

SY0A214Q0004-02 / YEW TEE AUTOMOBILE TECH PTE LTD [417800]
ENTRY DATE & TIME: 26/04/2021 14:28 (SGT)
SUBMITTED BY: TOH LEI MING
VERSION: 3 (05/05/2021 17:20 (SGT))

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission..... 26/04/2021 14:28 (SGT)
Date of Accident..... 23/04/2021 15:55 (SGT)
Exact Location of Accident..... PIE, Singapore
Additional Location Information..... -
Country/State of Loss..... Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number..... SLV2867R
INSURED/POLICYHOLDER
Is company?..... No
Name Of Registered Owner..... ABDUL MIKIAL BIN MUHAMMAD
NRIC No..... SXXXX809J
Email Address..... abdulmikialblk734@gmail.com
Mobile Phone No..... (Phone) +65-98117935
Alternative Phone No..... (Home) +65-98117935

VEHICLE PARTICULARS

Manufacturer..... Mitsubishi
Model..... Attrage
Variant..... -
Exact purpose for which vehicle was being used at time of accident..... Private use
Are you claiming under your own insurance policy for repair to your vehicle?..... No - Claiming third party
Vehicle Category..... Private car
Transmission..... Auto
CC..... 1600

INSURANCE COMPANY

Name of Insurance Company..... RFQ Insurance Pte Ltd
Type of Coverage..... Comprehensive
Fleet Policy..... No
Policy Number..... GA560555/1
Cover Note Number..... -

DRIVER

Name of Driver..... ABDUL MIKIAL BIN MUHAMMAD
NRIC No..... SXXXX809J
Date Of Birth..... 30/01/1964
Occupation..... Indoor
Date Of Driving Pass..... 05/06/1984
Driving experience..... 36 YEARS AND 10 MONTHS
Gender..... Male
Mobile Number..... (Phone) +65-98117935
Alt. Phone Number..... (Home) +65-98117935
Email Address..... abdulmikialblk734@gmail.com
Address..... APT BLK 734 TAMPINES ST 73 #06-12
Address complement..... -
Postcode..... 523734
Is the driver the policyholder?..... Yes
If No, Relationship of the Driver with the Insured..... -
Does Driver Own Other Vehicles?..... No
Vehicle Registration Number of Other Vehicle Owned by Driver..... -

Insurance Company of Other Vehicle Owned by Driver..... -

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident..... Chain Collision

Weather Conditions..... Clear
 Road Surface..... Dry
 OTHER INFORMATION
 Was any foreign vehicle involved in the accident?..... No
 Number of vehicles involved in the accident..... 3
 Was anybody injured in the Accident?..... Yes
 Was any injured conveyed to hospital by ambulance?..... No
 Was any other material or property damaged?..... Yes
 Number of Passengers (Including Driver)..... 1
 Has the driver been approached by unknown person(s)
 soliciting/offering accident claims assistance?..... No
 DETAILS OF POLICE ACTION
 Was the accident reported to the police?..... Yes
 Police Station Name..... Tanglin Division Headquarters
 Police Station Phone No..... (Phone) +65-18003910000
 Alt. Police Station Phone No..... (Fax) +65-63964900
 Police Station Address..... 21 Kampong Java Road Singapore 228892
 Was notice of intended Prosecution given?..... No
 If yes, against whom?..... -
 CIRCUMSTANCES OF ACCIDENT
 REFER TO ATTACHED
 ATTACHMENT(S)
 Are accident photos available for attachment?..... Yes
 Was there any video captured by Car Camera?..... No
 Was there any audio recorded?..... No
 DETAILS OF OTHER VEHICLE PROPERTY 1
 Vehicle Registration Number..... SJW8550H
 Vehicle Manufacturer..... -
 Vehicle Model..... -
 Vehicle Variant..... -
 Vehicle Colour..... -
 Vehicle Category..... Private car
 Name of Driver..... -
 Contact Number..... -
 Address..... -
 Address complement..... -
 Postcode..... -
 Insurance Company Name..... -
 Nature Of Damage..... -
 Details of property damaged in accident..... -
 No. Of Passenger (Including Driver)..... -
 DETAILS OF OTHER VEHICLE PROPERTY 2
 Vehicle Registration Number..... SLE6112J
 Vehicle Manufacturer..... -
 Vehicle Model..... -
 Vehicle Variant..... -
 Vehicle Colour..... -
 Vehicle Category..... Private car
 Name of Driver..... -
 Contact Number..... -
 Address..... -
 Address complement..... -
 Postcode..... -
 Insurance Company Name..... -
 Nature Of Damage..... -
 Details of property damaged in accident..... -
 No. Of Passenger (Including Driver)..... -
 INJURED PERSONS DETAILS
 INJURED 1
 Name of injured person..... ABDUL MIKIAL BIN MUHAMMAD
 Address..... -
 Address Complement..... -
 Post Code..... -
 Approximate Age Years Old..... -
 Injuries Sustained..... -
 Injured person in which vehicle?..... SLV2867R
 Were seat belts worn?..... Yes
 Was this injured conveyed to hospital by ambulance?..... No