

# NATIONAL Assessment Centre Services. (part 1 Jan 03)

SM 09211E0002

Date In: 14/11/21 09:55	Job description	Date & Time Completed	Done by
Ref No: NA/INC 21000660/44	SAS e-filing		
Veh No: SMM 8502T	E-mail (within 3hrs, AIC 2hrs)		
IPDA: 13/11/21 07:20	I-Motor Claim Form	MT/1117325-001	14/11/21 10:50
Off: <input checked="" type="radio"/> Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel: (	Fax: (
TP Particulars:	Veh No: SJN 5860J	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 ( )	

General Remarks:

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

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

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

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: ( )

Defects:

NA2100910	Invoice Information	Amount
Driver/Owner:	1) AR: Accident Reporting (\$30)	30
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$30)
Damaged Portion:	3) TP: Towing Fee	\$40/\$45
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	\$120
	5) PT: Follow-Through Survey (Resurvey)	\$30
	For claiming against INC Only (wef 10 Jan 2003)	
	6) TR: Re-inspection	\$75
	7) NI: Idao DA + SMRT Survey	\$160
	8) NIUC Additional Services:	
	OD:	
	*NS: Courtesy Car / Tpt Allowance	\$5
	*NG: Repair Coordination	\$10
	*NT: Post Repair Inspection	\$25
	*NB: DV / Collect Excess Coordination	\$5
	TP (N11): TP (Inc INC) against INC	\$20
	9) N12: Idao Mobile	\$0
	Invoice dated	Fee Charged
		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 Submission ..... 14/01/2021 09:55 (SGT)  
Date of Accident ..... 13/01/2021 07:20 (SGT)  
Exact Location of Accident ..... Boon Lay Way, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMM8502T

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... KEONG PEI JIN MRS LEE-KEONG PEI JIN  
NRIC No ..... SXXXX856Z  
Email Address ..... LINUSLEE999@YAHOO.COM  
Mobile Phone No ..... (Phone) +65-82222740  
Alternative Phone No ..... +65-82222740

### VEHICLE PARTICULARS

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

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5112551420-01  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LINUS LEE YI JI  
NRIC No ..... SXXXX955D  
..... 25/07/1992

Date Of Driving Pass .....	15/10/2009
Driving experience .....	11 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-92277037
Alt. Phone Number .....	-
Email Address .....	LINUSLEE999@YAHOO.COM
Address .....	BLK 371 JURONG EAST ST 32 #15-362
Address complement .....	-
Postcode .....	600371
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### 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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	KEONG PEI JIN
Gender .....	Female

#### DETAILS OF POLICE ACTION

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? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210113/7008

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SJN5860J
Vehicle Manufacturer .....	-
Vehicle Model .....	-

Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	DARYL CHEAH
NRIC No .....	SXXXX588A
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	GBG4796A
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
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) .....	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	KEONG PEI JIN
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY
Injured person in which vehicle? .....	SMM8502T
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

##### INJURED 2

Name of injured person .....	LINUS LEE YI JI
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY
Injured person in which vehicle? .....	SMM8502T
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 **completely 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 fact 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 as 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 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) in this accident shall be collectively referred to as the "**Insurers**"). The Insurers' lawyer/ 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 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 or corresponding, statement, invoices, reports, or notices to me, which could involve disclosure of certain personal data about me to bring 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 Insurer's lawyers/ law firms, may/ are permitted to collect, use or 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 lawyer/ 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 purposed stated, or;
  - ii. For complying with the requirements under any regulations, law or court orders.



Policyholder's Signature

Date & Time:



Driver's Signature

(If driver is not policyholder)

Date & Time:

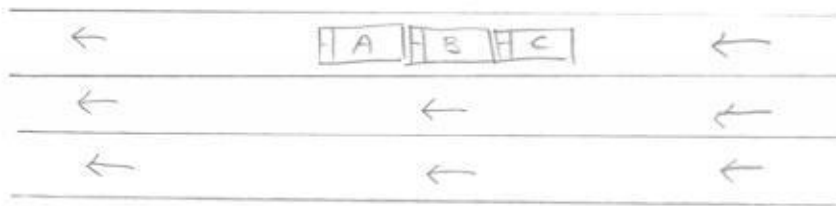


Reporting Centre Personnel's Signature

Name:

NRIC/ FIN No:

### SKETCH PLAN



A - SMM8502T

B - SJN5860J

C - G8G4796A

Refer to police report : 7/20210113/7008

### **DECLARATION**

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

Policyholder's Signature  
Date & Time:

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

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



# SINGAPORE POLICE FORCE



T/20210113/7008

1 of 4

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

Report No. T/20210113/7008

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 13/01/2021 14:54		Vide Report No.: D/20210113/0031		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: LINUS LEE YI JI			Address: 371 JURONG EAST STREET 32 #15-362 SINGAPORE 600371		
ID Type / ID No.: NRIC NO / S8306955D			Contact No.: Home/Office: Mobile: 92277037		
Nationality: SINGAPORE CITIZEN			Email: LINUSLEE999@YAHOO.COM		
Sex: Male	Age: 37	Date of Birth: 25/02/1983	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Supervisor/General foreman (metal, machinery and related trades)			Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/01/2021 07:20	Type of Location: Straight Road
Location:  BOON LAY WAY				
Lamp Post Number: 133				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 70 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBG4796A	Van			White	Seriously Damaged	0
SJN5860J	Car	HONDA	INTEGRA	Red	Seriously Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20210113/7008

2 of 4

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

Report No. T/20210113/7008

**CONTINUATION OF REPORT**

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMM8502T	Car	TOYOTA	Previa	White	Seriously Damaged	2

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMM8502T	NTUC Income Insurance Co-Operative Limited	5112551420-01	19/10/2020	18/10/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	KEONG PEI JIN	ID No.	S8601856Z
Related Vehicle	SMM8502T (Car)	Contact No.	82222740
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	13/01/2021	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight
Driver			
Name	LINUS LEE YI JI	ID No.	S8306955D
Related Vehicle	SMM8502T (Car)	Contact No.	92277037
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	13/01/2021	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

**Brief Details.**

Traffic light was red and i'm in a stop position. There was a loud bang from behind and subsequently a vehicle crash into my rear. A Van (GBG4796A) had crashed into a red car (SJN5860J) and the red car crashed into my vehicle (SMM8502T) My wife suffered headache, dizziness and nausea and was subsequently sent to hospital via ambulance. A video footage of the accident via my rear camera was taken by the attending traffic police





**SINGAPORE  
POLICE FORCE**



T/20210113/7008

3 of 4

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20210113/7008

CONTINUATION OF REPORT



**SINGAPORE  
POLICE FORCE**



T/20210113/7008

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

4 of 4

Report No. T/20210113/7008

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
HO JIEKANG, IVAN  
Contact No.: 65476170

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
13/01/2021 14:54

Classification Of Case:



## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1950  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: S112551420-01

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle

: SMM8502T

Chassis Number

: JTEG054M40AD16849

2. Name of Policyholder

: KEONG PEI JIN MRS LEE-KEONG PEI JIN

3. Effective Date of Insurance

: 19 Oct 2020

4. Expiry Date of Insurance

: 18 Oct 2021

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

(a) Use for hire or reward.

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

(c) Use for the carriage of goods (other than samples) in connection with any trade or business.

(d) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation)

Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)

: S\$600

EXCESS (SECTION 2)

: N/A

WINDSCREEN EXCESS

: S\$100

ADDITIONAL EXCESS

: N/A

UNNAMED DRIVER EXCESS

: PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP

: NO

INSURE WITH COE

: YES

NCD PROTECTION

: NO

TRANSPORT ALLOWANCE

: NO

EXCESS WAIVER

: NO

PRIMARY DRIVER

: LINUS LEE YI JI

NAMED DRIVER (1)

: N/A

NAMED DRIVER (2)

: N/A

HIRE PURCHASE COMPANY

: KENSO LEASING PTE LTD

SUM INSURED

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : COWELL INSURANCE (AGENCY) PTE LTD (00000610380)

Date of Issue : 12 Oct 2020 21:31 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

## THE SCHEDULE

### Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M90372806G

Policy Number	: S112551420-01		
The Policyholder	: KEONG PEI JIN MRS LEE-KEONG PEI JIN		
	: BLK 371 #15-362		
	: JURONG EAST STREET 32		
	: JURONG EAST COURT		
	: SINGAPORE 600371		
Period of Insurance	: 19 Oct 2020 To 18 Oct 2021		
Sum Insured	: Market Value of Insured Vehicle at Time of Loss		
Premium (inclusive GST)	: S\$1,427.04		
<b>Interest Insured</b>			
Cover Type	: drive CLASSIC		
Primary Driver	: LINUS LEE YI JI		
Named Driver (1)	: N/A		
Named Driver (2)	: N/A		
Make/Model	: TOYOTA/PREVIEW	Capacity	: 2400cc
Registration Number	: SMM8502T	Registration Year	: 2009
Chassis Number	: JTEGD54M40A016849	Off-peak Car	: No
Repair at Owner's Preferred Workshop	: No	Insure with COE	: Yes
Excess (Section 1)	: S\$600	NCD Entitlement	: 10%
Excess (Section 2)	: N/A	NCD Protection	: No
Windscreen Excess	: S\$100		
Additional Excess	: N/A		
Unnamed Driver Excess	: Please refer to Terms and Conditions		
Hire Purchase Company	: KENSO LEASING PTE LTD		
<b>Optional Cover</b>			
Transport Allowance	: No		
Excess Waiver	: No		

Memo A : N/A

Endorsement Operative : N/A

Agency : COWELL INSURANCE (AGENCY) PTE LTD (00000610380)  
Date of Issue : 12 Oct 2020 21:31 hrs

### DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive

Date of Accident : 13/1/21 Accident Time: 0720 (24-HR-Format)  
Accident Place : BOON LAY WAY (towards Jurong Town Hall)  
Vehicle No. (Car Plate No.) : SMM8502T Make/Model: TOYOTA PREVIA ~~2.0A~~ 2.4A  
Insurance Company : NTUC Policy No: \_\_\_\_\_  
Owner or Company Name /IC No. : KEONG PEI JIN  
Owner or Company Contact No. : 8222 2740 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : LINUS LEE YI JI S8306955D  
DRIVER'S Date Of Birth : 25/2/1983 DRIVER'S License Pass Date 15/10/2009  
Relationship of Owner & Driver : Spouse \ Parent \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
DRIVER'S Address : BLK 371 JURONG EAST STREET 32 #15-362  
DRIVER'S Contact No./ Alt No. : 1) 9227 7037 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : linuslee999@yahoo.com  
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
Number of Passengers (Including Driver): 02  
  
Was there any video Captured by car camera: YES \ NO  
Exact purpose for which vehicle was being used at time of accident: Private use \ Work Purpose  
Any Injury (If YES, Pls state): Neck & back

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

Vehicle. No: <u>SJN5860J</u>	Vehicle. No: <u>GBG 4796A</u>
Vehicle Make \Model: <u>HONDA</u> \ <u>HONDA INTEGRA 2.0A</u>	Vehicle Make \Model: _____
Name Driver: <u>DARL CHEAH</u>	Name Driver: _____
IC No. Driver/Contact: <u>S9611588A</u>	IC No. Driver/Contact: _____

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

Keong Pei Jin (F)