

☒ Scene Pic
☐ Auth Letter

☐ Owner
☒ Driver

ACCIDENT STATEMENT

Date of Accident	Time (24 HRS)	Location of Accident
7/03/19	18:44	NICOLL HIGHWAY

HP 97236884

INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number	SKT 22665
Name of Policyholder	DAPHNE CHUA
NRIC/ FIN/ Passport/ ROC (if Policyholder is company)	8938431A
Address	41 JALAN LEMBANG THOMSON
Address	S 577511
Contact Number	9723 6884
Tel:	
Hp:	
Email Address	daphne.adhienne.chua@gmail.com

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model	PORSCHE MACAN S
Type of Vehicle	SLV
Are you claiming under your own insurance policy?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Vehicle category	<input type="checkbox"/> Private Hire <input checked="" type="checkbox"/> Private <input type="checkbox"/> Commercial <input type="checkbox"/> Motorcycle
Remarks:	P. other WS

INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company	AXA
Type of Policy	<input checked="" type="checkbox"/> Comprehensive <input type="checkbox"/> TP Fire & Theft <input type="checkbox"/> Third party
Fleet Policy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Policy Number	AA314403

DRIVER

Name of Driver	WAN WEY SHA GENEVIEVE
NRIC/ FIN/ Passport	388099396
Date of Birth	19/03/88
Occupation	ADVERTISING
Driving Pass Date	28 NOV 2013
Gender	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
Contact Number	96501085
Tel:	
Hp:	
Address	BLK 11 PARKER PARK ROAD
Address	S 210011
Email Address	genevievewan@gmail.com
Was driver an employee of the Insured's Company?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If No, relationship of Driver with the Insured.	FRIEND
No. of Passenger in vehicle (including Driver)	3 (including Driver)
For 2 passengers and above, please state:	
Name:	DAPHNE CHUA
Gender:	F
Name:	GENEVIEVE WAN
Gender:	F
Name:	KELYN CHUA
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	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others:
Road Surface	<input type="checkbox"/> Wet <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Others:

OTHER INFORMATION

Was there any foreign vehicle(s) involved? (Malaysia car)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Was anybody injured in the accident? (Including Witness)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Was any other vehicle(s) or property damaged?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Was there any video captured? (in-car camera in YOUR CAR)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

taken

DETAILS OF POLICE ACTION

Was the accident reported to the Police?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
If Yes, please state which police station & Report No.	
Was notice of intended Prosecution given?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
If Yes, against whom?	

OWN VEHICLE REGISTRATION NUMBER

8KJ2266D

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

Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number	SJH 995T
Make/ Model/ Others	
Vehicle category	<input type="radio"/> Private <input type="radio"/> Commercial <input type="radio"/> Motorcycle
Name of Driver	
NRIC/ FIN/ Passport	
Contact Number	

Other Vehicle or Property 2 (VEHICLE C)

Vehicle Registration Number	
Make/ Model/ Others	
Vehicle category	<input type="radio"/> Private <input type="radio"/> Commercial <input type="radio"/> Motorcycle
Name of Driver	
NRIC/ FIN/ Passport	
Contact Number	

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?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Was Injured conveyed to hospital by ambulance?	<input type="radio"/> Yes <input checked="" type="radio"/> 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?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Was Injured conveyed to Hospital by Ambulance?	<input type="radio"/> Yes <input checked="" type="radio"/> No

Declaration


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



Signature of Policy Holder
(Company Chop if applicable)

Date & Time

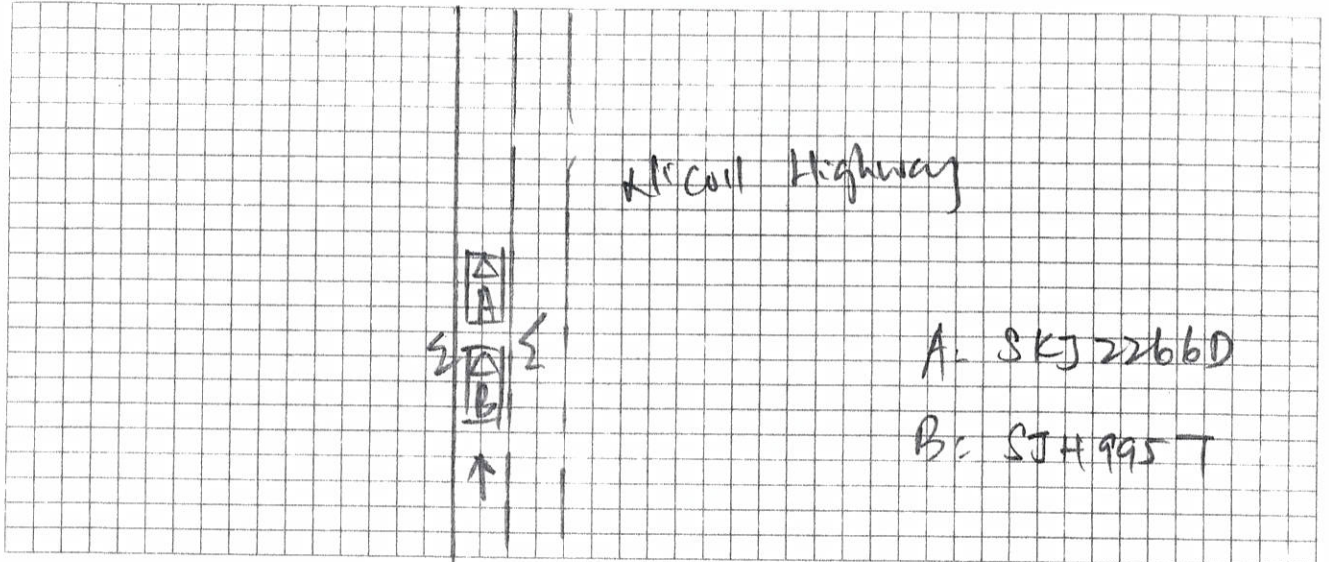
8/3/19
4.20pm


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

Date & Time

8/3/19
11:27

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Nicoll highway. It was a heavy jam. I was at a stationary position when a Honda stream, car plate number SJH 995T, hit my car from behind.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time:

Company Chop (if applicable)

GIARMC Sketch Plan Form V3

Driver's Signature

(If driver is not the policyholder)

Date & Time: 8/3/17

16:18

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

8/3/17 20:20