

# NATIONAL Assessment Centre Services. [part 1 Jan'09] MNA120070753

Date In: 1918/20 15:16	Job description	Date & Time Completed	Done by
Ref No: MA/CTI 200086841h4	SAS e-filing		
Veh No: PD 108 M	E-mail (within 3hrs, AIC 2hrs)		
DEA: 718120 07:20	I-Motor Claim Form		
(1) TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whan		

Preferred Wksp / IMC Assign Wksp / QW: (	Tel: (	Fax: (
TP Particulars:	Veh No: PA 97042	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%; F: 80-100%]	
Year of Registration: (	Warranty: YES ( ) / NO ( )	
Excess: (\$	Loading: \$1,000 ( ) / \$2,000 ( )	

( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.
( ) Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks: (INC 400000 6700 6616)	Date: ( )	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:

MA2004315	Invoice/Repairation Checklist	Fee (\$)	PAID (\$)
Client's Particulars:	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$10)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming assist INC Only (wef 10 Jan 2009)		
Tel: ( )	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idao Mobile \$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

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

### ACCIDENT STATEMENT

Date Of Report	19/08/2020 15:16
Date Of Accident	07/08/2020 07:20
Exact Location Of Accident	EAST COAST PARKWAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PD108M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	M/S AVIVA COACH SERVICES
Co Reg No	5XXXX647D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97659180
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	BUS
<b>Insurance Company</b>	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMB1SN3069361900
Cover Note Number	
<b>Driver</b>	
Name of Driver	RAVI S/O PALAYSAMY
NRIC No	SXXXX055A
Date Of Birth	03/02/1970
Occupation	OUTDOOR
Date Of Driving Pass	23/08/2011
Driving Experience	8 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85118304
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 138 TAMPINES ST 11 #03-146
Postcode	521138
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	-
	-
	-
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	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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)	5

#### 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	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT T/20200815/7012

#### 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	PA9704Z
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	UNKNOWN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	PD108M
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

#### DETAILS OF INJURED PERSON 2

Name	UNKNOWN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	PD108M
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

#### DETAILS OF INJURED PERSON 3

Name	UNKNOWN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	PD108M
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

#### DETAILS OF INJURED PERSON 4

Name	UNKNOWN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	PD108M
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

## SKETCH PLAN

### IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

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

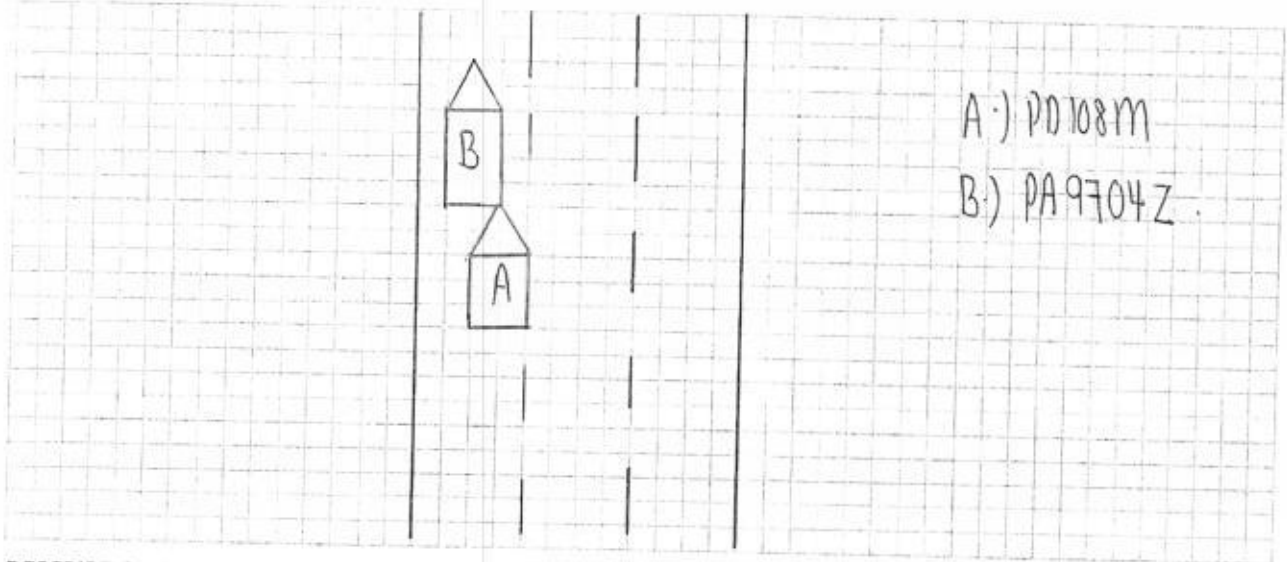


Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

\* Refer the attached Police Report NO : T/20200815 / 7012.

## DECLARATION

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

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.:





# SINGAPORE POLICE FORCE



T/20200815/7012

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

1 of 4

Report No. T/20200815/7012

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/08/2020 12:31		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: RAVI S/O PALAYSAMY			Address: APT BLK 138 TAMPINES STREET 11 #03-146 SINGAPORE 521138		
ID Type / ID No.: NRIC NO / S7003055A			Contact No.: Home/Office: Mobile: 85118304		
Nationality: SINGAPORE CITIZEN			Email: ravi.70@hotmail.com		
Sex: Male	Age: 50	Date of Birth: 03/02/1970	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: Bus driver			Driving Licence Information: Class:		Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 07/08/2020 07:20	Type of Location: Straight Road
Location:  EAST COAST PARKWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
PD108M	Van		Toyota Hiace	White		4
	Bus/Coach/Minibus (School Children)					0



**SINGAPORE  
POLICE FORCE**



T/20200815/7012

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

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Report No. T/20200815/7012

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	RAVI S/O PALAYSAMY	ID No.	S7003055A
Related Vehicle	PD108M (Van)	Contact No.	85118304
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Passenger			
Name	4 NURSES FROM RAFFLES MEDICAL, I DON'T HAVE THE NAMES	ID No.	NIL
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight

**Brief Details.**

Ref-No: TP/IP/33509/2020

I was driving my van along East Coast Parkway with 4 nurse passengers. The road had 3 lanes and I drove in the centre lane with a speed of about 60km/h.  
In the lane left to me, a bus was in front of me. I wanted to change the lane and took a turn to the left. Unfortunately, I misjudged the speed of the bus to the left. The bus was slower than I estimated. As I turned into the left lane, the distance between my van and the bus was too short. I still tried to brake but and I still hit the bus from behind with the left corner of my van. Both vehicles stopped shortly after. 4 of my passengers got injured as the impact of the crash made them hit the front seat with their head and/ or body. The injuries did not seem life-threatening but the injured passenger did have bloody injuries in their face. I believe they did not wear seat-belts. I tried to help and attend to the injured to the best of my abilities.

My van and the bus had substantial damage.

The TP arrived shortly and investigated the accident. I was taken to the police station for questioning. I have attached pictures from the accident for further evidence.





**SINGAPORE  
POLICE FORCE**

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



T/20200815/7012

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Report No. T/20200815/7012

**CONTINUATION OF REPORT**



**SINGAPORE  
POLICE FORCE**

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



T/20200815/7012

4 of 4

Report No. T/20200815/7012

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
MOHAMMED FERROZ BIN HUSSEIN  
Contact No.: 65476206

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:  
15/08/2020 12:31

Classification Of Case:

CERTIFICATE OF INSURANCE

Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 169)  
Motor Vehicles (Third Party Risks and Compensation) Rules, 1960  
Road Transport Act, 1967 (Malaysia)  
Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia)

REGD.  
31 SEP  
ABC663A  
CONFIDENTIAL

CERTIFICATE No.	ENGINE No. 508436429
1. Make, Class and Registration Number of Vehicle	CHALLENGER 1361500
2. Name of Policy Holder	FOLLOW
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	M/S AVIVA COACH SERVICES
4. Date of Expiry of Insurance	13 SEPTEMBER 2019 EX SECT. 1 ..... \$51,500.00
5. Persons or Classes of Persons entitled to drive *	12 SEPTEMBER 2020 EX ON WINDSCREEN ..... \$53,000.00

ANY PERSON PROVIDED HE IS IN THE POLICYHOLDER'S EMPLOY AND IS DRIVING ON THEIR ORDER OR WITH THEIR PERMISSION.

PROVIDED THAT THE PERSON DRIVING IS PERMITTED IN ACCORDANCE WITH THE LICENSING OF 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.

6. Limitations as to use \*

USE ONLY FOR THE CARRIAGE OF PASSENGERS OR GOODS IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS AS SPECIFIED IN THE SCHEDULE.

THE POLICY DOES NOT COVER

(1) USE FOR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING.

(2) USE WHILST DRAWING A TRAILER, EXCEPT THE TOWING (OTHER THAN FOR REWARD) OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

4. Date of expiry of insurance

12 SEPTEMBER 2020 EX ON WINDSCREEN

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

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- (2) USE WHILEST DRAWING A TRAILER, EXCEPT THE TOWING (OTHER THAN FOR REMEDY) OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE

RIFE PURCHASE CO. : UNITED OVERSEAS BANK LIMITED AS NP OWNER

\* 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

**I/We hereby Certify** that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia). Please see reverse For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.



Countersigned By:

Authorised Officer

Authorised Signatory

**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)

CERTIFICATE No.

DMB15N3069361900

DATE OF ISSUE: 15 SEP 2019

LINE NO: 1000436423

CHASSIS NO: GDM2332002815

1. Index Mark and Registration Number of Vehicle

PD108M

2. Name of Policy Holder

M/S AVIVA COACH SERVICES

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment

15 SEPTEMBER 2019 EX SECT. 2 ..... S\$1,500.00

EX SECT. 11 ..... S\$1,000.00

4. Date of Expiry of Insurance

12 SEPTEMBER 2020 EX ON MINDSCREEN ..... S\$100.00

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

ANY PERSON PROVIDED HE IS IN THE POLICYHOLDER'S EMPLOY AND IS DRIVING ON THEIR 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 REGARD FROM DRIVING THE MOTOR VEHICLE.

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THE POLICY DOES NOT COVER

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(2) USE WHILE TOWING A TRAILER, EXCEPT THE TOWING BEHIND THAT FOR REWARD OF ANY ONE DISABLED MECHANICALLY PROTECTED VEHICLE.

SIZE PURCHASE CO. - UNITED OVERSEAS BANK LIMITED AS UP ORDER

\* Limitations mentioned hereunder by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 55 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

**I/We hereby Certify** that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia). Please see reverse for CHINA TAIPIING INSURANCE (SINGAPORE) PTE. LTD.



Countersigned By:

Authorised Officer

Authorised Signatory

Date of Accident : 07.08.2020 Accident Time: 7.20 am (24-HR-Format)  
 Accident Place : East Coast Parkway  
 Vehicle No. (Car Plate No.) : PD108M Make/Model: Toyota Hiace  
 Insurance Company : China Taiping Policy No: DMBISH306936A00  
 Owner or Company Name /IC No. : M/s Aviva Coach Services (53265647D)  
 Owner or Company Contact No. : 9765 9180 Owner's Hp — Company Tel  
 DRIVER'S Name / IC No. : Ravi s/o Palaysamy (S7003055A)  
 DRIVER'S Date Of Birth : 03.02.1970 DRIVER'S License Pass Date 23.08.2011  
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others:  
 DRIVER'S Address : Blk 138 Tampines Street 11 #03-146 (S) 521138  
 DRIVER'S Contact No./ Alt No. : 1) 85118304 2)  
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
 Email Address : —  
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
 Number of Passengers (Including Driver): 1 Driver / 4 passengers  
 Was there any video Captured by car camera: YES (NO)  
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
 Any Injury (If YES, Pls state): Yes

**Other Party Driver's Particular (if any)**

Vehicle No: PA 9704Z	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

**\* NEW - Passenger's name & gender:**

Unknown - Female  
 Unknown - Female  
 Unknown - Female  
 Unknown - Female

