

NATIONAL Assessment Centre Services.

(ver 1 Jan'05)

NA1900780

Date In: 28/01/2019 15:02	Job description	Date & Time Completed	Done by
Ref No: NBDM82900180214	SAS e-filing		
Veh No: SMD 7431 T	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 27/01/2019 03:15	I-Motor Claim Form		
OD: TP - Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: -	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%. P: 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: ()

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

NA1900780	Invoice for Insurance Claim	Ref: () / Add'l bill
Client's Particulars:	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)	
Contact No:	3) TP: Towing Fee \$40/\$45	
Damaged Portion:	4) FT: Follow-Through Survey \$120	
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30	
Auditors Comments:	For claiming against INC Only (ver 10 Jan 2003)	
Ref. 1:	6) TR: Re-inspection \$75	
Ref. 2/3:	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	OD:	
	*N5: Courtesy Car / Tpl Allowance \$5	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$5	
	TP (N11): TP (N-in INC) against INC \$20	
	9) N12: Idao Mobile \$0	
	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 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	28/01/2019 15:02
Date Of Accident	27/01/2019 03:15
Exact Location Of Accident	ALONG CTE AFTER BRADDELL ROAD TOWARDS SLE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD7431T
Insured/Policyholder	
Name Of Registered Owner	SIME DARBY SERVICES PTE LTD
Co Reg No	197501065W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86063988
Alternative Phone No	OFFICE-65778556

Vehicle Particulars

Manufacturer	TOYOTA
Model	VELLFIRE 2.5
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?	YES
If No, Please state action to be taken	

Vehicle Category	COMMERCIAL VEHICLE
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Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	B 29102255 MCY
Cover Note Number	

Driver

Name of Driver	GAVIN CHAI YUEN SOON
NRIC No	S1668500C
Date Of Birth	13/02/1964
Occupation	OUTDOOR
Date Of Driving Pass	30/03/1982
Driving Experience	36 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86063988
Fax Number	
Contact Number	OTHERS-65778556
E-Mail Address	NOEMAIL

Address	BLK 14 ST. GEORGE'S ROAD #04-64
Postcode	320014
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	NO COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

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

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ROCHOR NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 11 KAMPONG KAPOR ROAD , POSTCODE: 208678 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2949999 - FAX NO: 63918583
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190127/2076

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

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)

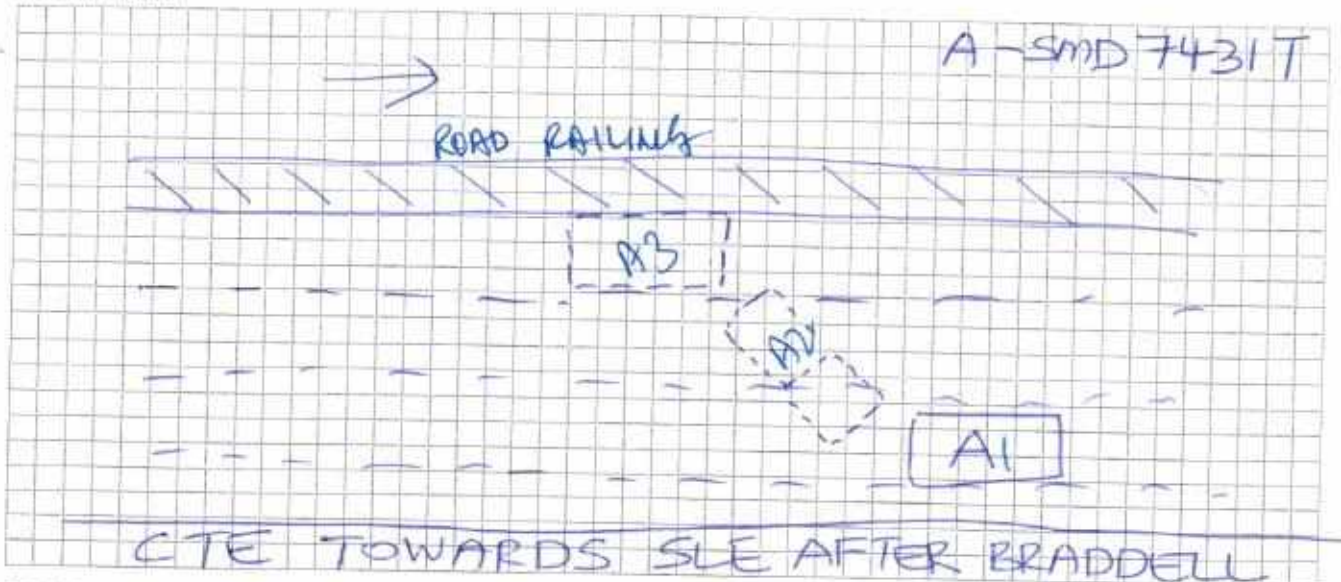
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER POLICE REPORT ATTACHED. T/20190127/2076

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] 28/01/2019
Reporting Centre Personnel's Signature
Name: *[Signature]*
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20190127/2076

1 of 3

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

Report No. T/20190127/2076

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/01/2019 17:03	Vide Report No.:	Station Diary No.: 124
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Informant's Particulars

Name of Informant: GAVIN CHAI YUEN SOON			Address: APT BLK 14 ST. GEORGE'S ROAD #04-64 SINGAPORE 320014	
ID Type / ID No.: NRIC NO / S1668500C			Contact No.: Home/Office: Mobile: 86063988	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 54	Date of Birth: 13/02/1964	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Driver			Driving Licence Information: Class: 2B,3,4 Date of Expiry:	

General Information of the Accident

General Information of the Accident:				
Type of Accident:	Non-Injury Government Property	Drink Drive: No	Date/Time of Accident: 27/01/2019 03:15	Type of Location: Expressway
Location: Along Road 1 CENTRAL EXPRESSWAY towards SLE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Moving Vehicle Against - Road Divider/Kerb/Railings			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMD7431T	Car				Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20190127/2076

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

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Report No. T/20190127/2076

CONTINUATION OF REPORT

Driver			
Name	GAVIN CHAI YUEN SOON	ID No.	S1668500C
Related Vehicle	SMD7431T (Car)	Contact No.	86063988
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 27/01/2019 at about 0315hrs, I was driving my vehicle bearing registration number: SMD7431T along CTE towards SLE with one passenger on board. I was travelling along lane 1 and after braddel road exit, I saw one vehicle along lane 2 was quite near to me as such I moved to my right side abit to avoid collision. Unfortunately, my front right bumper hit onto the railing. I stopped and there's no damaged on it. I then carried on my journey and was reported this matter to my company. They advised me to lodge a Police report as such I proceed to the nearest Police station. That is all.



**SINGAPORE
POLICE FORCE**



T/20190127/2076

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Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

Report No. T/20190127/2076

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:

A /

Sr Staff Sgt THAM KOK LEONG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI 2 JUREMAH BINTE AHMAD

Contact No.: 65472076

Signature Of Informant:

Date/Time:

27/01/2019 17:03

Classification Of Case:

Authentication Stamp

NP168

Singapore Police Force

MOTOR ACCIDENT REPORT FORM

Date of Accident: 27/01/2019 Time: 0315		Exact Location of Accident: CTE AFTER BRADDELL TWDS SLE	
DETAILS OF INSURED/POLICYHOLDER (OWN VEHICLE)			
Vehicles Registration Number: SMD 7431 T		Name of Registered Owner: SIME DARBY SERVICES	
NRIC / Passport No. / FIN:		Co. Reg. No. (for Co. Vehicle Only): 197501065W	
*Own Insured Email Address:		*Mobile Phone No.:	*Alternative Phone No.:
VEHICLE PARTICULARS (OWN VEHICLE)			
Manufacturer: TOYOTA		Model: VELLFIRE 2.5	
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 checked="" type="checkbox"/> Claiming Against 3 rd Party <input type="checkbox"/> For Reporting Or:	
Vehicle Category:			
INSURANCE COMPANY (OWN VEHICLE)			
Name of My Insurance Company: msig			
Type of Coverage: Comprehensive <input checked="" type="checkbox"/> Third Party <input type="checkbox"/>			
Fleet Policy (Multiple vehicles coverage): Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Policy / Cover Note Number:	
DRIVER PARTICULARS <input type="checkbox"/> Same as Insured Above			
Name of Driver: GAVIN CHAI YUEN SOON		NRIC / Passport No. / FIN: S1668500C	
Date of Birth: 13/02/1964		Occupation: Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/>	
Date of Driving Pass: 30/03/1982		Gender: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	
Mobile Phone No.: 86063988		Alternative Phone No.: 65778556	
Address as stated in NRIC: B14 ST. GEORGE'S ROAD #04-64		(Post Code: 320014)	
Email Address:			
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:	
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): —			
Insurance Company of Driver's Own Vehicle (if applicable): —			
INFORMATION OF THE ACCIDENT			
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 anybody injured in the accident?		No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
Was any foreign vehicle involved in this accident?		No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
Foreign Vehicle Registration Number		—	
Foreign Vehicle Category		Private Car/Commercial Vehicle/Motorcycle/Taxi/Bus Others <input type="checkbox"/> *Please Indicate	
Was any other vehicle or property involved?		No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	
Was there any video captured by Car Camera?		No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	
Was the accident reported to the Police?		No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> If Yes, which Police Station?	
Was notice of intended Prosecution given?		No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If Yes, against whom?	
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)		02 Pax (1 walk)	
DETAILS OF OTHER VEHICLE (Please complete Annex A Form if more vehicles involved)			
Vehicles Registration No.:		Vehicle Make / Model / Colour:	
Details of Property Damaged in Accident (other than 3 rd -Party vehicle):			
Name of Driver:		NRIC/Passport Number:	
Contact Number:			
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)			

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1668500C



NAME
GAVIN CHAI YUEN SOON

謝元順

RACE
CHINESE

Date of birth
13-02-1964

Sex
M

Country/Place of birth
SINGAPORE

S1668500C

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S1668500C

Name:
GAVIN CHAI YUEN SOON

Birth Date: 13 Feb 1964

Issue Date: 12 Dec 2016

002637701G

5246307



NRIC No S1668500C

Date of issue
11-12-2013

Address

APT. BLK 14 ST. GEORGE'S ROAD
#04-64
SINGAPORE 320014

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

EFFECTIVE DATE

Class 2B	Motorcycles <= 200 cc	01 Mar 1989
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	30 Mar 1982
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg Motor vehicles which are not constructed to carry load or passengers and the unladen weight <= 7250kg	26 Nov 1992

NP 428A



Licence No: S1668500C

**MSIG**

3247

MSIG Insurance (Singapore) Pte. Ltd.

4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807

Tel +65 6827 7888, Fax +65 6827 7800

Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

Certificate of Insurance

ROAD TRANSPORT ACT 1987 (MALAYSIA)
 THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA)
 THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)
 (REPUBLIC OF SINGAPORE)
 THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)
 OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

Form M.2.400
 Cars for Hire

MOTORMAX PLUS-COMMERCIAL
Comprehensive

Certificate No. B 29100055 MCY

Excess: SGD1,000

Windscreen Excess: SGD100

1. Index Mark and Registration Number of Vehicle

SMD7431T

2. Name of Policyholder

Sime Darby Services Pte Ltd

3. Effective Date of the Commencement of Insurance for the purposes of the Act

01/10/2018

4. Date of Expiry of Insurance

30/09/2019

5. Persons or Classes of Persons entitled to drive*

Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.

* Provided that the person driving is permitted in accordance with the licensing or other laws or 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*

Use for the carriage of passengers or goods in connection with the Policyholder's business.

Use for social domestic and pleasure purposes.

The Policy does not cover

- (1) Use for racing pace-making reliability trial or speed-testing.
- (2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

* 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.

PLEASE NOTE ALL CLAIMS RELATED REPAIR CAN BE CARRIED OUT AT ANY WORKSHOP OF YOUR CHOICE OR AT ANY MSIG AUTHORISED WORKSHOP LISTED IN THE ATTACHED.

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the Insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189).

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) or any Amendment, Act or Acts passed in substitution thereof.

MSIG Insurance (Singapore) Pte. Ltd.

Approved Insurers

for Chief Executive Officer

TYPE OF ACCIDENT (Please tick the appropriate type)

- | | |
|--|--|
| <input type="checkbox"/> Collision – Head to Rear (Insured Hit 3 rd -Party) | <input type="checkbox"/> Hit and Run |
| <input type="checkbox"/> Collision – Head to Rear (3 rd -Party Hit Insured) | <input type="checkbox"/> Hit by Tree |
| <input type="checkbox"/> Collision – Head on collision (Head-to-Head) | <input type="checkbox"/> Hit by Unknown Object |
| <input type="checkbox"/> Collision – Head to Side | <input type="checkbox"/> Hit Ins Rear When Turning Right |
| <input type="checkbox"/> Collision – Side Road to Major Road | <input type="checkbox"/> Intoxicating Liquor or Drugs |
| <input type="checkbox"/> Collision – Traffic Light Junction | <input type="checkbox"/> Lost control - Hit Third Party property |
| <input type="checkbox"/> Collision – Turning into Minor Road | <input type="checkbox"/> Lost control - Hit Third party vehicle |
| <input type="checkbox"/> Collision – Turning Out of Minor Road | <input type="checkbox"/> Lost control - Overturned |
| <input type="checkbox"/> Collision – U-Turn | <input type="checkbox"/> Malicious Damage |
| <input type="checkbox"/> Collision – Chain Collision | <input type="checkbox"/> Mechanical Defect |
| <input type="checkbox"/> Collision – Change / Cross Lane | <input type="checkbox"/> Negotiating Roundabout |
| <input type="checkbox"/> Collision – Cross Junction | <input type="checkbox"/> Opening Door of Vehicle |
| <input type="checkbox"/> Boarding or Alighting | <input type="checkbox"/> Overloading or Strain |
| <input type="checkbox"/> Collided into animal | <input type="checkbox"/> Overtaking Third Party from Left/Right |
| <input type="checkbox"/> Collided into bicyclist | <input type="checkbox"/> Overtaking Turning Vehicle |
| <input type="checkbox"/> Collided into lamp post | <input type="checkbox"/> Overturned - Hit Third Party Property |
| <input type="checkbox"/> Collided into motorcyclist | <input type="checkbox"/> Overturned - Hit Third Party Vehicle |
| <input type="checkbox"/> Collided into motorcyclist with pillion | <input type="checkbox"/> Overturned - Slippery Road |
| <input type="checkbox"/> Collided into parked vehicle | <input type="checkbox"/> Self Ignition - Unknown Cause |
| <input type="checkbox"/> Collided into pedestrian | <input type="checkbox"/> Side Swipe - Opposite Direction |
| <input checked="" type="checkbox"/> Collided into road divider | <input type="checkbox"/> Side Swipe - Same Direction |
| <input type="checkbox"/> Collided into side kerb | <input type="checkbox"/> Stolen due to Violence |
| <input type="checkbox"/> Collided into stationary objects | <input type="checkbox"/> Stolen Whilst Parked |
| <input type="checkbox"/> Damaged whilst parked | <input type="checkbox"/> Stolen Whilst Test Drive |
| <input type="checkbox"/> Fell asleep while Driving | <input type="checkbox"/> Theft of parts and/or accessories |
| <input type="checkbox"/> Fell into a Ravine | <input type="checkbox"/> Tyre bursting |
| <input type="checkbox"/> Fire, explosion or lightning | <input type="checkbox"/> Unknown _____ |