NATIONAL Assessment Centre	Services	ן ביסיובל ו זיין .	SN 092	0 54000	J	
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TP Insurer:	Assessment	Survey Report				
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TP Particulars: Veh No: SH	10 4824	Y . INC(	)/Non-INC	<del>('-').</del>		
Owner / Driver: (	0 (0-)		Tcl:		)	
Policy No: ( ) Períod	l: (	)	Cover Type:	(		1
Confirmed by : (		Date:	Tim		)	
Insured/Driver Liability: ( %) [Not	c-Est. Status	(WO): N: 0-20%	6: P: 21-799	6. P: 8d-1	00%7	1
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ntact No:		5) FT : Follow-Throug	h Burvey (Resurv	oy) 531		
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SN0920CL000J / National Assessment Centre Services [408933] ENTRY DATE & TIME: 21/12/2020 16:27 (SGT) SUBMITTED BY: Chew Hsiao Tong VERSION: 1 (21/12/2020 16:27 (SGT))



# SINGAPORE ACCIDENT STATEMENT

- Please report <u>correctly</u> 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 witholding of material facts may allow insurance companies to repudiate
- 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.

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 Submission 21/12/2020 16:27 (SGT) Date of Accident 20/12/2020 12:45 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information PIE TWDS CHANGI B4 LORNIE RD EXIT Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SKD6109E

#### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner LOOI CHIN CHUAN NRIC No SXXXX226I Email Address JASONKCAPL@GMAIL.COM Mobile Phone No (Phone) +65-98559331 Alternative Phone No +65-98559331

#### VEHICLE PARTICULARS

Honda Stream Variant ..... Exact purpose for which vehicle was being used at time of Private use Are you claiming under your own insurance policy for repair to No - Claiming third party .......... your vehicle?

Vehicle Category Private car

#### INSURANCE COMPANY

Name of Insurance Company **FWD** Type of Coverage ..... Comprehensive Fleet Policy Policy Number PNPV2019-00005141-01 Cover Note Number

#### DRIVER

Name of Driver LOOI CHIN CHUAN NRIC No SXXXX226I 0410414070

Date Of Driving Pass	28/09/1999
Driving experience	21 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98559331
Alt, Phone Number	+65-98559331
Email Address	JASONKCAPL@GMAIL.COM
Address	BLK 679A PUNGGOL DR #10-876
Address complement	-
Postcode	821679
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	110
Verlice (registration Number of Other Formale Office of Other	¥
Insurance Company of Other Vehicle Owned by Driver	(#C)
and the second section is a second section in the second section in the second section is a second section in the section in the second section is a section in the section in the section is a section in the section in the section is a section in the section in the section in the section is a section in the section in the section in the section is a section in the section in the section in the section is a section in the section in the section in the section is a section in the section in the section in the section is a section in the section in the section in the section is a section in the section in the section in the section in the section is a section in the section in the section in the section is a section in the section in	
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Chain Collision
Weather Conditions	Clear
Road Surface	Dry
	55.8
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
PASSENGER 1	
Name	TOH E-VYN
Gender	Female
delidei	Tomac
PASSENGER 2	
Name	LIM BOON WEE
Name Gender	Male
Gender	Male
PASSENGER 3	
Name	CHARMAINE GOH CHAN MI
Gender	Female
DETAILS OF POLICE ACTION	
77.57 957 988 40 - YEAR CONTROL STATE	190
Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	(A=0)
CIRCUMSTANCES OF ACCIDENT	
REFER TO POLICE REPORT T/20201220/7011	
THE ENTITION OF THE OWN PROPERTY.	
ATTACHMENT(S)	

Are accident photos available for attachment?

Yes

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	SHD4824Y
Vehicle Manufacturer	-
Vehicle Model	
Vehicle Variant	5 <b>-</b> 3
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
Address	123
Address complement	_
Postcode	520
Insurance Company Name	(4)
Nature Of Damage	() <del>=</del> ())
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	51 <del>4</del> 53

# **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number	GX1281P
Vehicle Manufacturer	-
Vehicle Model	145
Vehicle Variant	-
Vehicle Colour	
Vehicle Category	Commercial vehicle
Name of Driver	
Contact Number	848
Address	•
Address complement	( <u>4</u> 3)
Postcode	-
Insurance Company Name	-
Nature Of Damage	₹ <b>¥</b> 5
Details of property damaged in accident	
No. Of Passenger (Including Driver)	\$ <b>4</b> .0

# INJURED PERSONS DETAILS

# INJURED 1

Name of injured person	TOH E-VYN
Address	
Address Complement	•
Post Code	-
Approximate Age Years Old	2
Injuries Sustained	BODY
Injured person in which vehicle?	SKD6109E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2	
Name of injured person	CHARMAINE GOH CHAN MI
Address	
Address Complement	7
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SKD6109E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

Name of injured person	LOOI CHIN CHUAN
Address	Salaranti salaran da salaran sa sa
Address Complement	
Post Code	•
Approximate Age Years Old	
Injuries Sustained	BODY
Injured person in which vehicle?	SKD6109E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

#### SKETCH PLAN

### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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)

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' law yers/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), w hich may be sited outside of Singapore, for one or more of the above Purposes.

fr

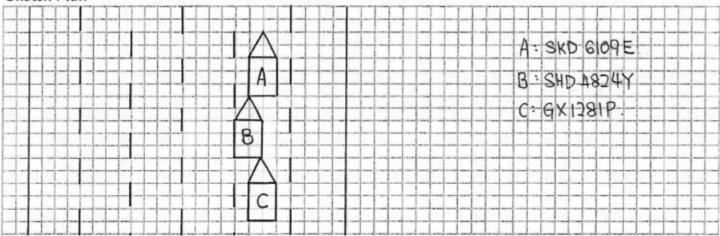
Policyholder's Signature / Date & Time

river's Signature (If driver is not the polic

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

Witnessed by Reporting Centre Personnel

#### Sketch Plan



Please	refer	to the	police	report.	(T/2020)	20/7011)			
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# Declaration

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

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for

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1 of 5

Report No. T/20201220/7011

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

#### REPORT OF A TRAFFIC ACCIDENT

	ne Report M 20 14:50	Made:	Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars		AND AND ADDRESS OF THE PARTY OF	
7.77	Informant:		Address: 679A PUNGGOL DRIVE #10	9-876 SINGAPORE 821679	
ID Type	/ ID No.: 0 / S78012	261	Contact No.: Home/Office:	Mobile: 98559331	
Nationali SINGAP	ty: ORE CITIZ	EN	Email: shawnlooi11@gmail.com		
Sex: Male	Age: 42	Date of Birth: 01/01/1978	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Digital Consultant			Driving Licence Information: Class: Date of Expiry:		

General Inform	nation of the Accid	lent			
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/12/2020 12:45	Type of Location: Straight Road	
Location:	W. L. S. S. S. S. S. S. S.				
PAN ISLAND Weather: Clear	EXPRESSWAY	Road Surface: Dry		Road Speed Limit: 0 Km/h	
Traffic Flow: One Way	-4	Traffic Control: Not Controlled	10.7	Traffic Volume: Moderate	
Type of Collisi Between Movi	ion: ing Vehicles - Head	To Rear	a	inyone conveyed by imbulance: lo	

Details of V	ehicle Invo	lved	GET PALES	HIDE TO A	<b>建设的基础</b>	7543C
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
GX1281P	Lorry					0
SHD4824Y	Taxi					0
SKD6109E	Car	HONDA	STREAM 1.8X A	White		0





2 of 5 Report No. T/20201220/7011

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			
SKD6109E	FWD Singapore Pte. Ltd	PNPV2019- 00005141-01	02/04/2020	01/04/2021			

Details of Perso	n Involved	CANADA CONTRACTO	12 TO 10 TO		
Any Pedestrian I	nvolved: No				
No. of Pedestrian	ns Injured: NIL	Pedestrian Cross	sing: NA		
Driver	Have been seen as a second			S DE SALES DE LA COMPANSION DE LA COMPAN	
Name	RASHID HARUN OR		ID No.	G6964888L	
Related Vehicle	GX1281P (Lorry)		Contact No.	NIL	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL	
Date	NIL	Date	NIL		
No. of Days gran	ted Medical Leave NIL	Degree			
Driver		SECTION SECTION	STATE OF LAND	AND THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO I	
Name	ROHIM BIN SANDI		ID No.	S0045080D	
Related Vehicle	SHD4824Y (Taxi)		Contact No.	NIL	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL	
Date	NIL	Date	NIL		
Control of the Contro	ted Medical Leave NIL				
Passenger		A SEARCH AND AND	GREEN WARRANTS	AND DESCRIPTION OF THE PARTY OF	
Name	TOH E-VYN		ID No.	S9943103B	
Related Vehicle	SKD6109E (Car)		Contact No.	92723411	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	NIL Date		NIL	4	
No. of Davs grant	ed Medical Leave NIL	Degree			





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 5 Report No. T/20201220/7011

#### CONTINUATION OF REPORT

Passenger		STREET, ST		E PARE	SE PROPERTY	
Name	LIM BOON WEE			ID No.		S9619112Z
Related Vehicle	SKD6109E (Car)		Contact No.		96453505	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry		Class: NIL Date of Expiry: NIL
Date	NIL Date		Date	NIL		THERE
No. of Days gran	ted Medical Leave	NIL	Degree o	of NIL		
Driver	<b>经出版的</b>	16 19 44 E	W. C. S.	<b>公司</b> 金数	STATE OF	White Book and the
Name	LOOI CHIN CHUAN		ID No.		S7801226I	
Related Vehicle	SKD6109E (Car)		Contact No.		98559331	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry		Class: NIL Date of Expiry: NIL	
Date	NIL Date		Date	NIL		
No. of Days grant			Degree of	e of NIL		
Passenger			- 17-2 P. S. L. S. L	TERM PRO	STATE OF THE PARTY	
Name	CHARMAINE GOH CHAN MI		ID No.		S9936534Z	
Related Vehicle	SKD6109E (Car)		Contact No.		97667293	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry		Class: NIL Date of Expiry: NIL
Date	NIL Date		Date	NIL		76
No. of Days granted Medical Leave NIL			Degree of	egree of Slight		(40)

#### Brief Details.

I was driving vehicle SKD6109E (Honda Stream) along Pan Island Expressway lane 2 (towards Changi) between Eng Neo exit and Lornie Road exit when my car was hit by taxi SHD 4824Y from the rear. There was also a second impact when lorry GX 1281P travelling behind taxi SHD 4824Y hit the taxi and the taxi hit my car's rear again. Prior to the accident, I was travelling within my lane 2 and started to slow down as the traffic became slower due to a road maintenance truck along lane 1. As I was slowing down and stopped for a few seconds due to the car in front stopping, that was when my car was hit by the taxi for 2 times. I was performing a Grab Hitch ride and inside my car, there were 3 other passengers in the back seat: 1) Lim Boon Wee S9619112Z, 2) Charmaine Goh Chan Mi S9936534Z, 3) Toh E-Vyn S9943103B. Initially, all passengers reported no injuries. However, as I dropped them off at Botanic Gardens MRT station after moving being cleared by the LTA officer to





T/20201220/7011

4 of 5

Report No. T/20201220/7011

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

#### CONTINUATION OF REPORT

move off from the accident, Charmaine Goh Chan Mi indicated that she has slight lower back pain, while Toh E-Vyn indicated that she has slight upper back and shoulder pain. They indicated that they will be visiting the doctor. Lim Boon Wee did not report any injuries. Taxi SHD 4824Y was driven by Rohim Bin Sandi (S0045080D). Lorry GX 1281P was driven by Rashid Harun Or (G6964888L). Both drivers indicated no injuries. The lorry has 2 other passengers who indicated no injuries. The taxi has one passenger who indicated back pain.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 5 of 5 Report No. T/20201220/7011

CONTINUATION OF REPORT

Sketch Plan	
Informant is	not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 20/12/2020 14:50
Officer In Charge Of Case: TP / TPHQ / JUREMAH BINTE AHMAD Contact No.: 65476219	Classification Of Case:

Authentication Stamp NP168



REPUBLIC OF SINGAPORE





LOOI CHIN CHUAN (LU JINGQUAN)

CHINESE 01-01-1978

SINGAPORE

For Insurance Reporting And Claim Purposes Only

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLOTHIN Purposes Only

PASS DATE

Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilogram Class 3

S78012261

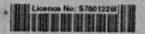
29-09-2008

APT BLK 679A PUNGGOL DRIVE #10-876 SINGAPORE 821679

NRIC No. 878012261

Date: 17/04/2018

NP 428A







#### CERTIFICATE OF INSURANCE

Please call +65-6322-2072 for FWD Emergency Assistance if Your Car breaks down or is involved in an accident.

All accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

POLICY NUMBER: PNPV2019-00005141-01 (Comprehensive - Executive Plan)

Car plate number: SKD6109E

Car chassis number: RN61084718 Engine number: R18A1793943

Your name (As the policyholder): Looi Chin Chuan

Coverage start date: 02/04/2020 Coverage end date: 01/04/2021

Covered geographical area: Singapore, West Malaysia and Southern Thailand

Who is insured to drive:

(a) You; and

(b) Anyone with a valid driving license who You give permission to drive Your Car.

#### Important things to know:

Your Policy comprises this Certificate of Insurance, the Contract, the Car Insurance Summary and any Endorsements attached by Us. These documents should be read together as one. You must make sure that any person You give permission to drive Your Car understands Your duties under this Policy and complies with its conditions.

Your Policy is only valid if Your Car is being used for non-commercial activities in accordance with Your contract.

Finance company: Tokyo Century Leasing (Singapore) Pte Ltd

We confirm that this Policy complies with the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189).

Issued on: 27/03/2020

Phritis

Abhishek Bhatia Chief Executive Officer

FWD Singapore Pte Ltd

Please immediately inform us at +65-6820-8888 or email us at contact.sg@fwd.com if any details in this Certificate of insurance need to be changed.

· ·	
Date of Accident	: <u>20.12.2020</u> Accident Time: <u>12:45</u> (24-HR-Format)
Accident Place	: PIE towards Change Airport (Before Lornie Road Exit)
Vehicle. No. (Car Plate No.)	: SKD 6109E Make/Model: Honda Stream 1.8X
Insurace Company	:FWDPolicy No: PNPV2019-00005141-01
Owner or Company Name /IC No.	: Looi Chin Chuan (Lu Jing Quan) (57801226I)
Owner or Company Contact No.	: 9855 9331 Owner's HpCompany Tel
DRIVER'S Name / IC No.	: As above.
DRIVER'S Date Of Birth	: 01 Jan 1978 DRIVER'S License Pass Date 18 90 1999
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: Owner
DRIVER'S Address	:BIK 679A Runggol Drive # 10-876 Singapore 821679
DRIVER'S Contact No./ Alt No.	:1) 9855 933   2)
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	: Josankcapl @ gmail . com In
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including D	river):   Driver , 3 Passenger .
Was there any video Captured by ca Exact purpose for which vehicle wa Any Injury (If YES, Pls state):	s being used at the time of accident: Private use \ Work purpose
Other 1	Party Driver's Particular (if any)
Vehicle. No: SHD 4824Y (Ve	hicle B) Vehicle No: GX1281P (Vehicle C).
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver/Contact:	IC No. Driver/Contact:

\* NEW - Passenger's name & gender:

Toh E-VYN (Female)
Im Raan Woo (Malo)

for.