

REF: NS/INC18007592 / Subez

ASSIGNMENT

18/9/2009

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV  
 To inspect Vehicle No: \_\_\_\_\_  
 at Workshop m/s \_\_\_\_\_  
 of \_\_\_\_\_  
 Insured: **SHC 6817K**  
 Policy No: **5095103893** **20.10.17**  
 Claims No: **MT / 0989872 -002**  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value: \_\_\_\_\_  
 IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No  
 GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No  
 Est. Repairs: \_\_\_\_\_ days Res.: Yes or No  
 Linn Sum: \_\_\_\_\_ % 3 Val.: Yes or No  
 CA / REV / REP. / 24 HRS  
 Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: **SMB 115M** Yr Regn: \_\_\_\_\_  
 Type: M.Car / M.Cycle / **Bus** / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: **Mercedes Benz** **UC500LE** **18 Jolt** **c.c. 11967**  
 Colour: **Multi Colour** A/C: Insured / Std / NI / NA  
 Sp. Reading: **137441** T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: **W1213 83442021000245**  
 Gen. Cond: Good / **Fair** / Poor / Burnt  
 Steering: Inorder / Jammed / Leaked / Burnt or  
 Brake: Inorder / Jammed / Leaked / Burnt or  
 Mod: **NI** / S/Rim / STD A/Rim or  
 Tyre Size: F: **275 / 70R225**  
 R: **11**

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or **Continental**

Front		Rear
R/Bal. <u>6</u> mm		R/Bal. <u>6</u> mm
L/Bal. <u>6</u> mm		L/Bal. <u>6</u> mm
D.O.A. <u>10/9/18</u>		D.O.I. <u>24/4/18</u>

Survey held at **SMART**  
 Des. of Damages: Frt / Rear / **O/S** / N/S / U/C / Rooftop or  
 The U/C / Chassis frame / Body Structure affected due to collision

Date / Time Action / Instruction  
**20/6/18** Rec email from Catherine, vehicle convert to od claim  
**26/6/18** Submit preli report  
**03 / 01 / 12 01427 / R16172102**  
**09 / FEB 16 014 541 / 11ubdl**  
**ORA : 11.10.12**  
**RA : 030816**

RECEIVED 26 JUN 2018

Date/Time, File Pass to?  : Preli. Report  
 : Final Report  
 Date/Time, File Return to? **26/6 - typist**  
 Report Format : **TP**  
 Lump Sum / I.B.I. (\$) \_\_\_\_\_

Days Of Repair: **2**  
 Resurvey No. of Trip: \_\_\_\_\_

Add Fee:  : Site Insp (\$)  
 : Interview (\$)  
 : Tech. Invs (\$)  
 : Weekend (\$)

Survey Fee: \_\_\_\_\_  
 Transportation: \_\_\_\_\_  
 \$ + RS. \$ \_\_\_\_\_  
 Photos \_\_\_\_\_  
 Others \_\_\_\_\_  
 TOTAL **160**



# National Assessment Centre Services

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6841 0055 FAX: 6841 6315

Reg. No: 52983356E GST Reg. No. 20-0405911-H



NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC18007592/Svb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 25-04-2018

189556



Code: INC4

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHC 6817K	Veh. Inspected	SMB 115M
Policy No.	5095103893	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	24/04/2018

## 2. Vehicle Particulars & Condition

Make & Model		c.c	0
Engine No.	HIDDEN	Year of Reg.	
Chassis No.		Colour	
Odometer	-	Steering	
Brakes		Modification	
General			

## 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm

## 4. Description of Damages

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## 5. General Information

Accident Date	10/04/2018	Inspection Date	24/04/2018
Survey held at	SMRT AUTOMOTIVE SERVICES PTE LTD 60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705		

## 5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
--

Hello, NAC\_PAYA\_UBI\_800601

Change Language Change Password Log Out

My Desktop  
Notice of Loss

Policy Query

Policy No.  Date of Accident

Vehicle No.(For Motor)

Search

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5095103893	PREMIER TAXIS PTE. LTD.	200304975H	GFT	Third Party	SHC6817K	SHC6817K	20/10/2017	

Continue

## Veron Chen (LKKAuto)

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**From:** mtreg <mtreg@income.com.sg>  
**Sent:** Tuesday, 26 June 2018 10:23 AM  
**To:** Veron Chen (LKKAuto)  
**Subject:** REQUEST FOR CLAIM NUMBER

Hi,

Claim created.

With Regards

**Samsia**  
Senior Admin Assistant, Motor Insurance  
[www.income.com.sg](http://www.income.com.sg)



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**From:** Veron Chen (LKKAuto) [mailto:veronchen@lkkauto.com]  
**Sent:** Tuesday, June 26, 2018 9:19 AM  
**To:** mtreg <mtreg@income.com.sg>  
**Subject:** REQUEST FOR CLAIM NUMBER

Dear Sir/Madam,

Please provides us the claim number.

S/NO	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle
1	MT/0989872-002	SMRT BUSES LTD	SMB 115M	SHC 6817K

D.O.A	Time of Accident	Estimate	Tentative repair cost
10/4/2018	18:25	\$2,790.00	\$2,122.00

Best Regards,

**Veron Chen** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email :sur@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

## Veron Chen (LKKAuto)

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**From:** Catherine Lee Sau Chan (Auto Svcs/Ext Biz Svcs/AR & SC/ARC/AR)  
<catherineleesc@smrt.com.sg>  
**Sent:** Friday, 22 June 2018 9:16 AM  
**To:** Veron Chen (LKKAuto)  
**Subject:** RE: PENDING FINALIZE

Hi Veron,

Fault code of SMB115M (BUS/04/18/5015) has been changed to OD as advised by Claims Officer.  
Thus, to cancel survey.

Thank you

Best Regards  
Catherine Lee  
SMRT Automotive Services Pte Ltd  
(Accident Repair Centre)  
DID: 6866 2669 Fax: 6368 5592  
[catherineleesc@smrt.com.sg](mailto:catherineleesc@smrt.com.sg)



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**From:** Veron Chen (LKKAuto) [mailto:veronchen@lkkauto.com]  
**Sent:** 21 June 2018 15:16  
**To:** Catherine Lee Sau Chan (Auto Svcs/Ext Biz Svcs/AR & SC/ARC/AR) <catherineleesc@smrt.com.sg>  
**Subject:** PENDING FINALIZE

Dear Catherine,

Kindly advise vehicle status.

If vehicle has been repaired, please finalize with us.

Vehicle	DOA
1) SMB 139U	2/2/18-BUS/02/18/1008
2) SMB 115M	10/4/18 -BUS/04/18/5015
3) TIB 1169Z	18/1/18-BUS/01/18/1029

Best Regards,

**Veron Chen** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email :sur@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

**Enquire PARF/COE Rebate for Registered Vehicle**

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Company
Owner ID:	2292D
<b>Vehicle Details</b>	
Vehicle No.:	SMB115M
Vehicle to be Exported:	No
Intended De-registration Date:	25 Apr 2018
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	OC500LE1830H
Primary Colour:	Black
Manufacturing Year:	2009
Engine No.:	45796600172687
Chassis No.:	WEB63442021000245
Maximum Power Output:	-
Open Market Value:	\$328,000.00
Original Registration Date:	18 Sep 2009
First Registration Date:	18 Sep 2009
Transfer Count:	0
Actual ARF Paid:	\$16,400.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
<b>Intended COE Rebate Details</b>	
COE Rebate Amount:	\$0.00
<b>Total Rebate Amount:</b>	<b>\$0.00</b>

The information contained herein is correct as at 25 Apr 2018

OK

### 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	17/04/2018 09:11
Date Of Accident	10/04/2018 18:25
Exact Location Of Accident	BRAS BASAH RD BS: 02049 (RAFFLES HOTEL)
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMB115M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SMRT BUSES LTD
Co Reg No	198202292D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-NOPHONE

#### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	OC500LE1830H-12.0 D (A)
Exact Purpose for which vehicle was being used at time of accident	
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	BUS

#### Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	D-18090224MFBP
Cover Note Number	

#### Driver

Name of Driver	MOHAMED ALI JINNAH S/O MOHAMED MIRASHA
NRIC No	S7124478D
Date Of Birth	07/07/1971
Occupation	OUTDOOR
Date Of Driving Pass	02/08/2008
Driving Experience	9 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Nature Of Damage

No. Of Passenger (Including Driver)

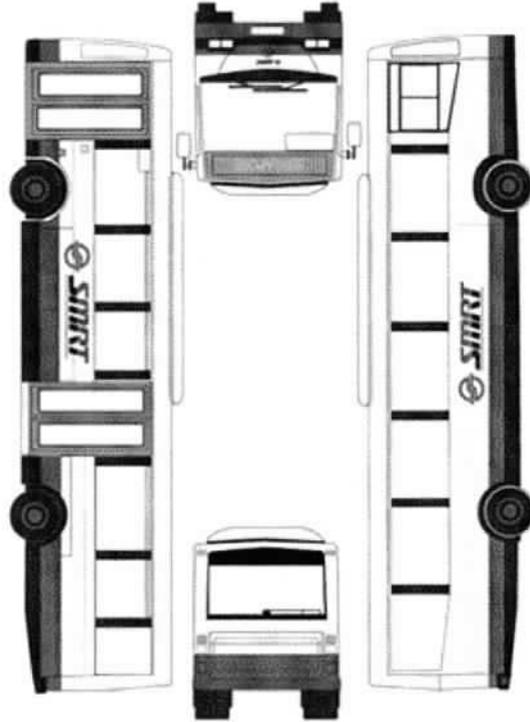
1



## SMRT Accident Vehicle Repair Estimates

### Section A - To be completed by claims Advisor/Duty officer at Accident Reporting Centre

Reg. No : SMB115M  
 Ref. No : BUS/04/18/5015  
 Reg. Date : 17/04/2018  
 Vehicle Type : BUS -12M  
 Make : MBOC500 (MERCEDES)  
 Model : MERCEDES MBOC500  
 Name of Driver : Mohamed Ali Jinnah S/O  
 Mohamed Mirasha  
 Type of Accident : SIDE SWIPE  
 Date / Time of Accident : 10/04/2018 06:28:00 PM  
 Accident Reported Date / Time : 12/04/2018 12:00:00 AM  
 Surveyor is Required? : Yes  
 Survey by : IDAC  
 Vehicle is Towed Back? : No  
 Towed Back Date/Time :  
 Replacement Vehicle issued? : No  
 Accident Repair Job Card No :  
 Special Instruction to ARC,if any :  
 SMB115M - RIGHT REAR PORTION AROUND TYRE AREA  
 SHC6817K (TP) - SILVERCAB. INSURED WITH NTUC  
 Prepared Date : 17/04/2018 09:26:57 AM



Sebastian :  
 24/4/18  
 - Lump Sum Repair  
 - Photo After Paint.

*[Handwritten Signature]*  
 23/5/18

**LKK Auto Consultants** hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

Section D - Details of Repair Estimates

Part 1 - Labour Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO REPAIR RH PORTION	1,590.00	0.00 <i>1060</i>
<b>Total Labour</b>	<b>1,590.00</b>	<b>0.00</b>

Part 2 - Spray Painting & Panel Beating Related Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
PROVIDE LABOUR AND MATERIAL TO PUTTY AND RESPRAY ABOVE REPAIR ITEMS	1,200.00	0.00 <i>1062</i>
<b>Total Spray Painting &amp; Panel Beating</b>	<b>1,200.00</b>	<b>0.00</b>

Part 3 - Other Costs - Accident and Accident Repair Related Expenses

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
<b>Total Other Costs</b>		



# National Assessment Centre Services

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6841 0055 FAX: 6841 6315

Reg. No: 52983356E GST Reg. No. 20-0405911-H



NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC18007592/Svbe2			
73 BRAS BASAH ROAD #05-01 NTUC TRADE UNION HOUSESINGAPORE 189556		Date: 28-06-2018	
		Code: INC4	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	SHC 6817K	Veh. Inspected	SMB 115M
Policy No.	5095103893	Coverage (\$)	0.00
Claim No.	MT/0989872-002	Excess (\$)	0.00
Assign From		Assign Date	24/04/2018
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model	MERCEDES BENZ OC500LE1830H	c.c	11967
Engine No.	HIDDEN	Year of Reg.	2009
Chassis No.	WEB63442021000245	Colour	MULTI
Odometer	137441	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	FAIR		
<b>3. Conditions of Tyres</b>			
	Size	Make	Balance
R/H Front Tyre	275/70 R22.5	CONTINENTAL	6 mm
L/H Front Tyre	275/70 R22.5	CONTINENTAL	6 mm
R/H Rear Tyre	275/70 R22.5 (D)	CONTINENTAL	6/6 mm
L/H Rear Tyre	275/70 R22.5 (D)	CONTINENTAL	6/6 mm
<b>4. Description of Damages</b>			
THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY. DAMAGES SEE DETAILS.			
<b>5. General Information</b>			
Accident Date	10/04/2018	Inspection Date	24/04/2018
Survey held at	SMRT AUTOMOTIVE SERVICES PTE LTD 60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705		
<b>5a. Remarks</b>			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			
<b>5b. Estimate Days of Repair</b>			
ESTIMATED NORMAL PERIOD FOR REPAIR:		<b>2 Working Days</b>	



# National Assessment Centre Services

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6841 0055 FAX: 6841 6315

Reg. No: 52983356E GST Reg. No. 20-0405911-H



Page No.:1 of 1

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SMB 115M

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b>LABOUR</b>			
	TO REPAIR RH PORTION.		1,590.00	1,060.00
	PROVIDE LABOUR AND MATERIAL TO PUTTY AND RESPRAY ABOVE REPAIR ITEMS.		1,200.00	1,062.00
			2,790.00	2,122.00
	<b>GRAND TOTAL</b>		<b>2,790.00</b>	<b>2,122.00</b>
	<b>RECOMMENDED COST OF REPAIRS (REPAIR COST NOT CONCLUDE)</b>			<b>2,122.00</b>

Report Ref No. NS/INC18007592/Svbe2

YEANG WAI KEEN

Automotive Assessor

K.K.LAU CPT(RET)

BEng(Hons),B.Bus,MBA,PEng,PE,  
MInstAEA,MASME,MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.

**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:

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



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

Address	NOADDRESS
Postcode	
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	WET

#### 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?	NO
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)	3

#### 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

AT THE STATED DATE AND TIME, I WAS FILTERING OUT FROM BUS STOP 25002 (RAFFLES HOTEL) OF BRAS BASAH ROAD. I HAD SIGNALLED MY INTENTION AND FILTER OUT CAREFULLY. WHEN MY BUS WAS ALREADY HALFWAY POSITION IN THE YELLOW BOX OF LANE 4, THEN CAME A SILVERCAB TAXI (SHC6817K) FROM BEHIND AND COLLIDED ONTO THE REAR RIGHT TYRE OF MY BUS. I'VE ALREADY CHECKED THAT THE LANE IS CLEAR FOR ME TO FILTER OUT. I HAD ALSO SIGNALLED RIGHT BEFORE MOVING OUT FROM THE BUS STOP. I WISH TO STATE THAT THE TAXI DID NOT REDUCE ITS SPEED BEFORE THE ACCIDENT HAPPENED. NO INJURY REPORTED. 3 PAX IN BUS. NO PAX IN TAXI (SILVERCAB) TAXI DRIVER NOT INJURED

#### Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	PENDING DOWNLOAD
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC6817K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	ONG THWEE WAN
NRIC/Passport Number	S7219451I
Contact Number	97968580
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD