NATIONAL Assessment Centre S	Prvices. w	רו ו לפילים .	5N 09211700	o T	<u>:</u>
	leb description	4	Date &Time Completer	Done	r'pî.
18/1/21	SAS c-filing				
Ref Ma MAIIMC 2100,0854/h4	E-mail (white the	(s. A[C 2hrs)	100		
Veh No SM & 4208 2	I-Motor Cinim		6 MT/1117865 -00	1 19/1/21	09:50
1107 121 18:30	I-Motor W/O (-	111112	
OD . Reporting Only			1		
	I-Photo Uplone			 -	
TP bisurer:	Assessment/Sun				
This is a second of the second	Ass't Report by	Fax / Hand to		Fax:	MILE PROPERTY.
Proformd Wksp / INC Assign Wksp / QW: (Tel: *	Pack.	
TP Particulars: Veh No: YM	5402 X.	. INC(. 1	
Owner / Driver: (Cover Type: (
Policy No: () Period	l: (Time:		
Confirmed by : (Date:		d-100%]	
			0%; P: 21-79%. P: 3	0-10011	
Total of realismmonia (runty; YES ()/NO(/		
Excess: (\$) Loading: \$1,000 (() / \$2,000 (1298038834853654125	200 PM	7.7
Gong (CACH) 即用程序等表表的编辑和指数编辑和公式	MENTE MENTEN	Union Indiana	dely NO refer of repolit	ar.	
() Walk-In Customer : Customor's Informa			Today 140 Total di Tapan		+
() Total Loss Case : to e-mail Insurer U		2/).T	owing Co: (# · ,)
Drive-in ()/ Towed-in (); Invoice: Y	ES()/NO	O ()) A	WALLE CO. C.	WES COUNTY	aniskini.
uanmala (1942) (1943) alima a filipa (1918) a fi		常新新港	Block Handle or has ja	N. Pilitz Miron	(o'by
1) Apply for Transfort Allowance ()/ Cour	rtcsy Car ()		· · · ·		
2) QC Check / Post Repair Inspection	.(·).			- ,	
1) Upload Resurvey Photo [Repair Cost > \$3000	0] (·)	* 11	1 3.6		2155
Infurý :					
potercing exclusions are to be strong			The second	原以表示。	9-,-
AND SERVICE SAFETY AND THE SERVICE STREET SAFETY SA		il e Sussinia		•	
	.1				
	un o tun and	and the second		AND THE STATE OF	S & Alique
MA2160	922	inveitelle.	ON THE PARTY OF THE CASE OF THE PARTY OF THE	學學學學	Mad bil
11172100	1.00				
Liver and a series and the series of the ser	ACTION OF THE PROPERTY OF	1) AR 1 Analden	tReporting (530); INC	C (240)	30
innumu apartenna (2004) eta 2006.		2) DA ! Damage 3) TF : Towing I	Assessment (5100); IN	\$40/\$45 \$40/\$45	- 30
innumit en erreinnes Pools de Person (d. 1916).		2) DA ! Damege 3) TF : Towing I 4) FT ! Follow-I	Arsessment (\$100); INC	\$120 \$120	- 30
ontonnilselterriculos :		2) DA : Damage 3) TF : Towing I 4) FT : Follow-I 5) FT : Follow-I For old/ming :	Assessment (\$100); INC Free Through Survey Through Survey (Resurvey) tealpst ING Only (wef 10 Jan	\$120 \$120	- 30
Statemaks Particular (2)		2) DA : Dameyo 3) TF : Towing I 4) FT : Follow-I 5) FT : Follow-I For glaimhta: 6) TR : Re-Impe	Assessment (\$100); INC fee hrough Survey hrough Survey (Resurvey) trainst INC Only (wef 10 Jan ellon	\$120 \$120	- 30
Statistatis all metriculars as a second activity of the second activ		2) DA: Damego 3) TF: Towing I 4) FT: Follow-I 5) FT: Follow-I For Stainhitz: 6) TR: Re-impe 7) NI: Ideo DA 8) NTUC Additi	Assessment (\$100); INC Fre brough Survey brough Survey (Resurvey) trainst INC Only (wef 10 Jan etion + SMRT Survey	\$40/\$45 \$120 \$30 \$000) \$75	30
Oriver/Owner: Contact No: Damaged Portion:		2) DA: Dameyo 3) TF: Towing I 4) FT: Follow-I 5) FT: Follow-I For stallming: 6) TR: Re-impe 7) N1: Idao DA 8) NTUC Addill	Assessment (\$100); INC hrough Survey hrough Survey (Resurvey) trainst INC Only (wef 19 Jan edion + SMRT Survey onal Services:-	\$120 \$120 \$120 \$730 \$120	30
Sintennia (Interpretation 2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1		2) DA: Dameyo 3) TF: Towing I 4) FT: Follow-I 5) FT: Follow-I For staining: 6) TR: Re-impe 7) N1: Idao DA 8) NTUC Additi DD: *N5: Courtes *N6: Renate	Assessment (\$100); INC Free brough Survey brough Survey (Resurvey) trainst INC Only (wef 19 Jan otion + SMRT Survey onal Services:- y Car/Tpt Allowance Co-ordination	\$120 \$120 \$730 \$73 \$160	30
Standantsalkaerienta (* 1868) Driver/Owner: . Contact No: Darnäged Portion: .		2) DA: Dameyo 3) TF: Towing I 4) FT: Follow-I 5) FT: Follow-I For glaiming: 6) TR: Re-impe 7) N1: I ideo DA 8) NTUC Additi DD* *N5: Courter *N6: Repeir *N7: Foel Re *N8: DV / Ce *N8: DV / Ce *N8: DV / Ce	Assessment (\$100); INC Free brough Survey brough Survey (Resurvey) trainst INC Only (wef 10 Jan etion + SMRT Survey onal Services:- y Car / Tpt Allowanse Co-ordination pair Inspection blicat Excess Coordination	\$120 \$30 \$73 \$160 \$35 \$160 \$23 \$35 \$35 \$35 \$35	30
Cintinutation region of the Police of the Po		2) DA: Dameyo 3) TF: Towing I 4) FT: Follow-I 5) FT: Follow-I For glaiming: 6) TR: Re-impe 7) N1: I ideo DA 8) NTUC Additi DD* *N5: Courter *N6: Repeir *N7: Foel Re *N8: DV / Ce *N8: DV / Ce *N8: DV / Ce	Assessment (\$100); INC Fee brough Survey brough Survey (Resurvey) traipst INC Only (wef 10 Jan etion + SMRT Survey onal Services:- y Car / Tpt Allowanne Co-ordination pair Inspection blicot Excess Coordination p (Non INC) against INC	\$40/\$45 \$120 \$30 \$75 \$160 \$3 \$10 \$23 \$3 \$20 \$3 \$20 \$3	30

· + 100 (1 1.35)

SN09211I000T / National Assessment Centre Services [408933] ENTRY DATE & TIME: 18/01/2021 19:30 (SGT) SUBMITTED BY: Chew Hsiao Tong

VERSION: 1 (18/01/2021 19:30 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 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.
- 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

18/01/2021 19:30 (SGT) Date of Submission 15/01/2021 19:20 (SGT) Date of Accident **Exact Location of Accident** Thomson Ridge, Singapore Additional Location Information Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMQ4208Z

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TING YANG SHENG JONATHAN NRIC No SXXXX443I JONATHAN.ZOTICUS.TANG@GMAIL.COM Email Address (Phone) +65-91002873 Mobile Phone No +65-91002873 Alternative Phone No

VEHICLE PARTICULARS

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

INSURANCE COMPANY

NTUC Name of Insurance Company Comprehensive Type of Coverage Fleet Policy Policy Number 5115317779-01 Cover Note Number

DRIVER

TING YANG SHENG JONATHAN Name of Driver SXXXX443I NRIC No 18/05/1996 Date Of Birth Occupation Indoor

Date Of Driving Pass	14/09/2016
Driving experience	4 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91002873
Alt. Phone Number	+65-91002873
Email Address	JONATHAN.ZOTICUS.TANG@GMAIL.COM
Address	BLK 986B BUANGKOK CRESCENT #08-60
Address complement	(*)
Postcode	532986
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	(338)
Verlicie negistration Number of Other Verlicie Office of Other	
Insurance Company of Other Vehicle Owned by Driver	(e)
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Hit and run / Vandalism / Damaged whilst parked
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)	0
Has the driver been approached by unknown person(s)	0.
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/20210118/7116	
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 OTHE	R VEHICLE PROPERTY 1
	NAIE 400V
Vehicle Registration Number	YN5402X
Vehicle Manufacturer	*
Vehicle Model	*
Vehicle Variant	
Vehicle Colour	- Commercial vahiala
Vehicle Category	Commercial vehicle

Commercial vehicle

Vehicle Category

Name of Driver Contact Number

Address			
Address	complement		
Postcod			
	ce Company Name	-	
	Of Damage		
	or proporty daming and in a		
No. Of F	Passenger (Including Driver)		

SKETCH PLAN

IMPORTANT NOTICE

- 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 withholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that :

- (a) My insurer, my w orkshop 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.

- Ch		tool
Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
Sketch Plan		

A: SM Q 4208 Z 3: YN 5402 X

11

cribe Circumstances of the Accident	
Refer to polia.	Veport

Declaration

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

nature / Date & Driver's Signature (I

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

A

Witnessed by Reporting Centre





Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20210118/7116

REPORT OF A TRAFFIC ACCIDENT

	ne Report M)21 14:15	Made:	Vide Report No.:	Station Diary No.:
Informa	nt's Partic	ulars		
	Informant: ANG SHEN	G JONATHAN	Address: 986B BUANGKOK CRES	CENT #08-60 SINGAPORE 532986
ID Type NRIC NO	/ ID No.: D / S96194	431	Contact No.: Home/Office:	Mobile: 91002873
National SINGAP	ity: ORE CITIZ	EN	Email: JONATHAN.ZOTICUS.TA	NG@GMAIL.COM
Sex: Male	Age: 24	Date of Birth: 18/05/1996	Type of Informant: Driver	
Race: Chinese	Race: Chinese		Language: English	Institution / School Name:
Occupat Banker	ion:		Driving Licence Informatio Class:	n: Date of Expiry:

General Infor	mation of the Accide	nt			
Type of Accident:	Non-Injury Hit and Run			Type of Location: Straight Road	
Location: THOMSON R Weather:	IDGE	Road Surface:		Road Speed Limit:	
Clear		Dry Traffic Control:		riodd Opedd Liffic	
Traffic Flow: Two Way	Traffic Flow: Two Way			Traffic Volume: No Traffic	
Type of Collis REAR TO SID			3	Anyone conveyed by ambulance: No	

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SMQ4208Z	Car	VOLKSWAGO N	SCIROCCO 1.4L AT TSI 1372Q5	Red		0
YN5402X	Lorry					0





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

2 of 3 Report No. T/20210118/7116

CONTINUATION OF REPORT

Details of Vo	ehicle Insurance		Control of the Control	SHEED FROM
	Insurance Company	Insurance No	Effective	Expiry Date
SMQ4208Z	NTUC Income Insurance Co-Operative Limited	5115317779-01	03/01/2021	02/01/2022

Details of Perso	n Involved	1000		A 1	
Any Pedestrian I	nvolved: No				
No. of Pedestrian	ns Injured: NIL		Use of Peo	destrian Cr	rossing: NA
Driver			The second second	accurati O	cooling. 1474
Name	TING YANG SHEN	G JONATH	AN	ID No.	S9619443I
Related Vehicle	SMQ4208Z (Car)			Contact N	No. 91002873
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NI	I
No. of Days gran	ted Medical Leave	NIL	Degree of	NI	

Brief Details.

On 15/01/2021, 1920Hrs, I parked my vehicle along Thomson Ridge and went to have my dinner, upon returning to my vehicle, I realized my vehicle was being hit and run on the right rear side of my vehicle as there was no note left on my vehicle. As there was no camera recorder on my vehicle, I realized there was 2 Vehicles parked infront of my vehicle with camera recorder. I waited for the two vehicle's owner to came back and requested their camera footage.

In the camera footage we witnessed the lorry with their company name on the side of the lorry but could not see the Vehicle Registration Number of the lorry.

We then found the lorry's company address via google and on the 16-01-2021, 1500 Hrs, we went down to the company and spoke to a Manager called Miss Tan, Hp No.: 97650832, we then told her the whole situation and and showed her the camera footage, she then acknowledged that the lorry belongs to their company and then provided me with the Vehicle Registration Number of the lorry.

We've tried to contact her till today but to no avail, hence I'm making this report for investigation, insurance claim purposes and also due to hit and run.





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

3 of 3 Report No. T/20210118/7116

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 / TPIB /

TAN JEOK LENG Contact No.: 65476144

Signature Of Informant:

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

Date/Time:

18/01/2021 14:15

Classification Of Case:

Authentication Stamp

NP168

eBaoTech				a she a						Genera	lClaim
Hello, NAC_PAYA_UBI_8006	01		CO SOLITOR	Control of the Contro	USA STANLANDA		• Chang	e Language	· Chang	ge Password	Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	No.				Date	of Accident		15/01/2021	19:20	
	Vehicle	No.(For Motor)	SMQ42	208Z		Cert	ificate Numbe	er	3		
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5115317779- 01		TING YANG SHENG JONATHAN	S9619443I	GPC	drivo CLASSIC	SMQ4208Z	SMQ4208Z	03/01/2021	02/01/2022
	-					Continue	1				



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5115317779-01

: SMQ4208Z

Index mark and Registration Number of Vehicle

Chassis Number

: WVWZZZ13ZAV438321

Cover : drivo CLASSIC

2. Name of Policyholder

: TING YANG SHENG JONATHAN

3. Effective Date of Insurance

: 03 Jan 2021

4. Expiry Date of Insurance

: 02 Jan 2022

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)

: \$\$600

EXCESS (SECTION 2)

: N/A

WINDSCREEN EXCESS

: 5\$100

ADDITIONAL EXCESS UNNAMED DRIVER EXCESS : N/A : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP

: NO

INSURE WITH COE

: YES

NCD PROTECTION

: NO

TRANSPORT ALLOWANCE

: NO

EXCESS WAIVER

PRIMARY DRIVER

: TING YANG SHENG JONATHAN

NAMED DRIVER (1)

: TING POH KONG

NAMED DRIVER (2)

: N/A

HIRE PURCHASE COMPANY

: MAYBANK SINGAPORE LIMITED

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

: DICKSON INSURANCE AGENCY PTE. LTD. (00000573832)

Date of Issue

: 17 Nov 2020 14:10 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

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.

Date of accident	15-61-2021	(DD/MM/YY)
Time of accident	1920 HRS	(HH:MM)
Exact location of accident	Thomson Ridge	

	DETA	ILS OF VE	HICLE		
Vehicle registration number	SMQ 4208Z				
Vehicle make and model	Volkswagen son	0000			
Type of vehicle	Saloon Ø	MPV Bus	CRV Motorcycle	Van 🗆	Others:
Vehicle category	Private Ø	Commerc	ial □ Mot	torcycl	e 🗆
Purpose of using at said time	Parked , Station	lory -			
Are you claiming under your own insurance company?	Yes No Third part claim		f no, please se Reporting only		

计算列表的 方面多多层的	INSURANCE IN	FORMATION	
Insurance company	INTUC		
Policy number			
Type of policy	Comprehensive Z	Third party fire & theft \square	TP only

INSURED / POLICY HOLDER					
Name	Ting Yang Sheng Jonathan	Male 🗆	Female 🗆		
NRIC / Fin / Passport number	59894431				
Contact	91002873				
Address	BIK 98613 Buongkola Crescent \$108-60(5) 532986				

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)
Name	Male Female
NRIC / Fin / Passport number	
Contact	
Address	
Email address	Jonathan 20ticus. Tang @ amail com
Date of birth	18-05-1996
Occupation	Indoor Ø Outdoor □
Driving data nace	14-09-2016

	GENERAL	INFORMATION	OF THE ACCIDENT	
Was driver an employee of	Yes 🗆	No 🗆		
the insured's company?			driver and insured	: Owner.
Accident captured by camera?	Yes	No 🗆		
Weather condition	Clear	Raining	Others:	
Road surface	Dry Ø	Wet □		
No of passenger	WIL			(Inclusive of drive
		PASSENGE	R1	建制的线性型 以前4000000000000000000000000000000000000
Name				
Gender	Male 🗆	Female		
				/
		PASSENGE	12	
Name				
Gender	iviale 🗆	Female 🗆		
		PASSENGE	₹3	对于 1000年12月1日
Name				
Gender	Male 🗆	Female		
		PASSENGE	₹4	以表现了字符。但这样是一种 多 企
Name				
Gender	Male 🗆	Female 🗇		
64.8% 电影响 医电影	TO SOUTH	PASSENGE	₹5	
Name				
Gender	Male 🗆	Female		
/				
		PASSENGER	₹6	
Name				
Gender	Male 🗆	Female 🗆		
		OTHER INFORM	ATION	The trade of the second
Was anybody injured?	Yes 🗆	No 🗆		
Was other vehicle damaged?	Yes 🗆	No 🗆		
提高供養學學學學學學	DETAIL	S OF POLICE STA	ATION ACTION	THE REPORT OF THE PERSON NAMED IN
Reported to police?	Yes 🗆	No □ If ye	s, please state wh	ich police station.
Police station name				
		WITNESS		建筑工程的基本。
Name				
		WITNESS	2	Charles the Control of the Control
Name				(Man.,)

The state of the s	THIRD PARTY VE	IICLE 1
Vehicle registration number	YN5402X	IICLL I
Vehicle registration number Vehicle make model	I A D TO A D	
Name		
NRIC / Fin / Passport number		
Contact		
	THIRD PARTY VE	IICLE 2
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		
	THIRD PARTY VEH	IICLE 3
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		
	THIRD PARTY VEH	IICLE 4
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		
Contact		
	THIRD PARTY VEH	ICLE 5
Vahida and testion auchor	THIRD PARTY VER	ICLE 3
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		
ALCOHOLOGICAL CONTRACTOR CONTRACT		
A PARTO S. COLLEGE DE LA COLLEGIA DEL COLLEGIA DEL COLLEGIA DE LA COLLEGIA DE LA COLLEGIA DEL	THIRD PARTY VEH	ICLE 6
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		
TO THE SECOND SECOND	THIRD PARTY VEH	ICLE 7
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		

VACOUS INC. CONTROL SE		INJURE	ED PERSON 1
Name			
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to	Yes 🗆	No 🗆	1
hospital by ambulance?	1		
		INILIPE	ED PERSON 2
Name		INJUNE	EU FERSON 2
Injuries sustained	-		
Which vehicle person in?	-		
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to	Yes 🗆	No 🗆	
hospital by ambulance?			
			/
		INJURE	D PERSON 3
Name			
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to	Yes 🗆	No 🗆	
hospital by ambulance?	E 42-6257 A 434		
AT DEVEN SET THE SET OF		INJURE	D PERSON 4
Name			
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to	Yes 🗆 /	No 🗆	
hospital by ambulance?	1030	110 🗆	
nospitor by ambalance.			
	***	INITIDE	D PERSON 5
Name	No. of Concessions	INJUNE	D PERSON 3
Injuries sustained	4		
Which vehicle person in?	-		
	Vac =	No -	
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to	Yes 🗆	No 🗆	
hospital by ambulance?			
WARD HILL MANAGE RATE	政党编员会	INJURE	D PERSON 6
Name /			
njuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to	Yes 🗆	No 🗆	
hospital by ambulance?	1	- SA 67-71 11	