○ Owner
○ Driver

## ACCIDENT STATEMENT

Date of Accident: 1708.2020 Time: 7.55pm Location of Accident: 12 SPRINGLEAF RISE

**INSURED/ POLICY HOLDER (VEHICLE A)**

Vehicle Registration Number: SLD6282A
Name of Policyholder: ANG LAY BOON
NRIC/ FIN/ Passport/ ROC (if Policyholder is company): S1180422I
Address: BK 440 VISTA PNG 0000 440 1751 (S760410)
Contact Number: Tel: Hp: 97570504
Occupation

**VEHICLE PARTICULARS (VEHICLE A)**

Vehicle Make / Model: TOYOTA AXIO
Type of Vehicle: (Saloon) MPV, CRV, Van, Lorry, Bus M/cycle, Others
Exact Purpose for which vehicle was being used at the time of accident: PRIVATE USE
Are you claiming under your own insurance policy? ○ Yes ✓ No Remarks: THIRD PARTY
Vehicle category: ✓ Private ○ Commercial ○ Motorcycle

**INSURANCE COMPANY (VEHICLE A)**

Name of Insurance Company: TOKIO MARINE
Type of Policy: ✓ Comprehensive ○ TP Fire & Theft ○ Third party
Fleet Policy: ○ Yes ✓ No
Policy Number: 20-MV005507-R04

**DRIVER**

Name of Driver: LIM TOH NEE
NRIC/ FIN/ Passport: S1499763F
Date of Birth: 05-07-1961
GENDER: FEMALE
Contact Number: Tel: Hp: 83096529
Address: BK 608 SAI MING AVENUE #17-205 (S 570408)
Email Address
Was driver an employee of the Insured's Company? ○ Yes ✓ No
If No, relationship of Driver with the Insured: SISTER IN-LAW
Vehicle Number of Driver's Own Vehicle (if applicable)
Insurance of Driver's Own Vehicle (if applicable)

**GENERAL INFORMATION OF THE ACCIDENT**

Type of Collision (E g Chain Collision/ Head-On, etc): TP OPEN DOOR HIT INSURED
Weather Conditions: ✓ Clear ✓ Raining ○ Others
Road Surface: ✓ Wet ○ Dry ○ Others
Damage Area

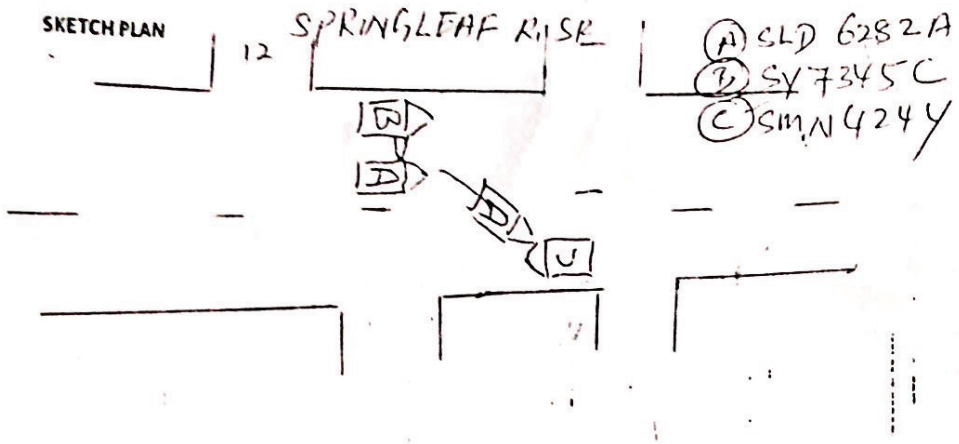
**OTHER INFORMATION**

| | | |
|---|---|---|
| Was there any foreign vehicle(s) involved? | ✓ 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 camera video footage (in car)? | ○ No | ○ Yes |

**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? | | |

**SKETCH PLAN**




**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

I was driving along Springleaf rise.
I was moving forward in Springleaf rise
Suddenly the B car with plate
No SY7345C opened her door and
hit my front left. I lost
control of the car. And I hit the
C car with plate number SMN4244Y

**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. EP.C CHRONG
NRIC/FIN No