

Date In: 6/3/18 13:35	Job description	Date & Time Completed	Done by
Ref No: NA/INC 18004273/164	SAS e-filing		
Veh No: SKM 9006 B	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 5/3/18 19:00	i-Motor Claim Form	MT/0984948	6/3/18 15:22
OD / TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:	Veh No: SJY 9059 Y	INC () / Non-INC ()
Owner / Driver: (Tel: ()
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: (Date:	Time: ()
Insured/Driver Liability: () %	[Note-Est Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]	
Year of Registration: ()	Warranty: YES () / NO ()	
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()	

General Remarks:-

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury:

Date/Time	Actions

MA1801458	Invoice Preparation Checklist	Ant (\$) Est Bill	Ant (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2001)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	Q1:		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11): TP (Non INC) against INC \$20		
Est 1:	9) N12: Idac Mobile \$30		
Est 2 / 3:	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

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 ability.
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 Report	06/03/2018 13:35
Date Of Accident	05/03/2018 19:00
Exact Location Of Accident	MARINA BLVD & SHEARES AVE JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKM9006B
-----------------------------	----------

Insured/Policyholder

Name Of Registered Owner	ASCENT MOTORING
Co Reg No	53267193K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97575921

Vehicle Particulars

Manufacturer	HYUNDAI
Model	HD AVANTE 1.6 A S/R
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5080488941-01
Cover Note Number	-

Driver

Name of Driver	MAGESVARAN S/O SANGILY
NRIC No	S7817363G
Date Of Birth	27/05/1978
Occupation	OUTDOOR
Date Of Driving Pass	20/02/1999
Driving Experience	19 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93889123
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

SKETCH PLAN

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. The 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 lodgment 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.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

[Signature]

Driver's Signature
(If driver is not the policyholder)
Date & Time:

[Signature]

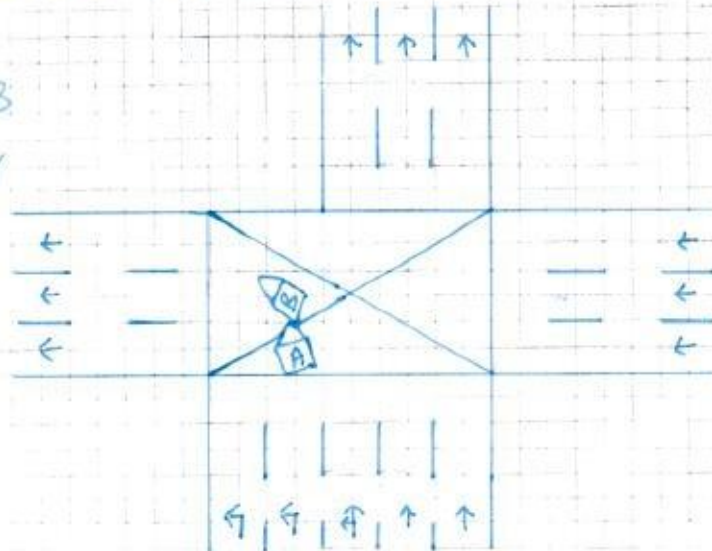
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

Marina Blvd And Sheares Ave X-Junction.

A - SKM 9006B

B - SSY 9059Y



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above date and time, I was driving along Marina Blvd toward Ecp on the 4 lane of a 5 lanes road. Somewhere at the X-Junction of Marina Blvd and Sheares Ave, I was making a left into Sheares Ave, vehicle B (SSY 9059Y) that was travelling on the right (on my right side), suddenly came in to my path. As a result, the left rear portion of vehicle B (SSY 9059Y) collided onto the right portion of my vehicle.

A - SKM 9006B

B - SSY 9059Y

DECLARATION

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



Policyholder's Signature
Date & Time:

[Signature]

Driver's Signature
(If driver is not the policyholder)
Date & Time:

[Signature]

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Vehicle No.	SKM 9006B	Model / Make	Hyundai Avente
Date of Accident	5/3/18		
Time of Accident	19.00	HRS	
Location of Accident	Marina Blvd And Sheares Ave X-Junction		
Exact purpose use during accident	Work Use		
Name of Owner	Ascent Motoring		
Telephone No.	H/P : 9757 5921	Home :	Office :
NRIC	53267193K		
Address	210 Turf Club Road #B-60 The Grandstand S(287995)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	5080488941-01		
Name of Driver	As Above (If No, Magesvaran s/o Samjily		
NRIC	57817363G	Any Passengers :	2M
Date of birth	27/5/1978		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	20 Feb 1999		
Gender	Male / Female		
Contact No.	H/P : 9388 9123	Home :	Office :
Address	Blk 178A Rivervale Crescent #07-447 S(541178)		
Driver have any own vehicle	No,	If yes, Reg No.	
Relationship	Employee,	(If no, state Hirer	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	(If Yes, Who? Driver	
Name And Contact No.			
Name And Contact No.			
Police Report	No,	If Yes, Where?	
Vehicle B No.	SJY 9059Y	Any Passengers :	1
Name of Driver	Contact No. :		
Vehicle C No.	Any Passengers :		
Vehicle D No.	Any Passengers :		
Vehicle E no.	Any Passengers :		
Vehicle F No.	Any Passengers :		
Vehicle G No.	Any Passengers :		
Witness Name	Witness Contact :		
Accident Portion	Front Right Portion		
Camera Recorder	Yes / (No)		
Email Address			
PARTICULAR WORKSHOP	N-51 Automotive Pte Ltd		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Amos		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	Sales @ n51.com.sg		

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7817363G



Name

MAGESVARAN S/O SANGILY

மகேஸ்வரன்

Race

INDIAN

Date of birth

27-05-1978

Sex

M

Country of birth

SINGAPORE

S7817363G

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S7817363G

Name:

MAGESVARAN S/O SANGILY

Birth Date: 27 May 1978

Issue Date: 31 May 2011



10019600608



4772472

NRIC No. S7817363G



Date of issue

01-09-2011

APT BLK 178A RIVERVALE CRESCENT #07-447
SINGAPORE 541178

NRIC No: S7817363G

Date: 27/05/2014

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor Cars ≤ 3000kg with ≤ 7 passengers, exclusive of the driver; and other motor vehicles ≤ 2500kg 20 Feb 1999



Licence No: S7817363G

NP 428A

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5080488941-01

Cover : Third Party, Fire & Theft

- | | |
|---|----------------------|
| 1. Index mark and Registration Number of Vehicle | : SKM9006B |
| Chassis Number | : KMH DU41BR8U516160 |
| 2. Name of Policyholder | : ASCENT MOTORING |
| 3. Effective Date of Insurance | : 10 Mar 2017 |
| 4. Expiry Date of Insurance | : 09 Mar 2018 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) The Policyholder. | |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission. | |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. | |
| 6. Limitations as to Use# | |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business. | |

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: LIEN CHONG ENTERPRISES PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : INSURE LINK PTE LTD (00000614836)
Date of Issue : 06 Mar 2017 17:55 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive

10 Sin Ming Drive Singapore 575701
Tel: 1800-CALL LTA (1800-2255 582) Fax: (65) 6553 5329

11 Nov 2016

Our ref 1111160401N013083088

ASCENT MOTORING
210 TURF CLUB ROAD
#B-60
THE GRANDSTAND
SINGAPORE 287995

Dear Sir/Madam

NOTIFICATION OF SUCCESSFUL VEHICLE CONVERSION FOR VEHICLE NO. SKM9006B

We are pleased to inform you that your vehicle, SKM9006B, has been successfully converted from N18 - Passenger (Co) Company Car (Single Rate) / Normal to Z10 - Private Hire (Chauffeur) Motor Car / Normal with effect from 11 Nov 2016. The Business Transaction Reference No. is 20161111153519548418.

2. The following are the key owner and vehicle particulars for the vehicle. The full particulars are given at Annex A. Please check and ensure that the details are correct.

- | | |
|-----------------------------|--|
| 1. Name | : ASCENT MOTORING |
| 2. Identification No. Type | : Business |
| 3. Identification No. | : 53267193K |
| 4. Place Of Passport Issue | : - |
| 5. Vehicle No. | : SKM9006B |
| 6. Vehicle Type | : Z10 - Private Hire (Chauffeur)
Motor Car |
| 7. Vehicle Scheme | : Normal |
| 8. Vehicle Make Description | : HYUNDAI |
| 9. Vehicle Model | : HD AVANTE 1.6 A S/R |
| 10. Remarks | : COE rebate, if applicable, will be based on the QP of \$16,930.00. This is the lower of QP from Category E and the corresponding Category A in the same tender exercise. To renew the COE, the Prevailing Quota Premium payable is that of Category A. |

Annex A

Transaction ref 20161111153519548418

The owner and vehicle particulars for Vehicle No. SKM9006B as at 11 Nov 2016 are as follows:

27. Maximum Laden Weight(kg)	: 1760
28. Open Market Value	: \$13,419.00
29. PARF Eligibility	: Yes
30. PARF Eligibility Expiry Date	: 22 Jun 2018
31. Minimum PARF Benefit	: \$6,709.00
32. No. of Transfers	: 3
33. IU Label No.	: 1121991269
34. COE No.	: 2008050107000665H
35. COE Expiry Date	: 22 Jun 2018
36. COE Category	: E - Open Category
37. Quota Premium/Prevailing Quota Premium	: \$19,389.00
38. Actual Quota Premium/PQP Paid	: \$19,389.00
39. Actual ARF Paid	: \$13,419.00
40. CO2 Emission(g/km)	: -
41. Actual CEVS Rebate Utilised	: -
42. CEVS Surcharge Paid	: -
43. Actual Green Vehicle Rebate Utilised	: -
44. Vehicle Lifespan Expiry Date	: -
45. Nett Road Tax Amount	: -
46. Road Tax Start Date	: -
47. Road Tax End Date	: -
48. Remarks	: COE rebate, if applicable, will be based on the QP of \$16,930.00. This is the lower of QP from Category E and the corresponding Category A in the same tender exercise. To renew the COE, the Prevailing Quota Premium payable is that of Category A.

Annex A

Transaction ref 2016111153519548418

The owner and vehicle particulars for Vehicle No. SKM9006B as at 11 Nov 2016 are as follows:

1. Name	: ASCENT MOTORING
2. Identification No. Type	: Business
3. Identification No.	: 53267193K
4. Place Of Passport Issue	: -
5. Vehicle No.	: SKM9006B
6. Previous Vehicle No.	: -
7. Effective Date of Ownership	: 11 Nov 2016
8. Original Registration Date	: 23 Jun 2008
9. First Registration Date	: 23 Jun 2008
10. Vehicle Type	: Z10 - Private Hire (Chauffeur) Motor Car
11. Vehicle Scheme	: Normal
12. Attachment 1	: No Attachment
13. Attachment 2	: -
14. Attachment 3	: -
15. Vehicle Make Description	: HYUNDAI
16. Vehicle Model	: HD AVANTE 1.6 A S/R
17. Year of Manufacture	: 2008
18. Primary Colour	: White
19. Secondary Colour	: -
20. Passenger Capacity	: 4
21. Chassis/Trailer Chassis No.	: KMH DU41BR8U516160 / -
22. Propellant	: Petrol
23. Engine No./Motor No.	: G4FC8U451092 / -
24. Engine Capacity(cc)/Power Rating(kW)	: 1591 / -
25. Maximum Power Output(kW/bhp)	: 89.7 / 120
26. Unladen Weight(kg)	: 1264

Claim Handling

Accident MT/0984948

Policy No.	5080488941-01	Vehicle No.	SKM9006B	GST Registration No.	
Policyholder Name	ASCENT MOTORING	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	53267193K
Product Code	FLEET INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	97575921	Special Remark		Contact No.(Home)	
Email Address		TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode	No ▼
KPK	<input type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Yes
▼ Accident Details					
Report Date	06/03/2018 15:16	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross
Date of Accident	05/03/2018	Time of Accident hh:mm	19:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	MARINA BLVD & SHEARES AVE JUNCTION				
▼ Benefits					
▼ Excess					
Own damage Excess	0.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
▼ GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
▼ Policyholder Mailing Address					
Address 1	210 TURF CLUB ROAD	Address 2	LOTB60 THE GRANDSTAND	Address 3	SINGAPORE 287995
Address 4		Address Type	Singapore address	Post Code	287995
Unit No.	LOT B 60	Related Policy Number	5080488941-01		
▼ O1 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	27/05/1978
Unnamed driver Name	MAGESVARAN S/O SANGILY	Driver NRIC	S7817363G	Driving Experience	19
Register Date of Driver License	20/02/1999	Driver Age	39	Contact No.(Home)	
Contact No.(Mobile)	93889123	Contact No.(Office)		Address 3	RIVERVALE ARC
Address 1	BLK 178A #07-447	Address 2	RIVERVALE CRESCENT	Post Code	541178
Address 4	SINGAPORE 541178	Address Type	Singapore address		
Unit No.	07-447				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input type="radio"/> No		
Modification History					

Claim 001 New

Claim Type *	OD-MX ▼	Insured Name	ASCENT MOTORING	Insured NRIC	53267193K
Contact No.(Mobile)	91811549	Contact No.(Home)		Contact No.(Office)	+
Email Address		O1 Vehicle Number	SKM9006B	TP Vehicle Number	SJY9059Y
Claim Description	SKM9006B / SJY9059Y ON 5 Mar 2018			Name of Preferred Workshop	0
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault ▼	GIA report	Received
Require Finalisation	Yes ▼	Preferred Repair Option	Preferred Workshop, Name unknown ▼	Date Received	06/03/2018 00:00
Date Registered	06/03/2018 15:21	Claim Close Date			
Report Taken By	LEW SHAN HUI				
<input type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/0984948	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	06/03/2018 15:22
Path *		Category *	
Choose File No file chosen		Clear Please Select ▼	NO ▼
Choose File No file chosen		Clear Please Select ▼	NO ▼
Choose File No file chosen		Clear Please Select ▼	NO ▼
		Confidential	Normal ▼
		Urgency *	Normal ▼
			Normal ▼

Choose File No file chosen
Choose File No file chosen
Choose File No file chosen
Message Read

Clear	Please Select	NO	normal	
Clear	Please Select	NO	Normal	
Clear	Please Select	NO	Normal	

Attachment List

[illegible]

▼ Video List

Uploaded By/Date	Folder Date	File Name	Source
------------------	-------------	-----------	--------

☐ Display in New Window

Scan and uploading

Address	BLK 178A RIVERVALE CRES #07-447
Postcode	541178
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : UNKNOWN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO ATTACHED STATEMENT.

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	SJY9059Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	MAGESVARAN S/O SANGILY
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SKM9006B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	