

NATIONAL Assessment Centre Services. [part 1 Jan'03] : SM 09212 & 000A

| | | | |
|------------------------------|--|---------------------------|---------------|
| Date Inc: 26/2/21 15:28 | Job description | Date & Time Completed | Done by |
| Ref No NA/INC21092659/44 | SAS e-filing | | |
| Veh No SMH 2774R | E-mail (within 3hrs, A/C 2hrs) | | |
| DDA: 25/2/21 20:50 | I-Motor Claim Form | MT/1122523 ⁰⁰¹ | 26/2/21 17:55 |
| (1) <u>TP</u> Reporting Only | I-Motor W/O (within: OD 2hrs, TP 4hrs) | | |
| TP Insurer: | I-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Vksp | | |

| | | |
|--|--|-----------------------|
| Preferred Wksp / INC Assign Wksp / OW: (| Tel: * | Fax: (|
| TP Particulars: | Veh No: SKF 2564P | 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 repolter. |
| () Total Loss Case: to e-mail Insurer URGENTLY. |
| Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: () |

| | | |
|---|--|--|
| 1) Apply for Transport Allowance () / Courtesy Car () | | |
| 2) QC Check / Post Repair Inspection () | | |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] () | | |

Injury: _____

| | |
|---------------------|--|
| Damage Description: | |
| | |
| | |
| | |
| | |

| | | | |
|---------------------------------|---|-------------|-------|
| NA2107779 | Invoice Item | Amount | Total |
| Driver/Owner: | 1) AR: Accident Reporting (\$30); | 30 | |
| Contact No: | 2) DA: Damage Assessment (\$100); INC (\$30) | | |
| Damaged Portion: | 3) TP: Towing Fee \$40/\$45 | | |
| QC Checked by (Engr-In-Charge): | 4) PT: Follow-Through Survey \$120 | | |
| | 5) PT: Follow-Through Survey (Resurvey) \$30 | | |
| | For claimant against INC Only (wef 10 Jan 2003) | | |
| | 6) TR: Re-inspection \$75 | | |
| | 7) NI: Idao DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services:- | | |
| | QD: | | |
| | *N5: Courtesy Car / Tpl Allowance \$3 | | |
| | *N6: Repair Co-ordination \$10 | | |
| | *N7: Post Repair Inspection \$25 | | |
| | *N8: DV / Collect Excess Coordination \$3 | | |
| | TP (N11): TP (Non INC) against INC \$20 | | |
| | 9) N12: Idao Mobile \$0 | | |
| | 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 | 26/02/2021 15:28 (SGT) |
| Date of Accident | 25/02/2021 20:50 (SGT) |
| Exact Location of Accident | Havelock Rd, Singapore |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SMH2774R |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|-----------------------|
| Is company? | No |
| Name Of Registered Owner | WONG KONG CHOY WILSON |
| NRIC No | SXXXX166F |
| Email Address | 06LIBRAN@GMAIL.COM |
| Mobile Phone No | (Phone) +65-96647925 |
| Alternative Phone No | +65-96647925 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Toyota |
| Model | Prius |
| Variant | - |
| Exact purpose for which vehicle was being used at time of accident | Private hire |
| 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 | NTUC |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | 5107900760-02 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|-----------------------|
| Name of Driver | WONG KONG CHOY WILSON |
| NRIC No | SXXXX166F |
| Date Of Birth | 06/10/1974 |
| Occupation | Outdoor |

| | |
|--|-----------------------------------|
| Date Of Driving Pass | 16/07/1997 |
| Driving experience | 23 YEARS AND 7 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-96647925 |
| Alt. Phone Number | +65-96647925 |
| Email Address | 06LIBRAN@GMAIL.COM |
| Address | BLK 213 MARSILING CRESCENT #03-79 |
| Address complement | - |
| Postcode | 730213 |
| 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 | - |
| Insurance Company of Other Vehicle Owned by Driver | - |

GENERAL INFORMATION OF THE ACCIDENT

| | |
|--------------------------|----------------------------|
| Type of Accident | Collision - Cross Junction |
| 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) | 2 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

PASSENGER 1

| | |
|--------------|---------|
| Name | DARSHNA |
| Gender | Female |

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/20210226/7011

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 | SKF2564P |
| 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 | WONG KONG CHOY WILSON |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | BODY |
| Injured person in which vehicle? | SMH2774R |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

INJURED 2

| | |
|---|----------|
| Name of injured person | DARSHNA |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | BODY |
| Injured person in which vehicle? | SMH2774R |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

SKETCH PLAN

I hereby authorise SME Motor Pte Ltd to send my accident report to my workshop
Twincar Automotive Pte Ltd / N-51 Automotive Pte Ltd
via email / fax.

Signature: _____

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. 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:

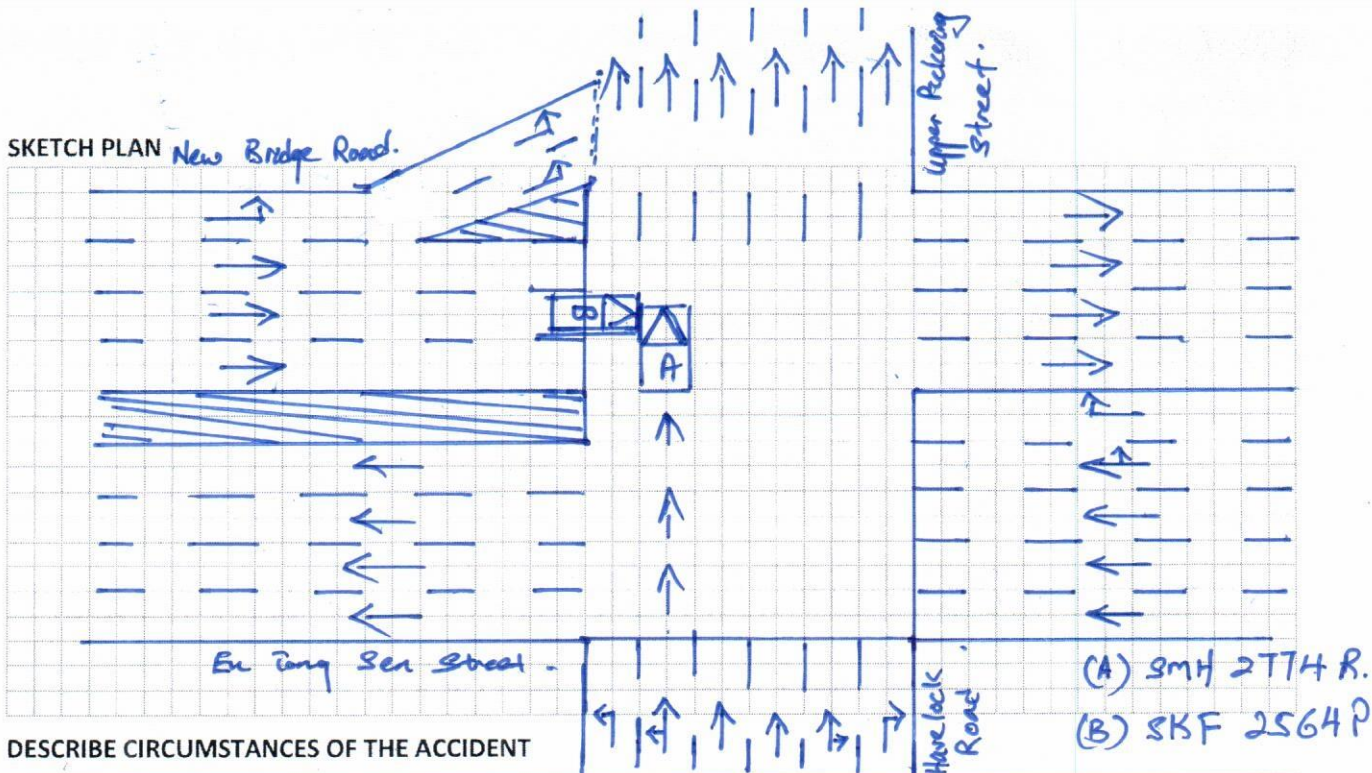
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

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

On 25/02/2021 at @ 20.50 hrs. I was travelling in my (SMH 2774 R) along Hawlock Road towards the direction of Upper Pickering Street on the 2nd lane from the left. While approaching the junction of New Bridge Road, the traffic lights was green in my favore and I proceed straight. Suddenly, a car (SKF 2564 P) along New Bridge Road on the centre lane dashed out and collided onto the front left portzon of my vehicle.

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 & Time:

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



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

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------|
| Date/Time Report Made: 26/02/2021 14:11 | Vide Report No.: | Station Diary No.: |
|--|------------------|--------------------|

| | | | |
|---|------------|--|------------------------------|
| Informant's Particulars | | | |
| Name of Informant: WONG KONG CHOY WILSON | | Address: 213 MARSILING CRESCENT #03-79 SINGAPORE 730213 | |
| ID Type / ID No.: NRIC NO / S7432166F | | Contact No.: Home/Office: Mobile: 96647925 | |
| Nationality: SINGAPORE CITIZEN | | Email: 06LIBRAN@GMAIL.COM | |
| Sex: Male | Age: 46 | Date of Birth: 06/10/1974 | Type of Informant: Driver |
| Race: Chinese | | Language: English | Institution / School Name: |
| Occupation: Chauffeur | | 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: 25/02/2021 20:50 | Type of Location: X-Junction |
| Location: HAVELOCK ROAD | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: 50 Km/h | |
| Traffic Flow: Two Way | | Traffic Control: Traffic Light - Working | | Traffic Volume: Moderate |
| Type of Collision: Between Moving Vehicles - Head To Side | | | | Anyone conveyed by ambulance: No |

| Details of Vehicle Involved | | | | | | |
|------------------------------------|------|-----------|---------------------|-------|-------------------|-------|
| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
| SKF2564P | Car | CHEVROLET | | Black | Seriously Damaged | 2 |
| SMH2774R | Car | TOYOTA | PRIUS HYBRID 1.8S A | Blue | Seriously Damaged | 1 |



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

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|--|---------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SMH2774R | NTUC Income Insurance Co-Operative Limited | 5107900760-02 | 17/01/2021 | 16/01/2022 |

| Details of Person Involved | | | | |
|-----------------------------------|-----------------------|-----|-----------------------------------|---------------------------------|
| Any Pedestrian Involved: No | | | | |
| No. of Pedestrians Injured: NIL | | | Use of Pedestrian Crossing: NA | |
| Passenger | | | | |
| Name | DARSHNA | | ID No. | NIL |
| Related Vehicle | SMH2774R (Car) | | Contact No. | 81382039 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry | Class: 3 Date of Expiry: NIL |
| Date | NIL | | Date | NIL |
| No. of Days granted Medical Leave | | NIL | Degree of | Slight |
| Driver | | | | |
| Name | WONG KONG CHOY WILSON | | ID No. | S7432166F |
| Related Vehicle | SMH2774R (Car) | | Contact No. | 96647925 |
| Hospital/Clinic | LIM CLINIC & SURGERY | | Class of Driving Licence & Expiry | Class: 3 Date of Expiry: NIL |
| Date | 26/02/2021 | | Date | 26/02/2021 |
| No. of Days granted Medical Leave | | 05 | Degree of | Serious |

Brief Details.

On 25/02/2021 at @2050hrs, i was travelling in my vehicle (SMH2774R) along Havelock Road towards the direction of Upper Pickering Street on the 2nd lane from the left. While approaching the junction of New Bridge Road, the traffic lights was green in my favore and i proceed straight. Suddenly, a car (SKF2564P) along New Bridge Road on the centre lane dashed out and collided onto the front left portion of my vehicle.



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

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|--|---------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SMH2774R | NTUC Income Insurance Co-Operative Limited | 5107900760-02 | 17/01/2021 | 16/01/2022 |

| Details of Person Involved | | | | |
|-----------------------------------|-----------------------|-----------------------------------|---------------------------------|--|
| Any Pedestrian Involved: No | | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | | |
| Passenger | | | | |
| Name | DARSHNA | ID No. | NIL | |
| Related Vehicle | SMH2774R (Car) | Contact No. | 81382039 | |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry | Class: 3 Date of Expiry: NIL | |
| Date | NIL | Date | NIL | |
| No. of Days granted Medical Leave | NIL | Degree of | Slight | |
| Driver | | | | |
| Name | WONG KONG CHOY WILSON | ID No. | S7432166F | |
| Related Vehicle | SMH2774R (Car) | Contact No. | 96647925 | |
| Hospital/Clinic | LIM CLINIC & SURGERY | Class of Driving Licence & Expiry | Class: 3 Date of Expiry: NIL | |
| Date | 26/02/2021 | Date | 26/02/2021 | |
| No. of Days granted Medical Leave | 05 | Degree of | Serious | |

Brief Details.

On 25/02/2021 at @2050hrs, i was travelling in my vehicle (SMH2774R) along Havelock Road towards the direction of Upper Pickering Street on the 2nd lane from the left. While approaching the junction of New Bridge Road, the traffic lights was green in my favore and i proceed straight. Suddenly, a car (SKF2564P) along New Bridge Road on the centre lane dashed out and collided onto the front left portion of my vehicle.



**SINGAPORE
POLICE FORCE**



T/20210226/7011

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

3 of 3

Report No. T/20210226/7011

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
SYED MUHAMMAD BIN SYED FARID ALBAR
Contact No.: 65476200

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:
26/02/2021 14:11

Classification Of Case:

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5107900760-02

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SMH2774R**
 Chassis Number : ZVW508035107
2. Name of Policyholder : WONG KONG CHOY WILSON
3. Effective Date of Insurance : 17 Jan 2021
4. Expiry Date of Insurance : 16 Jan 2022
5. Persons or Classes of Persons entitled to drive#
 (a) The Policyholder.
 (b) Any other person who is driving on the Policyholder's order or with his/her permission.
 Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#
 (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

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

| | |
|--------------------------------------|---|
| EXCESS (SECTION 1) | : S\$2,000 |
| EXCESS (SECTION 2) | : S\$1,500 |
| WINDSCREEN EXCESS | : S\$100 |
| ADDITIONAL EXCESS | : S\$1,500 |
| UNNAMED DRIVER EXCESS | : PLEASE REFER OVERLEAF |
| REPAIR AT OWNER'S PREFERRED WORKSHOP | : NO |
| INSURE WITH COE | : YES |
| NCD PROTECTION | : NO |
| TRANSPORT ALLOWANCE | : NO |
| EXCESS WAIVER | : NO |
| PRIMARY DRIVER | : WONG KONG CHOY WILSON |
| NAMED DRIVER (1) | : N/A |
| NAMED DRIVER (2) | : N/A |
| HIRE PURCHASE COMPANY | : HONG LEONG FINANCE LIMITED |
| SUM INSURED | : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS |

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : I INSURANCE AGENCY (00000572538)

Date of Issue : 28 Dec 2020 16:51 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

| | | | | | | | |
|--|--|--|--|---------------------------|------------------------------------|--|--|
| VEHICLE NO: | SMV 2774 R | | | MAKE & MODEL: | Toyota Prius 1.8 S (AUTO) / MANUAL | | |
| DATE OF ACCIDENT: | 25 / 02 / 2021 | | | CC: | 1800 | | |
| TIME OF ACCIDENT: | 2050 HRS | | | | | | |
| LOCATION OF ACCIDENT: | Havelock Road Junction New Bridge Road. | | | | | | |
| EXACT PURPOSE USE DURING ACCIDENT: | EMPLOYMENT / PRIVATE USE | | | (PRIVATE HIRE) | | | |
| NAME OF OWNER: | Wong Kong Choy Wilson | | | | | | |
| TEL NO: | H/P: 9847 9189 | | | OFFICE: | HOME: | | |
| NRIC: | S 7432166F. | | | | | | |
| ADDRESS: | BLK 213 Marsiling Crescent #03-79 (S) 730213 | | | | | | |
| EMAIL: | 06libran@gmail.com. | | | | | | |
| CLAIM TYPE: | OD / (THIRD PARTY) / REPORTING ONLY | | | | | | |
| FLEET POLICY: | YES (NO ?) | | | | | | |
| INSURANCE COMPANY: | NTUC. | | | | | | |
| TYPE OF COVERAGE: | (Comprehensive) / Third Party / Third Party Fire & Theft | | | | | | |
| POLICY NO: | 5107900760-02. | | | | | | |
| NAME OF DRIVER: | (AS ABOVE) IF NO: | | | | | | |
| NRIC: | | | | ANY PASSENGER: | 01 (CF). | | |
| DATE OF BIRTH: | 06 / 10 / 1974 | | | LICENCE PASSED DATE: | 16 / 07 / 1997. | | |
| OCCUPATION: | (OUTDOOR) / INDOOR | | | | | | |
| GENDER: | (MALE) / FEMALE | | | | | | |
| CONTACT NO: | H/P: | | | OFFICE: | HOME: | | |
| ADDRESS: | | | | | | | |
| EMAIL : | | | | | | | |
| DOES DRIVER OWNED ANY VEHICLE: | NO / IF YES, REG NO: | | | (INSURER: | | | |
| RELATIONSHIP: | Owner. | | | | | | |
| WEATHER CONDITION: | (CLEAR) / RAINING / OTHERS: | | | | | | |
| ROAD SURFACE: | (DRY) / WET / OTHER: | | | | | | |
| ANY INJURIES: | NO / IF YES, WHO? | | | | | | |
| NAME & CONTACT: | Wong Kong Choy Wilson. (H/P: 9847 9189). | | | | | | |
| NAME & CONTACT: | Darshna (H/P: 8138 2039). | | | | | | |
| POLICE REPORT: | NO / IF YES, WHERE? | | | Traffic Police (On line). | | | |
| NOTICE OF INTENDED PROSECUTION GIVEN? | NO / IF YES, WHO? | | | | | | |
| VEHICLE B REG NO: | SKF 2564 P | | | ANY PASSENGERS: | 02 (1M) (1F). | | |
| NAME OF DRIVER: | Bryan Jude Chan Chun Kit | | | CONTACT NO: | | | |
| VEHICLE C REG NO: | | | | ANY PASSENGERS: | | | |
| VEHICLE D REG NO: | | | | ANY PASSENGERS: | | | |
| VEHICLE E REG NO: | | | | ANY PASSENGERS: | | | |
| VEHICLE F REG NO: | | | | ANY PASSENGERS: | | | |
| VEHICLE G REG NO: | | | | ANY PASSENGERS: | | | |
| ANY WITNESS? IF YES, NAME: | N.A. | | | WITNESS CONTACT: N.A. | | | |
| WAS THERE ANY VIDEO CAPTURE? | (YES) / NO | | | | | | |
| WAS THERE ANY AUDIO RECORDED? | YES / (NO) | | | | | | |
| ACCIDENT SCENE PHOTOS TAKEN? | (YES) / NO | | | | | | |
| ACCIDENT PORTION: | Front left portion and left side. | | | | | | |
| Have you been approach by unknown person soliciting (s) / offering accident claims assistance? | | | | YES (NO) | | | |
| WORKSHOP PARTICULAR: | Twincar. | | | | | | |
| CONTACT NO: | 68420051 / 67440510 | | | | | | |
| CONTACT PERSON: | JOSEPH TAN | | | | | | |
| FAX NO: | 67410510 | | | | | | |
| WORKSHOP EMAIL: | sales@n51.com.sg | | | | | | |