. M. d. 1.30

Date In: 24/5/19 15:35	Jeb description	Date & Time Completed	Done by
Ref Ho: MAI TMI 19009182144	SAS c-filing		
Volt Mar G7 4452 P	E-mail (while this, AIC this)		
11111 1015/19 13:50 -	I-Motor Claim Form		
(JI) - H - Reporting (July	I-Motor W/O (Within: OD 2	his, TP 4his)	
var it samoning vary	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
2 2	Ass't Report by Pax / Hand	to Owner/Wksp	
Profured Wicsp / INC Assign Wksp / GW: (	and a resident and a second se	CHARLES CONTRACTED THE ACTUAL AND ACTUAL AND ACTUAL	ITAX:
TP Particulars: Veh No: /	Inknown. INC	)/Non-INC()	
Owner / Driver: (		'Tel:	)
Policy No: ( ) Pcr	iod: (	Cover Type: (	)
Confirmed by : (	Dater	Time:	)
Insured/Driver Liability: ( %) [N	lote-Est. Status (WO): N: 0-:	20%; P: 21-79%. P: 80-	100%]
	/arranty; YES ( )/NO (	)	-
Excess: (\$ ) Londing: \$1,00	0 ( )/\$2,000 ( )		••.
Commence of the commence of th	National Property	APROVINSI SALATA	TENERS OF THE
( ) Walk-In Cuscomar : Customer's Infor	nation strictly Contidental & S	tighty NO refer of repolition	VOTON SI
) Total Loss Case : to e-mall Insurer	· YID CHENTELY COMMODITIZE & S	incuy NO reterror reporter.	
Drive-In ( )/ Towed-In ( ); Invoice:		Addition on the second	· <del>+</del>
	YES( )/NO( );1	Towing Co. (	
	KANA (PARAHAMIAN ANYAKANA)	MARCHAN MORRACA	Chief Alliano By
) Apply for Transfort Allowance ( )/Co	KANA (PARAHAMIAN ANYAKANA)		Grandingly .
Apply for Transfort Allowance ( )/Co	urtesy Car ( )	e ple si mossopia ka	Sale Vallation by .
) Apply for Transfort Allowance ( )/Co	urtesy Car ( )		All And the by
Apply for Transfort Allowance ( )/Co ) QC Check/Post Repair Inspection ) Upload Resurvey Photo [Repair Cost>\$30]	urtesy Car ( )		Mary Transley .
Apply for Transfort Allowance ( )/Co	urtesy Car ( )		Alexalitant by
Apply for Transfort Allowance ( )/Co ) QC Check/Post Repair Inspection ) Upload Resurvey Photo [Repair Cost>\$30]	urtesy Car ( )		Manufacture of the second of t
Apply for Transfort Allowance ( )/Co ) QC Check/Post Repair Inspection ) Upload Resurvey Photo [Repair Cost>\$30]	urtesy Car ( )		Trambolitans
Apply for Transfort Allowance ( )/Co ) QC Check/Post Repair Inspection ) Upload Resurvey Photo [Repair Cost>\$30]	urtesy Car ( )		Manufacture Comments
Apply for Transfort Allowance ( )/Co ) QC Check/Post Repair Inspection ) Upload Resurvey Photo [Repair Cost>\$30]	urtesy Car ( )		Transcrive .
Apply for Transfort Allowance ( )/Co ) QC Check/Post Repair Inspection ) Upload Resurvey Photo [Repair Cost>\$30]	urtesy Car ( )		Manufacture of the second of t
Apply for Transfort Allowance ( )/Co ) QC Check/Post Repair Inspection ) Upload Resurvey Photo [Repair Cost > \$30] Injury:	urtesy Car ( ) ( ' ) 00] ( ' )		Selection of the select
Apply for Transfort Allowance ( )/Co ) QC Check/Post Repair Inspection ) Upload Resurvey Photo [Repair Cost > \$30] Injury:	urtesy Car ( ) ( ' ) 00] ( ' )		The state of the s
Apply for Transfort Allowance ( )/Co ) QC Check/Post Repair Inspection ) Upload Resurvey Photo [Repair Cost > \$30] Injury:	urtesy Car ( ) ( · ) 00] ( · )	Geporting = (530)	30-00 Indibi
Apply for Transfort Allowance ( )/Co ) QC Check/Post Repair Inspection ) Upload Resurvey Photo [Repair Cost > \$30  Injury:  MA19 0 39 6	urtesy Car ( ) ( · ) 00] ( · )	Gporting (5100); INC (330)	30.50
Apply for Transfort Allowance ( )/Co ) QC Check/Post Repair Inspection ) Upload Resurvey Photo [Repair Cost > \$30  Injury:  MA 19 0 39 of the pair Cost   100  MA 19 0 39 of the pair Cost   100  MA 19 0 39 of the pair Cost   100  March   10	Urtesy Car ( )  ( )  ( )  ( )  ( )  ( )  ( )  ( )	Cantilly Shirvay  (a) 19 19 19 12 2400  (a) 19 19 19 10 (2100)  (a) 19 19 19 19 19 19 19 19 19 19 19 19 19	30-52 0) 545 120
Apply for Transfort Allowance ( )/Co ) QC Check/Post Repair Inspection ) Upload Resurvey Photo [Repair Cost > \$30  Injury:  MA 19 0 39 of the control of the	Urtesy Car ( )  ( )  ( )  ( )  ( )  ( )  ( )  ( )	Caporting (\$300); INC (\$400);	30 30 100 100 100 100 100 100 100 100 10
Apply for Transfort Allowance ( )/Co ) QC Check/Post Repair Inspection ) Upload Resurvey Photo [Repair Cost > \$30  Injury:  MA 19 0 39 of the pair Cost   100  MA 19 0 39 of the pair Cost   100  MA 19 0 39 of the pair Cost   100  March   10	Urtesy Car ( )  ( )  ( )  ( )  ( )  ( )  ( )  ( )	Caporting (\$300); INC (\$40 pt 10 Jan 2003)  Tough Burvey (Resurvey)  Tough Burvey (Resurvey)  Tough Survey (Resurvey)	30 30 575
Apply for Transfort Allowance ( )/Co ) QC Check/Post Repair Inspection ) Upload Resurvey Photo [Repair Cost > \$30  Injury:  MA 19 0 39 of  Ver/Owner:  Inset No:  laged Portion:	Urtesy Car ( )  ( )  ( )  ( )  ( )  ( )  ( )  ( )	General (\$100); INC (\$40   100	30 30 100 100 100 100 100 100 100 100 10
Apply for Transfort Allowance ( )/Co ) QC Check/Post Repair Inspection ) Upload Resurvey Photo [Repair Cost > \$30  Injury:  MA 19 0 39 of  Ver/Owner:  Inset No:  laged Portion:	Urtesy Car ( )  ( )  ( )  ( )  ( )  ( )  ( )  ( )	at Services;  at	30 30 375 3160 31
Apply for Transfort Allowance ( )/Co ) QC Check/Post Repair Inspection ) Upload Resurvey Photo [Repair Cost > \$30  Injury:  MA 19 0 39 of the control of the	Urtesy Car ( )  ( )  ( )  ( )  ( )  ( )  ( )  ( )	Caporting (\$30);  Caporting (\$30);  Caporting (\$100);  Caporting (\$100	33 35 510
Apply for Transfort Allowance ( )/Co ) QC Check/Post Repair Inspection ) Upload Resurvey Photo [Repair Cost > \$30  Injury:  MA 19 0 39 of  Ver/Owner:  Inset No:  laged Portion:	Urtesy Car ( )  ( )  ( )  ( )  ( )  ( )  ( )  ( )	Caporting (\$30);  Victimate (\$100); INC (\$60;  Vough Burvey  Long In Burvey (Resurvey)  Long In Burvey (Resurvey)  Long In Burvey  Long In Bur	345 120 530 375 160 
Apply for Transfort Allowance ( )/Co ) QC Check/Post Repair Inspection ) Upload Resurvey Photo [Repair Cost > \$30  Injury:  MA 19 0 39 of  Ver/Owner:  Inset No:  laged Portion:	Urtesy Car ( )  ( )  ( )  ( )  ( )  ( )  ( )  ( )	Caporting (\$30);  Caporting (\$30);  Caporting (\$30);  Caporting (\$100);  Caporting (\$100)	33 35 510

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.
- 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	24/05/2019 15:35
Date Of Accident	10/05/2019 13:50
Exact Location Of Accident	PIE TWDS JURONG B4 ENG NEO EXIT
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GT4452P
Insured/Policyholder	
Name Of Registered Owner	JEK HAN DECORATION CONTRACTOR
Co Reg No	5=
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96871394
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	19-MT002117-R01
Cover Note Number	
Driver	
Name of Driver	ANG TEIK THYE
NRIC No	S0516219Z
Date Of Birth	20/10/1950
Occupation	OUTDOOR
Date Of Driving Pass	13/04/1978
Driving Experience	41 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96871394
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address

BLK 237 COMPASSVALE WALK #15-532

Postcode

540237

OWNER

Was driver an employee of the Insured's Company NO

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

CHAIN 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

YES

Was any body injured in the Accident? Was any injured conveyed to hospital by

YES

ambulance?

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

NO

2

Passenger 1

NAME:

: CHUO LAI SUAN

GENDER:

: MALE

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station Police Station Name

YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 31 YISHUN CENTRAL, POSTCODE: 768827, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-8529999 - FAX NO: 68522299

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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

UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

MOBILE EQUIPMENT

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

MOBILE EQUIPMENT

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## **DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number

UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

MOBILE EQUIPMENT

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## **DETAILS OF OTHER VEHICLE PROPERTY 4**

Vehicle Registration Number

UNKNOWN

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

MOBILE EQUIPMENT

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

ANG TEIK THYE

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

GT4452P

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

DETAIL	I C OF	INJUREI	DEDO	2010
		IN HIEF	IDEDSI	1001

Name CHUO LAI SUAN

Approximate Age

Injuries Sustain

Injured person in which vehicle? GT4452P

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

BODY

YES

YES

#### 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
  - 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:
  - 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.:

Alens SKETCH PLAN	PIE	before Neo Ave	Exit	A- B- C- D- E-	GT4452P Unknown. - Unknown Unknown Unknown
	E	104	10	TBT	A
Messacousti					<u> </u>
DESCRIBE CIRCU	IMSTANCES C	OF THE ACCIDENT			1
				2	6 Box
			Op)	ice.	
		7	he to		
		10	,		
	Red	<del>lex</del>			
2	5 100				
X	( )				
		*			
DECLARATION I/We declare the to	regoing particu	alars are true in every re	spect.		Lind
Policyholder's Signa Date & Time:	ture	Driver's Signature (If driver is not the Date & Time:		Reporting Name: NRIC/FIN I	Centre Personnel's Signature

# ACCIDENT STATEMENT

ding driver) b) DRIVER'S NAME:		. DETAILS OF VEHICLE
b)INSURANCE COMPANY: THE  c)POLICY NUMBER: d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT) e)MAKE & MODEL: f)TYPE: (SALOON / COUPE / MPV /V AN / LORRY / MOTORCYCLE / OTHERS) g)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h)PURPOSE OF USING AT ACCIDENT TIME: COMMERCIAL / MOTORCYCLE) h)PURPOSE OF USING AT ACCIDENT TIME: COMMERCIAL / MOTORCYCLE) h)PURPOSE OF USING AT ACCIDENT TIME: COMMERCIAL / MOTORCYCLE) l)PURPOSE OF USING AT ACCIDENT TIME: COMMERCIAL / MOTORCYCLE) l)PURPOSE OF USING AT ACCIDENT TIME: COMMERCIAL / MOTORCYCLE) l)PURPOSE OF USING AT ACCIDENT TIME: COMMERCIAL / MOTORCYCLE) l)PURPOSE OF USING AT ACCIDENT TIME: COMMERCIAL / MOTORCYCLE) l)PURPOSE OF USING AT ACCIDENT TIME: COMMERCIAL / MALE / FEMALE) b)NRIC/FIN/PASSPORT: CONTACT: 9687/1374.  c) ADDRESS:  CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER DINRIC/FIN/PASSPORT: CONTACT: 9687/1374.  c) ADDRESS:  CONTACT: 9687/1374.  c) OCCUPATION: (INDOOR / OUTDOOR)  If YOU ADDRESS: DINNING EXPRERIENCE:  D) OCCUPATION: (INDOOR / OUTDOOR)  If YOU ADDRESS: DINNING EXPRERIENCE:  D) OCCUPATION: (INDOOR / OUTDOOR)  If YOU ADDRESS: DINNING EXPRERIENCE:  D) OCCUPATION: (INDOOR / OUTDOOR)  If YOU ADDRESS: DINNING EXPRERIENCE:  D) OCCUPATION: (INDOOR / OUTDOOR)  If YOU ADDRESS: DINNING EXPRERIENCE:  D) OCCUPATION: (INDOOR / OUTDOOR)  If YOU ADDRESS: DINNING EXPRERIENCE:  D) OCCUPATION: (INDOOR / OUTDOOR)  If YOU ADDRESS: DINNING EXPRERIENCE:  D) OCCUPATION: (INDOOR / OUTDOOR)  If YOU ADDRESS: DINNING EXPRERIENCE:  D) OCCUPATION: (INDOOR / OUTDOOR)  If YOU ADDRESS: DINNING EXPRERIENCE:  D) OCCUPATION: (INDOOR / OUTDOOR)  If YOU ADDRESS: DINNING EXPRERIENCE:  D) OCCUPATION: (INDOOR / OUTDOOR)  If YOU ADDRESS: DINNING EXPRERIENCE:  D) OCCUPATION: (INDOOR / OUTDOOR)  If YOU ADDRESS: DINNING EXPRERIENCE:  D) OCCUPATION: (INDOOR / OUTDOOR)  If YOU ADDRESS DOTTION ON OUTDOOR  IT YOU ADDRESS DOTTION ON OU		giVEHICLE NUMBER: GT4452P
C)POLICY NUMBER:  d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  e)MAKE & MODBE!  f)TYPE:(SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  g)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  h)PURPOSE OF USING AT ACCIDENT TIME:  c) PURPOSE OF USING AT ACCIDENT TIME:  d) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES/NO)  IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  2. INSURED / POLICY HOLDER  A)NAME:  Tik Hun Pacaration (PRIVATE ALSO POLICY HOLDER  A)NAME:  CONTACT:  CONTACT:  PASSONGS  CONTACT:  CONTACT:  PASSONGS  A) PASSONGS:  CONTACT:  CONTAC		
d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  e)MAKE & MODEL: f)TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) g)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h)PURPOSE OF USING AT ACCIDENT TIME: Commercial i)ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  2. INSURED / POLICY HOLDER ANAME: TEK HAM PECATA LOW CONTACT: (96771394) b)NRIC/FIN/PASSPORT: CONTACT: (96771394) c)ADDRESS:  CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER D)NRIC/FIN/PASSPORT: C)ADDRESS:  CONTACT: (96771394) c)ADDRESS: (ADDRESS COMPANY) (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: (YISHUM North MPC.)  C) NEIC/FIN/PASSPORT: (CONTACT:		
e)MAKE & MODEL:  f)TYPE:(SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  g)VEHICLE CATEGORY:(PRIVATE / COMMERCIAL / MOTORCYCLE)  h)PURPOSE OF USING AT ACCIDENT TIME:  Commercial  i)ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  2. INSURED / POLICY HOLDER  A)NAME: ICK Ham Pacarated Contact: 9687 (1994.  c)ADRESS:  CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DINRIC/FIN/PASSPORT:  CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  G)NAME: Ang Tack Thye (MALE / FEMALE)  b)NRIC/FIN/PASSPORT:  CONTACT: 9687 (1994.		
f)TYPE:(SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) g)VEHICLE CATEGORY: [PRIVATE / COMMERCIAL / MOTORCYCLE) h)PURPOSE OF USING AT ACCIDENT TIME: Commercial i)ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  2. INSURED / POLICY HOLDER A)NAME: ITEK Hay Pacaravey Contract: (MALE / FEMALE) b)NRIC/FIN/PASSPORT: CONTACT: 9687/394  c)ADDRESS:  CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER D)NRIC/FIN/PASSPORT: CONTACT: 9687/394  c)ADDRESS:  CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER D)NRIC/FIN/PASSPORT: CONTACT: 9687/394  c)ADDRESS:  CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER D)NRIC/FIN/PASSPORT: CONTACT: 9687/394  c)ADDRESS:  CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER D)NRIC/FIN/PASSPORT: CONTACT: 9687/394  c)ADDRESS:  CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER D)NRIC/FIN/PASSPORT: CONTACT: 9687/394  c)ADDRESS:  CONTACT: 9687/394  c)ADDRESS: CONTACT: CONTA		
GIVEHICLE CATEGORY: [PRIVATE / COMMERCIAL / MOTORCYCLE) h)PURPOSE OF USING AT ACCIDENT TIME: Commercial i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  2. INSURED / POLICY HOLDER  A)NAME: TICK Hay PROGRAM CONTACT: 96871394  c)NAME: TICK Hay PROGRAM CONTACT: 96871394  c)NAME: TICK Hay PROGRAM  CONTACT: 96871394  c)NAME: Ang Tock Thye (MALE / FEMALE) b)NRIC/FIN/PASSPORT: CONTACT: 96871394  c)NAME: Ang Tock Thye (MALE / FEMALE) b)NRIC/FIN/PASSPORT: CONTACT: 96871394  c)NAME: Ang Tock Thye (MALE / FEMALE) b)NOCCUPATION: (INDOOR / OUTDOOR)  i)YEARS OF DRIVING EXPRENIENCE:  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: DURLY.  5. a)WEATHER CONDITION: (CLEAR / RAINING / OTHERS b)ROAD SURFACE: (DRY / WET / OTHERS  6. WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: YISHAM North NPC.  7. a)REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: YISHAM North NPC. PASSENGER: CHUO WHICH POLICE STATION: ON THE COMMERCENT OF THE POSSENGER: c) NRIC/FIN/PASSPORT: CONTACT:  9. THIRD PARTY VEHICLE c) NRIC/FIN/PASSPORT: CONTACT: c) NRIC/FIN/		
h)PURPOSE OF USING AT ACCIDENT TIME: Commercial  i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  2. INSURED / POLICY HOLDER  A) NAME: Tek Hay Decata you contracts (MALE / FEMALE)  b) NRIC/FIN/PASSPORT: CONTACT: 96871/394.  c) ADDRESS:  CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  CONTACT: 96871/394.  c) ADDRESS:  CONTACT: 96871/394.  CONTACT: 96871		
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (HIRD PARTY CLAIM / REPORTING ONLY)  2. INSURED / POLICY HOLDER  A) NAME: Ith Han Pacatalan Contract: (MALE / FEMALE) b) NRIC/FIN/PASSPORT: CONTACT: 96571394  c) ADDRESS:  CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DINRIC/FIN/PASSPORT: CONTACT: 96571394  c) ADDRESS:  CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DINRIC/FIN/PASSPORT: CONTACT: 96771394  c) ADDRESS:  CONTACT: 96571394  c) ADDRESS:  CONTACT: 96571394  c) ADDRESS:  CONTACT: 96571394  c) ANAME: Ang Teck Thye (MALE / FEMALE) b) NRIC/FIN/PASSPORT: CONTACT: 96771394  c) ADDRESS:  CONTACT: 96571394  c) ANAME: Ang Teck Thye (MALE / FEMALE) c) ADDRESS:  CONTACT: 96571394  c) ANAME: Ang Teck Thye (MALE / FEMALE) c) ADDRESS:  CONTACT: 96571394  c) ANAME: Ang Teck Thye (MALE / FEMALE) c) ADDRESS:  CONTACT: 96571394  c) ANAME: Ang Teck Thye (MALE / FEMALE) c) ANAME: Ang Teck Thye (MALE / FEMALE) c) ADDRESS:  CONTACT: 96571394  contact: 97581394  contact: 97581		
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  2. INSURED POLICY HOLDER  A)NAME: Tek Hay Decotation Contact: 96871394.  C)ADDRESS:  CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  C)NAME: Ang Teck Thye (MALE / FEMALE)  D)NRIC/FIN/PASSPORT: CONTACT: 96871394.  C)ADDRESS:  CONTACT: AGAINANCE CONTACT:  C)ADDRESS:  C)ADDRESS:  C)ADDRESS:  C)ADDRESS:  C)ADDRESS:  C)ADDRESS:  CONTACT: CONTACT:  C)ADDRESS:  C)ADDRESS:  C)ADDRESS:  CONTACT: CONTACT:  C)ADDRESS:  C)ADDRESS:  C)ADDRESS:  CONTACT: CONTACT:  C)ADDRESS:  C)ADDRESS:  CONTACT: CONTACT:  C)ADDRESS:  C)ADDRESS:  CONTACT: CONTACT:  C)ADDRESS:  C)ADDRESS:  C)ADDRESS:  CONTACT: CONTACT:  C)ADDRESS:  CONTACT: CONTACT:  C)ADDRESS:  C)ADDRESS:  C)ADDRESS:  C)ADDRESS:  CONTACT: CONTACT:  C)ADDRESS:  C)ADDRESS:  CONTACT: CONTACT:  C)ADDRESS:  C)ADDRESS:  CONTACT: CONTACT:  C)ADDRESS:  C)ADDRESS:  CONTACT: CONTACT:  C)ADDRESS:  C)ADDRESS:  C)ADDRESS:  CONTACT: CONTACT:  C)ADDRESS:		
2. INSURED / POLICY HOLDER  A)NAME: Trk Hay Pecarater Contracts (MALE / FEMALE) b)NRIC/FIN/PASSPORT: CONTACT: 96871394  c) CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  a)NAME: Ang Teck Thye (MALE / FEMALE) b)NRIC/FIN/PASSPORT: CONTACT: 96871394.  c) ADDRESS:  d) DATE OF BIRTH: ( / / ) (DD/MM/YYYY)  e) OCCUPATION: (INDOOR / OUTDOOR) f) YEARS OF DRIVING EXPRERIENCE:  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: DURICE.  5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) b) ROAD SURFACE: (DRY / WET / OTHERS)  6. WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: Yighum North MPC.  8. THIRD PARTY VEHICLE O) VEHICLE NUMBER: (VAKADOWN)  O) VEHICLE NUMBER: (VAKADOWN)  PASSENGER  O) VEHICLE NUMBER: (VAKADOWN)  PROSTRINGER: VAKADOWN  PROSTRINGER: (CONTACT: CONTACT: CONTACT: ON TRICKING)  PROSTRINGER: CHUO LANGER: CONTACT: CONTAC		I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
A)NAME: Tek Hay Decoration Control (MALE / FEMALE) b)NRIC/FIN/PASSPORT: CONTACT: 96871394. c)ADDRESS:  "CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER  DRIVER a)NAME: Ang Teck Thye (MALE / FEMALE) b)NRIC/FIN/PASSPORT: CONTACT: 96871394. 2) c)ADDRESS:  "d)DATE OF BIRTH: ( / / )(DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) f) YEARS OF DRIVING EXPRERIENCE: 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Owner. 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS b)ROAD SURFACE: (DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: Visham North NPC. 17. a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: Visham North NPC. 18. THIRD PARTY VEHICLE a) VEHICLE NUMBER: UNKnown MODEL: Commercial b) DRIVER'S NAME: c) NRIC/FIN/PASSPORT: CONTACT: 9. THIRD PARTY VEHICLE d) VEHICLE NUMBER: VAKnown MODEL: Commercial passenger e) DRIVER'S NAME: e) DRIVER'S NAME: f) NRIC/FIN/PASSPORT: CONTACT:  VARIANT  PASSENGER: CHUO AND SURFACE:  ( NAIC/FIN/PASSPORT: CONTACT:  VARIANT  COMMERCIAL  CO		IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
DINRIC/FIN/PASSPORT: CONTACT: 96871394.  c) ADDRESS:  "CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  C) MALE / FEMALE)  DINRIC/FIN/PASSPORT: CONTACT: 96871394.  C) ADDRESS:  "d) DATE OF BIRTH: ( / / ) (DD/MM/YYYY)  e) OCCUPATION: (INDOOR / OUTDOOR)  f) YEARS OF DRIVING EXPRERIENCE:  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: DWALT.  5. C) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  b) ROAD SURFACE: (DRY / WET / OTHERS  6. WAS ANYBODY INJURED (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION: YISHUM North MPC.  8. THIRD PARTY VEHICLE  c) VEHICLE NUMBER: UNIVERSITY MODEL: WEATHERSTORE  9. THIRD PARTY VEHICLE  d) VEHICLE NUMBER: UNIVERSITY MODEL: COMMERCENT  PASSENGER: CHUO WILLIAMS  PASSENGER: CHUO WILLIAMS	2.	INSURED / POLICY HOLDER
DINRIC/FIN/PASSPORT: CONTACT: 96871394.  c) ADDRESS:  "CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  C) MALE / FEMALE)  DINRIC/FIN/PASSPORT: CONTACT: 96871394.  C) ADDRESS:  "d) DATE OF BIRTH: ( / / ) (DD/MM/YYYY)  e) OCCUPATION: (INDOOR / OUTDOOR)  f) YEARS OF DRIVING EXPRERIENCE:  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: DWALT.  5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS  b) ROAD SURFACE: (DRY / WET / OTHERS  6. WAS ANYBODY INJURED (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION: YISHUM North MPC.  8. THIRD PARTY VEHICLE  a) VEHICLE NUMBER: UNIVERS  9. THIRD PARTY VEHICLE  d) VEHICLE NUMBER: UNIVERSITY MODEL: COMMERCED  PASSENGER  e) DRIVER'S NAME:  e) DRIVER'S NAME:  e) DRIVER'S NAME:  h) NRIC/FIN/PASSPORT: CONTACT:  VALUE OF A STATE OF THE CONTACT OF THE CONTA		A)NAME: Jek Han Decoration contractor (MALE / FEMALE)
C)ADDRESS:  "CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  DINAME: Ang Texix Thye (MALE / FEMALE)  b)NRIC/FIN/PASSPORT: CONTACT: 96871394.  C)ADDRESS:  "d)DATE OF BIRTH: ( / / )(DD/MM/YYYY)  e)OCCUPATION: (INDOOR / OUTDOOR)  f)YEARS OF DRIVING EXPRERIENCE:  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: DWAFT.  5. D)ROAD SURFACE: (DRY / WET / OTHERS  b)ROAD SURFACE: (DRY / WET / OTHERS  6. WAS ANYBODY INJURED (YES / NO) driver & pursurgen both com  7. D)REPORTED TO POLICE (YES / NO) driver & pursurgen both com  8. IHIRD PARTY VEHICLE  1. PROSENGER  O) VEHICLE NUMBER: Unknown MODEL: Commercial  PROSENGER  O) DRIVER'S NAME:  O) NRIC/FIN/PASSPORT: CONTACT:  PROSENGER  O) DRIVER'S NAME:  O) DRIV		b) NRIC/FIN/PASSPORT: CONTACT: 96871394
DRIVER  CINAME: Ang Teck Thre (MALE/FEMALE)  DINRIC/FIN/PASSPORT: CONTACT: 96871394.  CJADDRESS:  (JODATE OF BIRTH: ( / ) (DD/MM/YYYY)  e)OCCUPATION: (INDOOR / OUTDOOR)  flyEARS OF DRIVING EXPRERIENCE:  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Owner.  5. CIMENTHER CONDITION: (CLEAR / RAINING / OTHERS)  b)ROAD SURFACE: (DRY / WET / OTHERS)  6. WAS ANYBODY INJURED (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION: VIGHAM North NPC.  8. THRO PARTY VEHICLE  PASSENGER OF VEHICLE NUMBER: UNKnown MODEL: Commercial  c) NRIC/FIN/PASSPORT: CONTACT:  e) DRIVER'S NAME:  c) NRIC/FIN/PASSPORT: CONTACT:  e) DRIVER'S NAME:  d) VEHICLE NUMBER: VAKNOWN MODEL: COMMERCIAL  PROSENGER: CHUO PASSPORT: CONTACT:  PROSENGER: CH		c)ADDRESS:
DRIVER  CINAME: Ang Teck Thre (MALE/FEMALE)  DINRIC/FIN/PASSPORT: CONTACT: 96871394.  CJADDRESS:  (JODATE OF BIRTH: ( / ) (DD/MM/YYYY)  e)OCCUPATION: (INDOOR / OUTDOOR)  flyEARS OF DRIVING EXPRERIENCE:  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Owner.  5. CIMENTHER CONDITION: (CLEAR / RAINING / OTHERS)  b)ROAD SURFACE: (DRY / WET / OTHERS)  6. WAS ANYBODY INJURED (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION: VIGHAM North NPC.  8. THRO PARTY VEHICLE  PASSENGER OF VEHICLE NUMBER: UNKnown MODEL: Commercial  c) NRIC/FIN/PASSPORT: CONTACT:  e) DRIVER'S NAME:  c) NRIC/FIN/PASSPORT: CONTACT:  e) DRIVER'S NAME:  d) VEHICLE NUMBER: VAKNOWN MODEL: COMMERCIAL  PROSENGER: CHUO PASSPORT: CONTACT:  PROSENGER: CH		
DRIVER  CINAME: Ang Teck Thre (MALE/FEMALE)  DINRIC/FIN/PASSPORT: CONTACT: 96871394.  CJADDRESS:  (JODATE OF BIRTH: ( / ) (DD/MM/YYYY)  e)OCCUPATION: (INDOOR / OUTDOOR)  flyEARS OF DRIVING EXPRERIENCE:  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Owner.  5. CIMENTHER CONDITION: (CLEAR / RAINING / OTHERS)  b)ROAD SURFACE: (DRY / WET / OTHERS)  6. WAS ANYBODY INJURED (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION: VIGHAM North NPC.  8. THRO PARTY VEHICLE  PASSENGER OF VEHICLE NUMBER: UNKnown MODEL: Commercial  c) NRIC/FIN/PASSPORT: CONTACT:  e) DRIVER'S NAME:  c) NRIC/FIN/PASSPORT: CONTACT:  e) DRIVER'S NAME:  d) VEHICLE NUMBER: VAKNOWN MODEL: COMMERCIAL  PROSENGER: CHUO PASSPORT: CONTACT:  PROSENGER: CH	٥	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
allower diver by NRIC/FIN/PASSPORT: CONTACT: 96871394.    Contact: 96871394.   Contact: 96871	of passenga	DRIVER
DINRIC/FIN/PASSPORT: CONTACT: 96871394.  c) ADDRESS:  "d) DATE OF BIRTH: ( / / )(DD/MM/YYYY)  e) OCCUPATION: (INDOOR / OUTDOOR)  f) YEARS OF DRIVING EXPRERIENCE:  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Owner.  5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS  b) ROAD SURFACE: (DRY / WET / OTHERS  6. WAS ANYBODY INJURED (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION: YISHAM North NPC.  8. THIRD PARTY VEHICLE  4. WAS ANYBODY INJURED (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION: YISHAM North NPC.  8. THIRD PARTY VEHICLE  4. WAS ANYBODY INJURED (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION: YISHAM North NPC.  8. THIRD PARTY VEHICLE  4. WAS ANYBODY INJURED (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION: YISHAM North NPC.  8. THIRD PARTY VEHICLE  4. WAS ANYBODY INJURED (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION: YISHAM North NPC.  8. THIRD PARTY VEHICLE  4. WAS ANYBODY INJURED (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION: YISHAM North NPC.  8. THIRD PARTY VEHICLE  4. WAS ANYBODY INJURED (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION: YISHAM North NPC.  8. THIRD PARTY VEHICLE  4. WAS ANYBODY INJURED (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION: YISHAM North NPC.  8. THIRD PARTY VEHICLE  4. WAS ANYBODY INJURED (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION: YISHAM NORTH NO	dud no di no	a) NAME: Ang Teck Thre (MALE / FEMALE)
c)ADDRESS:  "d)DATE OF BIRTH: ( / / ) (DD/MM/YYYY)  e)OCCUPATION: (INDOOR / OUTDOOR)  f)YEARS OF DRIVING EXPRERIENCE:  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER.  5. a)WEATHER CONDITION: (CLEAR / RAINING / OTHERS  b)ROAD SURFACE: (DRY / WET / OTHERS  6. WAS ANYBODY INJURED (YES / NO)  7. a)REPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION: VISHIM North NPC.  8. THIRD PARTY VEHICLE  a) VEHICLE NUMBER: UNKnown MODEL: Sommerchard  b) DRIVER'S NAME:  c) NRIC/FIN/PASSPORT: CONTACT:  9. THIRD PARTY VEHICLE  4) VEHICLE NUMBER: VAKnown MODEL: Commerchard  b) DRIVER'S NAME:  a) VEHICLE NUMBER: VAKnown MODEL: Commerchard  b) DRIVER'S NAME:  c) DRIVER'S NAME:  d) VEHICLE NUMBER: VAKnown MODEL: Commerchard  PROSSUNGER : CHUO LAIS SUAN. Commerchard  PROSSUNGER : CHUO LAIS SUAN. Commerchard		b)NRIC/FIN/PASSPORT: CONTACT: 9682/3 94
e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE:  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  5. a)WEATHER CONDITION: (CLEAR / RAINING / OTHERS b)ROAD SURFACE: (DRY / WET / OTHERS  6. WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: YITHUM NOTH MPC.  8. THIRD PARTY VEHICLE PASSENGER a) VEHICLE NUMBER: UNKnown MODEL:  FOR STATE OF DRIVER'S NAME: C) NRIC/FIN/PASSPORT: CONTACT:  9. THIRD PARTY VEHICLE  WAY DEPLOYED IN MARE: DIVING PARTY VEHICLE  WAY DEPLOYED IN MARE: ON PARTY VEHICLE DIVING PARTY VEHICLE  WAY DEPLOYED IN MODEL: ON PARTY VEHICLE ON PARTY VEHICLE ON PRICE NUMBER: ON PARTY VEHICLE UNKNOWN  COMMERCIAN  PROSENGER  CONTACT:  VINCNICAL  PUBLICAL  PUBLICAL  PUBLICAL  PUBLICAL  PUBLICAL  PUBLICAL  PUBLICAL  PUBLICAL  PUBLICAL  COMMERCIAN  COMMERC	1	
e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE:  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  5. a)WEATHER CONDITION: (CLEAR / RAINING / OTHERS b)ROAD SURFACE: (DRY / WET / OTHERS  6. WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: YITHUM NOTH MPC.  8. THIRD PARTY VEHICLE PASSENGER a) VEHICLE NUMBER: UNKnown MODEL:  FOR STATE OF DRIVER'S NAME: C) NRIC/FIN/PASSPORT: CONTACT:  9. THIRD PARTY VEHICLE  WAY DEPLOYED IN MARE: DIVING PARTY VEHICLE  WAY DEPLOYED IN MARE: ON PARTY VEHICLE DIVING PARTY VEHICLE  WAY DEPLOYED IN MODEL: ON PARTY VEHICLE ON PARTY VEHICLE ON PRICE NUMBER: ON PARTY VEHICLE UNKNOWN  COMMERCIAN  PROSENGER  CONTACT:  VINCNICAL  PUBLICAL  PUBLICAL  PUBLICAL  PUBLICAL  PUBLICAL  PUBLICAL  PUBLICAL  PUBLICAL  PUBLICAL  COMMERCIAN  COMMERC	1	
e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE:  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  5. a)WEATHER CONDITION: (CLEAR / RAINING / OTHERS b)ROAD SURFACE: (DRY / WET / OTHERS  6. WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: YITHUM NOTH MPC.  8. THIRD PARTY VEHICLE PASSENGER a) VEHICLE NUMBER: UNKnown MODEL:  FOR STATE OF DRIVER'S NAME: C) NRIC/FIN/PASSPORT: CONTACT:  9. THIRD PARTY VEHICLE  WAY DEPLOYED IN MARE: DIVING PARTY VEHICLE  WAY DEPLOYED IN MARE: ON PARTY VEHICLE DIVING PARTY VEHICLE  WAY DEPLOYED IN MODEL: ON PARTY VEHICLE ON PARTY VEHICLE ON PRICE NUMBER: ON PARTY VEHICLE UNKNOWN  COMMERCIAN  PROSENGER  CONTACT:  VINCNICAL  PUBLICAL  PUBLICAL  PUBLICAL  PUBLICAL  PUBLICAL  PUBLICAL  PUBLICAL  PUBLICAL  PUBLICAL  COMMERCIAN  COMMERC		*d)DATE OF BIRTH: ( / / MDD/MM/YYYY)
f) YEARS OF DRIVING EXPRERIENCE:  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  OWNER.  5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS  b) ROAD SURFACE: (DRY / WET / OTHERS  6. WAS ANYBODY INJURED (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  YISHIM North MPC.  8. THIRD PARTY VEHICLE  O) VEHICLE NUMBER: UNIVADEA  O) VEHICLE NUMBER: UNIVADEA  O) NRIC/FIN/PASSPORT: CONTACT:  9. THIRD PARTY VEHICLE  d) VEHICLE NUMBER: VA KADANA. MODEL: COMMERCED  OF PASSENGER  O) DRIVER'S NAME:  O)	1	eloccupation: //wpcop / outpoop!
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS  b) ROAD SURFACE: (DRY / WET / OTHERS  6. WAS ANYBODY INJURED (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  YISHIM North MPC.  8. THIRD PARTY VEHICLE  10 VEHICLE NUMBER: Uniting was MODEL:  11 PROSPENSED TO POLICE (VIEW / NO)  12 PROSPENSED TO POLICE (VIEW / NO)  13 PROPORTION OF THE INSURED:  14 PROSPENSED TO POLICE (VIEW / NO)  15 PROSPENSED TO POLICE STATION:  16 PROSPENSED TO POLICE STATION:  17 PROSPENSED TO POLICE STATION:  18 PROSPENSED TO POLICE STATION:  19 PROSPENSED TO POLICE STATION:  10 PROSPENSED TO POLICE STATION:  10 PROSPENSED TO POLICE STATION:  10 PROSPENSED TO POLICE STATION:  11 PROPORTION OF THE INSURED:  12 PROSPENSED TO POLICE STATION OF THE INSURED:  13 PROSPENSED TO POLICE STATION:  14 PROSPENSED TO POLICE STATION:  15 PROSPENSED TO POLICE STATION:  16 PROSPENSED TO POLICE STATION:  17 PROSPENSED TO POLICE STATION:  18 PROSPENSED TO POLICE STATION:  19 PROSPENSED TO POLICE STATION:  19 PROSPENSED TO POLICE STATION:  10 PROSPENSED TO POLICE STATION:  11 PROSPENSED TO POLICE STATION:  12 PROSPENSED TO POLICE STATION:		CIUCUTATION INDICATE / TITLICATE
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Owner.  5. a)WEATHER CONDITION: (CLEAR / RAINING / OTHERS b)ROAD SURFACE: (DRY / WET / OTHERS  6. WAS ANYBODY INJURED (YES / NO) driver & publicagen both com  7. a)REPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION: Yishum North MPC.  8. THIRD PARTY VEHICLE  ading driver) b) DRIVER'S NAME:  C) NRIC/FIN/PASSPORT: CONTACT:  9. THIRD PARTY VEHICLE  d) VEHICLE NUMBER: Valkasan MODEL: commercial  e) DRIVER'S NAME:  B) DRIVER'S NAME:  C) NRIC/FIN/PASSPORT: CONTACT:  B) DRIVER'S NAME:  C) NRIC/FIN/PASSPORT: CONTACT:  Walkasan MODEL: commercial  Passenger  B) NRIC/FIN/PASSPORT: CONTACT:  Valkasan MODEL: commercial  Valkasan MODEL: commercial  Valkasan MODEL: commercial  Valkasan MODEL: commercial		
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS b) ROAD SURFACE: (DRY / WET / OTHERS  6. WAS ANYBODY INJURED (YES / NO) 7. a) REPORTED TO POLICE (YES / NO) 1F YES, PLEASE STATE WHICH POLICE STATION: Yishum North NPC.  8. THIRD PARTY VEHICLE 1 PASSENGER 2 a) VEHICLE NUMBER: UNKnown MODEL: Examiner conting driver b) DRIVER'S NAME: 2 c) NRIC/FIN/PASSPORT: CONTACT:  9. THIRD PARTY VEHICLE 2 d) VEHICLE NUMBER: UN Known MODEL: Commercial e) DRIVER'S NAME: 2 ding driver f) NRIC/FIN/PASSPORT: CONTACT: 3 DRIVER'S NAME: 4 DRIVER'S NAME: 5 DRIVER'S NAME: 6 DRIVER'S NAME: 7 DRIVER'S NAME: 8 DRIVER'S NAME: 9 DRIVER'S NAM	4.	f) YEARS OF DRIVING EXPRERIENCE:
b)ROAD SURFACE: (DRY / WET / OTHERS  6. WAS ANYBODY INJURED (YES / NO)  7. a)REPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION: Yishum North MPC.  8. THIRD PARTY VEHICLE  Passenger a) VEHICLE NUMBER: Unknown MODEL: Estimatevistation of the commercial of the c	4.	f) YEARS OF DRIVING EXPRERIENCE:
6. WAS ANYBODY INJURED (YES / NO) 7. a)REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: Yishum North MPC.  8. THIRD PARTY VEHICLE 4 passenger a) VEHICLE NUMBER: Univolved MODEL: to commercial ding driver) b) DRIVER'S NAME: c) NRIC/FIN/PASSPORT: CONTACT: 9. THIRD PARTY VEHICLE d) VEHICLE NUMBER: Valuation MODEL: commercial e) DRIVER'S NAME: e) DRIVER'S NAME: wding driver) f) NRIC/FIN/PASSPORT: CONTACT:  Valuation Valuation  Passenger: chuo Lai Sugn. commercial  Omail =		F)YEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
7. a) REPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION: Yishun North MPC.  8. THIRD PARTY VEHICLE  Passenger a) VEHICLE NUMBER: Unknown MODEL: Economic Contact:  C) DRIVER'S NAME:  C) NRIC/FIN/PASSPORT: CONTACT:  9. THIRD PARTY VEHICLE  d) VEHICLE NUMBER: Vaknown MODEL: Commercial  e) DRIVER'S NAME:  e) DRIVER'S NAME:  O) NRIC/FIN/PASSPORT: CONTACT:  Valuation driver f) NRIC/FIN/PASSPORT: CONTACT:  Valuation of Sugar. Commercial  Passenger: Chuo Lai Sugar. Commercial		F) YEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS.
IF YES, PLEASE STATE WHICH POLICE STATION: Yishum North MPC.  8. THIRD PARTY VEHICLE  Passenger a) VEHICLE NUMBER: Unknown MODEL: to commerce at the commerce	5.	f)YEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  a)WEATHER CONDITION: (CLEAR / RAINING / OTHERS  b)ROAD SURFACE: (DRY / WET / OTHERS
8. THIRD PARTY VEHICLE    passenger   a) VEHICLE NUMBER:   Unknown   MODEL:   Examiner charle   ding driver)   b) DRIVER'S NAME:   CONTACT:     9. THIRD PARTY VEHICLE     d) VEHICLE NUMBER:   Vaknown   MODEL:   Commercial     e) DRIVER'S NAME:   CONTACT:     uding driver)   f) NRIC/FIN/PASSPORT:   CONTACT:     Valenwa   Commercial     passenger : chuo   Lai Suan   Commercial     Chai =	5. 6.	TYPEARS OF DRIVING EXPRERIENCE:  WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  O)WEATHER CONDITION: (CLEAR / RAINING / OTHERS  D)ROAD SURFACE: (DRY / WET / OTHERS  WAS ANYBODY INJURED (YES / NO)
passenger a) VEHICLE NUMBER: Unknown MODEL: Estimate Contact:  ding driver) b) DRIVER'S NAME:  C) NRIC/FIN/PASSPORT: CONTACT:  9. THIRD PARTY VEHICLE  d) VEHICLE NUMBER: Vaknown MODEL: commerced  e) DRIVER'S NAME:  ading driver) f) NRIC/FIN/PASSPORT: CONTACT:  Valence  Val	5. 6.	F) YEARS OF DRIVING EXPRERIENCE:  WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS  b) ROAD SURFACE: (DRY / WET / OTHERS  WAS ANYBODY INJURED (YES / NO)  a) REPORTED TO POLICE (YES / NO)
ding driver) b) DRIVER'S NAME:  C) NRIC/FIN/PASSPORT:  9. THIRD P'ARTY VEHICLE  d) VEHICLE NUMBER:  DRIVER'S NAME:  Hoding driver) f) NRIC/FIN/PASSPORT:  CONTACT:  Valuera  Valuera  Contact:  Contact:  Valuera  Contact:  Cont	5. 6. 7.	F)YEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  G)WEATHER CONDITION: (CLEAR / RAINING / OTHERS  b)ROAD SURFACE: (DRY / WET / OTHERS  WAS ANYBODY INJURED (YES / NO)  G)REPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  YISHUM North MPC.
c) NRIC/FIN/PASSPORT:	5. 6. 7. 8.	F)YEARS OF DRIVING EXPRERIENCE:  WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  Q)WEATHER CONDITION: (CLEAR / RAINING / OTHERS  b)ROAD SURFACE: (DRY / WET / OTHERS  WAS ANYBODY INJURED (YES / NO)  G)REPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  THIRD PARTY VEHICLE  WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  WAS ANYBODY INJURED (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  WAS ANYBODY INJURED (YES / NO)
9. THIRD PARTY VEHICLE  of passanger d) VEHICLE NUMBER: Vakasura. MODEL: commerced  et passanger e) DRIVER'S NAME:  contact:  valence  val	5. 6. 7. 8. 4 passenger	F)YEARS OF DRIVING EXPRERIENCE:  WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  a)WEATHER CONDITION: (CLEAR / RAINING / OTHERS  b)ROAD SURFACE: (DRY / WET / OTHERS  WAS ANYBODY INJURED (YES / NO)  a)REPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  THIRD PARTY VEHICLE  a) VEHICLE NUMBER:  UNKNOWN MODEL:  WAS OMPANY? (YES / NO)  MODEL:
passenger e) DRIVER'S NAME:  wding driver) f) NRIC/FIN/PASSPORT:  CONTACT:  Valuera  Valuera  Contact:  Valuera  Valuera  Contact:  Valuera  Valuera  Contact:  Valuera  Valuera  Contact:  Contact:  Valuera  Contact:  Valuera  Contact:  Valuera  Contact:  Valuera  Contact:  Valuera  Contact:  Contact:  Valuera  Contact:  Conta	5. 6. 7. 8. 4 passenger	F)YEARS OF DRIVING EXPRERIENCE:  WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  OWNEY.  O)WEATHER CONDITION: (CLEAR / RAINING / OTHERS.  D)ROAD SURFACE: (DRY / WET / OTHERS.  WAS ANYBODY INJURED (YES / NO)  O)REPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  THIRD PARTY VEHICLE  O) VEHICLE NUMBER:  UNIVASWA MODEL:  D STATION:  WAS ANYBODY INJURED (YES / NO)  MODEL:  WONTER OF MODEL:  WONTER OF MODEL:  DOWNEY OF MODEL:  WONTER OF MODEL:  DOWNEY OF MODEL:  WONTER OF MODEL:  DOWNEY ON MODEL:  WONTER OF MODEL:  DOWNEY OF MODEL:  WONTER OF MODEL:  DOWNEY OF MODEL:  WONTER OF MODEL:  DOWNEY OF MODEL:  DOWNEY OF MODEL:  DOWNEY OF MODEL:  WONTER OF MODEL:  DOWNEY OF MODEL:  DOWNE
passenger e) DRIVER'S NAME:  CONTACT:  Contact	5. 6. 7. 8. 4 passenger ding driver)	F)YEARS OF DRIVING EXPRERIENCE:  WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  OWNEY.  O)WEATHER CONDITION: (CLEAR / RAINING / OTHERS.  D)ROAD SURFACE: (DRY / WET / OTHERS.  WAS ANYBODY INJURED (YES / NO)  O)REPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  THIRD PARTY VEHICLE  O) VEHICLE NUMBER:  O) NRIC/FIN/PASSPORT:  CONTACT:
passenser: chuo lai Suan. commercial  (mail =	5. 6. 7. 8. 4 passenger ding driver)	F)YEARS OF DRIVING EXPRERIENCE:  WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  Q)WEATHER CONDITION: (CLEAR / RAINING / OTHERS  b)ROAD SURFACE: (DRY / WET / OTHERS  WAS ANYBODY INJURED (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  YIJHUM North NPC.  THIRD PARTY VEHICLE  Q) VEHICLE NUMBER:  UNIVOYAN MODEL:  D DRIVER'S NAME:  C) NRIC/FIN/PASSPORT:  CONTACT:  THIRD PARTY VEHICLE
pusseuser: chuo Lai Suan. commercial  email =	5. 6. 7. 8. 4 passenger ding driver) 9.	F)YEARS OF DRIVING EXPRERIENCE:  WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  a)WEATHER CONDITION: (CLEAR / RAINING / OTHERS  b)ROAD SURFACE: (DRY / WET / OTHERS  WAS ANYBODY INJURED (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  YISHIM North NPC.  THIRD PARTY VEHICLE  a) VEHICLE NUMBER:  b) DRIVER'S NAME:  c) NRIC/FIN/PASSPORT:  CONTACT:  THIRD PARTY VEHICLE  d) VEHICLE NUMBER:  VA KASSANDA.  MODEL:  C OMMERCAND.
passenser: chuo Lai Suan. commercial  email =	5. 6. 7. 8. 4 passenger 4 ding driver) 9. 6 passenger	F)YEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  O)WEATHER CONDITION: (CLEAR / RAINING / OTHERS  D)ROAD SURFACE: (DRY / WET / OTHERS  WAS ANYBODY INJURED (YES / NO)  O)REPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  THIRD PARTY VEHICLE  O) VEHICLE NUMBER:  O) NRIC/FIN/PASSPORT:  CONTACT:  THIRD PARTY VEHICLE  O) VEHICLE NUMBER:  WAS ANYBODY INJURED (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  WAS ANYBODY INJURED (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  WAS ANYBODY INJURED (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  WAS ANYBODY INJURED.  WAS
passenser: chuo Lai Suan. commercial	5. 6. 7. 8. 4 passenger 4 ding driver) 9. 6 passenger	F)YEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  O)WEATHER CONDITION: (CLEAR / RAINING / OTHERS  D)ROAD SURFACE: (DRY / WET / OTHERS  WAS ANYBODY INJURED (YES / NO)  O)REPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  THIRD PARTY VEHICLE  O) VEHICLE NUMBER:  O) NRIC/FIN/PASSPORT:  CONTACT:  THIRD PARTY VEHICLE  O) VEHICLE NUMBER:  O) NRIC/FIN/PASSPORT:  THIRD PARTY VEHICLE  O) VEHICLE NUMBER:  O) NRIC/FIN/PASSPORT:  O) NRIC/FIN/PA
email =	5. 6. 7. 8. 4 passenger 4 ding driver) 9. 6 passenger	F)YEARS OF DRIVING EXPRERIENCE:  WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  OWNER.
email =	5. 6. 7. 8. 4 passenger 4 ding driver) 9. 6 passenger	F)YEARS OF DRIVING EXPRERIENCE:  WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  OWNET.
	5. 6. 7. 8. 4 passenger 4 ding driver) 9. 6 passenger	F)YEARS OF DRIVING EXPRERIENCE:  WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  OWNER.
	5. 6. 7. 8. 4 passenger 4 ding driver) 9. 6 passenger	F)YEARS OF DRIVING EXPRERIENCE:  WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  OWNER.
ring veh take photo-fax =	5. 6. 7. 8. 4 passenger 4 ding driver) 9. 6 passenger	F)YEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: O)WEATHER CONDITION: (CLEAR / RAINING / OTHERS.  b)ROAD SURFACE: (DRY / WET / OTHERS.  WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: YIS HUM NOTTH MPC.  THIRD PARTY VEHICLE  O) VEHICLE NUMBER: UNIVADAM MODEL:  D) DRIVER'S NAME: C) NRIC/FIN/PASSPORT: CONTACT: THIRD PARTY VEHICLE  d) VEHICLE NUMBER: VM KM32M3 MODEL: C) DRIVER'S NAME: F) NRIC/FIN/PASSPORT: CONTACT:  VM KM32M3 MODEL: COMMETTED  PUSSENSEY: CHUO PARTY OF THE INSURED'S COMMETTED  CONTACT:  VM KM32M3 MODEL: COMMETTED  CONTACT:  VM KM32M3 COMMETTED  CONTACT:  VM KM32M3 COMMETTED  CONTACT:  VM KM32M3 COMMETTED
fax =	5. 6. 7. 8. 4 passenger ding driver) 9. of passenger uding driver)	F)YEARS OF DRIVING EXPRENENCE: WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  O)WEATHER CONDITION: (CLEAR / RAINING / OTHERS  D)ROAD SURFACE: (DRY / WET / OTHERS  WAS ANYBODY INJURED (YES / NO) O) CONVEY & PUBLIFUENCE  O) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION:  THIRD PARTY VEHICLE  O) VEHICLE NUMBER:  O) NRIC/FIN/PASSPORT:  CONTACT:  THIRD PARTY VEHICLE  O) VEHICLE NUMBER:  O) NRIC/FIN/PASSPORT:  FOR THE PARTY VEHICLE  O) VEHICLE NUMBER:  O) NRIC/FIN/PASSPORT:  O) NRIC/FIN/
	5. 6. 7. 8. 4 passenger ding driver) 9. of passenger uding driver)	F)YEARS OF DRIVING EXPRENENCE: WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  O)WEATHER CONDITION: (CLEAR / RAINING / OTHERS  D)ROAD SURFACE: (DRY / WET / OTHERS  WAS ANYBODY INJURED (YES / NO) O) CONVEY & PUBLIFUENCE  O) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION:  THIRD PARTY VEHICLE  O) VEHICLE NUMBER:  O) NRIC/FIN/PASSPORT:  CONTACT:  THIRD PARTY VEHICLE  O) VEHICLE NUMBER:  O) NRIC/FIN/PASSPORT:  FOR THE PARTY VEHICLE  O) VEHICLE NUMBER:  O) NRIC/FIN/PASSPORT:  O) NRIC/FIN/





Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999 1 of 3 Report No. T/20190516/2033

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/05/2019 11:48		Vide Report No.:	Station Diary No.: 52		
Informa	nt's Partic	ulars		NEW PROPERTY AND PROPERTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE P	
	f Informant: IK THYE		Address: APT BLK 237 COMPASSVALE WALK #15-532 SIN 540237		
The state of the s	/ ID No.: D / S05162	19Z	Contact No.: Home/Office: Mobile: 96871394		
	Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 68	Date of Birth: 20/10/1950	Type of Informant: Driver		
Race: Chinese		Language:	Institution / School Name:		
Occupation: Building and construction project		Driving Licence Informati Class: 3	tion: Date of Expiry:		

General Inform	nation of the Accident			
Type of Accident:	Injury Conveyed By Ambulan	Drink Ce Drive: No	Date/Time of Accident: 10/05/2019 13:50	Type of Location: Straight Road
	EXPRESSWAY fore Eng Neo Ave Exit			
Weather: Clear	R	oad Surface:		Road Speed Limit:
Traffic Flow: Two Way	100	raffic Control: ot Controlled		Traffic Volume: Light
Type of Collis Between Mov	ion: ing Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes

Details of Vehicle Involved					SCHOOL ST.	
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GT4452P	Lorry				Seriously Damaged	1





Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999 2 of 3 Report No. T/20190516/2033

## CONTINUATION OF REPORT

#### Brief Details.

On 10/05/2019 around 1350hrs I was driving my Lorry bearing carplate GT4452P along PIE toward Eng Neo Ave . I saw the vehicle infront of me had suddenly brake and I couldn't react in time for brake and my lorry had collide with the vehicle. I was injured as well as my passenger who was been cramp by the crash. I had alighted from my seat and went to my friend assist who was bleeding. Ambulance had arrived shortly and conveyed both of us to Ng Teng Fong Hospital. I was in a shock as such I did not pay attention to the vehicle and the plate number behind me. I only know that it was a chain collision. I was warded at hospital for 5 days and only able to come down to lodge a traffic report today.





Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999

3 of 3 Report No. T/20190516/2033

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: L / Sr Staff Sgt TAN BENG KHOON	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 16/05/2019 11:48
Officer In Charge Of Case: TP / GIT /	Classification Of Case:
Sgt 3 RASHIDAH BINTE AZMAN Contact No.: 65476216	SN 085
Authentication Stamp NP168 Signapore Police Fol	rce









## Tokio Marine Insurance Singapore Ltd.

(Company Reg. No.: 192300014M) (GST Reg No.: M2-0000023-4) 20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046

T: (65) 6221 6111 F: (65) 6221 4355 / (65) 6224 0895 E: tmis@tokiomarine.com.sg W: www.tokiomarine.com

A member of the Tokio Marine Group



#### 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)

Policy No.: 19-MT002117-R01 (Comm Vehicle Carry Own Goods)

1. Index Mark and Registration Number of Vehicle

GT4452P

Chassis No.: LY2120003752

2. Name of Policyholder

JEK HAN DECORATION CONTRACTOR

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

01/04/2019

4. Date of Expiry of Insurance

31/03/2020

5. Persons or Class of Persons entitled to drive\*

Any person who is driving on the policyholder's order or with their 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. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.
- 6. Limitations as to use\*
  - 1) Use in connection with the policyholder's business.
  - 2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholders' business.
  - Use for social domestic and pleasure purposes.

The policy does not cover:-

- 1) Use for hire or reward or for racing, pace-making, reliability trial or speed-testing.
- 2) Use whilst drawing a trailer except the towing 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.

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

Please refer to the Policy Schedule for full details, terms and conditions of the insurance.

#### IMPORTANT NOTICE

This Certificate is not transferable. During its currency, if the insurance is cancelled for whatsoever reason, you must return the Certificate to Tokio Marine Insurance Singapore Ltd. within 7 days thereof or, if the Certificate has been lost destroyed, you must make a statutory declaration to that effect. Failure to comply with this duty is an offence under Motor Vehicle (Third-Party Risks and Compensation) Act (Chapter 189).

ADDITIONAL INFORMATION

Account: 2382DDA

Insurance Plan:

Third Party Cover Only

Financial Interest:

HITACHI CAPITAL ASIA PACIFIC PTE LTD

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

User Name: Intermediaries from TM O

Printed 06/03/2019



Traffic Police Singapore Police Force 10, Ubi Avenue 3 Singapore 408865 Tel : 6547 0000 Fax : 6547 6259

Date: 12 May 2019

Your Ref :

Our Ref

: TP/IP/30181/2019

ANG TEIK THYE APT BLK 237 COMPASSVALE WALK #15-532 SINGAPORE 540237

## կլներիսիցիրկիկոր

Dear Sir / Madam,

CASE OF TRAFFIC ACCIDENT INVOLVING GT4452P ALONG PAN ISLAND EXPRESSWAY ON 10 MAY 2019 @ 1.52 PM

000079

Please be informed that Traffic Police is investigating into the above matter and will update you the status in due course.

- 2 IF you have not lodged a Police Report of a Traffic Accident (NP168) in respect of the said accident which is now required for police investigation, please do so as soon as possible at the nearest police station, Neighbourhood Police Centre (NPC), Neighbourhood Police Post (NPP) or online via Singapore Police Force Electronic Police Centre (http://www.police.gov.sg/epc).
- Please note that the information given by you in the Police Report of a Traffic Accident (NP168) will be carefully considered. You may not be called upon for an interview if the information in the Police Report is sufficient for our investigation. However, if you have any further information or other evidence (such as CCTV footages) which you have not stated in your report and which you think will assist in the investigation, you are advised to contact the Investigation Officer within 2 weeks of this letter to arrange for an appointment.
- You may contact the Investigation Officer LIM HONG LEE at his / her office number: 65476438 or the supervisor NORHIDAWATI BTE AHMAD at 65476310 if you have any further queries.
- 5 Thank you.

Yours faithfully,

TAN CHEE SING (ASP)
CHIEF INVESTIGATION OFFICER
INVESTIGATION BRANCH
TRAFFIC POLICE

This is computer generated and does not require a signature.

