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SN0920CF0006 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 15/12/2020 10:39 (SGT) SUBMITTED BY: Celine Fong Wai Li VERSION: 1 (15/12/2020 10:39 (SGT))

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.

3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate

policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for Investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the 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

15/12/2020 10:39 (SGT) Date of Submission 13/12/2020 11:00 (SGT) Date of Accident PIE, Singapore Exact Location of Accident Additional Location Information Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

SLG5219A Vehicle Registration Number

INSURED/POLICYHOLDER

Is company? ROSET LIMOUSINE SERVICES PTE LTD Name Of Registered Owner Company Reg No khierthii@rosetlimo.com **Email Address** (Phone) +65-68445225 Mobile Phone No (Office) +65-68445225 Alternative Phone No

VEHICLE PARTICULARS

Toyota Manufacturer COROLLA ALTIS Model Variant Exact purpose for which vehicle was being used at time of Private hire Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Private hire Vehicle Category

INSURANCE COMPANY

Liberty Insurance Name of Insurance Company Comprehensive Type of Coverage Fleet Policy SD20V13100/VPZ/R02 Policy Number Cover Note Number

DRIVER

MOHAMED SAID BIN AHMAD Name of Driver SXXXX203E NRIC No 22/07/1957 Date Of Birth Outdoor Occupation

22/02/1982 Date Of Driving Pass 38 YEARS AND 10 MONTHS Driving experience Gender (Phone) +65-96335278 Mobile Number Alt. Phone Number khierthii@rosetlimo.com Email Address BLK 979 JURONG WEST ST 93 #04-321 Address Address complement 640979 Postcode No Is the driver the policyholder? If No, Relationship of the Driver with the Insured Hirer No Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Chain Collision Type of Accident Clear Weather Conditions Dry Road Surface OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 3 Yes Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? No Was any other material or property damaged? Yes 2 Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 KHAMISAH BINTE MISWADI Name Female Gender DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Jurong West Neighbourhood Police Centre Police Station Name (Phone) +65-18002689999 Police Station Phone No (Fax) +65-62672438 Alt. Police Station Phone No 700 Corporation Road Singapore 649818 Police Station Address Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT T/20201213/2100 ATTACHMENT(S) Yes Are accident photos available for attachment? Was there any video captured by Car Camera? No Was there any audio recorded? DETAILS OF OTHER VEHICLE PROPERTY 1 SMD4117X Vehicle Registration Number Vehicle Manufacturer Vehicle Model

Vehicle Variant

Vehicle Colour	
Vehicle Category	Private car
Name of Driver	
Contact Number	
Address	14 San
Address complement	
Postcode	
Insurance Company Name	
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	0)-11(0) 353

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHC2925H
Vehicle Manufacturer	€:
Vehicle Model	50
Vehicle Variant	5
Vehicle Colour	ā
Vehicle Category	Taxi
Name of Driver	8
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	
Nature Of Damage	1.7
Details of property damaged in accident	3.5
No. Of Passenger (Including Driver)	858

INJURED PERSONS DETAILS

BODY

Yes

No

SLG5219A

INJURED 1	
Name of injured person	MOHAMED SAID BIN AHMAD
Address	2.美生
Address Complement	1.53
Post Code	50
Approximate Age Years Old	
Injuries Sustained	BODY
Injured person in which vehicle?	SLG5219A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No
INJURED 2	
Name of injured person	KHAMISAH BINTE MISWADI
Address	(2) (2) (2) (2) (2) (2) (2) (2) (2) (2)

Address Complement

Approximate Age Years Old

Injured person in which vehicle?

Post Code

Injuries Sustained

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any will 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 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,
- 8. Consent under the Personal Data Protection Act (PDPA)

l understand, acknow ledge, 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



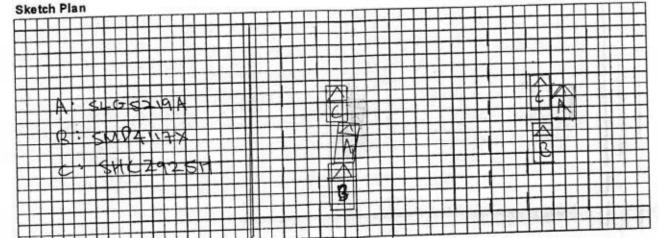
Policyholder's Signature / Date &

Main O

Driver's Signature (# driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre

Personnel



Scene

2 Scene

	es of the Accident	
	Refer to police uporf	
= 4355///45=		
*		
+		
		10.00
	- Miles	
11		

Declaration

We declare the foregoing particulars are true in every respect.

declare the foregoin

Policyholder's Signature / Date & Time

Man

Driver's Signature (if driver is not the policyholder) / Date & Time

H

Witnessed by Reporting Centre Personnel





1 of 3

Report No. T/20201213/2100

Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999

REPORT O	F A TRAFFIC	ACCIDENT		Station Diary No.:	
Date/Time Report Made: 13/12/2020 21:32			Vide Report No.:	147	
Informa	nt's Particu	ılars	Section Control of the Control of	在在1986年代有限的ENDERS 2000年度	
Name of	Informant:	IN AHMAD	Address: APT BLK 979 JURONG WEST STREET 93 #04-321 SINGAPORE 640979		
ID Type / ID No.: NRIC NO / S1281203E			Contact No.: Home/Office:	Mobile: 96335278	
National			Email:		
Sex: Male	Age:	Date of Birth: 22/07/1957	Type of Informant: Driver	10 h Marro	
Race: Boyanese			Language:	Institution / School Name:	
Occupation: Retiree			Driving Licence Information: Class: 2B,3,4,5	Date of Expiry:	

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/12/2020 11:00	Type of Location Straight Road
Location: PAN-ISLAND	EXPRESSWAY			
Weather:		Road Surface: Dry		Road Speed Limit:
Clear Traffic Flow: Traffic Control: Not Controlled			Traffic Volume: Moderate	
Type of Colli	nion:	1401 Controlled	- 1	Anyone conveyed by ambulance:

Details of V	A DESCRIPTION OF PRINCIPLE AND ADDRESS.		Model	Color	Condition	No of Passenge
Vehicle No.	Туре	Make	IVIOUOI		Slightly	2
SHC2925H	Car				Damaged	747
			-		Seriously	1
SLG5219A	Car				Damaged	
					Seriously	1
SMD4117X	Car		1		Damaged	





Police Station Of Origin: Jurong West N.P.C

700 Corporation Road SINGAPORE 649818

Tel No: 1800-2689999

2 of 3 Report No. T/20201213/2100

CONTINUATION OF REPORT

Details of Perso	on Involved		0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	and the same of	AND THE RESIDENCE OF THE PERSON OF THE PERSO
Any Pedestrian	nvolved: No			ARREST DE	
No. of Pedestria	ns Injured: NIL	Use of Pec	destrian	Cross	sina: NA
Driver	STATE OF THE STATE	Che solve trans Callery	机物设备等	伊莱姆	MANAGE METALENA CONTRACTOR OF THE PARTY OF T
Name	MOHAMED SAID BIN AHMAD				S1281203E
Related Vehicle	SLG5219A (Car)			t No.	96335278
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Disch		NIL	
No. of Days gran	ted Medical Leave NIL	Degree of		NIL	
Passenger	a market fill thought and a second or the	AND THE PARK THE SECOND	CERCONS ()	27300	A STATE OF THE STA
Name	KHAMISAH BINTE MISWADI		ID No.		S1375110B
Related Vehicle	SLG5219A (Car)		Contact No.		98563106
Hospital/Clinic	CENTRAL 24-HR CLINIC (PION NORTH)		Class of Driving Licence Expiry D	&	Class: NIL Date of Expiry: NIL
Date Treatment	13/12/2020	Date Disch	arge 1	13/12	/2020
No. of Days grant	ted Medical Leave 03	Degree of I		VIL	

Brief Details.

On 13/12/2020 at 1100hes, I was driving along Bedok North Rd and subsequently exited into PIE (Tuas). After merging onto PIE, I noticed a taxi (SHC2925H) stopped the second lane and I applied my brakes. As I was stopping my car, I heard a loud thud from the rear. I tried to shift my car onto the right lane however I was unable to and thus my front left bumper collided onto the taxi. I alighted from my car and saw that there was an accident ahead. The passengers of the taxi and both the driver and her passenger of the car behind me were conveyed to hospital. Traffic Police came and I was given a case card.

My wife was in my car and both of us had went to seek medical attention as we felt traumatize by the accident.





3 of 3

Report No. T/20201213/2100

Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999

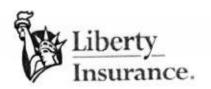
CONTINUATION OF REPORT

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: J / Sgt 2 CHEW WEI XIANG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 13/12/2020 21:32
Officer In Charge Of Case: TP / GIT / Sgt 2 PHUA TIAK YEE Contact No.: 65472077	Classification Of-Case: SN 126
Authentication Stamp NP168 Singapore Po	ALLOWED TO THE CONTROL OF THE CONTRO





Liberty Insurance Pte Ltd

Registration no.199002791D 51 Club Street #03-00 Liberty House Singapore 069428 Tel: (65) 6221 8611 Fax: (65) 6225 6890 Website: http://www.libertyinsurance.com.sg

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	SD20V13100 /VPZ /R02
Form Date Of Issue	MZ406C 20-OCT-2020
1.Index Mark and Registration No. of Vehicle:	SLG5219A
2.Chassis number of Vehicle:	MR053REH104559548
3.Name of Policyholder:	ROSET LIMOUSINE SERVICES PTE LTD
4.Effective date of Commencement of Insurance for the purpose of the Act:	01-NOV-2020 00:00 AM
5.Date of Expiry of Insurance:	31-OCT-2021 23:59 PM
6 Persons or Classes of Persons	

entitled to drive*:

Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired.

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 behalf from driving the Motor Vehicle.

And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

A) Use for carriage of passengers or goods in connection with the Policyholder's business.

B) Use for social, domestic, pleasure and business purposes of any person to whom the vehicle is hired.

C) Use for the carriage of passengers for hire or reward under Private Hire Vehicle (PHV) by the person to whom the vehicle is hired.

8. Policy does not cover:

A) Use for racing, pace-making, reliability trial or speed-testing.

B) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

*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 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.

For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers

Authorised Signature

For Information only:

COVERAGE:

Comprehensive, Unlimited Windscreen, Geographical Area - refer memorandum

SUM INSURED:

MARKET VALUE AT THE TIME OF LOSS

EXCESS:

Refer Memorandum - Section I S\$2000, Refer Memorandum - Section II S\$2000, Windscreen

Excess S\$100

FINANCE COMPANY:

MAYBANK SINGAPORE LTD

PRODUCER NAME:

NEWSTATE STENHOUSE (S) PTE LTD

PLSL/-/20-OCT-20

S1_CI_T1_T3_OE_Template2-Ver1.

20-OCT-20

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.

- Complete and submit this form to the individual insurance authorised reporting centre.

 Please report correctly on the details of the accident to speed up the claim process.

 This form must be filled up by the policy holder and/or authorised driver.

 Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance. companies to repudiate policy liability.
- The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies. Any false reporting may be referred to the traffic police department for investigation.

MADE WITH THE SERVICE STORY AND SERVICE	ACCIDE	ENT DETAILS		
Date of accident		13/12/20	20	(DD/MM/YY
Time of accident	1100			(HH:MM
Exact location of accident	PIE	towards	TUAS	

Market Market School of the School of the School	DETAILS OF VEHICLE
Vehicle registration number	SLG 5219A
Vehicle make and model	Toyota Altis
Type of vehicle	Saloon & MPV
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes □ No Ø if no, please select: Third part claim Ø Reporting only □

AMERICA DE MUNICIPAL	INSURANCE IN	FORMATION	表別機能 经营业的
Insurance company	Liber	ty	
Policy number		3	
Type of policy	Comprehensive	Third party fire & theft	TP only 🗆

AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	IN	SURED	/ POLI	CY HOLD	ER	E STATE	州等建学院	wide stace	中国的政治
Name	Roset	Limo	uzine	services	PTE	LTP	Male	e 🗆	Female =
NRIC / Fin / Passport number		2	00406	7222					
Contact	toe cen-		684-	+ 522	S .		0-1-	usi	AUL 1
Address	BIK	23	paya	403.		8411Al (408)	934)	UBI	n.c. 1

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)						
Name	Mohamud soid Bin Ahmad Male & Female						
NRIC / Fin / Passport number	51281203E						
Contact	96335278						
Address	BIK 979 Jurong west street 93 #04-321 5(640 979						
Email address							
Date of birth	22107 11957						
Occupation	Indoor Outdoor Outdoor						
Driving date pass	22102/1982						

And charactery transport and bear	GENERAL INFORMATION OF THE ACCIDENT
Was driver an employee of	Yes No 🗆
the insured's company?	If no, relationship of the driver and insured:
Accident captured by camera?	Yes 🗆 No 🗷
Weather condition	Clear d Raining - Others:
Road surface	Dry Ø Wet □
No of passenger	2 (Inclusive of driver)
维度的特别 是一种企业之间的	PASSENGER 1
Name	Khamisah Binte Miswadi
Gender	Male Female Female
据的 中心的 法法院 医二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十	PASSENGER 2
Name	
Gender	Male Female
建 类型的自己的工作。	PASSENGER 3
Name	
Gender	Male Female
Statement of the second	PASSENGER 4
Name	
Gender	Male Female
网络帕里斯科尔 斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯	PASSENGER 5
Name	
Gender	Male Female
STATE OF THE PARTY	PASSENGER 6
Name	
Gender	Male Female
Variable and the second	
Alternative contract of	OTHER INFORMATION
Was anybody injured?	Yes Z No 🗆
Was other vehicle damaged?	Yes, No 🗆
	and the second s
第 例在1996年1997年1997年1997年1997年1997年1997年1997年	DETAILS OF POLICE STATION ACTION
Reported to police?	Yes No If yes, please state which police station.
Police station name	Jurong west N.P. C
No.	
All the second second	WITNESS 1
Name	
	CONTRACTOR OF THE PARTY OF THE
MANUSCOS AND STANCE OF SERVICE	WITNESS 2
Name	

Description of the second seco	THIRD PARTY VEHICLE 1	Salah Arabi
Vehicle registration number	SM041177	
Vehicle make model	5.10 (1.17	
Name		
NRIC / Fin / Passport number		
Contact		
Contact		
March Viscolation Conference Conference	THIRD PARTY VEHICLE 2	
Vehicle registration number	5HC 29 25 H	PARTIES AND DESCRIPTION OF THE
Vehicle make model	5HC 2 1 25 11	
Name		
NRIC / Fin / Passport number		
Contact		
Contact		
A STATE OF THE PARTY OF THE PAR	THIRD PARTY VEHICLE 3	
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		
		1.00
The state of the state of the state of	THIRD PARTY VEHICLE 4	
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact	4	
Service Control of the Control of th	THIRD PARTY VEHICLE 5	Consultation in
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		
Contract Note that the second second	THIRD PARTY VEHICLE 6	一旦的特殊基
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		
MARCHANIC CONTRACTOR C	THIRD PARTY VEHICLE 7	
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		

THE PARTY OF THE P	15 kg 2 10 5 4 6 7	INJURED PE	RSON 1	经验证	Service Lands
	のでは、	Mohamen	Said	Bin	Ahmad
lame		PIDIMINEN	body	J.,,	1 Historia
njuries sustained			516 5	2191	
Which vehicle person in?		N	2103	2117	·
Were seat belts worn?	Yes	No 🗆			
Was injured conveyed to	Yes 🗆	No			
nospital by ambulance?					
经 对抗发生的 4.15 (4.56)	ned the Garage	INJURED PE	RSON 2		
Name		Khami		3inte	MISWOO
Injuries sustained			boda		2000
Which vehicle person in?			SL	6821	914
Were seat belts worn?	Yes 🗹	No 🗆			
Was injured conveyed to	Yes 🗆	No 🗹			
hospital by ambulance?	15-77: (Vortica)	Visi terrapiotis			
				NEW COLUMN	The second second
	对语言群场	INJURED PE	RSON 3	经济的特	
Name					
Injuries sustained					
Which vehicle person in?					
Were seat belts worn?	Yes 🗆	No 🗆			
Was injured conveyed to	Yes 🗆	No 🗆			
hospital by ambulance?					
ACCOUNT OF THE PARTY OF THE PAR	ACCORDING	INJURED PE	RSON 4		
	N. S. M. W. S.	THE STATE OF THE S		the second second	
Name	_				
Injuries sustained					
Which vehicle person in?	Voc 5	No n			
Were seat belts worn?	Yes 🗆	No 🗆			
Were seat belts worn? Was injured conveyed to	Yes 🗆	No 🗆			
Were seat belts worn? Was injured conveyed to	-				
Were seat belts worn?	-	No 🗆	ERSON 5		
Were seat belts worn? Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆	ERSON 5		
Were seat belts worn? Was injured conveyed to hospital by ambulance? Name	Yes 🗆	No 🗆	ERSON 5		nd Allen
Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained	Yes 🗆	No 🗆	ERSON 5		
Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in?	Yes 🗆	No 🗆	ERSON 5		
Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes 🗆	No □	ERSON 5		
Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes Yes	No INJURED PE	ERSON 5		
Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes Yes	No INJURED PI No No No			
Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in?	Yes Yes	No INJURED PE			
Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name	Yes Yes	No INJURED PI No No No			
Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?	Yes Yes	No INJURED PI No No No			
Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in?	Yes - Yes -	No D No D INJURED P			
Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained	Yes Yes	No D No D INJURED P			
Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in?	Yes - Yes -	No D No D INJURED P			