Date of Accident : 29.11.2019 Accident Time: 14.15 (24-HR-Format)

Accident Place : AYE Towards Tuas (After Buona Vista Exit).

Vehicle. No. (Car Plate No.) : SLT 8536X Make/Model: _____

Insurace Company : Axa. Policy No: GA507411/1

Owner or Company Name /IC No. : Yu Zhen (S8378296Z).

Owner or Company Contact No. : - Owner's Hp 93681378 Company Tel

DRIVER'S Name / IC No. : as above.

DRIVER'S Date Of Birth : 22.01.1983. DRIVER'S License Pass Date 24.09.2011.

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

DRIVER'S Address : 10 Tao ching Road # 18-20 Singapore 618725.

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

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

Email Address : -

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 Driver. Only

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 (Back & Neck).

Other Party Driver's Particular (if any)

Vehicle. No: GBJ 9064E.

Vehicle Make\Model: _____

Name Driver: _____

IC No. Driver/Contact: _____

Vehicle. No: _____

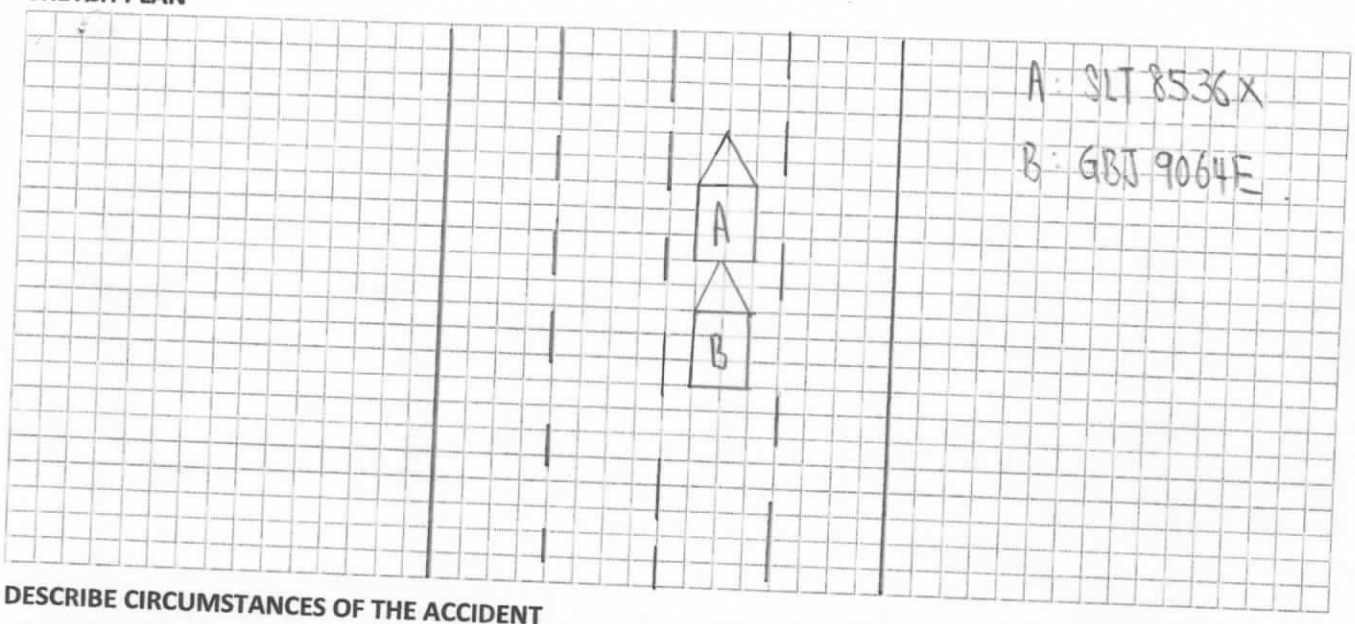
Vehicle Make\Model: _____

Name Driver: _____

IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 29.11.2019 at about 2.15pm, I was travelling along AYE Towards Tuas (After Buona Vista Exit). I was stationary due to front traffic Suddenly Vehicle B hit My Rear Vehicle.

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.: