

FILE: \_\_\_\_\_

VEH REG NO: \_\_\_\_\_

SMW 7583M

**MOTOR ACCIDENT REPAIR BASIC INFORMATION**

DATE OF ACCIDENT	12. 1 12 1 2021
TIME OF ACCIDENT (24HR FORMAT)	21:28 hrs
EXACT LOCATION OF ACCIDENT	MANDAL HILL CAMP.

**OWN VEHICLE DETAILS**

NAME OF REGISTERED OWNER	FRESH CARS P/L.
ID OF REGISTERED OWNER	2018085402.
OFFICE NUMBER	8612 0068
EMAIL ADDRESS	kim@freshcars.sg.

**VEHICLE PARTICULARS (OWN VEHICLE)**

VEHICLE REG NUMBER	SMW 7583M				
VEHICLE MAKE / MODEL	TOYOTA PRIUS HYBRID				
EXACT PURPOSE FOR WHICH VEHICLE WAS BEING USED AT THE TIME OF ACCIDENT	WORKING PURPOSE				
ARE YOU CLAIMING UNDER YOUR OWN INS. POLICY	YES		<u>3RD PTY</u>		REPORT ONLY
VEHICLE CATEGORY	<u>PRIVATE CAR</u>	COMM VEH	GOODS VEH	MOTOR TRADE GOVERNMENT	GOVERN VEH

**INSURANCE COMPANY (OWN VEHICLE)**

INSURANCE COMPANY	CHINA FAPING.
TYPE OF COVERAGE	T
FLEET POLICY	yes
POLICY NUMBER	DMHCJNA00009842101.

**DRIVER PARTICULARS**

NAME OF DRIVER	NG SAU PING.				
ID OF DRIVER	S71204521				
DATE OF BIRTH	19. 1 06 11971				
RELATIONSHIP WITH OWNER / OCCUPATION	HIKER		<u>INDOOR / OUTDOOR</u>		
DRIVING PASS DATE	24. 1 11 1995				
GENDER	<u>MALE</u>		FEMALE		
MOBILE NUMBER	8754 5635				
OFFICE / HOME / OTHER NUMBER					
HOME ADDRESS	AP1 blk 109 BUKIT BATOK WEST AVE 6 #10-06 CS 650109				
EMAIL ADDRESS	kim@freshcars.sg				
WAS THE DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY	YES		<u>NO</u>		HIKER
DOES THE DRIVER OWN ANY OTHER VEHICLE? IF YES, PLEASE INDICATE	YES		<u>NO</u>		
DRIVER'S OWN CAR VEHICLE NUMBER					

OWNER / DRIVER'S SIGNATURE: \_\_\_\_\_

DATE / TIME: \_\_\_\_\_

13/12/21 4pm

# GENERAL INFORMATION OF THE ACCIDENT

TYPE OF ACCIDENT				
WEATHER CONDITIONS	<u>CLEAR</u>		RAINING	OTHERS
IF OTHERS, PLS STATE THE CONDITION				
ROAD SURFACE	<u>WET</u>		<u>DRY</u>	OTHERS
IF OTHERS, PLS STATE THE CONDITION				
WAS ANY FOREIGN VEHICLE INVOLVED IN THIS ACCIDENT		YES		<u>NO</u>
IF YES, PLS STATE THE VEHICLE REG NUMBER				
WAS ANY BODY INJURED IN THE ACCIDENT		<u>YES</u>		NO
WAS ANY OTHER MATERIAL OR PROPERTY DAMAGE? (INCLUDING WITNESS)		<u>YES</u>		NO
HAVE YOU BEEN APPROACHED BY UNKNOWN PERSON(S) SOLICITING/OFFERING ACCIDENT CLAIMS ASSISTANCE		YES		<u>NO</u>
NUMBER OF PASSENGERS (INC DRIVER)	1 DRIVER ONLY FEMALE: - MALE: -			
WAS THE ACCIDENT REPORTED TO THE POLICE?		YES		<u>NO</u>
IF YES, PLS STATE WHICH STATION				
WAS NOTICE OF INTENDED PROSECUTION GIVEN?		YES		<u>NO</u>
IF YES, AGAINST WHOM?				
ARE ACCIDENT PHOTOS AVAILABLE FOR ATTACHMENT?		YES		<u>NO</u>
WAS THERE ANY VIDEO CAR CAMERA?		<u>YES</u>		NO

## CIRCUMSTANCES OF ACCIDENT

### REFER TO ATTACHMENT

### THIRD PARTY VEHICLE DETAIL

	1	2	3
VEHICLE REG NUMBER	SDU5188B		
VEHICLE MAKE / MODEL / COLOUR	BMW		
DETAILS OF PROPERTY			
NAME OF DRIVER			
DRIVER NRIC / CO REG NUMBER			
CONTACT NUMBER	9620 9303		
NAME OF INSURANCE COMPANY			
NATURE OF DAMAGE			

### WITNESS PARTICULARS

	1	2	3	4	5
DETAIL OF WITNESS - NAME	-				
DETAIL OF WITNESS - PHONE					
DETAIL OF WITNESS - EMAIL					
	VEH REG NUM	DETAILS OF	DRIVER NAME	CONTACT NUM	OTHER DETAILS
DAMAGES TO OTHER VEHICLES & PROPERTY					

### DETAILS OF INJURED PERSON

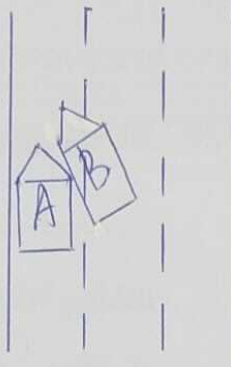
	1	2	3	4	5
NAME OF INJURED	DRIVER				
INJURY SUSTAINED	yes				
INJURED PERSON IS ON WHICH VEHICLE NUMBER	SMW7583M				
WERE SEAT BELTS WORN?	yes				
WAS INJURED CONVEYED TO HOSPITAL BY AMBULANCE	no				

OWNER / DRIVER'S SIGNATURE: [Signature]

DATE / TIME: 12/12/21 4pm



MANDAI HILL CAMP



- (A) SMW 7583M
- (B) SDU 5188B

#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling straight along Mandai Hill Camp.

suddenly vehicle B cut into my lane  
and hit onto the front right portion of my vehicle.

whole accident was captured by my vehicle built-in video  
recorder.

#### 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)

Reporting Centre Personnel's Signature  
Name: