of Driver / Date & Time
(If Driver is not the Policy Holder)