

01 - SN 092125007, [מסמך] [מסמך]

Preferred Wksp / INC Assign Wksp / QW: (		Tel: (		Fax: (
TP Particulars:		Veh No: PC 7512M 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 ()			

() Walk-In Customer : Customer's Information strictly Confidential & Strictly NO refer of repolar.
() Total Loss Case : to e-mail Insurer URGENTLY.
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Comments (NCR/6000/6700/6600)	Date and Time	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo (Repair Cost > \$3000) ()		

Infirmité : _____

[illegible]

NA2101532

NAD101532		INVOICE FOR THE MONTH OF SEPTEMBER 2003		Kaduna	
Driver/Owner:		1) AR: Accident Reporting (\$30);	30		
Contact No:		2) DA: Damage Assessment (\$100);	INC (\$50)		
Damaged Portion:		3) TP: Towing Fee	\$40/\$45		
Checked by (Engr-In-Charge):		4) PT: Follow-Through Survey	\$120		
Auditors' Comments:		5) PT: Follow-Through Survey (Re-survey)	\$30		
Date:		For claiming against INC Only (wef 10 Jan 2003)			
		6) TR: Re-Inspection	\$75		
		7) NI: Idao DA + SMRT Survey	\$160		
		8) NFUC 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 (NI): TP (Nin INC) against INC	\$20		
		9) NI2: Idao Mobile	30		
2/3		Invoice dated	Fee Charged		
		Invoice dated	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	05/02/2021 10:47 (SGT)
Date of Accident	04/02/2021 23:00 (SGT)
Exact Location of Accident	Boundary Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW483B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KITAJIMA YUJI
NRIC No	SXXXX012C
Email Address	SLSOH@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-90225040
Alternative Phone No	+65-90225040

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
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	AIG
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1800016312-02
Cover Note Number	-

DRIVER

Name of Driver	SOH SIONG LEONG
NRIC No	SXXXX485B
Date Of Birth	31/05/1973
Occupation	Outdoor

Date Of Driving Pass	26/07/1991
Driving experience	29 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85532653
Alt. Phone Number	-
Email Address	SLSOH@YAHOO.COM.SG
Address	BLK 211 HOUGANG STREET 21 #03-301
Address complement	-
Postcode	530211
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
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	4
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	KITAJIMA YUJI
Gender	Male

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/20210205/7002

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	PC7512M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-



Vehicle Colour	-
Vehicle Category	Bus
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKG7324C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SMX5143H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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	KITAJIMA YUJI
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	FULL BODY
Injured person in which vehicle?	SLW483B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	SOH SIONG LEONG
Address	-



Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK, BACK AND HAND
Injured person in which vehicle?	SLW483B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

IMPORTANT NOTICE

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

(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.

Witnessed by Reporting Centre
Personnel


A-SLW403B
B-PL7512M
C-SKG7324C
D-SMX5143H


Describe Circumstances of the Accident


Refer to Police Report

Declaration

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


Witnessed by Reporting Centre
Personnel

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SM0921250007 Vehicle Registration No: SLW 483 B

Name(as shown in NRIC) : Kitajima Yuji NRIC/FIN/Passport No : SXXXX012C

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore()

Contact (Tel) : _____ Mobile No. : 90225040

Email Address : SLSOH @ Yahoo . Com . SG

Date of Accident : 4/2/21 Time of Accident : 23:00

Place of Accident : Boundary Rd

Insurance Company: AIG

(B) ADDITIONAL INFORMATION / AMENDMENTS:


I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend Insured name to Kitajima Yuji instead of

Kitajima Yuji

Policyholder / Driver's Signature

Date:



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



SINGAPORE POLICE FORCE



T/20210205/7002

1 of 4

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

Report No. T/20210205/7002

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/02/2021 02:24		Vide Report No.: F/20210204/0234		Station Diary No.:	
Informant's Particulars					
Name of Informant: SOH SIONG LEONG			Address: 211 HOUGANG STREET 21 #03-301 SINGAPORE 530211		
ID Type / ID No.: NRIC NO / S7320485B			Contact No.: Home/Office: Mobile: 85532653		
Nationality: SINGAPORE CITIZEN			Email: SLSOH@YAHOO.COM.SG		
Sex: Male	Age: 47	Date of Birth: 31/05/1973	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: SELF-EMPLOYED		Driving Licence Information: Class: 3		Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 04/02/2021 23:00	Type of Location: Straight Road
Location: BOUNDARY ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
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
PC7512M	Bus/Coach/Mi nibus				Slightly Damaged	0
SKG7324C	Car				Slightly Damaged	1



**SINGAPORE
POLICE FORCE**



T/20210205/7002

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

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Report No. T/20210205/7002

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLW483B	Car				Seriously Damaged	1
SMX5143H	Car				Slightly Damaged	0

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	KITAJIMA YUJI		ID No. S8512012C
Related Vehicle	SLW483B (Car)		Contact No. 90225040
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave		07	Degree of Serious
Driver			
Name	SOH SIONG LEONG		ID No. S7320485B
Related Vehicle	SLW483B (Car)		Contact No. 85532653
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave		05	Degree of Serious

Brief Details.

On 4 February 2021 at about 2300 hrs, I was driving my vehicle SLW483B along Boundary road. The traffic light was red, I slowed down and came to a stop. Suddenly I felt an huge impact coming from the rear of my vehicle. The impact was too huge which it cause my vehicle to toppled forward and collided onto the front vehicle SMX5143H . It was a chain collided involving 4 vehicle . The last vehicle was PC7512M , followed by my vehicle SLW483B (third vehicle) , SMX5143H (second vehicle) , SKG7324C (first vehicle)

I sustained injuries from the above mentioned accident and was given 5 days of MC .



**SINGAPORE
POLICE FORCE**



T/20210205/7002

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

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Report No. T/20210205/7002

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20210205/7002

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

4 of 4

Report No. T/20210205/7002

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 /
ABDUL RAHIM BIN SALIM
Contact No.: 65476437

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:
05/02/2021 02:24

Classification Of Case:

MAZDA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Kitajima Yuji
Period of Insurance : 26 Jan 2021 To 25 Jan 2022
Engine No. : P520491747
Chassis No. : JM6BN22A8J0200362

Vehicle No. : SLW483B
Policy No. : 1800016312-02
Endorsement No. :
Issued Date : 06 Jan 2021

ABOUT THE COVER

Make/Model : MAZDA 3 1.5 SKYACTIV
Engine Capacity/Tonnage : 1,496.00 CC
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2018
Insuring with COE/PAFF : Yes

Person 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.
 This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition
Mileage Condition : Unlimited Mileage
Limitation as to use* :

Use only for social, domestic and pleasure purposes and for the Policyholder's business.
 This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use 1500cc - 1600cc Optional

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

EXCESS

Section 1

Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$600

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Kitajima Yuji - \$600 (Own Damage), \$600 (Flood Cover)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

1. Trans Eurokars Pte Ltd Add: 27A Tanjong Penjuru, Singapore 609042 63310608

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website www.aig.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: HONG LEONG FINANCE LTD

I/We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0503599190

ARF (AP) PTE LTD - MAZDA

7 MAXWELL ROAD #01-100 ANNEX B MND COMPLEX
 SINGAPORE 069111

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

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 of accident	4/02/2021	(DD/MM/YY)
Time of accident	2300hrs	(HH:MM)
Exact location of accident	Boundary Road	

DETAILS OF VEHICLE

Vehicle registration number	SLW483B
Vehicle make and model	Mazda 3 1.5 SkyActive
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 use
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	AIG
Policy number	1800016312-02
Type of policy	Comprehensive <input checked="" type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input type="checkbox"/>

INSURED / POLICY HOLDER

Name	KITAJIMA YUJI	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	J8512012C	
Contact	90225040	
Address	311 Serangoon Ave 2 #02-110 S(550311)	

DRIVER

SAME AS INSURED ABOVE ☐ (SKIP TO D.O.B)

Name	Soh Jiong Leong	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	J7320485B	
Contact	85532653	
Address	211 Hougang Street 21 #03-301 S(530211)	
Email address	SLSOH@yahoo.com.sg	
Date of birth	31/05/1973	
Occupation	Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/>	
Driving date pass	26/7/1991	

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>valet</u>
Accident captured by camera?	Yes <input checked="" type="checkbox"/> No <input 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>2</u> (Inclusive of driver)

PASSENGER 1

Name	<u>Kitajima Yuji</u>
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 2

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 3

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 4

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 5

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 6

Name	
Gender	Male <input type="checkbox"/> Female <input 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 STATION ACTION

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

WITNESS 1

Name	
------	--

WITNESS 2

Name	
------	--

THIRD PARTY VEHICLE 1	
Vehicle registration number	SKG 7324C
Vehicle make model	C180 Merc
Name	
NRIC / Fin / Passport number	
Contact	

C

THIRD PARTY VEHICLE 2	
Vehicle registration number	SMX 5143H
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

D

THIRD PARTY VEHICLE 3	
Vehicle registration number	PC 7512M
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

B

THIRD PARTY VEHICLE 4	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 5	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 6	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 7	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

INJURED PERSON 1

Name	KHAJIMA YUJI	
Injuries sustained	Full body	
Which vehicle person in?	SLW483B	
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	Soh Jiong Leong	
Injuries sustained	Neck & Back & Hand	
Which vehicle person in?	SLW483B	
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 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"/>

INJURED PERSON 5

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 6

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"/>