### SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

Contact Number 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 <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.
- 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

Date Of Report 18/09/2019 15:56 Date Of Accident 17/09/2019 16:40 Exact Location Of Accident 17/09/2019 16:40  Exact Location Of Accident 17/09/2019 16:40  Exact Location Of Accident 17/09/2019 16:40  Exact Location Number 18/09/2019  Exact Location Number 18/09/2019  Exact Part Number 18/09/2019  Exact Part Number 18/09/2019  Exact Purpose for which vehicle was being used at lime of accident 18/09/2019  Are you claiming under your own insurance policy or repair to your vehicle? 16/09/2019  Fit No, Please state action to be taken 19/100/2019  Exact Purpose Of Marcial Number 19/09/2019  Exact Purpose for Which vehicle Was being used at lime of accident 18/09/2019  Are you claiming under your own insurance policy or repair to your vehicle? 16/09/2019  Fit No, Please state action to be taken 19/09/2019  Fit No, Please state action to be taken 19/09/2019  Fit No, Please State action to be taken 19/09/2019  Exact Purpose Company 19/09/2019  Fit No, Please State action to be taken 19/09/2019  Exact Purpose Company 19/09/2019  Exact Purpose Fit No Purpose Purpo	aforesaid.	ACCIDENT STATEMENT			
Date Of Accident         17/09/2019 16:40           Exact Location Of Accident         PIE TWDS CHANGI B4 CTE EXIT           Country/State of Loss         SINGAPORE           DETAILS OF OWN VEHICLE           Vehicle Registration Number         XD9848L           Insured/Policyholder           Name Of Registered Owner         WAH & HUA PTE LTD           Co Reg No         200000076M           Email Address         NOEMAIL           Mobile Phone No         OFFICE-63620078           Vehicle Particulars         WECO           Monufacturer         IVECO           Model         TRAKKER AUTO           Exact Purpose for which vehicle was being used at ime of accident         WORKING           Vary ou claiming under your own insurance policy for repair to your vehicle?         NO           If No, Please state action to be taken         THIRD PARTY           Vehicle Category         COMMERCIAL VEHICLE           Insurance Company         NTUC INCOME INSURANCE CO-OPERATIVE LTD           Vippe Of Coverage         COMPREHENSIVE           Policy Number         5111430253           Cover Note Number         5111430253           Cover Note Number         68296562P           Date Of Birth         1901/1981      <		ACCIDENT STATEMENT			
Exact Location Of Accident		18/09/2019 15:56			
Country/State of Loss         SINGAPORE           Vehicle Registration Number         XD9846L           Vehicle Registration Number         XD9846L           Insured/Policyholder           Name Of Registered Owner         2000000076M           Co Reg No         200000076M           Email Address         NOEMAIL           Mobile Phone No         OFFICE-63620078           Vehicle Particulars         VECO           Monufacturer         IVECO           Monufacturer         TRAKKER AUTO           Exact Purpose for which vehicle was being used at ime of accident         WORKING           Are you claiming under your own insurance policy for repair to your vehicle?         NO           If No, Please state action to be taken         THIRD PARTY           Vehicle Category         COMMERCIAL VEHICLE           Insurance Company         NTUC INCOME INSURANCE CO-OPERATIVE LTD           Type Of Coverage         COMPREHENSIVE           Fleet Policy         NO           Policy Number         5111430253           Cover Note Number         52000000000000000000000000000000000000		17/09/2019 16:40			
Vehicle Registration Number  XD9846L  Insured/Policyholder  Name Of Registered Owner  Cor Reg No  Email Address  NOEMAIL  Mobile Phone No  Alternative Phone No  OFFICE-63620078  WANDEL PHONE  Monufacturer  Monufa	Exact Location Of Accident	PIE TWDS CHANGI B4 CTE EXIT			
Wehicle Registration Number         XD9846L           Insured/Policyholder         WAH & HUA PTE LTD           Co Reg No         200000076M           Email Address         NOEMAIL           Mobile Phone No         OFFICE-63620078           Vehicle Particulars         IVECO           Model         TRAKKER AUTO           Exact Purpose for which vehicle was being used at ime of accident         WORKING           Are you claiming under your own insurance policy or repair to your vehicle? If No, Please state action to be taken         THIRD PARTY           Vehicle Category         COMMERCIAL VEHICLE           Insurance Company         NTUC INCOME INSURANCE CO-OPERATIVE LTD           Type Of Coverage         COMPREHENSIVE           Fleet Policy         NO           Policy Number         5111430253           Cover Note Number         7           Drivier         VANG LEI           NRIC No         G829652P           Date Of Birth         19/01/1981           Occupation         OUTDOOR           Date Of Driving Pass         13/05/2011           Driving Experience         8 YEARS AND 4 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-86921642	Country/State of Loss				
Insured/Policyholder         WAH & HUA PTE LTD           Co Reg No         200000076M           Email Address         NOEMAIL           Mobile Phone No         OFFICE-63620078           Atternative Phone No         OFFICE-63620078           Vehicle Particulars         IVECO           Model         TRAKKER AUTO           Exact Purpose for which vehicle was being used at lame of accident         WORKING           Are you claiming under your own insurance policy for repair to your vehicle?         THIRD PARTY           Vehicle Category         COMMERCIAL VEHICLE           Insurance Company         NTUC INCOME INSURANCE CO-OPERATIVE LTD           Type Of Coverage         COMPREHENSIVE           Fleet Policy         NO           Policy Number         5111430253           Cover Note Number         7ANG LEI           NRIC No         G8296562P           Date Of Birth         19/01/1981           Occupation         OUTDOOR           Date Of Driving Pass         13/05/2011           Driving Experience         8 YEARS AND 4 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-86921642	D	DETAILS OF OWN VEHICLE			
Name Of Registered Owner         WAH & HUA PTE LTD           Co Reg No         200000076M           Email Address         NOEMAIL           Mobile Phone No         OFFICE-63620078           Vehicle Particulars         Vexice Particulars           Manufacturer         IVECO           Model         TRAKKER AUTO           Exact Purpose for which vehicle was being used at ime of accident         WORKING           Are you claiming under your own insurance policy for repair to your vehicle?         NO           If No, Please state action to be taken         THIRD PARTY           Vehicle Category         COMMERCIAL VEHICLE           Insurance Company         NTUC INCOME INSURANCE CO-OPERATIVE LTD           Type Of Coverage         COMPREHENSIVE           Fleet Policy         NO           Policy Number         5111430253           Cover Note Number         -           Driver         YANG LEI           NRIC No         G8296562P           Date Of Birth         19/01/1981           Occupation         OUTDOOR           Date Of Driving Pass         13/05/2011           Driving Experience         8 YEARS AND 4 MONTHS           Gender         MALE	Vehicle Registration Number	XD9846L			
Co Reg No         200000076M           Email Address         NOEMAIL           Mobile Phone No         Vericle Professional	Insured/Policyholder				
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Model TRAKKER AUTO Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken Vehicle Category  Nomercial Vehicle Category  Nomercial Vehicle Category  Nomercial Vehicle Category  Nomercial Vehicle Company  Nomercial Vehicle Vehicle  Vomertial Vehicle  Vomertial Vehicle  Vomertial Vehicle  Vomercial Vehicle	Vehicle Particulars				
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Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken  If No, Please state action to your Please  Insurance Company  If No, Please state action to your Please  Insurance Company  I	Model	TRAKKER AUTO			
for repair to your vehicle?  If No, Please state action to be taken Vehicle Category COMMERCIAL VEHICLE  Insurance Company Name of Insurance Company Name of Insurance Company No Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number 5111430253 Cover Note Number	Exact Purpose for which vehicle was being used at time of accident	WORKING			
Vehicle Category  Insurance Company  Name of Insurance Company  Type Of Coverage  Fleet Policy Policy Number  Cover Note Number  Type Of Driver  NAME of Driver  NRIC No Date Of Birth  Occupation  Date Of Driving Pass  Driving Experience  8 YEARS AND 4 MONTHS  Month of Marker Survey	Are you claiming under your own insurance policy for repair to your vehicle?	NO			
Insurance Company Name of Insurance Company Name of Insurance Company No Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number 5111430253 Cover Note Number	If No, Please state action to be taken	THIRD PARTY			
Name of Insurance Company Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number 5111430253 Cover Note Number - Driver  Name of Driver NAMG LEI NRIC No G8296562P Date Of Birth 19/01/1981 Occupation OUTDOOR Date Of Driving Pass 13/05/2011 Driving Experience 8 YEARS AND 4 MONTHS Gender MALE Mobile Number  NTUC INCOME INSURANCE CO-OPERATIVE LTD COMPREHENSIVE NO OUTDOOR BY ANG S111430253 OUTDOOR DATE OF DRIVING PASS 13/05/2011 MALE Mobile Number  NTUC INCOME INSURANCE CO-OPERATIVE LTD OUTDOOR AND	Vehicle Category	COMMERCIAL VEHICLE			
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Policy Number 5111430253  Cover Note Number -  Driver  Name of Driver YANG LEI  NRIC No G8296562P  Date Of Birth 19/01/1981  Occupation OUTDOOR  Date Of Driving Pass 13/05/2011  Driving Experience 8 YEARS AND 4 MONTHS  Gender MALE  Mobile Number (LOCAL) +65-86921642	Type Of Coverage	COMPREHENSIVE			
Cover Note Number -  Driver  Name of Driver  Name of Driver  NRIC No  G8296562P  Date Of Birth  Occupation  Outdoor  Date Of Driving Pass  13/05/2011  Driving Experience  8 YEARS AND 4 MONTHS  Gender  Mobile Number	Fleet Policy	NO			
Name of Driver  Date Of Birth  Occupation  Outdoor  Date Of Driving Pass  13/05/2011  Driving Experience  8 YEARS AND 4 MONTHS  Gender  MALE  Mobile Number  YANG LEI  YANG LEI  YANG LEI  YANG LEI  YANG LEI  Sezentes  Sezentes  19/01/1981  OUTDOOR  8 YEARS AND 4 MONTHS  MALE  Mobile Number	Policy Number	5111430253			
Name of Driver  NRIC No  G8296562P  Date Of Birth  Occupation  Outdoor  Date Of Driving Pass  13/05/2011  Driving Experience  8 YEARS AND 4 MONTHS  Gender  MALE  Mobile Number  YANG LEI  YANG LEI  YANG LEI  YANG LEI  YANG LEI  G8296562P  0UTDOOR  0UTDOOR  13/05/2011  8 YEARS AND 4 MONTHS  MALE  (LOCAL) +65-86921642	Cover Note Number	-			
NRIC No G8296562P Date Of Birth 19/01/1981 Occupation OUTDOOR Date Of Driving Pass 13/05/2011 Driving Experience 8 YEARS AND 4 MONTHS Gender MALE Mobile Number (LOCAL) +65-86921642	Driver				
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Occupation OUTDOOR  Date Of Driving Pass 13/05/2011  Driving Experience 8 YEARS AND 4 MONTHS  Gender MALE  Mobile Number (LOCAL) +65-86921642	NRIC No	G8296562P			
Date Of Driving Pass 13/05/2011  Driving Experience 8 YEARS AND 4 MONTHS  Gender MALE  Mobile Number (LOCAL) +65-86921642	Date Of Birth	19/01/1981			
Date Of Driving Pass 13/05/2011  Driving Experience 8 YEARS AND 4 MONTHS  Gender MALE  Mobile Number (LOCAL) +65-86921642	Occupation	OUTDOOR			
Gender MALE Mobile Number (LOCAL) +65-86921642	Date Of Driving Pass	13/05/2011			
Mobile Number (LOCAL) +65-86921642	Driving Experience	8 YEARS AND 4 MONTHS			
Mobile Number (LOCAL) +65-86921642	Gender	MALE			
	Mobile Number	(LOCAL) +65-86921642			
	Fax Number				

**NOEMAIL** 

Address 11 KRANJI CRESCENT

Postcode 728656

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

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Insurance Company of Driver's Own Vehicle -

-

### **General Information of the Accident**

Type Of Accident COLLISION - CHANGE/CROSS LANE

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

4

Was any body injured in the Accident? YES

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 1

Number of Passengers (Including Driver)

### **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**

I WAS TRAVELLING ALONG PIE TWDS CHANGI B4 CTE EXIT ON THE THIRD LANE, VEH B COMING FROM KIM KEAT LINK SLIP RD ENTER TO PIE AND HE CUT ACROSS 3 LANE TO THE SECOND LANE AND HAD A COLLISION WITH VEH C COMING FROM THE SECOND LANE, THEN THE VEH B SPIN INTO MY PATH AND HIT ONTO MY VEH FRONT PORTION. DUE TO THE IMPACT WITH MY TRUCK. THE VEH B SPIN AGAIN AND STOP TO THE FIRST LANE AND END UP FACING AGAINST THE TRAFFIC. AFTER THE INCIDENT, I REALIZED VEH C AFTER HITTING WITH VEH B, VEH C ALSO LOST CONTROL HIT ONTO ANOTHER VEH D. TOTAL 4 VEH INVOLVED IN THE INCIDENT.

### Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: WITH DRIVER

Was there any audio recorded?

### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SCD1693T

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver SHOHEL
NRIC/Passport Number G6651958P

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 PRIVATE CAR

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 PC5503C

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category BUS

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 YANG LEI

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

NO

ambulance?

Address

Postcode

### Accident Sketch Plan

### 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>.
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- 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:
  - (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.:

# **Accident Sketch Plan**

KETCH PLAN		1 1 1 1		
	82 CI		84 0 1 84 A	PIE 400/3 cho B4 CTE EXIT  A= XD 9846 L B= SCD 1693  C= Uniknown D= PC SS030
SCRIBE CIRCUMSTANCES	OF THE ACCIDENT			
Please	Refer to	s +	atement	
		1		
CLARATION parties declare the foregoing parties	culars are true in every respect		tol	
cyholder's Signature e & Time:	Driver's Signature (If driver is not the polic Date & Time:		Reporting Centre Pe Name: NRIC/FIN No.:	ersonnel's Signature

GUURNIC Skietich Plan Form, V.S.



# Accident Photo WAR & HUA PILE LID WAR & HUA













