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Owner/Driver: (	, INC(		)	<del></del>
Policy No: ( ) Period: (		Tel:		
Confirmed by : (	Dates .	Cover Type: (		
Insured/Driver Liability: ( %) [Note-Est Status		Time:	2. 80-100	
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# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

EMail Address

- 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 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.
- 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 ladgement 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

	ACCIDENT STATEMENT
Date Of Report	26/08/2019 12:25
Date Of Accident	23/08/2019 14:50
Exact Location Of Accident	ALONG BUKIT TIMAH ROAD
Country/State of Loss	SINGAPORE
to the control of the	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJY9290U
Insured/Policyholder	
Name Of Registered Owner	CHENG MEI LING
NRIC No	S1451528C
Email Address	JIMMYSEOW8082@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91811079
Alternative Phone No	OTHERS-91811079
Vehicle Particulars	
Manufacturer	PROTON
Model	EXORA 1.6L AT (M-LINE) ABS D/AB 2WD 5DR
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?	NO
f No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5101367896
Cover Note Number	
Driver	
Name of Driver	SEOW MIN HOO
NRIC No	\$1431739B
Date Of Birth	05/03/1960
424V 039G12F03	OUTDOOR
Date Of Driving Pass	12/02/2007
Driving Experience	12 YEARS AND 6 MONTHS
	MALE
Sobile Work	(LOCAL) +65-91811079
ax Number	IN CONTRACTOR AND
Contact Number	OTHERS-91811079

JIMMYSEOW8082@GMAIL.COM

Address

BLK 551 JURONG WEST STREET 42

#11-255

Postcode

640551

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle) 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)

1

**Details of Police Action** 

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

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

SG1750A

Vehicle Make/Model/Colour

**Details Of Properties** 

BUS

Vehicle Category

WONG CHIN WEI

Name of Driver

G2143843Q

NRIC/Passport Number Contact Number

87155911

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
- 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.
- 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:

Name

NRIC/FIN No.

SKETCH PLAN	low Bukin	Times P	040	
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Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the p Date & Time:	olicyholder)	Reporting Centre Pe Name: NRIC/FIN No.:	Sa Caragore
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Claim Handling									
Accident MT/1059380									
Policy No. Certificate No.	5101367696	Vehicle No.	57192900		GST #eystrac	an No.			
Hikeyhouser Name	CHENG MEI LING								
Product Code	PRIVATE CAN INSURANCE	Cover Type	STIVE CLASSIC		Policyholder N	NJC.		\$1529C	
Corract No.(Mobile)	91857074	Contact No. (Office)	-		Landing	520/2	10		
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t:		Claim Handling(	accident reporting Claim I	ask )
1	NOC_MUNIT_MERAM_BIGETS( NATIONAL RESESSMENT CENTRE SERVICE 5 (BUNIT MERAM)) on 24 Aug 2019 14:09	Plantes	harmal	Protos 2019-8-24
	NAC_BUNIT_MERAH_BUDGPE; NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH); on 25 Aug 2010 14:00	Phirtox	Novembl	Prints 2011-6-26
1	HAC BUNTT MERAM 360676; NATIONAL ASSESSMENT CENTRE SERVICE S (BUNTT MERAM)) on 26 Aug 2018 14109	Photoe	Romai	Photos 2019-8-25
	NAC_BUNIT_MERAN_BORE/NI NATIONAL ASSESSMENT CENTRE SERVICE S (BUNIT MERAN)) on 25-Aug 2019 14-09	Photos	Normal	Photos 2019-8-25
	NAC_BURIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BÜKIT MERAH)) on 26 Aug 2019 14:09	Preston	Normal	Photos 2019-9-26
	NAC SURET MERAN BOOKEN NATIONAL ASSESSMENT CENTRE SERVICE S (SEARCH) 2015 14:00 000000000000000000000000000000000	Photos	Normal	Printed 2019-8-26
	HAC_BURIT_MERAH_BIDGETS; NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) on 26 Aug 2019 14:08	Photos	Normal	Science 3019-9-76
3	NAC_BURIT_MERAH_BOOKTH, NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT HEARH)) on 76.649 2019 14.08	Pharias	Normal.	Photos 3019-8-76
	NAC_BUNIT_MERAH_BOOKTO; NATIONAL ASSESSMENT CENTRE SERVICE S (BUNIT MERAH) un 28 Aug 2019 14 DB	Photos	Normal	PHOINE 2219-4-26
	NAC_BIATT_MERAIL_BOOKTO( NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAIL) on 26 Aug 2039 14:08	Prutos	Normal	Phones 2019-5-76
	NAC_BUXIT_MERAH_B00676; NATIONAL ASSESSMENT CENTRE BERVICE \$ (BUXIT MERAH)) on 26 Aug 2019 14-08	Photos	Normal	Proces 2015-5-25
2	NAC_BUKIT_MENAH_800676; NATIONAL ASSESSMENT CENTRE BERVICE S [BUKIT-MENAH]] on 28 Aug 2019 14:08.	Photos	Normal	Proint 2019-8-26
1	NAC_BURIT_MERAH_BOOK/N, NATIONAL ADDESSMENT CENTRS SERVICE S (BURIT HEARH)) on 28 Aug 2019 14:08	Photas	Narral	Photos 2019-9-26
	NAC_BUNIT_MERAH_810676; NATIONAL ASSESSMENT CENTRE SERVICE S (BUNIT MERAH)) on 26 Aug 2019 14:06	Photos	Normal	Photos 2019-8-26
Ì	MAC_BURIT_MERIAH_BURGY6( NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERIAH)) on 26 Aug 2019 14:08	Physics	Normal.	Profites 2019-6-26.
Ì	NAC_BURIT_MERAH_RODE?E: RATIONAL ASSESSMENT CENTRE WERVICE S (BURIT MERAH) on 26 Aug 2015 (A:08	Phone	hiormel	Printes 2019-0-26
Š	NAC_BURTT_MEAN4_BODGFGI NATIONAL ASSESSMENT CENTRAL SERVICE S_(BURTT_MEAN4))-so-26 Aug 2016/14/29	Photos	Normali	Photos 2019 6-26
d	NAC_BURIT_MERAH_BOXE75  NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) on 26 Aug 2019-14-08	Photos	Scendi	Photos 2019-8-26
3	NAC_BUXTT_MERAH_B00676( NATIONA), ASSESSMENT CENTRE RESUICE 8 (BUXTT MERAH)) on 26 Aug 2019 14:07	Photos	formal	Phytos 2019-8-28
	NAC_BLAST_MERAH_BDOGTS( NATIONAL ASSESSMENT CENTRE SERVICE S. (BURCT MERAH)) on 26 Aug. 2019 14:07	Photos	Nomei	Priotos 2019-4-28
ì	NAC_BURIT_HERAH_BOSSIS( NATIONAL ASSESSMENT CENTRE SERVICE 5 (BURIT MERAH)) on 26 Aug 2019 14:07	Phytos	Normal	Photos 2019-6-26
ì	NAC_BUATT_MERAH_BIDDETEC NATIONAL ASSESSMENT CENTRE SERVICE S (BUSET) HERAH)) on 26 Aug 2015 L4(07	Photos	Normal	Photos 2019-0-26
ž.	NAC_BURIT_MERAM_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAM)) on 26 Aug 2019 \$4:07	NRIC/ Driving Liversie	Y Normal	NROC/ Driving License 2019-9-76
2	NAC_BURIT_MERAN_BOOKF6( NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAN)) in 28 Aug 2019 14:87	545	Normal	385 2019-4-16
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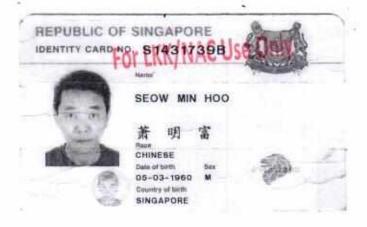
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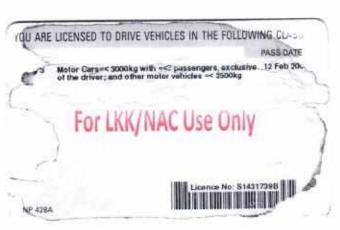
# ACCIDENT STATEMENT

LOCATION: ALDWAY FUNCTION  1. DETAILS OF VEHICLE OIVERICLE NUMBER: S DY 9700U DINSURANCE COMPANY: APPLL  DINCE COMPANY: APPLL  DINCE COMPANY: APPLL  DINCE COMPANY: APPLL  DINCE COMPANY: APPLL  LIST OF COMPANY: APPLL  DINCE CENTER OF COMPANY: APPLL  CONTINUE TO 3.0 IF DRIVER ALSO POLICY HOLDER  DINCE CENTER OF COMPANY: APPLL  CONTINUE TO 3.0 IF DRIVER ALSO POLICY HOLDER  DINCE CENTER OF COMPANY: APPLL  CONTINUE TO 3.0 IF DRIVER ALSO POLICY HOLDER  DINCE CENTER OF COMPANY: APPLL  CONTINUE TO 3.0 IF DRIVER ALSO POLICY HOLDER  DINCE CENTER OF COMPANY: APPLL  CONTINUE TO 3.0 IF DRIVER ALSO POLICY HOLDER  DINCE CENTER OF COMPANY: APPLL  CONTINUE TO 3.0 IF DRIVER ALSO POLICY HOLDER  CONTINUE TO 3.0 IF DRIVEN OF COMPANY: (YES / NO)  DINCE CENTER OF COMPANY: APPLL  SO JUNEATHER CONDITION: (INDOOR! OUDDOOR!)  JUNCE CENTER OF COMPANY: (YES / NO)  1 OJREPORTED TO POLICE (YES / NO)  1. OJREPORTED TO POLICE (YES / NO)  1. OJREPORTED TO POLICE (YES / NO)  2. HIGH STATE YERICLE  DINCE PROVEN NAME: APPLL  JUNCE PROV	AC	CIDENT DATE: (23) 08 1.9 ) (DD/MM/YYY), TIME: ( 14.50 ) (HH:MI	M)
T. DETAILS OF VEHICLE  GIVEHICLE NUMBER:  GIPOLICY NUMBER:  GIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEF!)  9   MAKE & MODEL:   VAN / LORRY / MOTORCYCLE / OTHERS)  9   WEHICLE CATEGORY: (PRIVATE / COMMERCIAL MOTORCYCLE)  11   PURPOSE OF USING AT ACCIDENT TIME:   WHAT / MALE / FEMALE    11   ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES NO)  12   INSURED / POLICY HOLDER ADMINISTRATE (YES NO)  13   INSURED / POLICY HOLDER ADMINISTRATE (YES NO)  14   DINRIC/FIN/PASSPORT:   CONTACT:    15   CONTINUE TO 3:d IF DRIVER ALSO POLICY HOLDER  26   MALE / FEMALE    27   DINRIC/FIN/PASSPORT:   CONTACT:    28   CONTINUE TO 3:d IF DRIVER ALSO POLICY HOLDER  29   MALE / FEMALE    20   DINRIC/FIN/PASSPORT:   CONTACT:    21   MALE / FEMALE    21   DINRIC/FIN/PASSPORT:   CONTACT:    22   OTHERS    33   CONTINUE TO 3:d IF DRIVER WITH INSURED SOMPANY? (YES / NO)    34   MALE / FEMALE    35   OTHER CONDITION: (CLEAR / RAINING / OTHERS    36   DRIVER AND MILE   (YES / NO)    36   WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)    37   OTHER CONDITION: (CLEAR / RAINING / OTHERS    38   DRIVER STATE WHICH POLICE STATION:    39   WEHCLE NUMBER:   SAITO A MODEL:    30   MENORME STATE WHICH POLICE STATION:    30   MENORME STATE WHICH POLICE STATION:    30   MENORME STATE WHICH POLICE STATION:    31   MILE / FEMALE    31   MALE / FEMALE    32   MALE / FEMALE    33   MALE / FEMALE    34   MALE / FEMALE    35   MALE / FEMALE    36   MALE / FEMALE    37   MALE / FEMALE    38   MALE / FEMALE    39   MALE / FEMALE    30   MALE / FEMALE    30   MALE / FEMALE    31   MALE / FEMALE    31   MALE / FEMALE    31   MALE / FEMALE    32   MALE / FEMALE    34   MALE / FEMALE    35   MALE / FEMALE    36   MALE / FEMALE    37   MALE / FEMALE    38   MALE / FEMALE    39   MALE / FEMALE    30   MALE / FEMALE    31   MALE / FEMALE    31   MALE / FEMALE    31   MALE / FEMALE    32   MALE / FEMALE    33   MALE / FEM	Loc	0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0	0270
DIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY FIRE & THEFT)  e)MAKE & MODEL: VICTORY  (I)TYPE: (SALOON / COUPE / (P) VAN / LORRY / MOTORCYCLE. / OTHERS)  g)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  h)PURPOSE OF USING AT ACCIDENT TIME:  I)ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES/RO)  IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  2. INSURED / POUCY HOLDER  A) NAME: CHIMLIA MAI LIME (MALE / FEMALE)  D)NRIC/FIN/PASSPORT: CONTACT:  C)ADDRESS:  CONTINUE TO 3. d IF DRIVER ALSO POUCY HOLDER  DIRICOR BIRTH: (IS IN THIRD PARTY Y (YES / (NO))  E) OCCUPATION: (INDOOR / OUDOR)  JORTE OF BIRTH: (IS IN THE INSURED'S COMPANY? (YES / (NO))  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  D) ROAD SURFACE: (DRY / WET / OTHERS  D) ROAD SURFACE: (DRY / WET / OTHERS  D) COMPANY (YES / (NO))  IF YES, PLEASE STATE WHICH POLICE STATION:  THIRD PARTY VEHICLE  D) VEHICLE NUMBER: SO TO PASSENGER  D) VEHICLE NUMBER: SO TO PASSENGER  D) VEHICLE NUMBER: SO TO PASSENGER  e) DRIVER'S NAME:  (1) VEHICLE NUMBER: MODEL:  D) RIVER'S NAME:  (2) VEHICLE NUMBER: MODEL:  D) RIVER'S NAME:  (3) OR CONTACT:  D) CONTACT:  CONTACT:  CONTACT:  (4) VEHICLE NUMBER: MODEL:  D) RIVER'S NAME:  (5) ORIGO/FIN/PASSPORT: CONTACT:  CONTACT:  CONTACT:  (6) VEHICLE NUMBER: MODEL:  D) RIVER'S NAME:  (6) VEHICLE NUMBER: MODEL:  D) RIVER'S NAME:  (7) ORIGO/FIN/PASSPORT: CONTACT:		1. DETAILS OF VEHICLE STY 9090U  DINSURANCE COMPANY: WILL  ATTEMPT OF VEHICLE STY 9090U  DINSURANCE COMPANY: WILL  DINSURANC	
OMAKE & MODEL: VICTORY  (I)TYPE: (SALON) / COUPE / (BY / NAN / LORRY / MOTORCYCLE, / OTHERS)  (I)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  (I) PURPOSE OF USING AT ACCIDENT TIME: (LUPTA)  (I) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES (NO))  (IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  2. INSURED / POLICY HOLDER  A) MAME: (LIPTA)  (MALE / FEMALE)  D)NRIC/FIN/PASSPORT: (LUPTA)  (MALE / FEMALE)  (MALE / FEMALE)  D)NRIC/FIN/PASSPORT: (LUPTA)  (MALE / FEMALE)  D)NRIC/FIN/PASSPORT: (LUPTA)  (MALE / FEMALE)  (MALE / FEM	ā		<del>-</del> 11
Solver Color (PRIVATE / COMMERCIAL MOTORCYCLE)  In Purpose of using at accident time:  If are you claiming under youp own insurance (yes/No)  If no, Please state (third party claim / Reporting onty)  2. Insured / Policy Holder  A) NAME: CHALL MAI LUM (MALE / FEMALE)  D) NRIC/FIN/PASSPORT: CONTACT:  C) ADDRESS:  **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  O) NAME: SAW MIN HO (MALE / FEMALE)  DINRIC/FIN/PASSPORT: SAME:  O) DATE OF BIRTH: (SS/OS/1940) (DD/MM/YYYY)  e) OCCUPATION: (INDOOR / OUDDOR)  IDENTE OF DRIVING PASC  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  D) ROAD SURFACE: (DRY/WET / OTHERS  6. WAS ANYBODY INJURED (YES/NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  B. THIRD PARTY VEHICLE  O) VEHICLE NUMBER: SAME: MODEL:  Instructing, driver)  O) VEHICLE NUMBER: MODEL:  O) VEHICLE NUMBER: MODEL:  O) VEHICLE NUMBER: MODEL:  Instructing, driver)  O) VEHICLE NUMBER: MODEL:		OMAKE & MODEL: VKI DOW	20200
IJARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  2. INSURED / POLICY HOLDER A)NAME: CHALLY MA! LIAR (MALE / FEMALE) D)NRIC/FIN/PASSPORT: CONTACT: C)ADDRESS:  CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER D)NRIC/FIN/PASSPORT: CONTACT: D)NRIC/FIN/PASSPORT: D)NRIC/FIN/PASSPORT: CONTACT: D)NRIC/FIN/PASSPORT: D)NRIC/FIN/PASSPORT: D)NRIC/FIN/PASSPORT: D)NRIC/FIN	2	SIVEHICLE CATEGORY: [PRIVATE / COMMERCIAL / MOTORCYCLE]	
2. INSURED / POLICY HOLDER  A) NAME: CHALL MAN (MALE / FEMALE)  D) NRIC/FIN/PASSPORT: CONTACT:  C) ADDRESS:  CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  CINCLUDING SHIPP ASSPORT: CONTACT: GIBLOTO  C) MALE / FEMALE  D) NRIC/FIN/PASSPORT: CONTACT: GIBLOTO  C) ADDRESS:  C) ADDRE	30	I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES NO)	
C)ADDRESS:  CONTINUE TO 3.d IF DRIVER ALSO POUCY HOLDER  DRIVER  DRIVER  DINIC/FIN/PASSPORT:  C)ADDRESS:  C)ADDRESSERIES  C)ADDRESSERIES  C)ADDRESSERIES  C)ADDRESSERIES  C)ADDRESSERIES  C)ADDRESSERIES  C)ADDRES	2	2. INSURED / POLICY HOLDER MAI LINE (MALE / FEMALE)	1.
Chicloding divier)  DRIVER  DINAME: SKOW NIN HOO  (MALE / FEMALE)  DINAME: SKOW NIN HOO  (JAME)  DINAME: SKOW NIN HOO  (JAME)  DINAME: SKOW NIN HOO  (MALE / FEMALE)  DINAME: SKOW NIN HOO  (JAME)  DINAME: SKOW NIN HOO  (MALE / FEMALE)  DINAME: SKOW NIN HOO  (JAME)  DINAME: SKOW NIN HOO  (MALE / FEMALE)  DINAME: SKOW NIN HOO  (JAME)  DINAME: SKOW NIN HOO  (MALE / FEMALE)  DINAME: SKOW NIN HOO  (JAME)  DINAME: SKOW NIN HOO  (MALE / FEMALE)  DINAME: SKOW NIN HOO  (JAME)  DINAME: SKOW NIN HOO  (MALE / FEMALE)  DINAME: SKOW NIN HOO  (JAME)  DINAME: SKOW NIN HOO  (MALE / FEMALE)  DINAME: SKOW NIN HOO  (JAME)  DINAME: SKOW NIN HOO  (MALE / FEMALE)  DINAME: SKOW NIN HOO  (JAME)  DINAME: SKOW NIN HOO  (MALE / FEMALE)  DINAME: SKOW NIN HOO  (JAME)  DINAME: SKOW NIN HOO  (MALE / FEMALE)  DINAME: SKOW NIN HOO  (MALE / FEMALE  DINAME: SKOW NIN HOO  (MALE / FEMALE  DINAME: SKOW	74		_
C) ADDRESS:  "d) DATE OF BIRTH: (_\$\sqrt{S}\sqrt{S}\sqrt{1960} (DDORN) (DOORN)	the of passonger	DRIVER SHOW WIN HOO (MALE / FEMALE)	-
e)OCCUPATION: (INDOOR / OUTDOOR)  fidate of driving PASS  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)  7. a)REPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  O) VEHICLE NUMBER: SO TO A MODEL: BUS.  Including driver)  b) DRIVER'S NAME: WALL  C) NRIC/FIN/PASSPORT: CONTACT:  INCluding driver)  1) NRIC/FIN/PASSPORT: CONTACT:  E) DRIVER'S NAME:  O) DRIVER'S NAME:  O) VEHICLE NUMBER: MODEL:  O) NRIC/FIN/PASSPORT: CONTACT:  O) NRIC/FIN/PASSPORT: CONTACT:  O) NRIC/FIN/PASSPORT: CONTACT:  O) NRIC/FIN/PASSPORT: CONTACT:	(_)	DINNE PROSPORIE AND CONTACT: 418 10	16
fibrie of driving PASS  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES /NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  5. G)WEATHER CONDITION: (CLEAR / RAINING / OTHERS  b)ROAD SURFACE: (DRY / WET / OTHERS  6. WAS ANYBODY INJURED (YES /NO)  7. G)REPORTED TO POLICE (YES /NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  O) VEHICLE NUMBER: SO TO A MODEL: BW.  Including drivar b) DRIVER'S NAME: WAS ANYBODEL:  O) VEHICLE NUMBER: WAS AND INJURED (INSURED)  O) PASSENGER  G) VEHICLE NUMBER: MODEL:  INCLUDING drivar of NAME: MODEL:  O) PRISTINGER  O) VEHICLE NUMBER: MODEL:  O) PRISTINGER  O) PRISTINGER  O) VEHICLE NUMBER: MODEL:  O) PRISTINGER  O) VEHICLE NUMBER: MODEL:  O) PRISTINGER  O) VEHICLE NUMBER: MODEL:  O) PRISTINGER  O) PRISTINGER  O) VEHICLE NUMBER: MODEL:  O) PRISTINGER  O) PRISTINGER  O) VEHICLE NUMBER: MODEL:  O) PRISTINGER  O) PRISTINGER  O) PRISTINGER  O) PRISTINGER  O) VEHICLE NUMBER: MODEL:  O) PRISTINGER  O) PR		eloccupation: (INDOOR (ONTOOR)	-
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6. WAS ANYBODY INJURED (YES /NO) 7. a) REPORTED TO POLICE (YES /NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  O) VEHICLE NUMBER: SS SG 1750 A MODEL: BWS.  Including driver) b) DRIVER'S NAME: WAMS (WWW.)  C) NRIC/FIN/PASSPORT: CONTACT: "  O) VEHICLE NUMBER: MODEL: "  Including driver) f) NRIC/FIN/PASSPORT: CONTACT: "  O) VEHICLE NUMBER: MODEL: "  O) VEHICLE NUMBER: CONTACT: "  O) VEHICLE NUMBER: CONTACT: "  O) VEHICLE NUMBER: CONTACT: "  O) NRIC/FIN/PASSPORT: CONTACT: "	5.	a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS	
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