

# NATIONAL Assessment Centre Services.

[wef 1 Jan'05]

SN 09213 00009

|                           |  |                           |               |
|---------------------------|--|---------------------------|---------------|
| Date In: 30/3/21 15:21    | Job description                          | Date & Time Completed     | Done by       |
| Ref No: NA11MC21004092/64 | SAS e-filing                             |                           |               |
| Veh No: SMV 9168X         | E-mail (within 8hrs, A/C 2hrs)           |                           |               |
| D.O.A: 26/3/21 20:00      | i-Motor Claim Form                       | MT/1126362 <sup>001</sup> | 30/3/21 19:47 |
| OD: (TP) Reporting Only   | i-Motor W/O (Within: OD 2hrs, TP 4hrs)   |                           |               |
|                           | i-Photo Uploaded                         |                           |               |
| TP Insurer:               | Assessment/Survey Report                 |                           |               |
|                           | Ass't Report by Fax / Hand to Owner/Wksp |                           |               |

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

SLH 110 G.

INC ( ) / Non-INC ( )

Tel:

Owner / Driver: (

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 repairer.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: ( )

Remarks:

(INC hotline: 6788 6616)

Date & Time Completed

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

Actions

|  |  |
|--|--|
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
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|  |  |

|                                 |   |                     |                      |
|---------------------------------|---|---------------------|----------------------|
| NA2102318                       | Invoice Preparation Checklist                   | Amf (\$)<br>In Bill | Amf (\$)<br>Add Bill |
| Claimant's Particulars:         | 1) AR: Accident Reporting (\$30);               | 30                  |                      |
| Driver/Owner:                   | 2) DA: Damage Assessment (\$100); INC (\$80)    |                     |                      |
| Contact No:                     | 3) TP: Towing Fee \$40/\$45                     |                     |                      |
| Damaged Portion:                | 4) FT: Follow-Through Survey \$120              |                     |                      |
| QC Checked by (Engr-In-Charge): | 5) FT: Follow-Through Survey (Resurvey) \$30    |                     |                      |
| Auditors' Comments:             | For claiming against INC Only (wef 10 Jan 2005) |                     |                      |
|                                 | 6) TR: Re-inspection \$75                       |                     |                      |
|                                 | 7) N1: Idac DA + SMRT Survey \$160              |                     |                      |
|                                 | 8) NTUC Additional Services:-                   |                     |                      |
|                                 | OD*   |                     |                      |
|                                 | *N5: Courtesy Car / Tpt Allowance \$5           |                     |                      |
|                                 | *N6: Repair Co-ordination \$10                  |                     |                      |
|                                 | *N7: Post Repair Inspection \$25                |                     |                      |
|                                 | *N8: DV / Collect Excess Coordination \$5       |                     |                      |
|                                 | TP (N11): TP (N11 INC) against INC \$20         |                     |                      |
|                                 | 9) N12: Idac Mobile 30                          |                     |                      |
|                                 | 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              | 30/03/2021 15:21 (SGT) |
| Date of Accident                | 26/03/2021 20:00 (SGT) |
| Exact Location of Accident      | Duxton Rd, Singapore   |
| Additional Location Information | -                      |
| Country/State of Loss           | Singapore              |

### DETAILS OF OWN VEHICLE

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | SMV9168X |
|-----------------------------|----------|

#### INSURED/POLICYHOLDER

|                          |                      |
|--------------------------|----------------------|
| Is company?              | No                   |
| Name Of Registered Owner | ZHOU PEIFA           |
| NRIC No                  | SXXXX485H            |
| Email Address            | Zhou_peifa@yahoo.com |
| Mobile Phone No          | (Phone) +65-97777014 |
| Alternative Phone No     | +65-97777014         |

#### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer   | Subaru                    |
| Model  | Forester                  |
| 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               |
| Transmission   | Auto                      |
| CC   | 2000                      |

#### INSURANCE COMPANY

|                           |  |
|---------------------------|--|
| Name of Insurance Company | NTUC Income Insurance Co-operative Ltd |
| Type of Coverage          | Comprehensive                          |
| Fleet Policy              | No                                     |
| Policy Number             | 5119310454                             |
| Cover Note Number         | -                                      |

#### DRIVER

|                |            |
|----------------|------------|
| Name of Driver | ZHOU PEIFA |
| NRIC No        | SXXXX485H  |

|  |                                  |
|--|----------------------------------|
| Date Of Birth .....  | 24/03/1985                       |
| Occupation .....   | Indoor                           |
| Date Of Driving Pass .....   | 24/09/2008                       |
| Driving experience .....   | 12 YEARS AND 6 MONTHS            |
| Gender .....   | Male                             |
| Mobile Number .....  | (Phone) +65-97777014             |
| Alt. Phone Number .....  | +65-97777014                     |
| Email Address .....  | Zhou_peifa@yahoo.com             |
| Address .....  | BLK 455A ANG MO KIO ST 44 #05-01 |
| Address complement .....   | -                                |
| Postcode .....   | 561455                           |
| 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 - Head to Rear |
| 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? .....  | No  |
| Was any injured conveyed to hospital by ambulance? .....  | -   |
| 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? .....  | 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  |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                   |             |
|-----------------------------------|-------------|
| Vehicle Registration Number ..... | SLH110G     |
| 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) ..... -

WITNESS DETAILS

WITNESS 1

Name ..... WEN HAO  
Phone ..... (Phone) +65-88824085  
Email ..... -

## 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:

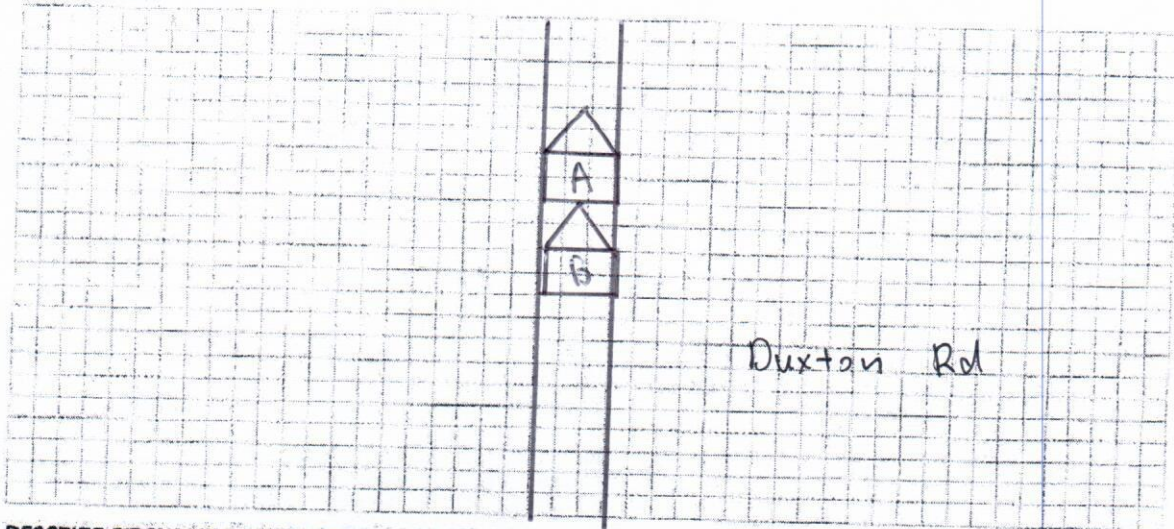
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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



A: SMV 9168X  
B: SLH110G

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

MY VEHICLE A BEARING NO. PLATE SLQ2244T  
WAS PARKED STATIONARY IN A CAR PARK LOT ALONG  
DUXTON ROAD WHEN VEHICLE B BEARING NO. PLATE  
SLH110G HIT ME WHILE PARALLEL PARKING BEHIND ME.  
I HAVE A WITNESS NAMED WEI HAO CONTACTABLE BY  
THE NUMBER 8882 4065 WHO SAW THE WHOLE  
INCIDENT.

### 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.:

10 Sin Ming Drive Singapore 575701  
www.lta.gov.sg

07 Oct 2020

Our ref 0710200203N061017434

ZHOU PEIFA  
APT BLK 455A ANG MO KIO STREET 44  
#05-01  
SINGAPORE 561455

Dear Sir/Madam

**You Have Successfully Replaced Vehicle Registration No. SLQ2244T  
With SMV9168X**

You have successfully replaced your vehicle registration number. The vehicle, whose previous number was SLQ2244T, now has the number SMV9168X.

The vehicle details after the transaction are:

Transaction No. : 20201007155107838866  
Vehicle Registration No. : SMV9168X (Previously SLQ2244T)  
Vehicle Make : SUBARU  
Vehicle Model : FORESTER 2.0XT CVT AWD SR  
Chassis No. : JF1SJGK85HG092340  
Engine No./ Motor No. : FA20C834564 / -

**What You Need To Do:**

- You must show the new number SMV9168X on your vehicle by 10 Oct 2020.

Please change the number plates on this vehicle to show SMV9168X by 10 Oct 2020. Otherwise, it is an offence and the penalty is a fine of up to \$2,000 or imprisonment of up to 6 months, or both.



Visit [www.onemotoring.com.sg](http://www.onemotoring.com.sg) for more information and to access a wide range of vehicle-related services. If you need a SingPass or CorpPass account, visit [www.singpass.gov.sg](http://www.singpass.gov.sg) or [www.corppass.gov.sg](http://www.corppass.gov.sg).

Yours sincerely

Assistant Registrar of Vehicles  
Vehicle Quota & Registration Division  
Land Transport Authority

[This is a computer-generated letter, no signature is required.]

Road Safety Reminder: Please drive safely and look out for fellow road users, including cyclists. Let's keep everyone safe on our roads!



## 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:** 5119310454

**Cover :** drivo CLASSIC

- |   |                     |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle  | : SLQ2244T          |
| Chassis Number  | : JF1SJGK85HG092340 |
| 2. Name of Policyholder   | : ZHOU PEIFA        |
| 3. Effective Date of Insurance  | : 03 Oct 2020       |
| 4. Expiry Date of Insurance   | : 02 Oct 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.   |                     |

**This Policy does not cover**

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) 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\$600  |
| EXCESS (SECTION 2)                   | : N/A   |
| WINDSCREEN EXCESS                    | : S\$100  |
| ADDITIONAL EXCESS                    | : N/A   |
| 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                       | : ZHOU PEIFA                                      |
| NAMED DRIVER (1)                     | : N/A   |
| NAMED DRIVER (2)                     | : N/A   |
| HIRE PURCHASE COMPANY                | : TOKYO CENTURY LEASING (SINGAPORE) PTE LTD       |
| 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 : TECK WEI CREDIT PTE. LTD. (00000572499)

Date of Issue : 02 Oct 2020 17:04 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive



AK waiting photo 1st auto

## 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: 26/03/2021 (DD/MM/YY) Time: 20:00 (HH:MM) |
| Exact location of accident | DUXTON ROAD                                     |

### Details of vehicle

|  |  |
|--|--|
| Vehicle registration number                        | SMY 9168 X   |
| Vehicle make and model                             | 82Q22447 SUBARU FORESTER XT 2.0  |
| Type of vehicle                                    | Saloon <input type="checkbox"/> MPV <input checked="" type="checkbox"/> CRV <input type="checkbox"/> Van <input type="checkbox"/><br>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                      | PRIVATE  |
| Are you claiming under your own insurance company? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> if no, please select:<br>Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/>  |

### Insurance information

|                   |  |
|-------------------|--|
| Insurance company | NTUC   |
| Policy number     | 5119310454   |
| Type of policy    | Comprehensive <input checked="" type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input type="checkbox"/> |

### Insured / Policy holder

|                              |   |   |
|------------------------------|---|---|
| Name                         | ZHOU PEIFA                              | Male <input type="checkbox"/> Female <input type="checkbox"/> |
| NRIC / Fin / Passport number | S8507485H                               |   |
| Contact                      | 9777 704                                |   |
| Address                      | 455A ANG MO KIO STREET 44 #05-01 S56455 |   |

### 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                | zhou-peifa@yahoo.com   |   |
| Date of birth                | 21/05/1985   |   |
| Occupation                   | Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> |   |
| Driving date pass            | 21/09/2006   |   |



### General information of the accident

|  |  |  |
|--|--|--|
| Was driver an employee of the insured's company? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                      | If no, relationship of the driver and insured: <u>left</u> |
| 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 checked="" type="checkbox"/> Wet <input type="checkbox"/>                     |  |
| No of passenger                                  | <u>1</u>   | (Inclusive of driver)                                      |

#### Passenger 1

|        |  |
|--------|--|
| Name   | _____  |
| Gender | Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> |

#### Passenger 2

|        |  |
|--------|--|
| Name   | _____  |
| Gender | Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> |

#### Passenger 3

|        |  |
|--------|--|
| Name   | _____  |
| Gender | Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> |

#### Passenger 4

|        |  |
|--------|--|
| Name   | _____  |
| Gender | Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> |

#### Passenger 5

|        |  |
|--------|--|
| Name   | _____  |
| Gender | Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> |

#### Passenger 6

|        |  |
|--------|--|
| Name   | _____  |
| Gender | Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> |

### Other information

|                            |   |
|----------------------------|---|
| Was anybody injured?       | Yes <input type="checkbox"/> No <input checked="" 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

|                              |           |
|------------------------------|-----------|
| Name                         |           |
| Contact number               | 8118 8823 |
| NRIC / Fin / Passport number |           |
| Vehicle registration number  | SLH1106   |
| Vehicle make model           | AVOI A3   |

Third party vehicle 2

|                              |  |
|------------------------------|--|
| Name                         |  |
| Contact number               |  |
| NRIC / Fin / Passport number |  |
| Vehicle registration number  |  |
| 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 WEN HAO 8882 1085

**Witness 2**

Name

**Injured person 1**

|  |                              |                             |
|--|------------------------------|-----------------------------|
| 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 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"/> |