

NATIONAL Assessment Centre Services. SM 0921320006

| | | | |
|--------------------------------|--|-----------------------|---------------|
| Date In: 2/3/21 11:53 | Job description | Date & Time Completed | Done by |
| Ref No: N/A INC 2100 2777/h4 | SAS e-filing | | |
| Veh No: GW 1098 H | E-mail (within 2hrs, AIG 2hrs) | | |
| DI A: 113/21 09:45 | I-Motor Claim Form | 3/17/1122967 002 | 3/13/21 17:11 |
| (O) (P) 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/Wksp | | |

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: SJZ 5296A 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 ()

General Remarks:

() 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: ()

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

Injury: _____

| | | |
|-----------|-------------|---------|
| Date/Time | Description | Done by |
| | | |
| | | |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|-----------------------------------|----|--|---------|-------------------|-------|------------------------------|------|---|------|---|--|----------------------|-------|------------------------------|-----|------------------------------|--|-----|-----|-----------------------------------|------|--------------------------|------|-----------------------------|-----|---------------------------------------|------|------------------------------------|-----|---------------------|--|
| <p style="text-align: center; font-size: 1.2em;">NA2101868</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Bugr-In-Charge):</p> <p>Auditors Comments:</p> <p>Call:</p> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>1) AR: Accident Reporting (\$30);</td> <td style="text-align: right;">30</td> </tr> <tr> <td>2) DA: Damage Assessment (\$100); INC (\$40)</td> <td style="text-align: right;">540/540</td> </tr> <tr> <td>3) TP: Towing Fee</td> <td style="text-align: right;">\$120</td> </tr> <tr> <td>4) FT: Follow-Through Survey</td> <td style="text-align: right;">\$30</td> </tr> <tr> <td>5) PT: Follow-Through Survey (Resurvey)</td> <td style="text-align: right;">\$75</td> </tr> <tr> <td colspan="2">For claiming against INC Only (w/c 10 Jan 2005)</td> </tr> <tr> <td>6) TR: Re-inspection</td> <td style="text-align: right;">\$160</td> </tr> <tr> <td>7) NI: Idno DA + SMRT Survey</td> <td style="text-align: right;">\$3</td> </tr> <tr> <td>8) NFUC Additional Services:</td> <td></td> </tr> <tr> <td> QI*</td> <td style="text-align: right;">\$3</td> </tr> <tr> <td> *NS: Courtesy Car / Tpt Allowance</td> <td style="text-align: right;">\$10</td> </tr> <tr> <td> *NG: Repair Coordination</td> <td style="text-align: right;">\$23</td> </tr> <tr> <td> *NI: Post Repair Inspection</td> <td style="text-align: right;">\$3</td> </tr> <tr> <td> *NB: DV / Collect Excess Coordination</td> <td style="text-align: right;">\$20</td> </tr> <tr> <td> TP (N11); TP (N12) INC against INC</td> <td style="text-align: right;">\$0</td> </tr> <tr> <td>9) N12: Idno Mobile</td> <td></td> </tr> </table> <p>Invoice dated _____ Fee Charged _____</p> <p>Invoice dated _____ Fee Charged _____</p> | 1) AR: Accident Reporting (\$30); | 30 | 2) DA: Damage Assessment (\$100); INC (\$40) | 540/540 | 3) TP: Towing Fee | \$120 | 4) FT: Follow-Through Survey | \$30 | 5) PT: Follow-Through Survey (Resurvey) | \$75 | For claiming against INC Only (w/c 10 Jan 2005) | | 6) TR: Re-inspection | \$160 | 7) NI: Idno DA + SMRT Survey | \$3 | 8) NFUC Additional Services: | | QI* | \$3 | *NS: Courtesy Car / Tpt Allowance | \$10 | *NG: Repair Coordination | \$23 | *NI: Post Repair Inspection | \$3 | *NB: DV / Collect Excess Coordination | \$20 | TP (N11); TP (N12) INC against INC | \$0 | 9) N12: Idno Mobile | |
| 1) AR: Accident Reporting (\$30); | 30 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2) DA: Damage Assessment (\$100); INC (\$40) | 540/540 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3) TP: Towing Fee | \$120 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4) FT: Follow-Through Survey | \$30 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5) PT: Follow-Through Survey (Resurvey) | \$75 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| For claiming against INC Only (w/c 10 Jan 2005) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6) TR: Re-inspection | \$160 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7) NI: Idno DA + SMRT Survey | \$3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8) NFUC Additional Services: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| QI* | \$3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *NS: Courtesy Car / Tpt Allowance | \$10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *NG: Repair Coordination | \$23 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *NI: Post Repair Inspection | \$3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *NB: DV / Collect Excess Coordination | \$20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TP (N11); TP (N12) INC against INC | \$0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9) N12: Idno Mobile | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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 | 02/03/2021 11:53 (SGT) |
| Date of Accident | 01/03/2021 09:45 (SGT) |
| Exact Location of Accident | Tampines Central 3, Singapore |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|---------|
| Vehicle Registration Number | GW1098H |
|-----------------------------------|---------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|------------------------|
| Is company? | Yes |
| Name Of Registered Owner | CHYE RENOVATION & DECO |
| Company Reg No | 5XXXX902A |
| Email Address | CHYERENO@GMAIL.COM |
| Mobile Phone No | (Phone) +65-97711855 |
| Alternative Phone No | +65-97711855 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Toyota |
| Model | Hiace |
| Variant | - |
| Exact purpose for which vehicle was being used at time of accident | Employment |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Claiming third party |
| Vehicle Category | Commercial vehicle |

INSURANCE COMPANY

| | |
|---------------------------------|---------------|
| Name of Insurance Company | NTUC |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | 5092378763-03 |
| Cover Note Number | - |

DRIVER

| | |
|----------------------|---------------|
| Name of Driver | LING TSI PEOW |
| NRIC No | SXXXX985G |
| Date Of Birth | 02/11/1963 |
| Occupation | Indoor |

| | |
|--|--------------------------------|
| Date Of Driving Pass | 08/09/1983 |
| Driving experience | 37 YEARS AND 6 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-97711855 |
| Alt. Phone Number | - |
| Email Address | CHYERENO@GMAIL.COM |
| Address | BLK 151 PASIR RIS ST 13 #07-76 |
| Address complement | - |
| Postcode | 510151 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Employee |
| 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 - Change/cross lane |
| Weather Conditions | Clear |
| Road Surface | Dry |

OTHER INFORMATION

| | |
|---|-----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 2 |
| Was anybody injured in the Accident? | Yes |
| Was any injured conveyed to hospital by ambulance? | No |
| Was any other material or property damaged? | Yes |
| Number of Passengers (Including Driver) | 1 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

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/20210302/7007

ATTACHMENT(S)

| | |
|---|-----|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | No |
| Was there any audio recorded? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------------|-------------|
| Vehicle Registration Number | SJZ5296A |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | FOONG VE TO |
| NRIC No | SXXXX717C |

Contact Number (Phone) +65-96185272
 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 LING TSI PEOW
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained BODY
 Injured person in which vehicle? GW1098H
 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 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 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' 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.

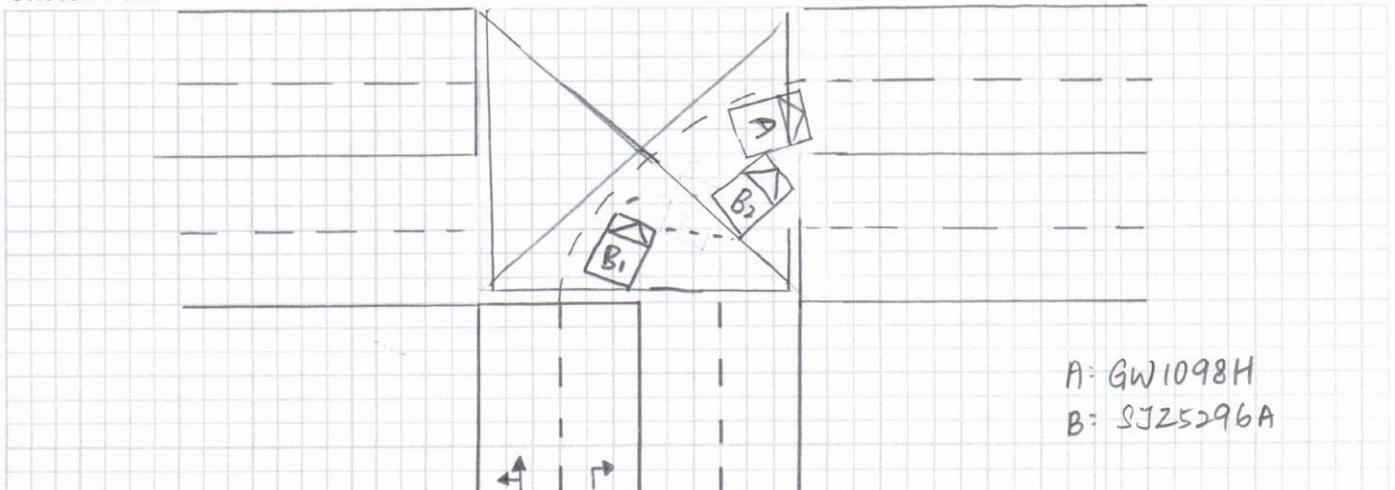
彩 装 修 工 程
CHYE RENOVATION & DECO

.....
Policyholder's Signature / Date &
Time

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


.....
Witnessed by Reporting Centre
Personnel

Sketch Plan





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

Report No. T/20210302/7007

CONTINUATION OF REPORT

| Driver | | | |
|-----------------------------------|---------------|-----------------------------------|-----------------------------------|
| Name | LING TSI PEOW | ID No. | S1585985G |
| Related Vehicle | GW1098H (Van) | Contact No. | 97711855 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry | Class: NIL Date of Expiry: NIL |
| Date | NIL | Date | NIL |
| No. of Days granted Medical Leave | 05 | Degree of | Slight |

Brief Details.

On the stated date and time, I was driving my vehicle (GW1098H) travelling along Tampines Central 3 arriving the junction to turn right to Tampines Central 1. When the traffic light turned green , I proceeded to turn right onto the first lane of Tampines Central 1. While I was turning right , vehicle (SJZ5296A) which was behind my vehicle suddenly speed up while turning right trying to overtake me and collided onto the right portion of my vehicle.

I sustained injuries and was given 5 days of MC.



**SINGAPORE
POLICE FORCE**



T/20210302/7007

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

3 of 3

Report No. T/20210302/7007

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 /
ONG YONG HOCK
Contact No.: 65476436

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:
02/03/2021 10:55

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 : 5092378763-03 **Cover** : Comprehensive

- | | |
|---|--------------------------|
| 1. Index mark and Registration Number of Vehicle | : GW1098H |
| Chassis Number | : KDH2015022403 |
| 2. Name of Policyholder | : CHYE RENOVATION & DECO |
| 3. Effective Date of Insurance | : 05 Jul 2020 |
| 4. Expiry Date of Insurance | : 04 Jul 2021 |
| 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 business or profession.

(b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

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\$600 |
| EXCESS (SECTION 2) | : N/A |
| WINDSCREEN EXCESS | : S\$100 |
| INSURE WITH COE | : YES |
| HIRE PURCHASE COMPANY | : HL BANK |
| 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 : JIN-SHI (HOLDINGS) PTE LTD (00000614399)

Date of Issue : 11 Jun 2020 23:53 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

Hello, NAC_PAYA_UBI_800601

[Change Language](#)

[Change Password](#)

[Log Out](#)

[My Desktop](#)

[Notice of Loss](#)

Policy Query

| | | | |
|------------------------|--------------------------------------|--------------------|---|
| Policy No. | <input type="text"/> | Date of Accident | <input type="text" value="01/03/2021 11:37"/> |
| Vehicle No.(For Motor) | <input type="text" value="GW1098H"/> | Certificate Number | <input type="text"/> |

| Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|---------------|--------------------|------------------------|-------------------|---------|---------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5092378763-03 | | CHYE RENOVATION & DECO | 52819902A | GCV | Comprehensive | GW1098H | GW1098H | 05/07/2020 | 04/07/2021 |

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 | 01/03/2021 | (DD/MM/YY) |
| Time of accident | 9:48 am | (HH:MM) |
| Exact location of accident | Tampines ^{central} 3 turning to tampines central 1 | |

DETAILS OF VEHICLE

| | | | |
|--|--|--|---|
| Vehicle registration number | GW 1098H | | |
| Vehicle make and model | Toyota Hiace | | |
| Type of vehicle | Saloon <input 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 type="checkbox"/> | Commercial <input checked="" type="checkbox"/> | Motorcycle <input type="checkbox"/> |
| Purpose of using at said time | | | |
| Are you claiming under your own insurance company? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | if no, please select: |
| | Third part claim <input checked="" type="checkbox"/> | | Reporting only <input type="checkbox"/> |

INSURANCE INFORMATION

| | | | |
|-------------------|--|---|----------------------------------|
| Insurance company | NTUC | | |
| Policy number | | | |
| Type of policy | Comprehensive <input type="checkbox"/> | Third party fire & theft <input type="checkbox"/> | TP only <input type="checkbox"/> |

INSURED / POLICY HOLDER

| | | | |
|------------------------------|------------------------|-------------------------------|---------------------------------|
| Name | Chye Renovation & Deco | Male <input type="checkbox"/> | Female <input type="checkbox"/> |
| NRIC / Fin / Passport number | | | |
| Contact | | | |
| Address | | | |

DRIVER

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

| | | | |
|------------------------------|---|--|---------------------------------|
| Name | Ling Tsi Peow | Male <input checked="" type="checkbox"/> | Female <input type="checkbox"/> |
| NRIC / Fin / Passport number | S1585985G | | |
| Contact | 97711855 | | |
| Address | Blk 151 Pasir Ris Street 13 #07-76 S(510151) | | |
| Email address | chyereno@gmail.com | | |
| Date of birth | 02/11/1963 | | |
| Occupation | Indoor <input type="checkbox"/> | Outdoor <input type="checkbox"/> | |
| Driving date pass | 08/09/1983 | | |

| GENERAL INFORMATION OF THE ACCIDENT | |
|--|---|
| Was driver an employee of the insured's company? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, relationship of the driver and insured: _____ |
| Accident captured by camera? | Yes <input 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 | 01 (Inclusive of driver) |

| PASSENGER 1 | |
|-------------|---|
| Name | |
| Gender | Male <input 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 | SJZ5296A |
| Vehicle make model | |
| Name | Foong Ve To |
| NRIC / Fin / Passport number | S9125717C |
| Contact | 9618 5272 |

| THIRD PARTY VEHICLE 2 | |
|------------------------------|--|
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |

| THIRD PARTY VEHICLE 3 | |
|------------------------------|--|
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |

| 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 | Ling Tsi Peow | |
| Injuries sustained | Back & Neck | |
| Which vehicle person in? | GW 1098H | |
| 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 | | |
| 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 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"/> |