

NATIONAL Assessment Centre Services. (part 1 of 2) SN 09211F000C

| | | | |
|---|--|-----------------------|----------------|
| Date In: 15/11/21 15:41 | Job description | Date & Time Completed | Done by |
| Ref No: NA/ INC 21000749164 | SAS e-ling | | |
| Veh No: SK2 4896M | E-mail (within 3hrs, AIC 2hrs) | | |
| IP: 14/11/21 12:30 | I-Motor Clinm Forum | MT/1117539-001 | 15/11/21 17:30 |
| IP: <input checked="" type="radio"/> Reporting Only | I-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| IP Insurer: | I-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Wksp | | |

| | | |
|--|---|-----------------------|
| Preferred Wksp / INC Assign Wksp / OW: (| Tel: (| Fax: (|
| IP Particulars: | Veh No: GBA 83452 | 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: (|

| | | |
|---|-----------------------|---------|
| Remarks: (INC/Non-INC/Other) | Date & Time Completed | Done by |
| 1) Apply for Transport Allowance () / Courtesy Car () | | |
| 2) QC Check / Post Repair Inspection () | | |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] () | | |

Injury: _____

| Date/Time | Action |
|-----------|--------|
| | |
| | |
| | |
| | |
| | |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|-----------------------------------|----|--|--|-----------------------------|--|------------------------------------|--|--|--|---|--|---------------------------|--|------------------------------------|--|-------------------------------|--|-----|--|-----------------------------------|-----|---------------------------|------|-----------------------------|------|---------------------------------------|-----|------------------------------------|------|---------------------|----|
| <p>NA2101119</p> <p>Client/Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:</p> <p>Tel: 273</p> | <p>Invoice/Registration Charge:</p> <table border="1"> <tr> <td>1) AR: Accident Reporting (\$30);</td> <td>30</td> </tr> <tr> <td>2) DA: Damage Assessment (\$100); INC (\$30)</td> <td></td> </tr> <tr> <td>3) TF: Towing Fee \$40/\$45</td> <td></td> </tr> <tr> <td>4) PT: Follow-Through Survey \$120</td> <td></td> </tr> <tr> <td>5) PT: Follow-Through Survey (Resurvey) \$30</td> <td></td> </tr> <tr> <td colspan="2">For claim/insurance: INC Only (wef 19 Jan 2022)</td> </tr> <tr> <td>6) TR: Re-Inspection \$75</td> <td></td> </tr> <tr> <td>7) NI: Idao DA + SMRT Survey \$160</td> <td></td> </tr> <tr> <td>8) NTUC Additional Services:-</td> <td></td> </tr> <tr> <td> ON:</td> <td></td> </tr> <tr> <td> *NS: Courtesy Car / Tpt Allowance</td> <td>\$5</td> </tr> <tr> <td> *NG: Repair Co-ordination</td> <td>\$10</td> </tr> <tr> <td> *NT: Post Repair Inspection</td> <td>\$25</td> </tr> <tr> <td> *NI: DV / Collect Excess Coordination</td> <td>\$5</td> </tr> <tr> <td> TP (N11): TP (Non INC) against INC</td> <td>\$20</td> </tr> <tr> <td>2) N12: Idao Mobile</td> <td>30</td> </tr> </table> <p>Invoice dated _____ Fee Charged _____</p> <p>Invoice dated _____ Fee Charged _____</p> | 1) AR: Accident Reporting (\$30); | 30 | 2) DA: Damage Assessment (\$100); INC (\$30) | | 3) TF: Towing Fee \$40/\$45 | | 4) PT: Follow-Through Survey \$120 | | 5) PT: Follow-Through Survey (Resurvey) \$30 | | For claim/insurance: INC Only (wef 19 Jan 2022) | | 6) TR: Re-Inspection \$75 | | 7) NI: Idao DA + SMRT Survey \$160 | | 8) NTUC Additional Services:- | | ON: | | *NS: Courtesy Car / Tpt Allowance | \$5 | *NG: Repair Co-ordination | \$10 | *NT: Post Repair Inspection | \$25 | *NI: DV / Collect Excess Coordination | \$5 | TP (N11): TP (Non INC) against INC | \$20 | 2) N12: Idao Mobile | 30 |
| 1) AR: Accident Reporting (\$30); | 30 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2) DA: Damage Assessment (\$100); INC (\$30) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3) TF: Towing Fee \$40/\$45 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4) PT: Follow-Through Survey \$120 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5) PT: Follow-Through Survey (Resurvey) \$30 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| For claim/insurance: INC Only (wef 19 Jan 2022) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6) TR: Re-Inspection \$75 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7) NI: Idao DA + SMRT Survey \$160 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8) NTUC Additional Services:- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ON: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *NS: Courtesy Car / Tpt Allowance | \$5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *NG: Repair Co-ordination | \$10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *NT: Post Repair Inspection | \$25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *NI: DV / Collect Excess Coordination | \$5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TP (N11): TP (Non INC) against INC | \$20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2) N12: Idao Mobile | 30 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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 | 15/01/2021 15:41 (SGT) |
| Date of Accident | 14/01/2021 12:30 (SGT) |
| Exact Location of Accident | 156 Mariam Way, Singapore 507082 |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SKZ4896M |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|----------------------|
| Is company? | No |
| Name Of Registered Owner | GUI HOCK SENG |
| NRIC No | SXXXX861C |
| Email Address | KWL156@HOTMAIL.COM |
| Mobile Phone No | (Phone) +65-93670233 |
| Alternative Phone No | +65-93670233 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Honda |
| Model | Civic |
| 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 | ThirdPartyFireTheft |
| Fleet Policy | No |
| Policy Number | 5119645845 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|--------------|
| Name of Driver | KWAN WEI LUN |
| NRIC No | TXXXX911J |
| Date Of Birth | 25/07/2000 |
| Occupation | Indoor |

| | |
|--|-----------------------|
| Date Of Driving Pass | 12/09/2020 |
| Driving experience | 4 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-93670233 |
| Alt. Phone Number | - |
| Email Address | KWL156@HOTMAIL.COM |
| Address | 156 MARIAM WAY #07-12 |
| Address complement | - |
| Postcode | 507082 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Friend |
| 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 | Collision - Major/Minor Rd |
| 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? | Yes |
| Was any injured conveyed to hospital by ambulance? | No |
| Was any other material or property damaged? | Yes |
| Number of Passengers (Including Driver) | 1 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

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/20210114/7035

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------------|--------------------|
| Vehicle Registration Number | GBA8345Z |
| 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 | KWAN WEI LUN |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | BODY |
| Injured person in which vehicle? | SKZ4896M |
| 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.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

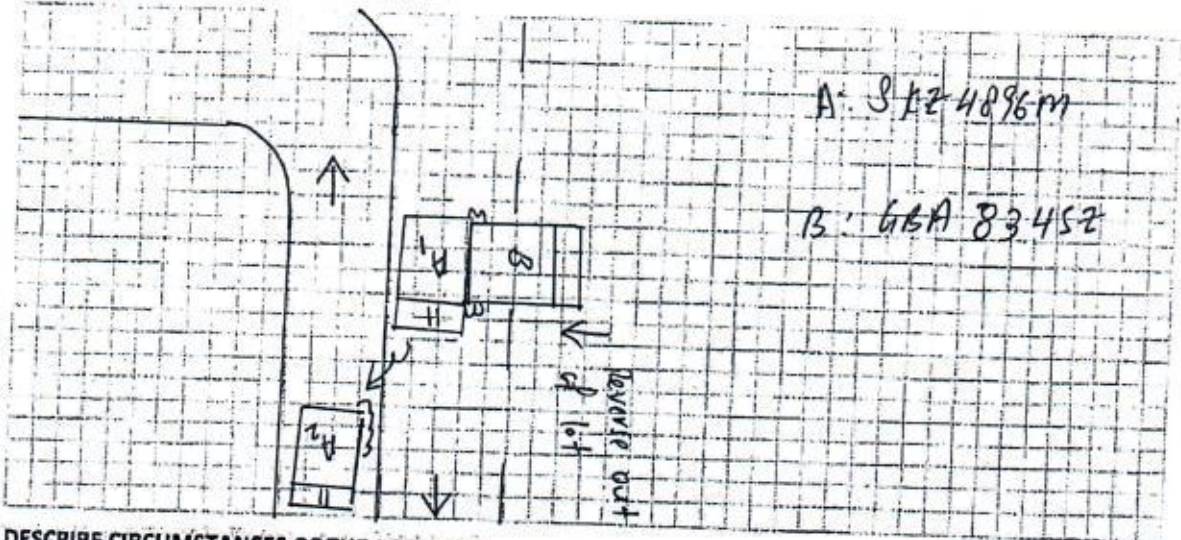
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to TPHV Report
T/20210114 / 7036

DECLARATION

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

Policyholder's Signature
Date & Time:

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

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



SINGAPORE POLICE FORCE



T/20210114/7035

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

1 of 3

Report No. T/20210114/7035

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------|
| Date/Time Report Made: 14/01/2021 18:10 | Vide Report No.: | Station Diary No.: |
|--|------------------|--------------------|

Informant's Particulars

| | | | | | |
|---|------------|------------------------------|--|--|----------------------------|
| Name of Informant: KWAN WEI LUN | | | Address: 156 MARIAM WAY #07-12 SINGAPORE 507082 | | |
| ID Type / ID No.: NRIC NO / T0024911J | | | Contact No.: Home/Office: Mobile: 93670233 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: KWL156@HOTMAIL.COM | | |
| Sex: Male | Age: 20 | Date of Birth: 25/07/2000 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | | Institution / School Name: |
| Occupation: National Service Full Time | | | Driving Licence Information: Class: Date of Expiry: | | |

General Information of the Accident

| | | | | |
|------------------------------------|------------------|------------------------------------|--|-------------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 14/01/2021 12:30 | Type of Location: Straight Road |
| Location: MARIAM WAY | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: Two Way | | Traffic Control: Not Controlled | | Traffic Volume: No Traffic |
| Type of Collision: REAR TO SIDE | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
|-------------|------|------|-------|-------|----------|-------|
| GBA8345Z | Van | | | | | 0 |
| SKZ4896M | Car | | | | | 0 |

Details of Person Involved

| | |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



**SINGAPORE
POLICE FORCE**



T/20210114/7035

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

2 of 3

Report No. T/20210114/7035

CONTINUATION OF REPORT

| | | | | |
|-----------------------------------|-----------------|--|-----------------------------------|-----------------------------------|
| Driver | | | | |
| Name | SEET CHENG KIAT | | ID No. | S6928791C |
| Related Vehicle | GBA8345Z (Van) | | Contact No. | 91213224 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry | Class: NIL Date of Expiry: NIL |
| Date | NIL | | Date | NIL |
| No. of Days granted Medical Leave | NIL | | Degree of | NIL |
| Driver | | | | |
| Name | KWAN WEI LUN | | ID No. | T0024911J |
| Related Vehicle | SKZ4896M (Car) | | Contact No. | 93670233 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry | Class: NIL Date of Expiry: NIL |
| Date | NIL | | Date | NIL |
| No. of Days granted Medical Leave | NIL | | Degree of | Slight |

Brief Details.

I was travelling straight in my vehicle (Carplate) along the carpark beside block 156 Mariam Way, Ballota Park Condo, when GBA8345Z suddenly reversed from a parking lot on my left.

I tried to avoid the accident by swerving my car to the right but to no avail as GBA8345Z reversed too fast and hit my vehicle left rear side despite my attempts to avoid the collision.

I was given 5 Days MC at intemedical clinic after going there to seek treatment after the accident.



**SINGAPORE
POLICE FORCE**



T/20210114/7035

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

3 of 3

Report No. T/20210114/7035

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 /
JUREMAH BINTE AHMAD
Contact No.: 65476219

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:
14/01/2021 18:10

Classification Of Case:

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No. Date of Accident
Vehicle No.(For Motor) Certificate Number

| Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|------------|--------------------|-------------------|-------------------|---------|---------------------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5119645845 | | GUI HOCK SENG | S6907861C | GPC | Third Party, Fire & Theft | SKZ4896M | SKZ4896M | 29/10/2020 | 28/10/2021 |

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 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.

Accident details

| | |
|----------------------------|--|
| Date and time of accident | Date: 14 Jan 2021 (DD/MM/YY) Time: 12:30 (HH:MM) |
| Exact location of accident | Carport of Balloga Raf (Block 156) |

Details of vehicle

| | |
|--|--|
| Vehicle registration number | SLE 4896M |
| Vehicle make and model | Honda Civic ELS |
| Type of vehicle | Saloon <input checked="" type="checkbox"/> MPV <input type="checkbox"/> CRV <input type="checkbox"/> Van <input type="checkbox"/> Lorry <input type="checkbox"/> Bus <input type="checkbox"/> Motorcycle <input type="checkbox"/> Others: _____ |
| Vehicle category | Private <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Motorcycle <input type="checkbox"/> |
| Purpose of using at said time | Private |
| Are you claiming under your own insurance company? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> if no, please select: Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/> |

Insurance information

| | |
|-------------------|---|
| Insurance company | NTUC |
| Policy number | |
| Type of policy | Comprehensive <input type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input type="checkbox"/> |

Insured / Policy holder

| | | |
|------------------------------|----------------|--|
| Name | Chai Hock Lung | Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> |
| NRIC / Fin / Passport number | S 6907861C | |
| Contact | | |
| Address | | |

Driver

Same as insured above ☐ (skip to D.O.B)

| | | |
|------------------------------|---|--|
| Name | Kuan Wei Lun | Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> |
| NRIC / Fin / Passport number | 70024911J | |
| Contact | 9367 0233 | |
| Address | Block 156, Marism Way #01-12 Singapore 507082 | |
| Email address | kw1156@hotmail.com | |
| Date of birth | 25 July 2000 | |
| Occupation | Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/> | |
| Driving date pass | 12 Sept 2020 | |

General information of the accident

| | | |
|--|--|--|
| Was driver an employee of the insured's company? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | If no, relationship of the driver and insured: <u>Friend</u> |
| Accident captured by camera? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| Weather condition | Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____ | |
| Road surface | Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/> | |
| No of passenger | <u>1</u> | (Inclusive of driver) |

Passenger 1

| | |
|--------|--|
| Name | _____ |
| Gender | Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> |

Passenger 2

| | |
|--------|--|
| Name | _____ |
| Gender | Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> |

Passenger 3

| | |
|--------|--|
| Name | _____ |
| Gender | Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> |

Passenger 4

| | |
|--------|--|
| Name | _____ |
| Gender | Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> |

Passenger 5

| | |
|--------|--|
| Name | _____ |
| Gender | Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> |

Passenger 6

| | |
|--------|--|
| Name | _____ |
| Gender | Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> |

Other information

| | |
|----------------------------|---|
| Was anybody injured? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Was other vehicle damaged? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

Details of police action

| | | |
|---------------------|---|--|
| Reported to police? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | If yes, please state which police station. |
| Police station name | <u>TPHQ</u> | |

Third party vehicle 1 (B)

| | |
|------------------------------|----------|
| Name | |
| Contact number | |
| NRIC / Fin / Passport number | |
| Vehicle registration number | 6A 83457 |
| Vehicle make model | |

Third party vehicle 2

| | |
|------------------------------|--|
| Name | |
| Contact number | |
| NRIC / Fin / Passport number | |
| Vehicle registration number | |
| Vehicle make model | |

Third party vehicle 3

| | |
|------------------------------|--|
| Name | |
| Contact number | |
| NRIC / Fin / Passport number | |
| Vehicle registration number | |
| Vehicle make model | |

Third party vehicle 4

| | |
|------------------------------|--|
| Name | |
| Contact number | |
| NRIC / Fin / Passport number | |
| Vehicle registration number | |
| Vehicle make model | |

Third party vehicle 5

| | |
|------------------------------|--|
| Name | |
| Contact number | |
| NRIC / Fin / Passport number | |
| Vehicle registration number | |
| Vehicle make model | |

Third party vehicle 6

| | |
|------------------------------|--|
| Name | |
| Contact number | |
| NRIC / Fin / Passport number | |
| Vehicle registration number | |
| Vehicle make model | |

Witness 1

| | |
|------|--|
| Name | |
|------|--|

Witness 2

| | |
|------|--|
| Name | |
|------|--|

Injured person 1

| | | |
|--|---|--|
| Name | Kwan Wei Lun | |
| Injuries sustained | Back | |
| Which vehicle person in? | 3KZ 4896M | |
| Were seat belts worn? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |

Injured person 2

| | | |
|--|------------------------------|-----------------------------|
| Name | | |
| Injuries sustained | | |
| Which vehicle person in? | | |
| Were seat belts worn? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Injured person 3

| | | |
|--|------------------------------|-----------------------------|
| Name | | |
| Injuries sustained | | |
| Which vehicle person in? | | |
| Were seat belts worn? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Injured person 4

| | | |
|--|------------------------------|-----------------------------|
| Name | | |
| Injuries sustained | | |
| Which vehicle person in? | | |
| Were seat belts worn? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |