

NATIONAL Assessment Centre Services. (part 1 Jan 2005) MMA 120055909

Date In: 1/7/20 09:15	Job description	Date & Time Completed	Done by
Ref No: MAIAIG 20006848/64	SAS e-filing		
Veh No: SCM 1919P	E-mail (within 3hrs, AIC 2hrs)		
DTA: 22 2316/20 13:00	I-Motor Claim Form		
OD: <input checked="" type="radio"/> Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/WK311		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: SDS 9030G.	INC () / Non-INC ()
Owner / Driver: (Tel: (
Policy No: (Period: (Cover Type: (
Confirmed by: (Date: (Time: (
Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%; P: 80-100%]	
Year of Registration: (Warranty: YES () / NO ()	
Excess: (\$	Loading: \$1,000 () / \$2,000 ()	

General Remarks:

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of rep/aler.

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

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

Remarks	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

<p>NA2003506</p> <p>Claimant's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Assessors' Comments:</p> <p>Tel: 11</p> <p>11/7/20</p>	<p>Invoice Preparation Checklist</p> <table border="1"> <tr> <td>1) AR: Accident Reporting (\$30);</td> <td>INC (\$50)</td> <td>30.00</td> </tr> <tr> <td>2) DA: Damage Assessment (\$100);</td> <td></td> <td></td> </tr> <tr> <td>3) TP: Towing Fee</td> <td>\$40/\$45</td> <td></td> </tr> <tr> <td>4) FT: Follow-Through Survey</td> <td>\$120</td> <td></td> </tr> <tr> <td>5) PT: Follow-Through Survey (Resurvey)</td> <td>\$30</td> <td></td> </tr> <tr> <td colspan="3">For claim against INC Only (wof 10 Jan 2005)</td> </tr> <tr> <td>6) TR: Re-Inspection</td> <td>\$75</td> <td></td> </tr> <tr> <td>7) NI: Idao DA + SMRT Survey</td> <td>\$160</td> <td></td> </tr> <tr> <td>8) NTUC Additional Services:</td> <td></td> <td></td> </tr> <tr> <td>ON:</td> <td></td> <td></td> </tr> <tr> <td>*N5: Courtesy Car / Tpt Allowance</td> <td>\$5</td> <td></td> </tr> <tr> <td>*N6: Repair Co-ordination</td> <td>\$10</td> <td></td> </tr> <tr> <td>*N7: Post Repair Inspection</td> <td>\$25</td> <td></td> </tr> <tr> <td>*N8: DV / Collect Excess Coordination</td> <td>\$5</td> <td></td> </tr> <tr> <td>TP (N11): TP (Non INC) against INC</td> <td>\$20</td> <td></td> </tr> <tr> <td>9) N12: Idao Mobile</td> <td>\$0</td> <td></td> </tr> </table> <p>Invoice dated _____ Fee Charged _____</p> <p>Invoice dated _____ Fee Charged _____</p>	1) AR: Accident Reporting (\$30);	INC (\$50)	30.00	2) DA: Damage Assessment (\$100);			3) TP: Towing Fee	\$40/\$45		4) FT: Follow-Through Survey	\$120		5) PT: Follow-Through Survey (Resurvey)	\$30		For claim against INC Only (wof 10 Jan 2005)			6) TR: Re-Inspection	\$75		7) NI: Idao DA + SMRT Survey	\$160		8) NTUC Additional Services:			ON:			*N5: Courtesy Car / Tpt Allowance	\$5		*N6: Repair Co-ordination	\$10		*N7: Post Repair Inspection	\$25		*N8: DV / Collect Excess Coordination	\$5		TP (N11): TP (Non INC) against INC	\$20		9) N12: Idao Mobile	\$0	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	01/07/2020 09:15
Date Of Accident	23/06/2020 13:00
Exact Location Of Accident	TAY LIAN TECK RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCM1919P
Insured/Policyholder	
Name Of Registered Owner	SWEE RON SHAWN
NRIC No	SXXXX009D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94510706
Alternative Phone No	OFFICE-94510706

Vehicle Particulars

Manufacturer	LEXUS
Model	NX200T-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	PARKED
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1900099208
Cover Note Number	

Driver

Name of Driver	SWEE RON SHAWN
NRIC No	SXXXX009D
Date Of Birth	19/10/1984
Occupation	INDOOR
Date Of Driving Pass	16/04/2003
Driving Experience	17 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94510706
Fax Number	
Contact Number	OFFICE-94510706
Email Address	NOEMAIL

Address	BLK 77 MARINE DR #19-42
Postcode	440077
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	RAINING
Road Surface	WET

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?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20200626/7028

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDS9030G
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	

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

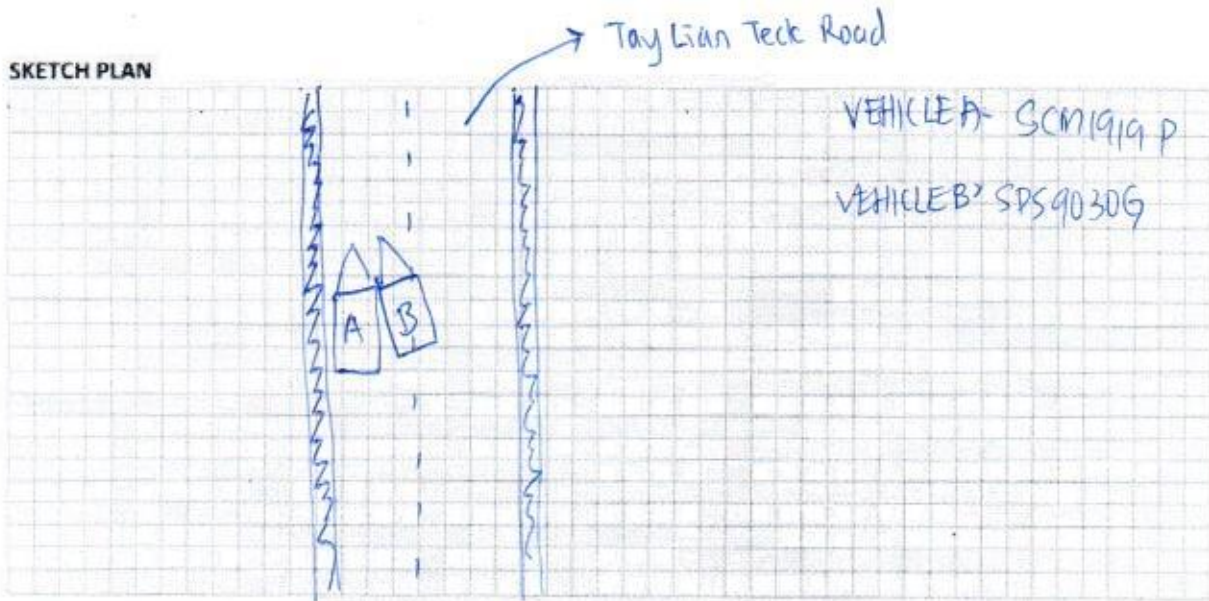
Policyholder's Signature
Date & Time:

30/6/2016 1634H13

Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A : Lexus NX200T (SCM1919P)
Vehicle B : Honda Civic (SPS9030G)
Vehicle A's in-car camera have captured video due to impact.
Vehicle A was parked at this side of the road with no driver in-bound.
I have only discovered damage upon watching the in-car video playback.
In video, vehicle B was captured driving toward the right side of vehicle A.
Vehicle B left side mirror collided with vehicle A right side and impact caused the damages. Video (Rear) camera shows vehicle B mirror side (left) was open during the drive. Upon impact, front video camera shows left side mirror of vehicle B folded in.
Hit and run accident reported to Traffic police. #report no: T/20200626/7028

DECLARATION

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

Policyholder's Signature

Date & Time:

30/6/2020 1634 Hrs

Driver's Signature

(if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20200626/7028

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20200626/7028

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/06/2020 19:09		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: SWEE RON SHAWN			Address: APT BLK 77 MARINE DRIVE #19-42 SINGAPORE 440077		
ID Type / ID No.: NRIC NO / S8433009D			Contact No.: Home/Office:		Mobile: 94510706
Nationality: SINGAPORE CITIZEN			Email: shawnswee@yahoo.com.sg		
Sex: Male	Age: 35	Date of Birth: 19/10/1984	Type of Informant: Vehicle Owner		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Management executive		Driving Licence Information: Class:		Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 23/06/2020 13:00	Type of Location: Straight Road
Location: TAY LIAN TECK ROAD				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Hit & Run - my car was parked and hit & run by another car.				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SCM1919P	Car	LEXUS	NX200T	Blue	Slightly Damaged	1
SDS9030G	Car	HONDA	CIVIC	Black	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SCM1919P	AIG ASIA PACIFIC INSURANCE PTE. LTD.			
SDS9030G		nil		



**SINGAPORE
POLICE FORCE**



T/20200626/7028

2 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20200626/7028

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	SWEE RON SHAWN	ID No.	S8433009D
Related Vehicle	NIL	Contact No.	94510706
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

My vehicle details: SCM1919P, Lexus NX200T - Blue

Yes, my in-car camera managed to capture the video of the offender vehicle driving past & hit my parked vehicle. Video/pictures size exceeds 2MB. Please contact me so i can furnish the video to the Police.

In the video, on 23 June 2020 (1302hrs 58sec), Offender car: Black Honda Civic (SDS9030G).
There is another car driving behind the offender car owner that can potentially be a witness (SMH9856C) as he/she would have noticed the hit and run accident.

There was no accident note left behind. I seeking the traffic police assistance to contact the offender as i only have the car plate number captured in my video.
Hit and Run accident happened on Tay Lian Teck Road, landed housing estate. My car was parked on the left side of the road (when enter from east coast road). Video shows offender vehicle drove past and hit the side of my car. the impact caused the in-car video to capture the hit and run thus recorded and saved. In the video, there were 4 cars that potentially can be witness but due to the rainy weather, video only managed to capture the vehicle car plate of the vehicle (Witness) driving behind the offender's car.

Will appreciate if Traffic police will assist to contact the offender driver (SDS9030G) as well as potential witness (SMH9856C) and connect us together to investigate this case. Many thanks in advance.



**SINGAPORE
POLICE FORCE**



T/20200626/7028

3 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20200626/7028

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
NEO ZHI YUAN
Contact No.: 65476079

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
26/06/2020 19:09

Classification Of Case:



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Swee Ron Shawn
Period of Insurance : 20 May 2019 To 16 Oct 2020
Engine No. : 8ARW378416
Chassis No. : JTJYARBZ702051058

Vehicle No. : SCM1919P
Policy No. : 1900099208
Endorsement No. : 000000000335469
Issued Date : 20 Mar 2020

ABOUT THE COVER

Make/Model : LEXUS NX 200T
Engine Capacity/Tonnage : 1,998.00 CC
Driver Restriction : NA
Person or Classes of Persons Entitled to Drive* :
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2017
Insuring with COE/PAF : Yes

a) The Policyholder
b) Any other person who is driving on the Policyholder's order or with his/her permission.
This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition : 30 years old and above

Limitation as to use* :

Use only for social, domestic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use 1500cc - 1600cc Optional

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

EXCESS

Section 1

Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Swee Ron Shawn - \$800 (Own Damage)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs)

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop.
For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, You may refer to AIG website www.aig.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

I/We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles(Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1999 (Malaysia).

0502263000

SAFE HARBOUR ASSURANCE AGENCY

BLK 208 HOUGANG ST 21 #04-207

SINGAPORE 530208

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

86PJ90

SINGAPORE ACCIDENT STATEMENT

ACCIDENT STATEMENT

Date Of Accident * 23/6/2026 Time 1302 Hrs
 Exact Location Of Accident * TAN LIAN TECK ROAD

DETAILS OF OWN VEHICLE (VEHICLE A)

Vehicle Registration Number * SCM 1919 P

Insured Policyholder

Name of Registered Owner * SWEET RON SHAWN

NRIC/FIN/Passport Number * S84330090

Vehicle Particulars

Manufacturer LEXUS

Model UX 200T

Exact Purpose for which vehicle was being used at time of accident

* Private use ☒ Commercial use ☐ Hire & reward ☐
 Others ☐ - please specify

Are you claiming under your own insurance policy for repair to your vehicle? * Yes ☐ No ☒ Others

If No, please state action to be taken * Third Party Claim ☒ Reporting Only ☐

Vehicle Category * Private ☒ Commercial ☐ Motorcycle ☐

Insured Company

Name of Insurance Company * AIG

Type of Coverage * Comprehensive

Fleet Policy Yes ☐ No ☐

Policy Number * 1900099208

Cover Note Number

Driver

Name of Driver * SWEET RON SHAWN

NRIC/FIN/Passport Number * S84330090

Date of Birth * 19/10/1984

Occupation * Management

Date of Driving Pass * 16/04/2003

Gender * Male ☒ Female ☐

Mobile Number * 94510706

Address * 77 Marine Drive #19-42 JC(440077)

Email Address * shawnswet@yahoo.com.sg

Was driver an employee of the Insured's Company? * Yes ☐ No ☒

If no, Relationship of the Driver with the Insured * Self

Vehicle Registration Number of Driver's Own Vehicle (if applicable)		<input type="text"/>
Insurance Company of Driver's Own Vehicle (if applicable)		<input type="text"/>
General Information of the Accident		
Type of Accident	* My vehicle was parked - Hit & Run accident.	
Weather Conditions	* Clear <input type="checkbox"/> Raining <input checked="" type="checkbox"/> Others <input type="text"/>	
Road Surface	* Dry <input type="checkbox"/> Wet <input checked="" type="checkbox"/> Others <input type="text"/>	
Other Information		
Was any body injured in the Accident?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Was any other material or property damaged?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Details of Injured Persons		
Name	* <input type="text"/>	
Address	<input type="text"/>	
Approximate Age	* <input type="text"/>	
Injuries Sustained	* <input type="text"/>	
If vehicle Occupants, state in which vehicle?	<input type="text"/>	
Were seat belts worn?	* Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was injured conveyed to hospital by ambulance?	* Yes <input type="checkbox"/> No <input type="checkbox"/>	
Details of Police Action		
Was the Accident reported to the Police?	* Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
If Yes, please state which Police Station	<input type="text"/>	
Was notice of Intended Prosecution given?	* Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Yes, against whom?	<input type="text"/>	
DETAILS OF OTHER VEHICLE(S) / PROPERTIES (VEHICLE B)		
Vehicle Registration Number	* SDS 9030 G	
Vehicle Make / Model / Colour	HONDA CIVIC	
Detail Of Properties	<input type="text"/>	
Name of Driver	* <input type="text"/>	
NRIC/Passport Number	<input type="text"/>	
Contact Number	* <input type="text"/>	
Email Address	<input type="text"/>	
Address	<input type="text"/>	
Insurance Company Name	<input type="text"/>	
Nature of Damage	<input type="text"/>	
Details Of Witness		
Name	<input type="text"/>	
Phone Number	<input type="text"/>	
Email Address	<input type="text"/>	