| Date Date Date Completed Date | 1.7.2.7.3: | ALC: YELL | Involve dated | | Fee Charged Fee Charged | MARK | |
|--|--|--|--|--------------------------------|----------------------------|--|----------------------------|
| Date Date Date Class Date | | and a state of | 9) N12: Idna Ma | bile | | 30 | MANAGO DE |
| Date Nr. 24 15 20 1213 Jeb description Date & Time Completed Date & Time Date & | With Horry Steen minum See "25% was a real respective | 特別等清學 | NR: DV / Cu | lient Expess Coore | lination at INC | | |
| Date In: 24 12 20 13 3 3 3 3 3 3 3 3 | | UNITED STATES OF THE STATES OF | *NG: Rapair C | benedination mir Inspection | | 725 | |
| Date Int. 24 12 20 19.13 Jeb description Date & Time Completed Dollary | OC Checked by (Engr-In-Charge): | The second second | *NS: Courles | Car/Tpt Allows | 14.1.4 | | |
| Date Date Date & Time Completed Done of State Done o | distribution of the state of th | depo- | 8) NTUC Additi | onal Services:- | | 100 | - March - a |
| Date No. 24 12 20 141 3 SAS c-filling SAS | Damarcel Portion: | 477.04 | 6) TR: Re-inspe | + SMRT Survey | | | |
| Date In: 24 12 20 13 3 Job description Date & Time Completed Dollary | Contact No: | | For glaiming a | raing UNG Only | Wet 10 Jan 8/32/ | | |
| Date Bi 24 12 20 141 3 SAS c-filling SAS c-f | Driver/Owner: | 1 | 4) TT . Wallow-T | brough Survey | | | |
| Date | Chulleni hattar ficulary \$2.15 come deny graps | | 2) DA : Dame go | Assussment (510 | 340/3 | 45 | |
| Date | THE CONTROL OF THE CO | MO 415 | 1) AIL; Apolden | Reporting (530 | | | |
| Date Date Date & Time Completed Date & Time Completed Date Date & Time Completed Date Date & Time Completed Date Da | 14. | 2100817 | invoice Life | aration Ch | | Control (C) | ki kradibili RS:ABIG(S) |
| Date Date Date & Time Completed Date & Time Completed Date Date & Time Completed Date Date & Time Completed Date Da | | -1 | | | | | 11.00.00 10.10 |
| Date Date Date & Time Completed Date & Time Completed Date Date & Time Completed Date Date & Time Completed Date Da | | | | | | | |
| Date Date Date & Time Completed Date & Time Completed Date Date & Time Completed Date Date & Time Completed Date Da | | | <u></u> | | | | |
| Date Instruction Date Page | | | | | | | |
| Date Ini | onani wanastrien suuseidin | | | | | A CONTRACTOR OF THE PARTY OF TH | |
| Date | Infurý: | SAN SOSSIMANON CONTRACT | | | | varer sa | िर ्शम्, इ .स्. |
| Date | 3) Upload Resurvey Photo [Repair Cost> \$300 | 00] (·) | | 4. | • 12 | | |
| Date III 29 12 20 191(3 Jeb description Date & Time Completed Done & Time Complete | | | | | : | 7.7 | |
| Date In | | |) | | | | |
| Date In: 24 12 20 1913 Icb description Date & Time Completed Ref No. NAJ EVO 2.2.0.14.681 IA Veh No. SMK 873 C.R. I-Motor Claff Form I-Motor W/O (vitain: OD Zha, TY that) I-Motor W/O (vitain: OD Zha, TY that) I-Photo Uploaded Assessment/Survey Report Asset Report by Fax/Hand to Owner/Wksn Profutrud Wksp/INC Assign Wksp/OW: (Tol: Fax:) TP Particultus: Veh No: G86 351 E. INC ()/Non-INC () Owner/Driver: (Tel:) 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: (5) Loading: \$1,000 ()/\$2,000 () Cottended Loss Case : to e-mail Insurer URGENTLY. Drive-In ()/Towed-In (); Invoice: YES ()/NO (); Towing Co: (6/) | Constitution of the control of the c | | | BIRE STRAIN | South Sales | Parking Lo | , y |
| Date In: 29 12 20 1913 Jeb description Date & Time Completed Done of the completed D | | X 100 () / IN | BEGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGG | THE CO. (I | WALLS AND A | Tall William | The second |
| Date Date Prime Completed Date E-time Completed E-time E-time Completed E-time E-time Completed E-time Completed E-time Completed E-time E-time Completed E-time E-time Completed E-time E-tim | | | 0().T | owing Co. (# | . 7 | |) |
| Date In: 29 12 20 1913 Jeb description Date & Time Completed Done of the Initial Property | | | fidential & St | ictly NO refer | or repairer. | 355 | |
| Date In: 29 12 20 191(3 Jeb description Date & Time Completed Done, by | 定可是可求即則是完全法法學媒体的解釋之 | SHESHER | 能被加热的 | 是是是 | 1426 LANGE | 04 2 | |
| Date In: 29 12 20 191(3 Jeb description Date & Time Completed Done, by | Excess: (\$) Loading: \$1,000 |)()/\$2,000 | () | a displaced in 150 | (CA-3-25.17) | हेर्न्स्ट ^{्र} | - ; |
| Date In: 29 12 20 19:(3 Jeb description Date & Time Completed Done, by | Year of Registration: (') Wi | arranty: YES (|)/NO(|) | | | |
| Date In: 29 12 20 19:(3 Jeb description Date & Time Completed Done, by | Insured/Driver Liability: (%) [No | te-Est Status (W | O): N: 0-20 | %; P: 21-79 | %. P: 8d-100 |)%] | 1 . |
| Date In: 29 12 20 191(3 Jeb description Date & Time Completed Dolle, by Ref No. NA FUO 20014 681 h4 SAS c-filing | Confirmed by: (| | | | |) | |
| Date In: 29 12 20 191(3 Jeb description Date & Time Completed Done of SAS celling Ref Ma MA EVO 20014 681 h4 SAS celling Veh No SMK 8836 R E-mail (white shee, AIC 2hrs) 1 | 10 h = 1 = 1 = 1 = 1 | od: (|) | Cover Type: | (|) | |
| Date In: 29 12 20 191(3 Jeb description Date & Time Completed Done, 0) Ref Ma MA Evo 20014 681 My Veh No SMK 883 CR E-mail (white the shee, AlC 2hrs) 1 | | 4216 | | | |) | |
| Date In: 29 12 20 1913 Jeb description Date & Time Completed Done of Section Done of Sec | | 26 7-1- | INC (| | C(-). | | |
| Date In: 29 12 20 19:13 Jeb description Date & Time Completed Done of SAS c-filling | | 7155 t report by | 2 10 1 11111 | 200 | | : |) |
| Date In: 29 12 20 1913 Jeb description Date & Time Completed | TP Insurer: | | | Owner/Wksr | Σ | | |
| Date In: 29 12 20 19:13 Jeb description Date & Time Completed Done of SAS e-filing | | | | | | | |
| Date 10: 29 12 20 19:13 Jeb description Date & Time Completed Done of Section Date & Time Comple | OD . D ! Reporting Only | | | 1 | | | |
| Date In: 29 12 20 19:13 Jeb description Date & Time Completed Done of | 11711 29 112 120 08:50 | | | th | | | |
| Date In: 29 12 20 19:13 Jeb description Date & Time Completed Done of SAS c-filing SAS c-filing | | | | | | | |
| Date In: 29 12 20 19:13 Jeb description Date & Time Completed Done,05 | Ref Ha NAI PUD 20014 681 144 | - v | | - | | | |
| | Date In: 29 [12 [20 19:13 | | | - I State to 1 | | -1 | - |
| NATIONAL Assessment Centre Services. per 1 3000 5 5N 0920 CT 0000 | | | | | | Done, | př. |

· · per of figer

SN0920CT0000 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 29/12/2020 19:13 (SGT) SUBMITTED BY: Celine Fong Wai Li VERSION: 1 (29/12/2020 19:13 (SGT))



IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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

29/12/2020 19:13 (SGT) Date of Submission 29/12/2020 08:50 (SGT) Date of Accident CTE, Singapore Exact Location of Accident Additional Location Information Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

SMK8836R Vehicle Registration Number

INSURED/POLICYHOLDER

No Is company? MUHAMMAD NOOR BIN MUHAMMAD IDRIS Name Of Registered Owner SXXXX663C NRIC No NOORIDRIS85@GMAIL.COM Email Address (Phone) +65-98764973 Mobile Phone No +65-98764973 Alternative Phone No

VEHICLE PARTICULARS

Honda Manufacturer Civic Model 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? Private car Vehicle Category

INSURANCE COMPANY

Name of Insurance Company Comprehensive Type of Coverage Fleet Policy PNPV2019-00009593-01 Policy Number ... Cover Note Number

DRIVER

MUHAMMAD NOOR BIN MUHAMMAD IDRIS Name of Driver SXXXX663C NRIC No 12/12/1985 Date Of Birth Outdoor Occupation

| Date Of Driving Pass | 20/11/2015 |
|--|--|
| Driving experience | 5 YEARS AND 1 MONTH |
| Gender | Male |
| Mobile Number | (Phone) +65-98764973 |
| Alt. Phone Number | +65-98764973 |
| Email Address | NOORIDRIS85@GMAIL.COM |
| Address | BLK 808D CCK AVE 1 #16-608 |
| Address complement | |
| Postcode | 684808 |
| 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 | |
| | (¥) |
| Insurance Company of Other Vehicle Owned by Driver | (M) |
| GENERAL INFORMATION OF THE ACCIDENT | |
| Type of Accident | Collision - Head to Rear |
| Weather Conditions | Clear |
| Road Surface | Dry |
| | |
| OTHER INFORMATION | |
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 2 |
| Was anybody injured in the Accident? | No |
| Was any injured conveyed to hospital by ambulance? | |
| Was any other material or property damaged? | Yes |
| Number of Passengers (Including Driver) | 2 |
| Has the driver been approached by unknown person(s) | - |
| soliciting/offering accident claims assistance? | No |
| PASSENGER 1 | |
| | KHAIRUNNISU BINTE ABDUL AZIZ |
| Name | |
| Gender | Female |
| DETAILS OF POLICE ACTION | |
| Was the accident reported to the police? | No |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | * |
| CIRCUMSTANCES OF ACCIDENT | |
| REFER TO STATEMENT. | |
| ATTACHMENT(S) | |
| | Voc |
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | Yes |
| Was there any audio recorded? | No |
| DETAILS OF OTHE | R VEHICLE PROPERTY 1 |
| Vehicle Registration Number | GBG751E |
| Vehicle Manufacturer | Security of the security of th |
| Vehicle Model | 1 S4 |
| | |
| [1] [1] [7] [3] [4] [5] [4] [5] [4] [5] [6] [6] [6] [6] [6] [6] [6] [6] [6] [6 | |
| Vehicle Colour Vehicle Category | Commercial vehicle |
| Name of Driver | A STATE OF THE STA |

Name of Driver Contact Number

| Address | |
|---|---|
| Address complement | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | *************************************** |
| Details of property damaged in accident | |
| No. Of Passenger (Including Driver) | |

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 <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>.
- 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. 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, 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' 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' 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), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

TE(SLE) Bef Murchard Road Exit.

A = SMK 8836 R

B = GBG 751E

| T | Was | drivia | Str | risht al | one | CTE TO | rards s | ille k | refore | Ucrchant | Kong | EAT | where |
|--------------------------------------|--------|--------|---------------|----------|-------|---------|---------|--------|--------|-----------------|--------|-------|-------|
| e wedenly | T fut | on I | moud | on +1- | e rec | w of | ry veh | lcle. | 2 the | n went | down | and | euh |
| Englisher Englisher Porticular | s with | him | and | agrad | to | proceed | to . | وند م | r own | Insuran | u TO F | word. | |
| | | | Christian No. | | | , | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | _ | _ | | | | | | | | | | | |
| | | _ | | | _ | | | | | | | | |
| | | | | - | | | | | _ | | | | |
| | | | _ | | | _ | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | _ |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | -1,20 | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | - | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | - | | | | | | | | | | | | |
| | | | | _ | _ | | | | | | | _ | |
| | | | | | | | | | | | | | |
| | | | | | | | | | _ | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | _ | _ | _ |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

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

A

Witnessed by Reporting Centre Personnel



CERTIFICATE OF INSURANCE

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

All arcitions must be recorded within 24 hours of the incident regardless of whether it will leav to a delim-

POLICY NUMBER: PNPV2019-00009593-01 (Comprehensive - Classic Plan)

Car plate number: SMK8836P

Car chassis number: JHMFD46209S201031

Engine number: R16A14003644

Your name (As the policyholder): Muhammad Noor Bin Muhammad Itiris

Coverage start date: 24/05/2020 Coverage and date: 23/05/2021

Covered geographical area: Singapore, West Malaysia and Southern Thalland

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 Cardificate 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: Kenso Leasing Pte Ltd

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

Issued on: 05/04/2020

Kinn

Abhishek Bhatia

Chief Executive Officer FWD Singapore Pte Ltd

Please immediately inform us at +65-5820-8888 or email us at contact.sg@fwd.comif any details in this Certificate of Insurance need to be changed.

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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 wliful 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.

| ACCIDENT DETAILS | |
|-----------------------------------|------------|
| 29-12-2020 | (DD/MM/YY) |
| OBSOHES | (HH:MM) |
| CTE (SLE) BEL Murchant Road Exit. | |
| | 29-12-2020 |

| 自己 来为4000年1100年1100日 | | DETAILS OF | VEHICLE | | 建筑是积极的自由 | |
|--|-------------------|----------------|----------|--------------------|-----------------|--|
| Vehicle registration number | SMK 6836 R | - 100 | | | | |
| Vehicle make and model | civic 1.6A | | | | | |
| Type of vehicle | Saloon D | MPV 🗆 Bus 🗆 | | □ Van orcycle □ | Others: | |
| Vehicle category | Private of | Comm | ercial 🗆 | Motorcy | cle 🗆 | |
| Purpose of using at said time | | | | | | |
| Are you claiming under your own insurance company? | Yes Third part c | No 🗆 | | ease select: | | |

| | INSURANCE IN | FORMATION | |
|-------------------|---------------|--------------------------|---------|
| Insurance company | KMD | | |
| Policy number | 00009595 | | |
| Type of policy | Comprehensive | Third party fire & theft | TP only |

| INSURED / POLICY HOLDER |
|--|
| Muhammal Noor Bin Muhammad Idris Male of Female |
| 58554663C |
| 9876 4973 |
| Blu 808D (how Chu keing Avenue 1 #16-608(5) 684808 |
| |

| DRIVER | SAME AS INSURED ABOVE (SKIP TO D.O.B) |
|------------------------------|---|
| Name | Male Female |
| NRIC / Fin / Passport number | |
| Contact | |
| Address | |
| Email address | Noor Idris 85 Bamail com |
| Date of birth | 12-12-1963 |
| Occupation | Indoor Outdoor |
| Driving date pass | 20-11-2015 |

| 美国共享的 | GENERAL INFORMATION OF THE ACCIDENT | THE MARKET |
|--|---|-------------|
| Was driver an employee of | Yes D No D | |
| the insured's company? | If no, relationship of the driver and insured: | |
| Accident captured by camera? | a? Yes 🗹 No 🗆 | |
| Weather condition | Clear Raining Others: | |
| Road surface | Dry tz∕ Wet □ | |
| No of passenger | | of driver |
| | (Inclusive | : Of driver |
| 建筑地 加加加州。 | PASSENGER 1 | |
| Name | Khairunnisen Binte Abdul Aziz | |
| Gender | Male D Female D | |
| | | |
| DOMESTICAL STRUCTURES AND IN | PASSENGER 2 | |
| Name | 1 ASSENDER 2 | |
| Gender | Male Female | |
| | Terrate D | |
| | PASSENGER 3 | A |
| Name | PASSENGER 3 | 和思想 |
| Gender | Male Female | |
| | Male 0 Pellale 0 | |
| NEW YORK WATER | | |
| Name | PASSENGER 4 | |
| Gender | Mala = 5t | |
| Jenuer | Male Female | |
| STATE OF THE PARTY | | |
| Name | PASSENGER 5 | 多無如語 |
| Gender | | |
| Jender | Male Female | |
| | | |
| | PASSENGER 6 | 统约章 |
| lame | | |
| ender | Male Female | |
| In overwise w | | |
| 是特殊的关键的处理对现在的特殊的关键 | OTHER INFORMATION | |
| | Yes No | |
| /as other vehicle damaged? | Yes 🗆 No 🗈 | |
| | | |
| | DETAILS OF POLICE STATION ACTION | Mark to the |
| | Yes No If yes, please state which police station. | |
| olice station name | | |
| | | |
| particular in the second | WITNESS 1 | |
| ame | | |
| | | |
| Market State of the State of th | WITNESS 2 | 1507 5025 |
| ime | | 4/18-15-10 |

.

| 的相關的影響。 | THIRD PARTY VEHICLE 1 |
|--------------------------------------|-----------------------|
| Vehicle registration number | GBG 7516 |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |
| | |
| THE RESERVE OF THE PERSON NAMED IN | THIRD PARTY VEHICLE 2 |
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |
| | |
| TO BE SEED TO BE THE SEED OF | THIRD PARTY VEHICLE 3 |
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |
| | |
| Market State of the Land of State of | THIRD PARTY VEHICLE 4 |
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |
| | |
| | THIRD PARTY VEHICLE 5 |
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |
| | |
| | THIRD PARTY VEHICLE 6 |
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |
| 65 | |
| | THIRD PARTY VEHICLE 7 |
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |
| | |

| AND RESIDENCE TO PERFORM THE RESIDENCE | | INJURED PE | RSON 1 |
|--|-------------------------|----------------------------------|--|
| Name | | | |
| Injuries sustained | | | |
| Which vehicle person in? | | | |
| Were seat belts worn? | Yes 🗆 | No 🗆 | |
| Was injured conveyed to | Yes 🗆 | No 🗆 | |
| hospital by ambulance? | 1000000 | | |
| | | | |
| 有望的关系 ,一大大大大型的 | | INJURED PE | RSON 2 |
| Name | | | |
| Injuries sustained | | | |
| Which vehicle person in? | | | |
| Were seat belts worn? | Yes 🗆 | No 🗆 | Mississes and Parley To the second se |
| Was injured conveyed to | Yes 🗆 | No 🗆 | |
| hospital by ambulance? | | | |
| | | | |
| 克里斯斯 克斯斯克斯克斯克斯克斯克斯克斯克斯克斯克斯克斯克斯克斯克斯克斯克斯克斯 | | INJURED PE | RSON 3 |
| Name | | | |
| Injuries sustained | | | |
| Which vehicle person in? | | | |
| Were seat belts worn? | Yes □ | No 🗆 | |
| Was injured conveyed to | Yes 🗆 | No 🗆 | |
| hospital by ambulance? | | | |
| | | | |
| 新疆国际 的一个一个一个一个 | | INJURED PE | RSON 4 |
| Management and the Control of the Section of the Se | CHARLES OF STREET | INJUNED I E | |
| Name | W. Complete Land | MOONEDIE | |
| Injuries sustained | | MONEOTE | |
| Injuries sustained Which vehicle person in? | | | |
| Injuries sustained Which vehicle person in? Were seat belts worn? | Yes 🗆 | No 🗆 | |
| Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to | Yes 🗆 Yes 🗈 | | |
| Injuries sustained Which vehicle person in? Were seat belts worn? | | No 🗆 | |
| Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to | | No 🗆 No 🗅 | |
| Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? | | No 🗆 | RSON 5 |
| Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name | | No 🗆 No 🗅 | RSON 5 |
| Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained | | No 🗆 No 🗅 | RSON 5 |
| 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 🗆 | No 🗆 No 🗅 INJURED PE | RSON 5 |
| Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? | Yes 🗆 | No = No = INJURED PE | RSON 5 |
| Injuries sustained Which vehicle person in? 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 🗆 | No 🗆 No 🗅 INJURED PE | RSON 5 |
| Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? | Yes 🗆 | No = No = INJURED PE | RSON 5 |
| Injuries sustained Which vehicle person in? 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 🗆 | No No No No No No No | |
| Injuries sustained Which vehicle person in? 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 🗆 | No = No = INJURED PE | |
| Injuries sustained Which vehicle person in? 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 🗆 | No No No No No No No | |
| Injuries sustained Which vehicle person in? 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 🗆 | No No No No No No No | |
| Injuries sustained Which vehicle person in? 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 | |
| Injuries sustained Which vehicle person in? 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? Were seat belts worn? | Yes Yes Yes Yes Yes | No No INJURED PE | |
| Injuries sustained Which vehicle person in? 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 | |