Describe Circumstances ...

114

VEHICLE NO: SMD5954P MAKE & MODEL: MITSUBISHI ATTRAGE 1.2 (AUTO) MANUAL

DATE OF ACCIDENT	18 07 2022 *C.C.
TIME OF ACCIDENT	7.46 (AM) / PM
LOCATION OF ACCIDENT	PIE TOWARD TUAS (NEAR JURONG RIVER)
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / (PRIVATE USE) / PRIVATE HIRE
NAME OF OWNER	LYE KUNG WOH.
EMAIL	danny101iwas@gmail.com Office MOBILE 91483179
NRIC	S1671943A.
CLAIM TYPE	OD / (THIRD PARTY) / REPORTING ONLY
FLEET POLICY	YES / (NO)
INSURANCE CO	ERGO INSURANCE
TYPE OF COVERAGE	(Comprehensive) / Third Party / Third Party Fire & Theft
POLICY NO	DMPG21009414
NAME OF DRIVER	(AS ABOVE) / IF NO,
NRIC	S1671943A.
DATE OF BIRTH	10/07/1961
ANY PASSENGER	YES (NO)
NAME OF PASSENGER	
GENDER OF PASSENGER	MALE / FEMALE
OCCUPATION	Outdoor (Indoor)
DATE OF DRIVING PASS	03/02/1993
GENDER	(Male) / Female
CONTACT NO	Mobile 91483179 Office. Home.
EMAIL	danny101iwas@gmail.com.
ADDRESS	33 BUKIT KAWA CRESCENT #03-01 S599426
DOES DRIVER OWN OTHER VEHICLES?	(NO) / If yes, Reg No. INSURER.
RELATIONSHIP	Employee / If No. OWNER.
WEATHER CONDITION	(Clear) / Raining / Other
ROAD SURFACE	(Dry) / Wet / Other.
ANY INJURIES	No / If yes, Who? LYE KUNG WOH.
CONTACT NO	91483179.
POLICE REPORT	(No) / Yes / Where?
NOTICE OF INTENDED PROSECUTION GIVEN?	NO/IF YES, WHO?
VEHICLE B NO.	SMT7533Z Any Passenger NO
NAME	
CONTACT NO.	
VEHICLE C NO.	SLG7196C Any Passenger 1 (MALE)
VEHICLE D NO	Any Passenger
VEHICLE E NO.	Any Passenger
VEHICLE F NO.	Any Passenger
ANY WITNESS	NO
WITNESS CONTACT NO.	NO
WAS THERE ANY VIDEO CAPTURE?	YES (NO)
WAS THERE ANY AUDIO RECORDED?	YES / NO
SCENE ACCIDENT PHOTOS TAKEN?	(YES) / NO
**WORKSHOP:	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	NO. YES (NO)

Describe Circumstances of the Accident

ON 18/07/2022 AT ABOUT 7.46 AM. I WAS DRIVING ALONG RE TOWARD TUAS. MY FRONT VEHICLE STOPPED. SO I APPLIED MY BRAKE AND STOPPED BEHIND OUT OF SUDDEN VEHICLE (B) COUNT STOP ~~THEN~~ IN TIME HIT ONTO MY VEHICLE REAR PORTION. AFTER THE ACCIDENT I GET OUT FROM MY CAR AND SAW TOTAL 3 CAR TAKE PLACE IN THIS ACCIDENT. (I FELT 2 IMPACTS AT THE ACCIDENT.)

Declaration

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

x

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel