

Date In: <b>08/12/2018 16:58</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NBA/FCI/8021722/Y</b>	SAS e-Miling		
Veh No: <b>SKE 286K</b>	E-mail (within 2hrs, AIC 2hrs)		
D.O.A: <b>08/12/2018 09:50</b>	1-Motor Claim Form		
OD: <b>(TP) Reporting Only</b>	1-Motor W/O (within 00 hrs, TP 2hrs)		
	1-Photo Uploaded		
TP Insureh:	Assessment/Survey Report		
	Ass't Report by Fax/ Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Yeh No: **MID 34350** INC ( ) / Non-INC ( )

Owner / Drivers: ( ) 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 repeler.

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

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

Remarks	INC/Non-INC	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	Action

**NA1807897**

Human's Particulars	Invoice Preparation Credits
Driver/Owner:	1) AR: Accident Reporting (\$30)
Contact No:	2) DA: Damage Assessment (\$100) INC (\$50)
Damaged Portion:	3) TP: Towing Fee \$10/\$10
C. Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$10
	5) RT: Follow-Through Survey (Resurvey) \$10
	6) TR: Re-inspection \$15
	7) NI: I&O DA + SMRT Survey \$160
	8) NTUC Additional Services
	9) NI: One Mobile \$0
	10) NI: One Mobile \$0

2/3

## 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 Report	03/12/2018 16:58
Date Of Accident	03/12/2018 09:50
Exact Location Of Accident	TENGAH AIRBASE MEDICAL CENTRE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKE286K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	FONG TS'OI TUCK AUGUSTINE
NRIC No	S1165125I
Email Address	FONGAT@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98218985
Alternative Phone No	OTHERS-92953169

### Vehicle Particulars

Manufacturer	BMW
Model	420
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED
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 CAR

### Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D-18091709MVPC
Cover Note Number	

### Driver

Name of Driver	FONG KUAN TING MOMINIC
NRIC No	S9209680G
Date Of Birth	28/02/1992
Occupation	INDOOR
Date Of Driving Pass	25/11/2011
Driving Experience	7 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92953169
Fax Number	
Contact Number	OTHERS-98218985
Email Address	DOMF_92@HOTMAIL.COM

Address	12 PEEL ROAD
Postcode	248616
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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)	0

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20181203/2118

#### 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	MID34350
Vehicle Make/Model/Colour	FORD EVEREST
Details Of Properties	
Vehicle Category	GOVERNMENT
Name of Driver	LEONG JIA RONG LEONARD
NRIC/Passport Number	S9703743D
Contact Number	92381065
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

## 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:

3/12/18

2:15pm

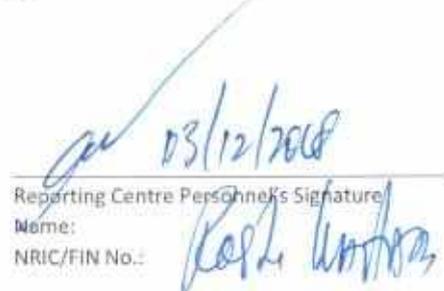


Driver's Signature

(if driver is not the policyholder)

Date & Time: 3/12/18

2:15pm

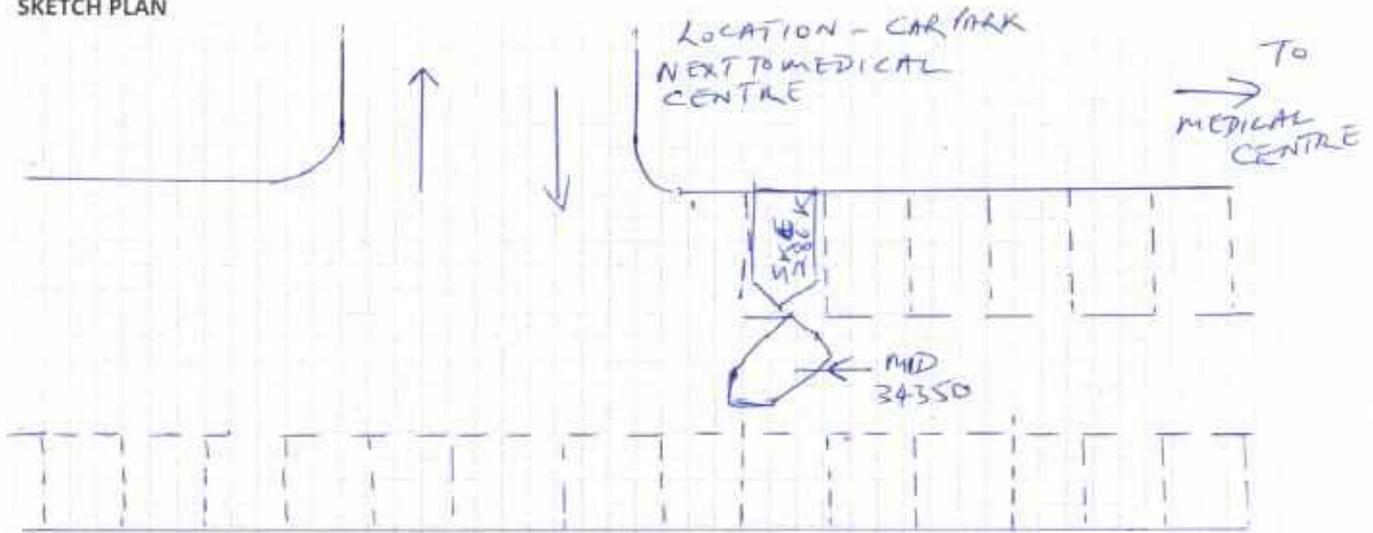


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I, Dominic Fay Kuan Ting, S92096806, am the driver of vehicle SKE286K that was parked in the carpark next to the Tengah Airbase Medical Centre since 0745hrs on 3 December 2018.

At about 0950hrs, my medic, Clayton Bey S97409466 informed me that a vehicle MID 34350, a Green Ford Everest OUV had reversed into the front of my vehicle SKE 286K and subsequently drove off without informing anyone.

Damage caused to my vehicle front.

DECLARATION

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

  
 Policyholder's Signature  
 Date & Time:  
 3/12/18  
 2:15pm

  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time: 3/12/18  
 2:15pm

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





**SINGAPORE  
POLICE FORCE**



T/20181203/2118

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

3 of 3

Report No. T/20181203/2118

**CONTINUATION OF REPORT**

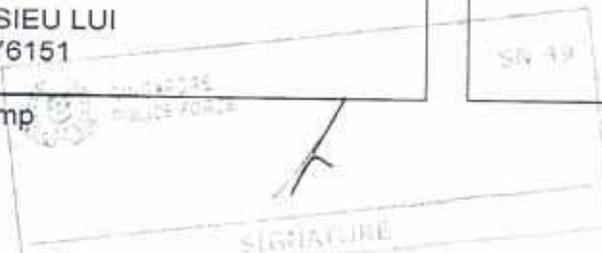
**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: D / Sgt 1 LIM TIAN WEN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 03/12/2018 16:39
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:  

Authentication Stamp  
NP168



SINGAPORE  
POLICE FORCE



SIGNATURE



**SINGAPORE  
POLICE FORCE**



T/20181203/2118

2 of 3

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

Report No. T/20181203/2118

**CONTINUATION OF REPORT**

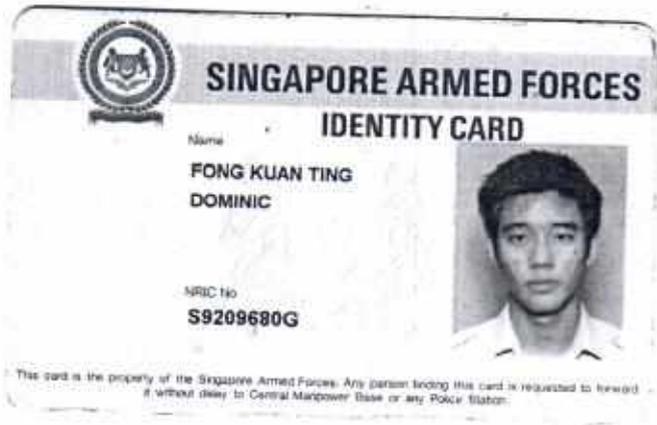
**Brief Details.**

On 03/12/2018 at about 0950hrs, my medic ( Clayton Bey NRIC: S97409466, HP:98789110) informed me that a Military government vehicle ( MID34350, A Green Ford Everest OUV) had reversed into the front of my vehicle (SKE286K) and subsequently drove off without informing anyone. My Vehicle front was damaged due to the impact. I have parked there since 0745hrs on 03/12/2018. There was no CCTV around the vicinity as it is inside the base Camp and cameras are not allow. I am lodging this report for insurance claim.

DETAILS OF OTHER VEHICLE (Please complete Annex A Form if more vehicles involved)	
Vehicles Registration No.: MID 34350	Vehicle Make / Model / Colour: FORD EVEREST 4x4 GREEN
Details of Property Damaged in Accident (other than 3 <sup>rd</sup> -Party vehicle):	
*Vehicle Category: Private Car <input type="checkbox"/> Commercial Vehicle <input type="checkbox"/> Taxi <input type="checkbox"/> Private Hire <input type="checkbox"/> Bus <input type="checkbox"/> Motorcycle <input type="checkbox"/> Goods Vehicle <input type="checkbox"/>	
Motor Trade <input type="checkbox"/> Tanker <input type="checkbox"/> Government <input checked="" type="checkbox"/> Mobile Equipment <input type="checkbox"/>	
Name of Driver: LEONG JIA RONG LEONARD	NRIC/Passport Number: S9703743D
Contact Number: 92381065	
Address:	(Post Code: )
Insurance Company Name:	
Nature of Damage: Front <input type="checkbox"/> Rear <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/>	No. of Passengers (Including Driver):
Details of Witness - Name:	
Details of Witness - Contact Number:	
Details of Witness - Email Address:	
DETAILS OF INJURED PERSON (Please complete Annex A Form if more person injured)	
Name:	Approximate Age:
Address:	(Post Code: )
Injuries Sustained:	Injured person in which vehicle (vehicle reg. no.):
Were seat belts worn? No <input type="checkbox"/> Yes <input type="checkbox"/>	Were injured conveyed to hospital by ambulance? No <input type="checkbox"/> Yes <input type="checkbox"/>
Type of Accident (Please tick the appropriate type on flipside of this form)	

**MOTOR ACCIDENT REPORT FORM**

Date of Accident: 3/12/18	Time: 0950	Exact Location of Accident: TENGAH AIRBASE MEDICAL CENTRE
<b>DETAILS OF INSURED/POLICYHOLDER (OWN VEHICLE)</b>		
Vehicles Registration Number: SKE 28LK	Name of Registered Owner: AUGUSTINE FONG TS'OI TUCK	
NRIC / Passport No. / FIN: S1165125I	Co. Reg. No. (for Co. Vehicle Only):	
*Own Insured Email Address: fongat@ltdmail.com	*Mobile Phone No.: 98218985	*Alternative Phone No.:
<b>VEHICLE PARTICULARS (OWN VEHICLE)</b>		
Manufacturer: BMW	Model: 420	
Exact purpose of vehicle being used at time of accident	Normal usage <input checked="" type="checkbox"/> Other <input type="checkbox"/> (please state):	
Are you claiming your own insurance policy for repair to your vehicle?	Yes <input type="checkbox"/> Claiming Against 3 <sup>rd</sup> Party <input type="checkbox"/> For Reporting Only <input type="checkbox"/>	
Vehicle Category: <input checked="" type="checkbox"/> Private Car <input type="checkbox"/> Private Hire		
<b>INSURANCE COMPANY (OWN VEHICLE)</b>		
Name of My Insurance Company: MS FIRST CAPITAL INSURANCE LTD		
Type of Coverage: Comprehensive <input checked="" type="checkbox"/> Third Party <input type="checkbox"/>		
Fleet Policy (Multiple vehicles coverage): Yes <input type="checkbox"/> No <input type="checkbox"/>	Policy / Cover Note Number:	
<b>DRIVER PARTICULARS</b> <input type="checkbox"/> Same as Insured Above		
Name of Driver: DOMINIC FONG KUAN TING	NRIC / Passport No. / FIN: S9209680G	
Date of Birth: 28/2/92	Occupation: Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/>	
Date of Driving Pass: 25/11/11	Gender: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	
Mobile Phone No.: 92953169	Alternative Phone No.:	
*Address as stated in NRIC: 12 PEEL ROAD	(Post Code: 248616)	
Email Address: domf_92@ltdmail.com		
Was driver an employee of the Insured's Company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	State relationship of the driver with the insured: son	
Does the Driver Own Any Other Vehicle? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Vehicle Reg. Number of Driver's Own Vehicle (if applicable):	N/A	
Insurance Company of Driver's Own Vehicle (if applicable):	N/A	
<b>INFORMATION OF THE ACCIDENT</b>		
Weather Conditions:	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others <input type="checkbox"/> (please state condition):	
Road Surface:	Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others <input type="checkbox"/> (please state condition):	
Was any foreign vehicle involved in this accident?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
Foreign Vehicle Registration Number:	N/A	
Foreign Vehicle Category:	Private Car/Commercial Vehicle/Motorcycle/Taxi/Bus Others <input type="checkbox"/> *Please indicate	
*Number of vehicle involved in the accident:	1	
*Was anybody injured in the Accident?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
*Was any injured conveyed to hospital by ambulance?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
Was any other material or property damaged?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
I have been approached by unknown person(s) soliciting / offering accident claims assistance.	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
*Number of Passengers (Including Driver)	VEHICLE WAS PARKED AND STATIONARY	
Passenger 1	Name:	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
Passenger 2	Name:	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
Passenger 3	Name:	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
Passenger 4	Name:	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
Passenger 5	Name:	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
Was the accident reported to the Police?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> If Yes, which Police Station? QUEENSTOWN NTC	
*Was there any witness?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> If Yes, please indicate below?	
	Name of Witness: CLAYTON BEY	Contact No: 98787110
	Email Address: claytonbey123@gmail.com	
Was notice of intended Prosecution given?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If Yes, against whom?	
Was there any video captured by Car Camera?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	



**SINGAPORE ARMED FORCES  
IDENTITY CARD**

Name  
**FONG KUAN TING  
DOMINIC**



NRIC No  
**S9209680G**

This card is the property of the Singapore Armed Forces. Any person finding this card is requested to forward it without delay to Central Manpower Base or any Roker Station.

**REPUBLIC OF SINGAPORE DRIVING LICENCE**



License Number **S9209680G**  
Name  
**FONG KUAN TING DOMINIC**

Birth Date **28 Feb 1992**  
Issue Date **25 Nov 2011**

002021242A

00000050112148

00MALT05GPN00071020113

NRIC No/Colour  
**S9209680G/ PINK**

Race  
**CHINESE**

Blood Group  
**O (+)**

Date Of Birth  
**28/02/1992**

Country Of Birth  
**SINGAPORE**

Service Status  
**NSF**

Military Rank Status  
**ENLISTEE**

Sex  
**M**

Address  
**12 PEEL ROAD  
SINGAPORE 248616**



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

EFFECTIVE DATE: **25 Nov 2011**

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

NP 428A

Licence No: S9209680G



**CERTIFICATE OF INSURANCE**

ORIGINAL

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)

Type of Policy : PRIVATE MOTOR CAR INSURANCE  
Type of Cover : Comprehensive  
Certificate No. : D-18091709MVPC  
Vehicle No / Chassis No : SKE286K / WBA4H320X0BP27611  
Name of Insured : FONG TS'OI TUCK AUGUSTINE  
Period Of Insurance : 31.08.2018 To 30.08.2019  
Insured Estimated Value : Market Value At Time Of Loss

**Excess :**

NIL ON SECTION I FOR INSURED AND NAMED DRIVERS  
SGD1,000.00 ON SECTION I FOR UNNAMED DRIVERS  
SGD3,500.00 ON SECTION I & II SEPARATELY IS IMPOSED ON THOSE DRIVERS WHO ARE  
BELOW 22 YEARS OLD AND/OR WHO HAVE LESS THAN 2 YEARS OF DRIVING EXPERIENCE

**Authorised Driver\***

FONG TS'OI TUCK AUGUSTINE, ANG SAW EAN BELINDA AND FONG KUAN TING DOMINIC

**Persons or classes of persons entitled to drive\***

## 1) The Insured.

The Insured may also drive a Motor Car not belonging to or hired (under a hire purchase agreement or otherwise) to him or his employer or his partner.

## 2) Any other person who is driving on the Insured's order or with his 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.

**Limitations as to use\***

Use only for social, domestic and pleasure purposes and for the Insured's business.

The Policy does not cover use for hire or reward, racing, pacemaking, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (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.

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)

MS First Capital Insurance Limited  
(Approved Insurers)

KARENS BC188 MX1F *KS*

Issued at Singapore on 03.09.2018

*[Signature]*  
Authorised Signature

File SKE 286K

**TYPE OF ACCIDENT** (Please tick the appropriate type)

- |  |   |
|--|---|
| <input type="checkbox"/> Chain Collision                 | <input type="checkbox"/> Collision – Opening Door of Vehicle                                      |
| <input type="checkbox"/> Collided into Bicyclist         | <input type="checkbox"/> Collision – Roundabout   |
| <input type="checkbox"/> Collided into Motorcyclist      | <input type="checkbox"/> Collision – U-Turn   |
| <input type="checkbox"/> Collided into Parked Vehicle    | <input type="checkbox"/> Drink Driving / Drugs Influence  |
| <input type="checkbox"/> Collided into Pedestrian        | <input type="checkbox"/> Fire, Explosion or Lightning   |
| <input type="checkbox"/> Collided into Property          | <input type="checkbox"/> Flood  |
| <input type="checkbox"/> Collision – Change / Cross Lane | <input checked="" type="checkbox"/> Hit and Run / <del>Vandalism</del> /<br>Damaged whilst Parked |
| <input type="checkbox"/> Collision – Cross Junction      | <input type="checkbox"/> Hit by Fallen Tree   |
| <input type="checkbox"/> Collision – Head on Collision   | <input type="checkbox"/> No Collision   |
| <input type="checkbox"/> Collision – Head to Rear        | <input type="checkbox"/> Side Swipe   |
| <input type="checkbox"/> Collision – Major / Minor Road  | <input type="checkbox"/> Theft  |