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	I-Motor W/O (Within: OD 2hr	s, Tl' 4hrs)	
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	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	
Proformed Wksp / INC Assign Wksp / QW: (March	1	ax:
TP Particulars: , Veh No: PC	1512M INC(.)/Non-INC(·).	
Owner / Driver: (Tcl:)
	od: ()	Cover Type: ()
Confirmed by: (Date;	Time:)
Insured/Driver Liability: (%) [N	ote-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 8d-1	100%]
Year of Registration: () W	'arranty: YES ()/NO ()	
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() Total Loss Case : to e-mail Insurer			
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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
- 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
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner	No KITAJIMA YUJI

NRIC No SXXXXX012C SLSOH@YAHOO.COM.SG Email Address 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	62

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 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 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? 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

us

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	-1
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

SMX5143H
-
_
-:
-
Private car
-
-
-
-
-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	KITAJIMA YUJ
Address	1.
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
NUMBER 2	
INJURED 2	

Name of injured person SOH SIONG LEONG

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

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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)

I understand, acknow ledge, 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' 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.

1/2		
		47
Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
Sketch Plan		

A-SLW4836
B-PC7512M
C-Sk67324C
D-SMX5143H

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leclare the foregoing pa	rticulars are true in	n every respec	ct.		
		1			

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: S66SS0020G / GST Reg. No.: M400017735

 $\underline{\textbf{IMPORTANT NOTE}} : \quad \text{Please submit the completed Addendum form to the } \underline{\textbf{same}} \quad \text{Authorised Reporting Centre}$

with whom you submitted the Original Report.

		ADDEND	DUM	
)	PARTICULARS OF PERSON MA	KINGTHEAMENDMEN	TS:	
	Original Report No : \$ N	0921250007	Vehicle Registration No	:S2W 483B
	Name(as shown in NRIC): Ki	tajima Yuji	NRIC/FIN/Passport No	: S x x x x 012 C
	(*Vehicle Driver / Vehicle Owr	ier) (*) Please delete as a	appropriate	
	Address :			Singapore(
	Contact (Tel) :		Mobile No. :9	25040
	Email Address : 5250	H @ Yahoo, Com	. ১জ	
	Date of Accident : 4	12121	Time of Accident :	23:00
	Place of Accident :	Boundary Rd		
	Insurance Company:	AIG		
		nts:	Kitaji ma Yuji	instead of
9				
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9				
	Policyholder / Driver's Signatur Date:	e	Reporting Centre Per Name: NRIC/FIN No.:	sonnel's Signature

Date:

GIARMC addendumform_V3





T/20210205/7002

1 of 4

Report No. T/20210205/7002

Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/02/2021 02:24		ade:	Vide Report No.: F/20210204/0234		Station Diary No.:	
Informant	's Particul	ars				
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		N	Email: SLSOH@YAHOO.COM.SG			
Sex: Male	Age: 47	Date of Birth: 31/05/1973	Type of Informant: Driver			
Race: Chinese			Language: Institution / School Na English		/ School Name:	
Occupation: SELF-EMPLOYED			Driving Licence Information: Class: 3 Date of Expiry:		piry:	

General Inform	nation of the Accident					
Type of Accident:	Injury Attended by Police	Dri Dri No	ve:	Date/Time of Accident: 04/02/2021 23:00)	Type of Location: Straight Road
Location:						
BOUNDARY F	ROAD					
Weather:		Road Surfa	ace:		Road	d Speed Limit:
Clear		Dry				
Traffic Flow:		Traffic Control:			Traffic Volume:	
One Way Traff			Traffic Light - Working		Light	
Type of Collision	on:				Anyo	one conveyed by
Between Moving Vehicles - Head To Rear						ulance:
					Yes	

Details of Vehicle Involved							
Vehicle No.	Туре	Make	Model	Color	Conditio	No of	
PC7512M	Bus/Coach/Mi nibus				Slightly Damaged	0	
SKG7324C	Car				Slightly Damaged	1	





2 of 4

Report No. T/20210205/7002

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

CONTINUATION OF REPORT

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

Details of Perso	n Involved					
Any Pedestrian I	nvolved: No					
No. of Pedestriar	ns Injured: NIL		Use of Ped	destrian	Cross	sing: NA
Passenger						
Name	KITAJIMA YUJI			ID No	•	S8512012C
Related Vehicle	SLW483B (Car)			Conta	ct No.	90225040
Hospital/Clinic	NIL			Class of Driving Licence & Expiry		Class: 3 Date of Expiry: NIL
Date	NIL		Date		NIL	
No. of Days gran	ted Medical Leave	07	Degree of		Serio	us
Driver						
Name	SOH SIONG LEONG			ID No		S7320485B
Related Vehicle	SLW483B (Car)	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 gran	ted Medical Leave	05	Degree of		Serio	us

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.



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



T/20210205/7002

3 of 4

Report No. T/20210205/7002

CONTINUATION OF REPORT





T/20210205/7002

4 of 4

Report No. T/20210205/7002

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

CONTINUATION OF REPORT

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Authentication Stamp

NP168

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 05/02/2021 02:24
Officer In Charge Of Case: TP / TPHQ / ABDUL RAHIM BIN SALIM Contact No.: 65476437	Classification Of Case:



CERTIFICATE OF INSURANCE

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. Endorsement No.

Issued Date

: 06 Jan 2021

1800016312-02

ABOUT THE COVER

Make/Model

: MAZDA 3 1.5 SKYACTIV

Engine Capacity/Tonnage: 1,496,00 CC

Sum Insured: Market Value

First Year of Registration : 2018

Driver Restriction

: NA

Off Peak Car : No

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

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

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

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

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

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

SSPLLC

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	2300 hrs	(HH:MM)			
Exact location of accident	Boundary Road	•			

DETAILS OF VEHICLE						
Vehicle registration number	SLW4838	3				
Vehicle make and model	Mazda 3	1.5 SkyA	ctive			
Type of vehicle	Saloon 🗷	MPV 🗆	CRV □ Va	an 🗆		
	Lorry 🗆	Bus 🗆	Motorcycle 🗆	Others:		
Vehicle category	Private 🗷	Commer	cial Motor	cycle 🗆		
Purpose of using at said time	Private	use.				
Are you claiming under your	Yes □	No z	if no, please selec	t:		
own insurance company?	Third part claim ✓ Reporting only □					

INSURANCE INFORMATION						
Insurance company	AIG					
Policy number	1800016312-02					
Type of policy	Comprehensive 🗷	Third party fire & theft \square	TP only □			

INSURED / POLICY HOLDER		
Kitajima Yuji	Male 🗹	Female
(8512012C		
00225040		
311 Jerangoon Ave 2 #02-110 115503	311)	
	Kitajima Yuji 18512012¢ 90225040	Kitajima Yuji Male d 18512012c

DRIVER	SAME AS INSURED ABOVE □ (SK	(IP TO D.O.B)	
Name	Soh Siona Leona	Male 🗹	Female 🗆
NRIC / Fin / Passport number	573204858		
Contact	85532653		
Address	211 Hougang Street 21 #03-301	1 (530211)	
Email address	SLJOH @ Yahoo. com. sa		
Date of birth	31 105/1973		
Occupation	Indoor □ Outdoor Ø		
Driving date pass	26 17 11991		

	GENERAL INFO	DRMATION O	F THE ACCIDENT	
Was driver an employee of	NAME OF TAXABLE PARTY OF TAXABLE PARTY.	o,ø		
the insured's company?	If no, relation	ship of the d	river and insured: <u>Valt</u>	
Accident captured by camera?	Yes No			
Weather condition	Clear 6	Raining 🗆	Others:	
Road surface	Dry W	et 🗆		
No of passenger	2			(Inclusive of driver)
-				
		PASSENGER	1	
Name	kitajua !	Juji		
Gender		emale 🗆		
		PASSENGER	2	A CONTROL NEW YORK
Name		I ASSENCEN		
Gender	Male Fe	emale 🗆		
	1	aic 🛭		
		PASSENGER		
Name		PASSENGER		
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Name		PASSENGER	4	
Gender	Male Fe	emale 🗆		
Gender	Iviale Fe	emale 🗆		
		PASSENGER	5	
Name				
Gender	Male □ Fe	emale 🗆		
		PASSENGER	6	
Name				
Gender	Male □ Fe	emale 🗆		
		IER INFORMA	TION	
Was anybody injured?	,			
Was other vehicle damaged?	Yes 🗷 No	0 🗆		
es Kesastania alemania				
	THE RESERVE OF THE PERSON NAMED IN	THE RESIDENCE OF THE PARTY OF T	TON ACTION	
Reported to police?	Yes No	□ If yes,	please state which police	station.
Police station name			1)	
		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	
	THE DANGEROLE
Vehicle registration number	THIRD PARTY VEHICLE 2
Vehicle make model	14V 014011
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
THE SAME OF THE PARTY OF THE PA	THIRD PARTY VEHICLE 3
Vehicle registration number	PC 7512M
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Vehicle registration number	THIRD PARTY VEHICLE 4
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
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	
	TUIDD DADTY VITUELE Z
Vohiala vagiatustiau v	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	

Contact

		INIUDED DESCRIPTION
Name	le ile	INJURED PERSON 1
Injuries sustained	Full	ajiwa yuji
Which vehicle person in?		60dy 1483B
Were seat belts worn?	Yes	No 🗆 🗸
Was injured conveyed to	Yes 🗆	No n
hospital by ambulance?	i es 🗆	NO
nospital by ambalance:		
		INIUIDED BEDGOVA
Name	Calo	INJURED PERSON 2
Injuries sustained	Sol	Siong Llong L & Back & Hand
Which vehicle person in?	1161	463B
Were seat belts worn?	Yes	No 🗆
Was injured conveyed to	Yes 🗆	No z
hospital by ambulance?	163 🗆	NOE
nespital by ambalance.		
		INJURED PERSON 3
Name		INJUNED PERSON 3
Injuries sustained		
Which vehicle person in?	+	
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?	103	NO 🗆
		INJURED PERSON 4
Name		
· · · · · · · · · · · · · · · · · · ·		
Injuries sustained		
A STANDARD WATER TO STANDARD T		
Injuries sustained	Yes 🗆	No 🗆
Injuries sustained Which vehicle person in?	Yes 🗆	No 🗆
Injuries sustained Which vehicle person in? Were seat belts worn?		
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to		
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to		
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to		No 🗆
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?		No 🗆
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in?		No 🗆
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn?		No 🗆
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes 🗆	No INJURED PERSON 5
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes Yes	No INJURED PERSON 5 No
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes Yes	No INJURED PERSON 5 No
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?	Yes Yes	No INJURED PERSON 5 No
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name	Yes Yes	No INJURED PERSON 5 No No No No No No No No No No
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained	Yes Yes	No INJURED PERSON 5 No No No No No No No No No No
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in?	Yes Yes	No INJURED PERSON 5 No No No No No No No No No No
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes Yes	No INJURED PERSON 5 No No No No No No No No No No
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in?	Yes - Yes -	No INJURED PERSON 5 No No INJURED PERSON 6