#### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

Contact Number

**EMail Address** 

- 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 witholding of material facts may allow insurance companies to repudiate policy ability.
- 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

Date Of Accident  Exact Location Of Accident  Country/State of Loss  DETAILS OF OWN VEHICLE  Vehicle Registration Number  YP4256Y  Insurance Company  Insurance Company  Name of Insurance Company  Name of Insurance Company  Name of Insurance Company  Nolation Singapore  AVAPORE  DETAILS OF OWN VEHICLE  NAME OF OWN VEHICLE  VP4256Y  INUMCOE PTE LTD  CORD TY4256Y  LUMICOE PTE LTD  CORD TY4256Y  LUMICOE PTE LTD  CORD TY4256Y  NOEMAIL  MICOE PTE LTD  CORD TY4256Y  LUMICOE PTE LTD  CORD TY4256Y  NOEMAIL  MICOE PTE LTD  CORD TY4256Y  NOEMAIL  MITSUBISHI  CANTER FEB71ER4SDEC  DELIVERY  NO  THIRD PARTY  GOODS VEHICLE  INSURANCE (SINGAPORE) PTE. LTD.  COMPREHENSIVE  NO  A 28816921 MKC	到1000mm,1000mm,1000mm,1000mm。	ACCIDENT STATEMENT
Exact Location Of Accident Country/State of Loss  DETAILS OF OWN VEHICLE  Vehicle Registration Number VP4256Y  Insured/Policytholder  Name Of Registered Owner Co Reg No DETAILS OF OWN VEHICLE  Vehicle PTE LTD Co Reg No DETAILS OF OWN VEHICLE  Vehicle PTE LTD Co Reg No DETAILS OF OWN VEHICLE  Vehicle PTE LTD Co Reg No OFFICE-91523829  Vehicle Particulars  Manufacturer Mitsubishi CANTER FEB71ER4SDEC DELIVERY  Model CANTER FEB71ER4SDEC DELIVERY  If No, Please state action to be taken Vehicle Category GOODS VEHICLE  Insurance Company Name of Insurance Company Ame of Insurance Company  Type Of Coverage Fleet Policy NO Policy Number Cover Note Number  Driver  Name of Driver Passport No/FIN Date Of Birth Date Of Birth Date Of Birth Date Of Driving Pass Driving Experience O YEAR AND 2 MONTH MALE Mobile Number  Mole  LUMICOE PTE LTD CUMPACHAGE  LUMICOE PTE LTD CUMPACHAGE  VA 28816921 MKC  OVERA RAND 2 MONTH MALE Mobile Number  (LOCAL) +85-94725025	Date Of Report	06/08/2018 16:06
DETAILS OF OWN VEHICLE  Vehicle Registration Number  Insured/Policyholder  Name Of Registered Owner Co Reg No Company  Manufacturer  Model Exact Purpose for which vehicle was being used at lime of accident Im our evenicle?  If No, Please state action to be taken Vehicle Category  Name of Insurance Company  Name of Insurance Company  Name of Insurance Company  No Cover Note Number  Driver  No Date Of Birth  Qa827643M  Qa827643M  Qa827643M  Qabe Of Piving Pass  Driving Experience O Year And 2 MONTH  MALE  Mobile Number  Cover Note Number  Driving Experience O Year And 2 MONTH  MALE  Mobile Romany  Male  Mobile Romany  Vehicle Registration Number  OFFICE-91523829  Vehicle Paticulars  MITSUBISHI CANTER FEB71ER4SDEC  DELIVERY  NO DELIVERY  NO  NO THIRD PARTY  Vehicle Category  GOODS VEHICLE  Insurance Company  MSIG INSURANCE (SINGAPORE) PTE. LTD.  COMPREHENSIVE  NO  A 28816921 MKC  Cover Note Number  Driver  Driver  No Date Of Driving Pass  Driving Experience  O YEAR AND 2 MONTH  MALE  Mobile Number  (LOCAL) +65-94725025	Date Of Accident	04/08/2018 15:20
Vehicle Registration Number  VP4256Y  Insured/Policyholder  Name Of Registered Owner  Co Reg No  201614795Z  Email Address  NOEMAIL  Mobile Phone No  Alternative Phone No  Vehicle Particulars  Manufacturer  Model  Exact Purpose for which vehicle was being used at time of accident  Itme of accident  If No, Please state action to be taken  Vehicle Category  Nome of Insurance Company  Name of Insurance Company  Name of Insurance Company  No  Policy Number  Cover Note Number  Driver  Name of Driver  Passport No/FIN  Date Of Birth  23041977  Occupation  Dumber  Cover Rote Of Birth  2306194725025  DYAR AND 2 MONTH  MALE  Mobile Number  Gender  Molel  Molel  LUMICOE PTE LTD  CUMICOE PTE LTD  CORDET PERSON  NO  A 28816921 MKC  COMPANIENT  COMPANIENT	Exact Location Of Accident	RAFFLES BOULEVARD
Vehicle Registration Number YP4256Y  Insured/Policyholder  Name Of Registered Owner Co Reg No 201614795Z Email Address NOEMAIL Mobile Phone No Alternative Phone No OFFICE-91523829  Vehicle Particulars  Manufacturer Mitsubishi Canter Feb71ER4SDEC Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken Vehicle Category Vehicle Category Insurance Company Name of Insurance Company Name of Insurance Company No Policy Number Cover Note Number  Driver Name of Driver Passport No/FIN Date Of Birth Date Of Birth Date Of Birth Date Of Birth Driving Experience Gender MALE Mobile Number  MUICOE PTE LTD Compress LUMICOE PTE LTD Compress Vehicle Category ROEMAIL ARE 201614795Z COMPREHENSIVE NO A 28816921 MKC Cover Note Number  Driver  LI FEI Passport No/FIN Date Of Driving Pass Driving Experience O YEAR AND 2 MONTH Gender MALE Mobile Number  MALE Mobile Number  MOEMAIL  LUMICOE PTE LTD Company ANEMAIL  LUMICOE PTE LTD Company ANEMAIL  MITSUBISHI CANTER FEB71ER4SDEC  EATHER SERVE MITSUBISHI CANTER FEB71ER4SDEC  DATE FEB71ER4SD	Country/State of Loss	SINGAPORE
Insured/Policyholder Name Of Registered Owner Co Reg No 201614795Z NOEMAIL Mobile Phone No Alternative Phone No OFFICE-91523829 Vehicle Particulars Manufacturer Model Exact Purpose for which vehicle was being used at lare of our owner of the policy of repair to your vehicle? If No, Please state action to be taken Vehicle Category Nombre Of Coverage Fleet Policy Policy Number Cover Note Number Driver Name of Driver Passport No/FIN Date Of Birth Date Of Birth Dorwing Experience Gender Mobile Number Cored For Particulars  LUMICOE PTE LTD Coverage NOFICE-91523829  MITSUBISHI CANTER FEB71ER4SDEC DELIVERY INSUBSHI CANTER FEB71ER4SDEC DELI	D	ETAILS OF OWN VEHICLE
Name Of Registered Owner Co Reg No 201614795Z Email Address NOEMAIL Mobile Phone No Alternative Phone No OFFICE-91523829 Vehicle Particulars Manufacturer MITSUBISHI CANTER FEB71ER4SDEC Exact Purpose for which vehicle was being used at lime of accident importance of accident	Vehicle Registration Number	YP4256Y
Co Reg No 201614795Z Email Address NOEMAIL  Mobile Phone No OFFICE-91523829  Vehicle Particulars  Manufacturer MITSUBISHI CANTER FEB71ER4SDEC  Exact Purpose for which vehicle was being used at lime of accident Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken THIRD PARTY GOODS VEHICLE  Insurance Company Name of Insurance Company MSIG INSURANCE (SINGAPORE) PTE. LTD. COMPREHENSIVE NO  Policy Number A 28816921 MKC  Cover Note Number  Driver  Name of Driver Passport No/FIN G8627643M Date of Birth 23/04/1977 Occupation OutDoor Date Of Driving Pass Driving Experience OYEAR AND 2 MONTH MALE Mobile Number (LOCAL) +65-94725025	Insured/Policyholder	
Email Address NOEMAIL  Mobile Phone No Alternative Phone No OFFICE-91523829  Vehicle Particulars  Manufacturer Mitsubishi CANTER FEB71ER4SDEC  Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken Vehicle Category NoBurrance Company Name of Insurance Company Name of Insurance Company No Type Of Coverage COMPREHENSIVE NO A 28816921 MKC  Cover Note Number  Driver Name of Driver Passport No/FIN Date Of Birth Date Of Birth Occupation Durion Date Of Driving Pass Driving Experience Gender MALE Mobile Number  COGEN SUBSTANCE (SINGAPORE)  LI FEI CREATED SUBSTANCE COVER AND 2 MONTH COVER	Name Of Registered Owner	LUMICOE PTE LTD
Mobile Phone No Alternative Phone No OFFICE-91523829  Vehicle Particulars  Manufacturer Model Exact Purpose for which vehicle was being used at lime of accident Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken Vehicle Category GOODS VEHICLE  Insurance Company Name of Insurance Company No Fleet Policy Policy Number Cover Note Number  Driver Name of Driver N	Co Reg No	201614795Z
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Manufacturer Model CANTER FEB71ER4SDEC  Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken Vehicle Category Flouring Today  MSIG INSURANCE (SINGAPORE) PTE. LTD.  COMPREHENSIVE NO A 28816921 MKC  Cover Note Number  Driver  Name of Driver Passport No/FIN Date Of Birth Occupation Date Of Driving Pass Driving Experience Gender MALE Mobile Number  (LI FEI PARTY) DELIVERY  MITRUP PARTY GOODS VEHICLE  DELIVERY NO A 28816921 MKC  COMPREHENSIVE NO A 28816921 MKC  COMPREHENSIVE NO COMPREHENSIVE NO A 28816921 MKC  COVER NOTE NUMBER  DIVING TO BE SECTION OF THE SECTION	Alternative Phone No	OFFICE-91523829
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Exact Purpose for which vehicle was being used at time of accident  Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken  Vehicle Category  Insurance Company  Name of Insurance Company  No  MSIG INSURANCE (SINGAPORE) PTE. LTD.  COMPREHENSIVE  NO  A 28816921 MKC  Cover Note Number  Driver  Name of Driver  Date Of Birth  23/04/1977  Occupation  OutDoor  Date Of Driving Pass  Driving Experience  Molie Number  Male  (LOCAL) +65-94725025	Manufacturer	MITSUBISHI
time of accident  Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken  Vehicle Category  Insurance Company  Name of Insurance Company  No  MSIG INSURANCE (SINGAPORE) PTE. LTD.  COMPREHENSIVE  Fleet Policy  Policy Number  A 28816921 MKC  Cover Note Number  Driver  Name of Driver  Name of Driver  No  Basport No/FIN  Date Of Birth  Occupation  Date Of Driving Pass  Driving Experience  O YEAR AND 2 MONTH  MALE  Mobile Number  (LOCAL) +65-94725025	Model	CANTER FEB71ER4SDEC
for repair to your vehicle?  If No, Please state action to be taken Vehicle Category  Insurance Company  Name of Insurance Company  Name of Insurance Company  Name of Insurance Company  MSIG INSURANCE (SINGAPORE) PTE. LTD.  COMPREHENSIVE  Fleet Policy  NO  A 28816921 MKC  Cover Note Number  Driver  Name of Driver  Passport No/FIN  Date Of Birth  Occupation  Date Of Driving Pass  Driving Experience  O YEAR AND 2 MONTH  MALE  Mobile Number  (LOCAL) +65-94725025	Exact Purpose for which vehicle was being used at time of accident	DELIVERY
Vehicle Category  Insurance Company  Name of Insurance Company  Name of Insurance Company  Type Of Coverage  Fleet Policy  Policy Number  Cover Note Number  Driver  Name of Driver  Name of Driver  Name of Driver  Name of Birth  Date Of Birth  Occupation  Date Of Driving Pass  Driving Experience  MALE  Mobile Number  GOODS VEHICLE  MSIG NSURANCE (SINGAPORE) PTE. LTD.  COMPREHENSIVE  NO  A 28816921 MKC  COMPREHENSI	Are you claiming under your own insurance policy for repair to your vehicle?	NO
Insurance Company  Name of Insurance Company  Type Of Coverage  COMPREHENSIVE  NO  Policy Number  A 28816921 MKC  Cover Note Number  Driver  Name of Driver  Name of Driver  Passport No/FIN  Date Of Birth  Occupation  Date Of Driving Pass  Driving Experience  O YEAR AND 2 MONTH  MALE  Mobile Number  MSIG INSURANCE (SINGAPORE) PTE. LTD.  COMPREHENSIVE  NO  A 28816921 MKC  LI FEI  G8627643 M  G8627643 M  OUTDOOR  OUTDOOR  OUTDOOR  OYEAR AND 2 MONTH  MALE  MObile Number  (LOCAL) +65-94725025	If No, Please state action to be taken	THIRD PARTY
Name of Insurance Company Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number A 28816921 MKC  Cover Note Number  Driver Name of Driver Name of Driver Passport No/FIN Date Of Birth Occupation OutDoor Date Of Driving Pass Driving Experience Oyean August 1 Manual Control of Male Of Birth Oyean August 2 Month Male Mobile Number  MSIG INSURANCE (SINGAPORE) PTE. LTD.  COMPREHENSIVE NO  A 28816921 MKC  A 28816921 MKC   B 28816921 MKC   A 28816921 MKC   A 28816921 MKC   A 28816921 MKC   A 28816921 MKC   Oyean August 2 Month  MALE  Mobile Number  MODIL OCAL) +65-94725025	Vehicle Category	GOODS VEHICLE
Type Of Coverage         COMPREHENSIVE           Fleet Policy         NO           Policy Number         A 28816921 MKC           Cover Note Number         In Fel           Driver         LI FEI           Passport No/FIN         G8627643M           Date Of Birth         23/04/1977           Occupation         OUTDOOR           Date Of Driving Pass         25/05/2018           Driving Experience         0 YEAR AND 2 MONTH           Gender         MALE           Mobile Number         (LOCAL) +65-94725025	Insurance Company	
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Policy Number         A 28816921 MKC           Cover Note Number         Driver           Name of Driver         LI FEI           Passport No/FIN         G8627643M           Date Of Birth         23/04/1977           Occupation         OUTDOOR           Date Of Driving Pass         25/05/2018           Driving Experience         0 YEAR AND 2 MONTH           Gender         MALE           Mobile Number         (LOCAL) +65-94725025	Type Of Coverage	COMPREHENSIVE
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Name of Driver  Passport No/FIN  Date Of Birth  Occupation  Date Of Driving Pass  Driving Experience  O YEAR AND 2 MONTH  MALE  Mobile Number  LI FEI  G8627643M  D3/04/1977  OUTDOOR  23/04/1977  OUTDOOR  25/05/2018  0 YEAR AND 2 MONTH  MALE  (LOCAL) +65-94725025	Driver	The same of the last of the la
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Occupation OUTDOOR  Date Of Driving Pass 25/05/2018  Driving Experience 0 YEAR AND 2 MONTH  Gender MALE  Mobile Number (LOCAL) +65-94725025		23/04/1977
Date Of Driving Pass         25/05/2018           Driving Experience         0 YEAR AND 2 MONTH           Gender         MALE           Mobile Number         (LOCAL) +65-94725025		OUTDOOR
Driving Experience 0 YEAR AND 2 MONTH  Gender MALE  Mobile Number (LOCAL) +65-94725025	No. of Contract of the Contrac	25/05/2018
Gender MALE Mobile Number (LOCAL) +65-94725025		
Mobile Number (LOCAL) +65-94725025		

NOEMAIL

Page 1 of 10

# Sketch Plan Pg. 2

KETCH PLAN	111111	111	FILLER
A-4P42564 B-5GH3845		ans ens	
ESCRIBE CIRCUMSTANCES OF THE A	CCIDENT		
	1		
ECLARATION  We declare the foregoing particulars are to the foregoing particular and the foregoing particular are to the foregoin	true in every respect.		de 18/200
ite & Time: (If	iver's Signature L( E) driver is not the policyholder) ite & Time: L(T-E)	Reporting Centre Personal Name: NRIC/FIN No.:	

## Sketch Plan Pg. 1

### SKETCH PLAN

### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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.
- Any false reporting may be referred to the Police for investigation.
- 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)
  - (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
  - for complying with requirements under any regulations, laws or court orders.

Policyholder's Signa Date & Time:

Driver's Signature
(If driver is not the policyholder) LiFE

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

ale . Me.

Address 1 Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? No

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : UNKNOWN

GENDER: : MALE

NO

YES

NO

2

NO

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

### Circumstances of Accident

I WAS TRAVELLING ALONG RAFFLES BOULEVARD WHEN THE VEHICLE SGH384S COLLIDED ONTO THE REAR PORTION OF MY VEHICLE.

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

SGH384S

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)