NATIONAL Assessment Gentre	Services. 74	11 124503] .	: SM 09212		•
Date In: 6/2/21 16:25	Jeb description		Date & Time Complete	cd [Done by
Rel Ha MAILIP21091789144	SAS c-filing		·	1	
	E-mall (white the	s, AIC Zhrs)			
Voh No SLF 3903 B DDA 612121 13:45.	I-Motor Cialm	Porm .	3 .		
	1-Motor W/O	Within; OD Thei,	thrs)		:
(1) (D)! Reporting Only	I-Photo Uplond	led	1		
	Assessment/Surv	rey Report			
TP Insurer:	Ass'l Report by	Fax/Hand to	Owner/Wksn		
Profested Wksp / INC Assign Wksp / QW: (Tol: -	Fax:	,)
	JS 2255 A	. INC()/Non-INC()	
Owner / Driver: (33		Tcl:)
Policy No: () Par	riod: ()	Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%) [1	Note-Est Status (W	O): N:10-20	%; P: 21-79%. P;	80-100%]	•
Year of Registration: ()	Wattanty: YES ()/NO()		
Excess: (\$) Loading: \$1,0	00()/\$2,000(.) .	- North Section 15 49 15	नुष्ट् अनुष्टु र	77
定可使的某种的特色等不是		能到这种问题	1777	1. 160.012.015.1	a,
() Walk-In Gustomar : Customor's Info	rmation strictly Conf	Ildential & St	lotly NO refer of repo	olter.	
() Total Loss Gase : to e-mall Insurg	er URGENTLY.	•	3 " 1 1		, ,
	er URGENTLY.	O();I	owing Co: (# . 4)
() Total Loss Case : to e-mail Insure	er URGENTLY.	O();I	owing Co: (4		Althorot by
() Total Loss Case : to e-mail Insura Drive-In () / Towed-In (); Invoice (Connels: ************************************	er URGENTLY.	O();I	owing Co: (4		illiono, by · ·
() Total Loss Case : to e-mail Insura Drive-In ()/ Towed-In (); Invoice Commele : (IN GROUP)	er URGENTLY, E: YES() / N	0();1	Plus sumilas ours	S. S) Altions, by
() Total Loss Case : to e-mail Insura Drive-In () / Towed-In (); Invoice [Commele : **(IN Galb I) IN **(IN Galb I) 1) Apply for Transfort Allowance () / C	er URGENTLY. E: YES () / No Courtesy Car ()	0();1	owing Co.) Altonoby
() Total Loss Gase ; to e-mail Insura Drive-In ()/Towed-In (); Invoice Kinning and Allowance ()/C 1) Apply for Transj.ort Allowance ()/C 2) QC Check/Post Repair Inspection 1) Upload Resurvey Photo [Repair Cost > \$3	er URGENTLY. E: YES () / No Courtesy Car ()	0();I	Plus sumilas ours) Juone by
() Total Loss Gase : to e-mail Insura Drive-In () / Towed-In (); Invoice Remarks (IN Gillo IIII - 1718 4 Gip) 1) Apply for Transjort Allowance () / C 2) QC Check / Post Repair Inspection 1) Upload Resurvey Photo [Repair Cost > \$3 Injury:	er URGENTLY. E: YES () / No Courtesy Car ()	0();1	Plus sumilas ours)
() Total Loss Gase ; to e-mail Insura Drive-In ()/Towed-In (); Invoice Kinning and Allowance ()/C 1) Apply for Transj.ort Allowance ()/C 2) QC Check/Post Repair Inspection 1) Upload Resurvey Photo [Repair Cost > \$3	er URGENTLY. E: YES () / No Courtesy Car ()	O();I	Plus sumilas ours		Number of the second of the se
() Total Loss Gase : to e-mail Insura Drive-In () / Towed-In (); Invoice Remarks (IN Gillo IIII - 1718 4 Gip) 1) Apply for Transjort Allowance () / C 2) QC Check / Post Repair Inspection 1) Upload Resurvey Photo [Repair Cost > \$3 Injury:	er URGENTLY. E: YES () / No Courtesy Car ()	0();1	Pluskieniusoupk) Transby
() Total Loss Gase : to e-mail Insura Drive-In () / Towed-In (); Invoice Remarks (IN Gillo IIII - 1718 4 Gip) 1) Apply for Transjort Allowance () / C 2) QC Check / Post Repair Inspection 1) Upload Resurvey Photo [Repair Cost > \$3 Injury:	er URGENTLY. E: YES () / No Courtesy Car ()	0();I	Pluskieniusoupk) Platache Platache Programme
() Total Loss Gase : to e-mail Insura Drive-In () / Towed-In (); Invoice Remarks (IN Gillo IIII - 1718 4 Gip) 1) Apply for Transjort Allowance () / C 2) QC Check / Post Repair Inspection 1) Upload Resurvey Photo [Repair Cost > \$3 Injury:	er URGENTLY. E: YES () / No Courtesy Car ()	O();I	Pluskieniusoupk) Alicente by
Drive-In () / Towed-In (); Invoice Conjugate () / Towed-In (); Invoice Conjugate () / C	er URGENTLY. E: YES () / No Courtesy Car ()	0();1	Pluskieniusoupk		ONEY WARRIED
Drive-In () / Towed-In (); Invoice Conjugate () / Towed-In (); Invoice Conjugate () / C	er URGENTLY. E: YES () / No Courtesy Car ()	O();I	Pluskieniusoupk		
Drive-In () / Towed-In (); Invoice Convert () / Towed-In (); Invoice Convert () / Towed-In (); Invoice Convert () / Co	er URGENTLY. E: YES () / No Courtesy Car ()	Ditterior (1) AR, Aadder	frebarins (220): (2) Clif Clif12 (2) Clif Clif13 (3) Clif Clif13 (4) Clif Clif13 (5) Clif Clif13 (6) Clif Clif13 (7) Clif Clif13 (8) Clif Clif13 (9) Clif Clif13 (9) Clif Clif13 (9) Clif Clif13 (9) Clif Clif13		Sures Services
Drive-In () / Towed-In (); Invoice Conjugate () / Towed-In (); Invoice Conjugate () / C	er URGENTLY. E: YES () / No Courtesy Car ()	DIRCALL DIRECTOR OF THE PROPERTY OF THE PROPER	The state of the s	TAO(245)	
Drive-In () / Towed-In (); Invoice Convert () / Towed-In (); Invoice Convert () / Towed-In (); Invoice Convert () / Co	er URGENTLY. E: YES () / No Courtesy Car ()	DA: Damay Towning Towning	Chronal Survey Through Survey	THC (540) 540/543 \$120	
Drive-In () / Towed-In (); Invoice Connected () / Towed-In (); Invoice Connected () / C	er URGENTLY. E: YES () / No Courtesy Car ()	1) AR; Acadder 2) DA; Damay 3) TF; Towing 4) FT; Follow- Forglainhitz	Through Survey	INC (550) 540/545 \$120 Jan 2005)	
Drive-In () / Towed-In (); Invoice Conjugate : (IN Guodine () / Conjugate : (IN Guodine ()	er URGENTLY. E: YES () / No Courtesy Car ()	DA: Anadder DA: Pollow- DA: Pollow- T: Follow- Forglainhiz OTR: Ra-lasp	Clip dilisi Clip	ING (550) 540/543 \$120 Jon 3009)	Miles No. Aliques
Drive-In () / Towed-In (); Invoice Convert () / Towed-In (); Invoice Convert () / Towed-In (); Invoice Convert () / Coved-In (); Invoice Convert () / Coved-In	er URGENTLY. E: YES () / No Courtesy Car ()	1) AR; Acadder 2) DA; Damay 3) TF; Towing 4) FT; Follow- Forglainding 6) TR; Ra-lasp 7) NI; Idau DA	Through Survey	INC (580) 540/545 \$120) 500 300 Jon 3009)	30
Drive-In () / Towed-In (); Invoice Drive-In () / Towed-In (); Invoice Conjugate () / Towed-In (); Invoice Conjugate () / Conjugate (er URGENTLY. E: YES () / No Courtesy Car ()	1) AR; Acader 1) AR; Acader 2) DA; Damey 3) TF; Follow- For glaining 6) TR; Re-lasp 7) NI; Idao DA 8) NTUC Addi	Through Survey	ING (550) 540/543 \$120 Jon 3009)	30
Drive-In () / Towed-In (); Invoice Conjugate : (IN Guodine () / Conjugate : (IN Guodine ()	er URGENTLY. E: YES () / No Courtesy Car ()	1) AR; Acader 1) AR; Acader 2) DA; Damey 3) TF; Follow- For glaining 6) TR; Re-lasp 7) NI; Idao D/ *NS; Gourle *NS; Hanakr	Through Survey Through Survey Taxinat INC Only (well) author the Survey Through S	INC (580) 540/545 \$120 375	30
Drive-In () / Towed-In (); Invoice Drive-In () / Towed-In (); Invoice Conjugate () / Towed-In (); Invoice Conjugate () / Conjugate (Courtesy Car () () () ()	J. J	Through Survey Through Through Survey Through Through Survey Through Through Through Through Through Through author 4 SMRT Survey Itonal Services: 17 Car / Tpt Allowanus Co-ordination 18 Through Throughton	INC (580) 540/545 \$120) \$30 Jon 3009) 575 . \$160 535	30
Drive-In () / Towed-In (); Invoice Drive-In () / Towed-In (); Invoice Conjugate () / Towed-In (); Invoice Conjugate () / Conjugate (Courtesy Car () () () ()	J. AR; Acader 1) AR; Acader 2) DA; Damay 3) TF; Follow- For claiming 6) TR; Re-insp 7) NI; Idao D/ 8) NTUC Addi OD' *NG; Lapair *NI; Fost R *NI; Fost R *NI; Fost R *NI; DV/C	Through Survey Throug	INC (580) 540/545 \$120) \$30 Jon 3009) 575 . \$160 535	30

· per st for-

SN092126000E / National Assessment Centre Services [408933] ENTRY DATE & TIME: 06/02/2021 16:25 (SGT) SUBMITTED BY: Chew Hsiao Tong VERSION: 1 (06/02/2021 16:25 (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

Date of Submission 06/02/2021 16:25 (SGT) Date of Accident 06/02/2021 13:45 (SGT) **Exact Location of Accident** Braddell Rd, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLF3903B

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner ROSET LIMOUSINE SERVICES PTE LTD Company Reg No 2XXXXX722Z Email Address LIMGEKKEOW81@GMAIL.COM Mobile Phone No (Phone) +65-68445225 Alternative Phone No +65-68445225

VEHICLE PARTICULARS

Manufacturer Toyota Model Wish 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 hire

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Type of Coverage Comprehensive Fleet Policy SD20V13100/VPZ/R02 Policy Number Cover Note Number

DRIVER

Name of Driver LIM GEK KEOW NRIC No SXXXX747G Date Of Birth 24/10/1964 Occupation Outdoor

Data Of Driving Page	05/00/4000
Date Of Driving Pass	05/02/1993
Driving experience	28 YEARS
Gender	Male
Mobile Number	(Phone) +65-97539489
Alt. Phone Number	-
Email Address	LIMGEKKEOW81@GMAIL.COM
Address	BLK 316A YISHUN AVE 9 #02-250
Address complement	•
Postcode	761316
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	No
	3
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	COOPER MORGAN
Gender	Male
DETAILS OF POLICE ACTION	
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	•
CIRCUMSTANCES OF ACCIDENT	
REFER TO STATEMENT.	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No
	110
DETAILS OF OTHER	R VEHICLE PROPERTY 1
Vehicle Registration Number	SJS2255A
Vehicle Manufacturer	OUGLEUUM
Vehicle Model	
Vehicle Variant	
VOINCIO VAIIAIIL	

Private car JEBSEN KO

(Phone) +65-90027030

Vehicle Colour

Name of Driver

Contact Number

Vehicle Category

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	SLQ8423D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	
Vehicle Colour	=
Vehicle Category	Private car
Name of Driver	LAWRENCE LEE
Contact Number	(Phone) +65-92779940
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	LIM GEK KEOW
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SLF3903B
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, 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' 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.

Policyholder's Signature Police &

ROSE

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Time

SKEIGH FIAH		
		A: SLF 3903B
		B: 535 2255A C: SLQ8423D
Braddell 12d	IAI	C: SLQ8423D
	B	
	1 1 1	

Describe Circumstances of the Accident

on the Most left lane. It's the vehicle infrant of my slop. I follow to slop as well with a safe distant of a sudden, I fell an huge impact from my whicle reas pocker, and the impact caused to throst four and collider onto front car. Total 3 cass involved.	I	Was	s to	ravelling	along	Bro	idell	Road	toward	s ct	E (SL	E TPE
all of a sudden, I fell an huge impact from my retricle rear postion, and the impact caused to thrust forward contiled onto from car.	bΛ	the	M	1081 128	1 lane	. 14	5	the	vehich	infrom	00	me
which rear portion, and the impact caused to thrist forward could be onto find car.	Stop		I	Pollo w	to	stof	as	vie	11 wid	4 9	sale	diolar
and colliber onto from car.	all	40	۵	sudden	, 7	FeH	91	hug	ge imp	ract 1	lon 1	ביי
	vehic	الد	rras	poction	, and	the	imp	act	caused	to	thrist	forma
Total 3 cars involved.	and		collitet	001	to fi	en (ar.					
	Tot	41	3	(ars	inudiu	eL.						
				У.								
			and the same			11.000				9-1-1-X-		
			- Harpey - Large - Lar									
	-											
											-	
			150	*								

Declaration

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



Policyholder's Signature / Date & Time

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

-

Witnessed by Reporting Centre





Liberty Insurance Pte Ltd Registration no.199002791D

51 Club Street #03-00 Liberty House Singapore 069428 Tel: (65) 6221 8611 Fax: (65) 6225 6890 Website: http://www.libertyinsurance.com.sg

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

Certificate No	SD20V13100 /VPZ /R02
Form	MZ406C
Date Of Issue	20-OCT-2020
1.Index Mark and Registration No. of Vehicle:	SLF3903B
2.Chassis number of Vehicle:	JTDGG20W30J004936
3.Name of Policyholder:	ROSET LIMOUSINE SERVICES PTE LTD
4.Effective date of Commencement of Insurance for the purpose of the Act:	01-NOV-2020 00:00 AM
5.Date of Expiry of Insurance:	31-OCT-2021 23:59 PM
6.Persons or Classes of Persons	

entitled to drive*:

Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired.

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.

And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

7.Limitations as to use*:

- A) Use for carriage of passengers or goods in connection with the Policyholder's business.
- B) Use for social, domestic, pleasure and business purposes of any person to whom the vehicle is hired.
- C) Use for the carriage of passengers for hire or reward under Private Hire Vehicle (PHV) by the person to whom the vehicle is hired.

- A) Use for racing, pace-making, reliability trial or speed-testing.
- B) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

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

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.

For and on behalf of

LIBERTY INSURANCE PTE LTD

Approved Insurers

Authorised Signature

For Information only:

Comprehensive, Unlimited Windscreen, Geographical Area - refer memorandum COVERAGE:

SUM INSURED: MARKET VALUE AT THE TIME OF LOSS

Refer Memorandum - Section I S\$2000, Refer Memorandum - Section II S\$2000, Windscreen EXCESS:

Excess S\$100

FINANCE COMPANY: **DBS BANK LTD**

NEWSTATE STENHOUSE (S) PTE LTD PRODUCER NAME:

S1 CI T1 T3 OE Template2-Ver1.

20-OCT-20

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.
- $\ensuremath{^{\diamondsuit}}$ 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.

	AC	CIDENT DET	AILS	建设设施的工程,是不是企业
Date of accident		06/0	2/2021	(DD/MM/YY)
Time of accident		13	45	(HH:MM)
Exact location of accident	Braddell	Road	towarks	CTE (SLE /TPE)

	DETAILS OF VEHICLE
Vehicle registration number	SLF 3903 B
Vehicle make and model	Toyota wish
Type of vehicle	Saloon MPV CRV Van Lorry Bus Motorcycle Others:
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	
Are you claiming under your	Yes No if no, please select:
own insurance company?	Third part claim Reporting only

	INSURANCE IN	FORMATION		
Insurance company	Liberty			
Policy number	,			•
Type of policy	Comprehensive	Third party fire & theft □	TP only □	

INSURED / POLICY HOLDER									
Name	Roset	Limousine	Services	PTE	270		Male 🗆	Female 🗆	
NRIC / Fin / Passport number		20040	67222		110				
Contact		68	44 522	5					
Address	Blk	53 pa	ya Usi	Indu	strial	Parte	161 A	ve 1	
		403	- 47	514	0893	4)			

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)	
Name	Lim Gek Klow Male	Female 🗆
NRIC / Fin / Passport number	516567476	
Contact	97539489	
Address	BILL 316A YISHUM AVE 9 #02-250 S(761316)	
Email address	Imge (Leow 81 @ gmail. com	
Date of birth	24/10/1964	
Occupation	Indoor Outdoor	
Driving data pass	05/02/1997	

	CENTED AL INICODA ATTICNI CETTUT A CONTENT
Company of the Compan	GENERAL INFORMATION OF THE ACCIDENT
Was driver an employee of	If no relationship of the driver and insured:
the insured's company?	in no, relationship of the driver and histored.
Accident captured by camera?	Yes No
Weather condition	Clear Raining Others:
Road surface	Dry ✓ Wet □
No of passenger	2 (Inclusive of driver)
	PASSENGER 1
Name	(Ooper Morgan
Gender	Male Female
	PASSENGER 2
Name	
Gender	Male - Female -
	PASSENGER 3
Name	TASSENGER S
Gender	Male Female
dender	Water Terriale
	PASSENGER 4
Name	FASSLINGER 4
Gender	Male Female
dender	Marc 1 Terriale 1
	PASSENGER 5
Name	
Gender	Male Female
Name	PASSENGER 6
Name Gender	Male Female
Gender	Ividie Female
	OTHER INFORMATION
Was anybody injured?	Yes ☑ No □
Was other vehicle damaged?	Yes No 🗆
	DETAILS OF POLICE STATION ACTION
Reported to police?	Yes No If yes, please state which police station.
Police station name	
	WITNESS 1
Name	
Control of the second second second second	WITNESS 2
Name	

National Action Control of Control	THIRD PARTY VEHICLE 1	12 15 E 1 50 -2
Vehicle registration number	555 2255A	
Vehicle make model	Kia	
Name	Jebsen ko	
NRIC / Fin / Passport number		
Contact	9002 7630	
	THIRD PARTY VEHICLE 2	
Vehicle registration number	5LQ 84230	
Vehicle make model	8 1230	
Name	Lawrence tel	
NRIC / Fin / Passport number	LAWIANCE LOC	
Contact	622 - 48 /2	
Contact	92779940	
to the second se	THIRD PARTY VEHICLE 3	4-4-
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		
TO THE SAME OF THE SAME	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	128577
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		
	THIRD PARTY VEHICLE 7	
Vehicle registration number		
Vehicle make model		

NRIC / Fin / Passport number

		INJURED PERSON 1
Name		Lim Gek Keow
Injuries sustained		Neck
Which vehicle person in?		SLF 3903B
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No
hospital by ambulance?		
		INJURED PERSON 2
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		
•		
		INJURED PERSON 3
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?	10.00	
		INJURED PERSON 4
Name		INJURED PERSON 4
Name Injuries sustained		INJURED PERSON 4
		INJURED PERSON 4
Injuries sustained	Yes 🗆	INJURED PERSON 4
Injuries sustained Which vehicle person in?	Yes Yes	
Injuries sustained Which vehicle person in? Were seat belts worn?	The second second	No 🗆
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	The second second	No 🗆
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	The second second	No 🗆
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	The second second	No - ·
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?	The second second	No - ·
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name	The second second	No - ·
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained	The second second	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?	Yes 🗆	No 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 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? Was injured conveyed to	Yes Yes	No 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? Was injured conveyed to	Yes Yes	No 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? Was injured conveyed to	Yes Yes	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?	Yes Yes	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	Yes Yes	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 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 No INJURED PERSON 5