

NATIONAL Assessment Centre Services.

Part 1 Jan 2009

SM 09213 F000R

| | | | |
|-----------------------------|--|-----------------------|---------------|
| Date Inc: 15/3/21 18:47 | Job description | Date & Time Completed | Done by |
| Ref No: NA1 INC 21903386/44 | SAS e-filing | | |
| Veh No: SLX 3707 G | E-mail (within 3hrs, A/C 2hrs) | | |
| DDA: 12/3/21 15:15 | I-Motor Claim Form | MT/1124490001 | 15/3/21 19:56 |
| (1) (1P) 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 | | |

| | | | |
|--|--|-----------------------|----------|
| Printed Wksp / INC Assign Wksp / QW: () | | Tel: () | Fax: () |
| TP Particulars: | Veh No: SG 5306 Z | 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 repolier.

() 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: ()

| | |
|-----------|---------|
| Date/Time | Actions |
| | |
| | |
| | |
| | |

NA 2102155

| | |
|------------------|--|
| Driver/Owner: | |
| Contact No: | |
| Damaged Portion: | |

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Call:

2/3

| Invoice Item | Amount (\$) | Balance |
|--|-------------|---------|
| 1) AR: Accident Reporting (330); | 30 | |
| 2) DA: Damage Assessment (\$100); INC (\$80) | | |
| 3) TP: Towing Fee \$40/\$45 | | |
| 4) PT: Follow-Through Survey \$120 | | |
| 5) PT: Follow-Through Survey (Resurvey) 330 | | |
| For obtaining against INC Only (wef 10 Jan 2009) | | |
| 6) TR: Re-inspection 375 | | |
| 7) NI: Idao DA + SMRT Survey \$160 | | |
| 8) NTUC Additional Services: | | |
| ON* | | |
| *NS: Courtesy Car / Tpt Allowance | \$5 | |
| *NG: Repairs Co-ordination | \$10 | |
| *NT: Post Repair Inspection | \$25 | |
| *NA: DV / Collect Excess Coordination | \$5 | |
| *TP (NI1): TP (Non INC) against INC | \$20 | |
| *TP (NI1): TP (Non INC) against INC | 30 | |
| 9) NI2: Idao Mobile | | |
| 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 15/03/2021 18:47 (SGT)
Date of Accident 12/03/2021 15:15 (SGT)
Exact Location of Accident CTE, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLX3707G

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner SAI CHIN HAI
NRIC No SXXXX392H
Email Address RENOWORK29@GMAIL.COM
Mobile Phone No (Phone) +65-82883020
Alternative Phone No +65-82883020

VEHICLE PARTICULARS

Manufacturer Toyota
Model Vios
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 NTUC
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5120842921
Cover Note Number -

DRIVER

Name of Driver SAI CHIN HAI
NRIC No SXXXX392H
Date Of Birth 29/06/1963
Occupation Outdoor

| | |
|--|-----------------------------------|
| Date Of Driving Pass | 13/12/1983 |
| Driving experience | 37 YEARS AND 3 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-82883020 |
| Alt. Phone Number | +65-82883020 |
| Email Address | RENOWORK29@GMAIL.COM |
| Address | BLK 3A UPPER BOON KENG RD #10-612 |
| Address complement | - |
| Postcode | 381003 |
| 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 | Chain Collision |
| Weather Conditions | Raining |
| Road Surface | Wet |

OTHER INFORMATION

| | |
|---|-----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 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) | 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/20210312/7026

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 | SG5306Z |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Bus |
| Name of Driver | - |
| Contact Number | - |

| | |
|---|---|
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | - |

DETAILS OF OTHER VEHICLE PROPERTY 2

| | |
|---|--------------------|
| Vehicle Registration Number | GW8893H |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| 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 | SAI CHIN HAI |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | BODY |
| Injured person in which vehicle? | SLX3707G |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

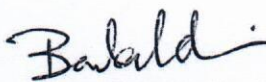
SKETCH PLAN

IMPORTANT NOTICE

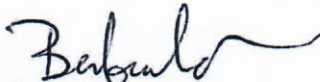
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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 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:

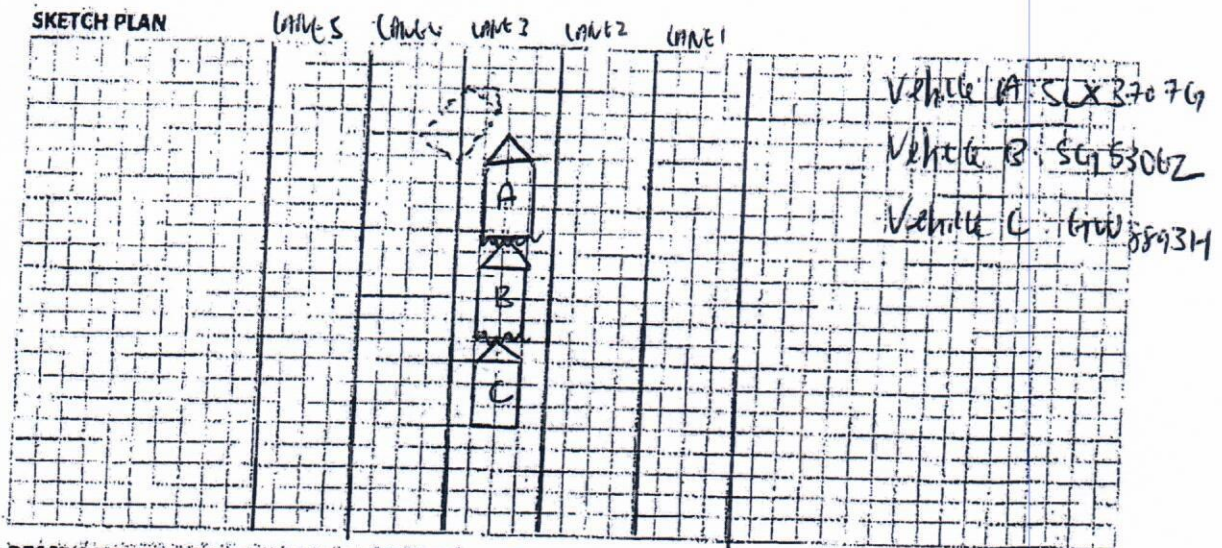


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT:

I was travelling on CTE towards AVE AFTER AVE 1 Exit. I was on my way to GUYANA for my next CALAMORE pick up job. Suddenly an unknown vehicle made an abrupt lane change into my lane. I braked and came to a stop to avoid colliding into him. the next moment I felt a huge impact on the rear of my vehicle. I got down and realised I was involved in a 3 car chain collision.

Refer to TP report

T/20210312/7026

DECLARATION

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

Buland

Policyholder's Signature
Date & Time:

Barbush

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

HA

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



**SINGAPORE
POLICE FORCE**



T/20210312/7026

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

1 of 3

Report No. T/20210312/7026

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------|
| Date/Time Report Made: 12/03/2021 16:59 | Vide Report No.: | Station Diary No.: |
|--|------------------|--------------------|

| | | | |
|--|------------|---|------------------------------|
| Informant's Particulars | | | |
| Name of Informant: SAI CHIN HAI | | Address: 3A UPPER BOON KENG ROAD #10-612 SINGAPORE 381003 | |
| ID Type / ID No.: NRIC NO / S1588392H | | Contact No.: Home/Office: Mobile: 82883020 | |
| Nationality: SINGAPORE CITIZEN | | Email: renowork29@gmail.com | |
| Sex: Male | Age: 57 | Date of Birth: 29/06/1963 | Type of Informant: Driver |
| Race: Chinese | | Language: English | Institution / School Name: |
| Occupation: SELF EMPLOYED | | Driving Licence Information: Class: Date of Expiry: | |

| | | | | |
|--|---------------------------|------------------------------------|--|-------------------------------------|
| General Information of the Accident | | | | |
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 12/03/2021 15:10 | Type of Location: Straight Road |
| Location: CENTRAL EXPRESSWAY | | | | |
| Weather: Drizzling | | Road Surface: Dry | Road Speed Limit: 80 Km/h | |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | Traffic Volume: Moderate | |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance: No |

| Details of Vehicle Involved | | | | | | |
|-----------------------------|-----------------------|--------|----------------|-------|----------|-------|
| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
| GW8893H | Van | | | | | 0 |
| SG5306Z | Bus/Coach/Mi nibus | | | | | 0 |
| SLX3707G | Car | TOYOTA | VIOS E AUTO | Beige | | 0 |



**SINGAPORE
POLICE FORCE**



T/20210312/7026

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

2 of 3

Report No. T/20210312/7026

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|--|--------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SLX3707G | NTUC Income Insurance Co-Operative Limited | 5120842921 | 03/02/2021 | 02/02/2022 |

| Details of Person Involved | | | | |
|-----------------------------------|----------------|----|-----------------------------------|-----------------------------------|
| Any Pedestrian Involved: No | | | | |
| No. of Pedestrians Injured: NIL | | | Use of Pedestrian Crossing: NA | |
| Driver | | | | |
| Name | SAI CHIN HAI | | ID No. | S1588392H |
| Related Vehicle | SLX3707G (Car) | | Contact No. | 82883020 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry | Class: NIL Date of Expiry: NIL |
| Date | NIL | | Date | NIL |
| No. of Days granted Medical Leave | | 03 | Degree of | Slight |

Brief Details.

I was travelling on CTE towards AYE after AMK AVE 1 EXIT. On my way to Geylang for my next pick up job with LALAMOVE. Suddenly an unknown vehicle made an abrupt lane change into my lane, I didn't manage to capture his carplate. I then braked and came to a stop to avoid colliding into him. The next moment I felt a huge impact on the rear of my vehicle. I got down and realised I was involved in a 3 car chain collision.

I felt discomfort in my neck and back area and suffered cuts on my finger. I went to a local GP to seek treatment and was given 3days of MC.



**SINGAPORE
POLICE FORCE**



T/20210312/7026

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

3 of 3

Report No. T/20210312/7026

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 / YAN MINGSHENG DANIEL Contact No.: 65476252 |

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: 12/03/2021 16:59 |
| Classification Of Case: |

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="12/03/2021 18:23"/> | | | | | | | |
| Vehicle No.(For Motor) | <input type="text" value="SLX3707G"/> | Certificate Number | <input type="text"/> | | | | | | | |
| <input type="button" value="Search"/> | | | | | | | | | | |
| Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
| <input type="radio"/> | 5120842921 | | SAI CHIN HAI | S1588392H | GPC | Third Party | SLX3707G | SLX3707G | 03/02/2021 | 02/02/2022 |
| | | | | <input type="button" value="Continue"/> | | | | | | |

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 and time of accident | Date: 12/03/2021 (DD/MM/YY) Time: 15:15 (HH:MM) |
| Exact location of accident | CTE TOWARDS AVE AFTER AMIC AVE 1 EXIT |

Details of vehicle

| | |
|--|--|
| Vehicle registration number | SLX 3707G |
| Vehicle make and model | TOYOTA VIOS 1.5 |
| Type of vehicle | Saloon <input checked="" type="checkbox"/> MPV <input type="checkbox"/> CRV <input type="checkbox"/> Van <input type="checkbox"/> Lorry <input type="checkbox"/> Bus <input type="checkbox"/> Motorcycle <input type="checkbox"/> Others: _____ |
| Vehicle category | Private <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Motorcycle <input type="checkbox"/> |
| Purpose of using at said time | WORK |
| Are you claiming under your own insurance company? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> if no, please select: Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/> |

Insurance information

| | |
|-------------------|--|
| Insurance company | NTUL |
| Policy number | 5120 842021 |
| Type of policy | Comprehensive <input checked="" type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input type="checkbox"/> |

Insured / Policy holder

| | | |
|------------------------------|---|--|
| Name | SAI CHIN HAI | Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> |
| NRIC / Fin / Passport number | S15 8829211 | |
| Contact | 82883020 / 88554244 | |
| Address | BLK 3A UPPER BOON KENG ROAD #10-012 S381003 | |

Driver

Same as insured above ☒ (skip to D.O.B)

| | | |
|------------------------------|---|---|
| Name | | Male <input type="checkbox"/> Female <input type="checkbox"/> |
| NRIC / Fin / Passport number | | |
| Contact | | |
| Address | | |
| Email address | renuwork29@gmail.com | |
| Date of birth | 29/06/1983 | |
| Occupation | Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/> | |
| Driving date pass | 13/12/1983 | |

General information of the accident

| | |
|--|--|
| Was driver an employee of the insured's company? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Accident captured by camera? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Weather condition | Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____ |
| Road surface | Dry <input type="checkbox"/> Wet <input checked="" type="checkbox"/> |
| No of passenger | 1 (Inclusive of driver) |

Passenger 1

| | |
|--------|---|
| Name | SAI CHIN HAT |
| 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 action

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

Third party vehicle 1

(B)

| | |
|------------------------------|----------|
| Name | |
| Contact number | |
| NRIC / Fin / Passport number | |
| Vehicle registration number | SG 5306Z |
| Vehicle make model | |

Third party vehicle 2

(C)

| | |
|------------------------------|-----------|
| Name | |
| Contact number | |
| NRIC / Fin / Passport number | |
| Vehicle registration number | GW 889314 |
| Vehicle make model | |

Third party vehicle 3

| | |
|------------------------------|--|
| Name | |
| Contact number | |
| NRIC / Fin / Passport number | |
| Vehicle registration number | |
| Vehicle make model | |

Third party vehicle 4

| | |
|------------------------------|--|
| Name | |
| Contact number | |
| NRIC / Fin / Passport number | |
| Vehicle registration number | |
| Vehicle make model | |

Third party vehicle 5

| | |
|------------------------------|--|
| Name | |
| Contact number | |
| NRIC / Fin / Passport number | |
| Vehicle registration number | |
| Vehicle make model | |

Third party vehicle 6

| | |
|------------------------------|--|
| Name | |
| Contact number | |
| NRIC / Fin / Passport number | |
| Vehicle registration number | |
| Vehicle make model | |

Witness 1

| | |
|------|--|
| Name | |
|------|--|

Witness 2

| | |
|------|--|
| Name | |
|------|--|

Injured person 1

| | | |
|--|---|--|
| Name | SIAI CHIN HAI | |
| Injuries sustained | BACK, NECK & HAND | |
| Which vehicle person in? | DRIVER | |
| 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"/> |