NATIONAL Assessment Centre	2011111	THE RESERVE OF THE PARTY OF THE	. 014		
Dale III: 4/2/21 15:52	Jeb description		Dute & Time Completed		57.
Ref Ha NA INC 21901695/44	SAS c-filing				
Veh No SJL 4668 R	E-mail (white a	us, AIC Zhrs)			,
DOA: 3/2/21, IS:20.	I-Motor Cinin	r Form	MT/1/20014 001	412121	16:00
	I-Motor W/O	(Within; OD 2hrs,		:	:-
(1) (P)! Reporting, Only	i-Photo Uplon	ded			•
	Assessment/Sur	vey Report		,	
TP Insurer:	Ass'l Report by	Fax/Hand to	Owner/Wksn		
Professed Wksp / INC Assign Wksp / QW: (A Marian III		Tol: 🐔	Fax:	•
TP Particulars: Veh No: Gh	1 9536 H.	. İNC(.)/Non-INC(*).		
Owner / Driver: (Tcl:)	
Policy No: () Perio	od: ()	Cower Type: ().	
Confirmed by ; (Date:	Time:)	
Insured/Driver Liability: (%) [N	ote-Est Statuls (W	(O): N: 0-20	0%; P: 21-79%. P: 8d	-100%]	· ·
Year of Registration: () W	brranty; YES ()/NO()		
Excess: (\$) Loading: \$1,000	0()/\$2,000	(·) .	transmitation and the state of	<u>ज्याप्तित्र ग्र</u> ा	
Tendrickelings at the state of	当,但是自己的是自己的				<u> </u>
() Walk-In Customer : Customor's Inform		ilidential & St	dolly NO refer of repole	<u>r. </u>	
() Total Loss Case : to e-mail Insurer		•	3 1 1 1		•
Drive-In ()/ Towed-In (); Invoice:	YES()/N	O();T	owing Co; (# · 4)
			Pite el anil sonne al	in the state of th	by .
1) Apply for Transjort Allowance ()/Co	uricsy Car ()			
	Control of the Contro				
2) QC Check / Post Repair Inspection	.(·).				
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost> \$30	.(·)		*		*
	.(·)			:	
I) Upload Resurvey Photo (Repair Cost > \$30 Injury:	.(·)			77.73 F.M. T.	
1) Upload Resurvey Photo [Repair Cost > \$30	.(·)			Section of the control of the contro	571 (1111) V.
I) Upload Resurvey Photo (Repair Cost > \$30 Injury:	.(·)			Will the Control of t	· · · · · · · · · · · · · · · · · · ·
I) Upload Resurvey Photo (Repair Cost > \$30 Injury:	.(·)			No. 13 Factor 1 1 re	5°1Ç-111, V,
Upload Resurvey Photo (Repair Cost > \$30 Injury:	.(·)				**************************************
1) Upload Resurvey Photo (Repair Cost > \$30 Injury:	.(·)			A CONTRACTOR OF THE CONTRACTOR	Tr. 27 %. 4
1) Upload Resurvey Photo (Repair Cost > \$30 Injury: Didistring Assumble A	.(·)				i malip
Injury: Difference Cost > \$30 Injury: Difference Cost > \$30 NWUDI410	.(·)	I) AR; Andiden	inscitut Gircliii	30	Ryaling by the state of the sta
I) Upload Resurvey Photo (Repair Cost > \$30 Injury: Difference Assumbly and Assum	.(·)	I) AR; Acciden 2) DA; Damage	innertion Circleits - tRaparing (330); Assessment (5100); INC	240/245 (240) 3 ©	KYABILIZ Ki kodila
Injury: Districtions of Schools (Repair Cost > \$30 Injury: Districtions of Schools	.(·)	I AR; Acaden 2) DA: Damage 3) TF: Tewing:	Interfol (Gir Chillish Lagrange (530); Assessment (5100); INC	(240) 240/245 30	K. Anyl D
Injury: Districtions of Control (Repair Cost > \$30 Injury: Districtions of Country (Page 1997) Light Fundamental (Page 1997) Light Fundamental (Page 1997) Priver/Owner:	.(·)	I) AR.; Academ I) AR.; Academ I) DA.; Damaga I) Tr.; Follow-I 5) Pr.; Follow-I Forglaining	transition (Size City) and the Company (Naturally Control (Wall Or Jan 2) transition only (Wall Or Jan 2) transition only (Wall Or Jan 2)	230 2120 240/242 (220)	K Man D
I) Upload Resurvey Photo (Repair Cost > \$30 Injury: Dulacting Addition Little Holds - Private Holds - Priva	.(·)	I) AR; Academ 1) AR; Academ 2) DA; Damage 3) TF; Tewing: 4) FT; Fellow-1 Forglaining: 6) TR; Re-inspe	tRaparting (530); Assessment (5100); INC Through Survey Through Survey (Resurvey) Italias UNC Only (well 10 Jan 2 auton)	230 (240) 240/245 2120 230	Mada Managara
Injury: Dulacting Standard Repair Cost > \$30 Injury: Dulacting Standa	.(·)	I) AR; Academ 1) AR; Academ 2) DA; Damage 3) TF; Tewing: 4) FT; Fellow-1 Forglaining: 6) TR; Re-inspe	Through Survey	(550) 540/545 \$120 530 (005) 575	Manual Di
I) Upload Resurvey Photo (Repair Cost > \$30 Injury: Difficulty Action Liver Owner: Contact No: Jamaged Portion:	.(·)	1) AR; Acciden 2) DA; Damage 3) TF; Towing 1 4) FT; Follow-1 Forglaining 6) TR; Re-inspa 7) NI; Idao DA 8) NTUC Additt OD*	Through Survey	(550) 540/545 \$120 530 (005) 575	M. Alinis
Injury: Duterting Credition: Linuary: Duterting Credition: Contact No: Damaged Portion:	.(·)	I) AR; Academ I) AR; Academ I) DA; Damaga J) TF; Follow-I S) FF; Follow-I Forglaiming 6) TR; Ra-inspa 7) NI; Idao DA 8) NTUC Additi OD* *NS; Gourlas *NG; Hanair	Through Survey Throug	(540) 540/545 5120 530 (005) 575 5160	A Adulti
Injury: Dutations Action Little intercentation of the content of	.(·)	I MO I BOWLES I MAR; Acadden 2) DA; Damage 3) TF; Tewing; 4) FT; Fellow-I 5) FT; Fellow-I 6) TR; Ra-inspa 7) NI; Idae DA 8) NTUC Additt OD! *NS; Courles *NG; Rapair (*NY; Feet Ra *NB; DV / Ce *NB; DV / Ce	Through Survey Throug	(\$40) \$120 \$120 \$30 (005) \$75 \$160 \$35 \$10 \$325 \$310	A Salinas
I) Upload Resurvey Photo [Repair Cost > \$30 Injury: Dute Injury: NAUdi 410	.(·)	I MO I BOWLES I MAR; Acadden 2) DA; Damage 3) TF; Tewing; 4) FT; Fellow-I 5) FT; Fellow-I 6) TR; Ra-inspa 7) NI; Idae DA 8) NTUC Additt OD! *NS; Courles *NG; Rapair (*NY; Feet Ra *NB; DV / Ce *NB; DV / Ce	Through Survey Throug	(\$40) \$120 \$30 \$160 \$3 \$160 \$3 \$10 \$23	A SABILITATION OF THE PARTY OF

· · per et fine

SN092124000I / National Assessment Centre Services [408933] ENTRY DATE & TIME: 04/02/2021 15:52 (SGT) SUBMITTED BY: Chew Hsiao Tong VERSION: 1 (04/02/2021 15:52 (SGT))



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 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.

- 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

04/02/2021 15:52 (SGT)
03/02/2021 15:20 (SGT)
TPE, Singapore
-
Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJL4	668F	2
----------------------------------	------	---

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM KOK KWANG
NRIC No	SXXXX937B
Email Address	KWANG@TOPDOT.COM.SG
Mobile Phone No	(Phone) +65-93694668
Alternative Phone No	+65-93694668

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Estima
Variant	-
Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to	Private use
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	5089021479-03
Cover Note Number	-

DRIVER

Name of Driver	LIM KOK KWANG
NRIC No	SXXXX937B
Data Of Rirth	00/05/1076

Date Of Driving Pass	18/10/2004
Driving experience	16 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93694668
Alt. Phone Number	+65-93694668
Email Address	KWANG@TOPDOT.COM.SG
Address	BLK 122B SENGKANG EAST WAY #02-19
Address complement	Analytic day on the Analytic content of the Analytic depoint of the Analytic content of the Analytic c
Postcode	542122
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	NO
verlicle Registration Number of Other Verlicle Owned by Driver	_
Insurance Company of Other Vehicle Owned by Driver	
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision - Change/cross lane
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)	3
Has the driver been approached by unknown person(s)	
soliciting/offering accident claims assistance?	No
PASSENGER 1	
Name	NG EE LENG
Gender	Female
Gender	remaie
PASSENGER 2	
Name	EACAN LIM EECAN
Gender	EAGAN LIM EEGAN
Gender	Male
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	Yes
Police Station Name	
Police Station Phone No	Sengkang Neighbourhood Police Centre (Phone) +65-18003438999
Alt. Police Station Phone No	
Police Station Address	(Fax) +65-63438939 2 Sengkang Square #01-02
Was notice of intended Prosecution given?	No
If yes, against whom?	NO -
ii yes, against wildin:	-
CIRCUMSTANCES OF ACCIDENT	
REFER TO POLICE REPORT T/20210203/2136	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

Vehicle Registration Number	GW9536H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	•
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	•
Address	-
Address complement	-
Postcode	X ==
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

No

INJURED 1	
Name of injured person	
Address	
Address Complement	
Post Code	
Approximate Age Years Old	
Injuries Sustained	
Injured person in which vehicle?	
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	···· No
INJURED 2	
Name of injured person	
Address	
Address Complement	····
Post Code	
Approximate Age Years Old	
Injuries Sustained	
Injured person in which vehicle?	
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	No
INJURED 3	
Name of injured person	
Address	
Address Complement	-
Post Code	
Approximate Age Years Old	
Injuries Sustained	
Injured person in which vehicle?	
Were seat belts worn?	
Was this injured convoyed to bespital by ambulance?	No

Was this injured conveyed to hospital by ambulance?

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.
- 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.

algunt of

Julia

M

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

DECLARATION

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

C Grupty

Policyholder's Signature Date & Time: agraphy

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

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

STABLE SHOULD FROM OUR NA





1 of 3

Report No. T/20210203/2136

Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

Tel No: 1800-343 8999

REPORT OF A TRAFFIC ACCIDENT

Date/Time 03/02/202	Report M 1 18:53	ade:	Vide Report No.: G/20210203/0124	Station Diary No.: 122
Informant	's Particu	lars		
Name of I	nformant:		Address:	
LIM KOK I	KWANG		APT BLK 122B SENGKANG 542122	EAST WAY #02-19 SINGAPORE
ID Type / I	D No.:		Contact No.:	
NRIC NO	S768093	7B	Home/Office: Mobile: 93694668	
Nationality MALAYSIA			Email:	
Sex:	Age:	Date of Birth:	Type of Informant:	
Male	44	09/05/1976	Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation			Driving Licence Information:	
SELF EMF	PLOYED		Class:	Date of Expiry:

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 03/02/2021 15:20	Type of Location: Expressway
Location:	LUS			
Weather:		Road Surface:	R	load Speed Limit:
Traffic Flow:		Traffic Control:	Т	raffic Volume:
Type of Collis	ion:			nyone conveyed by mbulance:

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
GW9536H	Van					0
SJL4668R	Car	ТОУОТА	ESTIMA AERAS 2.4 A	Purple	Seriously Damaged	2

Details of V	ehicle Insurance	
THE STREET WAS ASSESSED.	A PARTICIPATION OF THE MARKET THE CONTRACT OF THE PARTICIPATION OF THE P	- 大学の大学とは、「大学の大学を表現している」。 - 大学の大学の大学の大学の大学の大学の大学の大学の大学の大学の大学の大学の大学の大



Tel No: 1800-343 8999



2 of 3

Report No. T/20210203/2136

Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

CONTINUATION OF REPORT

Details of Vehicle Insurance							
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date			
SJL4668R	NTUC Income Insurance Co-Operative Limited	5089021479-03	15/07/2020	14/07/2021			

Brief Details.

On 03/02/2021 at about 1520 hrs, I was driving along TPE towards SLE near to Lorong Halus together with my wife and our 12 years old son. My Wife was sitting in front and my son was sitting at the back behind her. I was driving in the middle lane out of the 3 lane and there is a van driving on my left side behind me.

At about 1525 hrs , the said van , GW9536H hit my vehicle on my left side of my vehicle and my vehicle starts to sway and hit onto the left side of the railing of the expressway. My vehicle left rear and front portion of my vehicle was also damaged due to the impact.

We alighted from our vehicle and the van driver informed that he was picking up something as such he lost control of his van. However, he changed his version after speaking to the Traffic Police who was at scene.

I immediately call 999 and Ambulance came first and send my son to KK Hospital as he was bleeding from his nose. My wife then went with my son to KK hospital while I wait at scene for the Traffic Police. Both me and my wife felt pain on the back and knee area. However, we will go to see doctor after we had settle other issues.

I was told to lodge a Traffic Police report by the TP officer who was at scene.

chanter





3 of 3

Report No. T/20210203/2136

Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

Tel No: 1800-343 8999

CONTINUATION OF REPORT

Sketch Plan

Authentication Stamp

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:	Signature Of Informant:
Sr Staff Sgt WU WENHAO, DENIS	Month
Signature Of Interpreter:	Date/Time:
Not applicable	03/02/2021 18:53
Officer In Charge Of Case:	Classification Of Case:
TP / GIT /	Classification of Gase.
Staff Sgt FARHAN SARMI BIN KAMSARI	
Contact No.: 97428559	

eBaoTech

GeneralClaim

Av Deskton Bolicy (

Change Language

Change Password

Log Out

My Desktop Notice of Loss
 Policy Query

 Policy No.
 Date of Accident
 03/02/2021 15:40

 Vehicle No.(For Motor)
 SJL4668R
 Certificate Number

Search

Policyholder NRIC Certificate Policyholder Commence Vehicle Insured Select Policy No. Product Cover Type Expiry Date Number Name No. Object Date LIM KOK KWANG drivo CLASSIC 5089021479-0 S7680937B GPC SJL4668R SJL4668R 15/07/2020 14/07/2021 03

Continue

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

		i			1570	
Date and time of accident	Date: 03/02	12021	(DD/MM/Y)	/) Time:	2 - 20PM	(HH-0404)
Exact location of accident	TPE toward	2 STG	after	KPE	exit	(TITTLIVIIVI)

Details of vehicle

Vehicle registration number	3JL4668R
Vehicle make and model	+ Toyuta Estima
Type of vehicle	Saloon MPV CRV Van
	Lorry Bus Motorcycle Others:
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	Private We
Are you claiming under your	Yes No if no, please select:
own insurance company?	Third part claim Reporting only

Insurance information

Insurance company	MTMC		
Policy number			
Type of policy	Comprehensive	Third party fire & theft	TP only
		Time party inte at their in	Tr offiny 🗆

Insured / Policy holder

Name	LIM KUK KWANG	Male a	Female
NRIC / Fin / Passport number	576809378	IVIGIC B	i ciriale u
Contact	93694668		
Address	BIK 1228 SENG LANG EAST	WAY	TF 02 -1
	S(542122)	= 2010	

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

Name	Male 🗆	Female
NRIC / Fin / Passport number	Ividie	remale u
Contact		
Address		
Email address	KWANGE topdot, Com. Sg	
Date of birth	09/05/1976	
Occupation	Indoor Outdoor	
Driving date pass	18/10/2004	

General information of the accident

Was driver an employee of	Yes 🗆	No 🗹		
the insured's company?	If no, rel	ationship of the	driver and insure	id. JMNGL
Accident captured by camera?	Yes 🗆	No		
Weather condition	Clear d	Raining	Others:	
Road surface	Dry 🗹	Wet 🗆		
No of passenger	3			(Inclusive of driver)

Passenger 1

Name	NG EE LENG	
Gender	Male Female	

Passenger 2

Name	EAGA	M LIM	FEGAN	
Gender	Male 🗹	Female	y	

Passenger 3

Male Female	
	Male Female

Passenger 4

Name		
Gender	Male Female	

Passenger 5

Gender Male Female	

Passenger 6

Maled	Female	
	Male	Male Female

Other information

Was anybody injured?	Yes 🗷	No 🗆	
Was other vehicle damaged?	Yes 🗷	No 🗆	

Details of police action

Reported to police?	Yes 🗷	No 🗆	If yes, please state which police station.
Police station name	SEM	(F KIDIN	IE N.P.C

Third party vehicle 1

Name		
Contact number		
NRIC / Fin / Passport number		
Vehicle registration number	GW953614	
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	

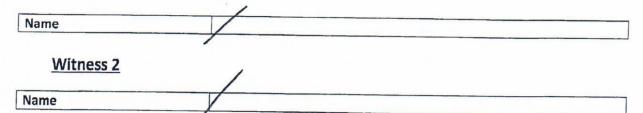
Third party vehicle 5

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



Injured person 1

Name	LIM KOK KWANG
Injuries sustained	Heck
Which vehicle person in?	27146688
Were seat belts worn?	Yes e No 🗆
Was injured conveyed to hospital by ambulance?	Yes No No

Injured person 2

Name	NG EE LING
Injuries sustained	LRH, hand, Back
Which vehicle person in?	SJL466FR
Were seat belts worn?	Yes No D
Was injured conveyed to hospital by ambulance?	Yes 🗆 No 🗖

Injured person 3

Name	EAGAN LIM EEGAN
Injuries sustained	Upper Lips, face, hand
Which vehicle person in?	SJL4668R
Were seat belts worn?	Yes 🗹 No 🗆
Was injured conveyed to hospital by ambulance?	Yes, No 🗆

Injured person 4

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to hospital by ambulance?	Yes D No D