

**NATIONAL Assessment Centre Services.** [part 1 Jan 03] : MMA 120102056.

|                            |  |                       |         |
|----------------------------|--|-----------------------|---------|
| Date In: 17/11/20 17:05    | Job description                          | Date & Time Completed | Done by |
| Ref No NA MSG 200812661/64 | SAS e-Milling                            |                       |         |
| Veh No SKS 6697U           | E-mail (within 3hrs, AIC 2hrs)           |                       |         |
| DDA 17/11/20 07:35         | I-Motor Claim Form                       |                       |         |
| (ID) (P) Reporting Only    | I-Motor W/O (Within: OD 2hrs, TP 4hrs)   |                       |         |
|                            | I-Photo Uploaded                         |                       |         |
| TP Insurer:                | Assessment/Survey Report                 |                       |         |
|                            | Ass't Report by Fax / Hand to Owner/Wksn |                       |         |

|  |                   |                       |         |
|--|-------------------|-----------------------|---------|
| Preferred Wksp / INC Assign Wksp / QW: (   |                   | Tel: (                | Fax: (  |
| TP Particulars:  | Veh No: GBK 3721B | 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 ( )                                       |                   |                       |         |

( ) Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repolar.

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

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

|   |  |                       |  |         |  |
|---|--|-----------------------|--|---------|--|
| Remarks: (INC) (Non-INC) (Action)                       |  | 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 | Action |
|             |        |
|             |        |
|             |        |
|             |        |
|             |        |
|             |        |
|             |        |
|             |        |
|             |        |

|                                 |  |  |             |       |  |
|---------------------------------|--|--|-------------|-------|--|
| NA 2006109                      |  | Invoice/Claimation Charge                        |             | Total |  |
| Driver/Owner:                   |  | 1) AR: Accident Reporting (\$30):                | INC (\$30)  | 30.00 |  |
| Contact No:                     |  | 2) DA: Damage Assessment (\$100):                | INC (\$100) |       |  |
| Damaged Portion:                |  | 3) TP: Towing Fee                                | \$40/\$43   |       |  |
| QC Checked by (Engr-In-Charge): |  | 4) FT: Follow-Through Survey                     | \$120       |       |  |
| Auditors Comments:              |  | 5) PT: Follow-Through Survey (Resurvey)          | \$30        |       |  |
| Tel 1:                          |  | For claimant's report INC Only (w/c 10 Jan 2003) |             |       |  |
| Tel 2:                          |  | 6) TR: Re-inspection                             | \$75        |       |  |
|                                 |  | 7) NI: Idao DA + SMRT Survey                     | \$160       |       |  |
|                                 |  | 8) NTUC Additional Services:-                    |             |       |  |
|                                 |  | OP:  |             |       |  |
|                                 |  | *N5: Courtesy Car / Tpl Allowance                | \$3         |       |  |
|                                 |  | *N6: Repair Co-ordination                        | \$10        |       |  |
|                                 |  | *N7: Post Repair Inspection                      | \$23        |       |  |
|                                 |  | *N8: DV / Collect Excess Coordination            | \$3         |       |  |
|                                 |  | TE (N11): TP (N5+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             | 17/11/2020 17:05                          |
| Date Of Accident           | 17/11/2020 07:35                          |
| Exact Location Of Accident | LORONG LIMAU (WHAMPOA WET MARKET CARPARK) |
| Country/State of Loss      | SINGAPORE                                 |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SKS6697U             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | LU SUNJIE LEON       |
| NRIC No                     | SXXXX788J            |
| Email Address               | LEONLOO84@GMAIL.COM  |
| Mobile Phone No             | (LOCAL) +65-96375067 |
| Alternative Phone No        | OFFICE-96375067      |

### Vehicle Particulars

|  |             |
|--|-------------|
| Manufacturer   | VOLKSWAGEN  |
| Model  | JETTA       |
| 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 | MSIG INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage          | COMPREHENSIVE                        |
| Fleet Policy              | NO                                   |
| Policy Number             | A 300307391 QMX                      |
| Cover Note Number         |                                      |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | LU SUNJIE LEON        |
| NRIC No              | SXXXX788J             |
| Date Of Birth        | 30/05/1984            |
| Occupation           | INDOOR                |
| Date Of Driving Pass | 24/01/2004            |
| Driving Experience   | 16 YEARS AND 9 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-96375067  |
| Fax Number           |                       |
| Contact Number       | OFFICE-96375067       |
| Email Address        | LEONLOO84@GMAIL.COM   |

|   |                                 |
|---|---------------------------------|
| Address   | 341 UPPER BUKIT TIMAH RD #04-01 |
| Postcode  | 588195                          |
| 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 | 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?  |     |
| 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/20201117/2075

#### 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?                 | NO          |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |                    |
|-----------------------------|--------------------|
| Vehicle Registration Number | GBK3721B           |
| Vehicle Make/Model/Colour   |                    |
| Details Of Properties       |                    |
| Vehicle Category            | COMMERCIAL VEHICLE |
| Name of Driver              |                    |
| NRIC/Passport Number        |                    |
| Contact Number              |                    |
| 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
- (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.



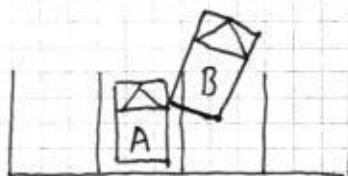
Policyholder's Signature  
Date & Time:

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



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

# SKETCH PLAN



A = SKS 6697 U

B = GBK 3721 B

Lorong Limau (Whampoa wet market carpark).

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/20201117 / 2075

## DECLARATION

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

*[Signature]*

Policyholder's Signature  
Date & Time:

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

*[Signature]*

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





**SINGAPORE  
POLICE FORCE**



T/20201117/2075

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

1 of 3

Report No. T/20201117/2075

**REPORT OF A TRAFFIC ACCIDENT**

|  |            |                              |  |                    |                            |
|--|------------|------------------------------|--|--------------------|----------------------------|
| Date/Time Report Made:<br>17/11/2020 15:43 |            | Vide Report No.:             |  | Station Diary No.: |                            |
| <b>Informant's Particulars</b>             |            |                              |  |                    |                            |
| Name of Informant:<br>LU SUNJIE, LEON      |            |                              | Address:<br>341 UPPER BUKIT TIMAH ROAD #04-01 THE HILLSIDE<br>SINGAPORE 588195 |                    |                            |
| ID Type / ID No.:<br>NRIC NO / S8415788J   |            |                              | Contact No.:<br>Home/Office: Mobile: 96375067                                  |                    |                            |
| Nationality:<br>SINGAPORE CITIZEN          |            |                              | Email:   |                    |                            |
| Sex:<br>Male                               | Age:<br>36 | Date of Birth:<br>30/05/1984 | Type of Informant:<br>Driver   |                    |                            |
| Race:<br>Chinese                           |            |                              | Language:<br>English   |                    | Institution / School Name: |
| Occupation:<br>TEACHER                     |            |                              | Driving Licence Information:<br>Class: Date of Expiry:                         |                    |                            |

**General Information of the Accident**

|                               |            |                    |  |                                     |
|-------------------------------|------------|--------------------|--|-------------------------------------|
| Type of Accident:             | Non-Injury | Drink Drive:<br>No | Date/Time of Accident:<br>17/11/2020 07:35 | Type of Location:                   |
| Location:<br><br>LORONG LIMAU |            |                    |  |                                     |
| Weather:                      |            | Road Surface:      | Road Speed Limit:                          |                                     |
| Traffic Flow:                 |            | Traffic Control:   | Traffic Volume:                            |                                     |
| Type of Collision:            |            |                    |  | Anyone conveyed by ambulance:<br>No |

**Details of Vehicle Involved**

| Vehicle No. | Type  | Make           | Model                                      | Color | Condition           | No of Passenger |
|-------------|-------|----------------|--|-------|---------------------|-----------------|
| GBK3721B    | Lorry |                |  |       |                     | 0               |
| SKS6697U    | Car   | VOLKSWAGO<br>N | JETTA GP<br>1.4 TSI 90<br>A/T TL<br>1632G5 | White | Slightly<br>Damaged | 0               |

**Details of Vehicle Insurance**

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|-------------------|--------------|-----------|-------------|
|-------------|-------------------|--------------|-----------|-------------|



**SINGAPORE  
POLICE FORCE**



T/20201117/2075

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Report No. T/20201117/2075

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

**CONTINUATION OF REPORT**

| Details of Vehicle Insurance |   |                |            |             |
|------------------------------|---|----------------|------------|-------------|
| Vehicle No.                  | Insurance Company                       | Insurance No * | Effective  | Expiry Date |
| SKS6697U                     | MSIG INSURANCE (SINGAPORE)<br>PTE. LTD. | 300307391      | 29/04/2020 | 28/04/2021  |

| Details of Person Involved        |                 |                                |   |
|-----------------------------------|-----------------|--------------------------------|---|
| Any Pedestrian Involved: No       |                 |                                |   |
| No. of Pedestrians Injured: NIL   |                 | Use of Pedestrian Crossing: NA |   |
| Driver                            |                 |                                |   |
| Name                              | LU SUNJIE, LEON |                                | ID No. S8415788J  |
| Related Vehicle                   | SKS6697U (Car)  |                                | Contact No. 96375067  |
| Hospital/Clinic                   | NIL             |                                | Class of Driving Licence & Expiry Date<br>Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | NIL             |                                | Date Discharge NIL  |
| No. of Days granted Medical Leave | NIL             | Degree of Injury               | NIL   |

**Brief Details.**

On 17/11/2020 at about 0735hrs, my vehicle was parked in a parking lot near the wet market. There was a vehicle on my right parking lot. After I am done eating, I went back to my vehicle. I saw there was a dent on my right portion of my vehicle.

Initially I assumed that it was the vehicle which was parked when I arrived at the parking lot. When I see the in-cam camera footage, I saw that the vehicle which was already parked there drove off and no impact was seen on the footage. Few minutes later, another vehicle bearing plate number, GBK3721B reverse parking entering the lot and that is where I saw the impact.

I would like to provide the footage to aid with the investigation. That's all.





**SINGAPORE  
POLICE FORCE**



T/20201117/2075

3 of 3

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

Report No. T/20201117/2075

**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:  
TP /  
MOHAMED ZULKIFLI BIN MUHAMMAD HAIRI

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIA /  
Staff Sgt WONG SIEU LUI  
Contact No.: 65476151

Authentication Stamp  
NP168

Signature Of Informant:

*Yean Loo*

Date/Time:  
17/11/2020 15:43

Classification Of Case:



**SINGAPORE  
POLICE FORCE**

Signature: *[Signature]*

**MSIG**

MSIG Insurance (Singapore) Pte. Ltd.  
4 Shenton Way, #21-01, SGX Centre 2, Singapore 068807  
Tel +65 6827 7888, Fax +65 6827 7800  
Co.Reg No. 200412212G GST Reg. No. 20-0412212G  
A Member of **MS&AD** INSURANCE GROUP

**CERTIFICATE OF INSURANCE**

ROAD TRANSPORT ACT 1987 (MALAYSIA), ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)  
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)  
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)  
(REPUBLIC OF SINGAPORE)  
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)  
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

**MOTORMAX  
Comprehensive****Certificate No.** A 300307391 QMX**Excess :** SGD500**Windscreen Excess :** SGD100**1. Index Mark and Registration Number of Vehicle**

SKS6697U

**2. Name of Policyholder**

Lu Sunjie Leon

**3. Effective Date of the Commencement of Insurance for the purposes of the Act**

29/04/2020

**4. Date of Expiry of Insurance**

28/04/2021

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

Lu Sunjie Leon, Ang Kai Mei

Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.

\* Provided that the person driving is permitted in accordance with the licensing or other laws or 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 social domestic and pleasure purposes and for the Policyholder's business. The Policy does not cover use for hire or reward racing pace-making reliability trial speed-testing the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

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

PLEASE NOTE ALL CLAIMS RELATED REPAIR MUST BE CARRIED OUT AT ANY MSIG AUTHORISED WORKSHOP. REFER TO MSIG.COM.SG FOR LIST OF AUTHORISED WORKSHOPS.

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offense under the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189).

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) or any amendment, Act or Acts passed in substitution thereof.

**MSIG Insurance (Singapore) Pte. Ltd.**

Approved Insurers

Craig Ellis  
Chief Executive Officer

# ACCIDENT STATEMENT

ACCIDENT DATE: 17 / 11 / 20 (DD/MM/YYYY), TIME: 07:35 (HH:MM)

LOCATION: Lorong Limak. C Whampoa Wet market carpark

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKS6697U  
 b) INSURANCE COMPANY: MSIG  
 c) POLICY NUMBER: \_\_\_\_\_  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Volkswagen Jetta  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Parked.  
 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: Lu Sun Jie Leon. (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 96375067  
 c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: As Above (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: (\_\_\_\_/\_\_\_\_/\_\_\_\_) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

## 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: traffic Police.

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: G8K3721B. MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 e) DRIVER'S NAME: \_\_\_\_\_  
 f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

Email = leon10084@gmail.com

fax =

VIDEO = Yes.

\* No of passenger  
(including driver)  
(0)

\* No of passenger  
(including driver)  
( )

\* No of passenger  
(including driver)  
( )