		•		2	
NATIONAL Assessment Centre	Jeb description	#[1 Jan'05] S	Date &Time Complete		oue pi.
Date In: 31/3/21 09:59					
Res No: MAI mc 2100 4114 144	SAS e-filing			-	
Vch No: SJQ 6420 2 4	E-mail (within 8h	rs, AIC 2hrs)	0.5	11	16171
D.O.A: 30/7/21 09:30	i-Motor Claim	Form	MT/112654125	31131	21 18:31
	i-Motor W/O (Within: OD 2hrs,			
OD (TP) ! Reporting Only	i-Photo Upload	led	1		
	Assessment/Sur	vev Report			
TP Insurer:	Ass't Report by		Owner/Wksp		
	Ass't Report by	I ax / Italia		Fax:	
Preferred Wksp / INC Assign Wksp / QW: (DIG/	Tel:)/Non-INC()	
TP Particulars: Yeh No: 5	5GR 866 R.	· INC(,)
Owner / Driver: (Tel: Cover Type: (·).
Policy No: () Po	riod: ()	Time:)
Confirmed by : (Date:		20 100%]	
Insured/Driver Liability: (%)+	Note-Est. Status (W	A CONTRACTOR OF THE PARTY OF TH	0%; P: 21-79%. P:	20-10070	<u> </u>
Year of Registration: ()	Warranty: YES ()/NO()		
Excess: (\$) Loading: \$1,	000 ()/\$2,000 (()		.wr. 57555 5 3°°.	
A DESCRIPTION OF THE PROPERTY				2000000	<u> </u>
() Walk-In Customer: Customer's info	ormation strictly Con	fidential & St	rictly NO refer of repa	oirer.	
() Total Loss Case : to e-mail Insur	er URGENTLY.	•			
	e: YES () / N	O();T	owing Co: (.)
			Date&Time Comple	547	Done by
temarks: (INC hotline: 6788 6616)	- G (\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		100	
i) rippi) to: rimingly sections	Courtesy Car ()	*	1	
2) QC Check / Post Repair Inspection	()				
3) Upload Resurvey Photo [Repair Cost > \$	())			·
Iniuri :		` ;			
Injury:					77 3 40 C 75 F. F.
Injury: Oute/Time / Actions	13-1				245) 885.
					25 (A. Q. C. C. C. S. C. C. S. C. C. S. C.
					25 (2.44) 26(2.84)
					75 3 44 CHE 80 048788
					24K) 2 H
Date/Time ACLIONS			Checklist		nt(S) Amt (
Pate/Time Actions		10000000000000000000000000000000000000	eparation Ghecklist	7	t Bill Add Bil
NA2102326	1	1) AR : Accide	nt Reporting (530);	7	
NA2102326		1) AR: Accide 2) DA: Damag 3) TF: Towing	nt Reporting (\$30); e Assessment (\$100); Fee	INC (\$30) \$40/\$45	t Bill Add Bil
NA2102326	1	1) AR: Accide 2) DA: Damag 3) TF: Towing 4) FT: Follow-	nt Reporting (\$30); e Assessment (\$100); Fee	3 INC (\$80) \$40/\$45 \$120 \$30	t Bill Add Bil
NA2102326 Inimant's Particulars:-	112 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	1) AR: Accide 2) DA: Damag 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming	nt Reporting (\$30); te Assessment (\$100); Fee Through Survey Through Survey (Resurvey) against INC Only (wef 10)	3 INC (\$80) \$40/\$45 \$120 \$30 Jon 2005)	t Bill Add Bil
NA2102326 Inimant's Particulars:		1) AR: Accide 2) DA: Damag 3) TF: Towing 4) FT: Follow 5) FT: Follow For claiming 6) TR: Re-inst	nt Reporting (\$30); te Assessment (\$100); Fee Through Survey Through Survey (Resurvey) tageinst INC Only (wef 10 pection	3 INC (\$80) \$40/\$45 \$120 \$30	t Bill Add Bil
NA2102326 Mimant's Particulars:		1) AR: Accide 2) DA: Damag 3) TF: Towing 4) FT: Follow 5) FT: Follow For claiming 6) TR: Re-ins 7) N1: Idao D.	nt Reporting (\$30); te Assessment (\$100); Fee Through Survey Through Survey (Resurvey) against INC Only (wef 10)	INC (\$80) \$40/\$45 \$120 \$30 Jan 2003) \$75	t Bill Add Bil
NA2102326 Inimant's Particulars:- river/Owner: ontact No: amaged Portion:		1) AR: Accide 2) DA: Damag 3) TF: Towing 4) FT: Follow 5) FT: Follow For claiming 6) TR: Re-ins 7) N1: Idao D. 3) NTUC Add	nt Reporting (\$30); te Assessment (\$100); Fee Through Survey Through Survey (Resurvey); against INC Only (wef 10) bection A + SMRT Survey litional Services:-	INC (\$80) \$40/\$45 \$120 \$30 Jan 2003) \$75	t Bill Add Bi
NA2102326 Inimant's Particulars:- river/Owner: ontact No: amaged Portion:		1) AR: Accide 2) DA: Darnag 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-ins 7) N1: Idao D. 8) NTUC Add OD* *NS: Courte	nt Reporting (\$30); re Assessment (\$100); Fee Through Survey Through Survey (Resurvey); regainst INC Only (wef 10) rection A + SMRT Survey itional Services:- resy Car / Tpt Allowance	3 INC (\$80) \$40/\$45 \$120 \$30 \$75 \$75 \$160 \$25 \$10	t Bill Add Bi
NA2102326 Inimant's Particulars:- river/Owner: ontact No: amaged Portion:		1) AR: Accide 2) DA: Damag 3) TF: Towing 4) FT: Follow 5) FT: Follow For claiming 6) TR: Re-ins 7) N1: Idac D. 8) NTUC Add OD* *N5: Courte *N6: Repair	nt Reporting (\$30); te Assessment (\$100); Fee Through Survey Through Survey (Resurvey) testion A + SMRT Survey thonal Services: ty Car / Tpt Allowance Co-ordination epair Inspection	3 INC (\$80) \$40/\$45 \$120 \$30 Jon 2005) \$75 \$160 \$50 \$50 \$50 \$50 \$50 \$50 \$50 \$5	t Bill Add Bi
NA2102326 Inimant's Particulars: river/Owner: ontact No: amaged Portion: C. Checked by (Engr-In-Charge):		1) AR: Accide 2) DA: Damag 3) TF: Towing 4) FT: Follow 5) FT: Follow For claiming 6) TR: Re-ins 7) N1: Idac D. 8) NTUC Add OD* *N5: Courte *N6: Repair *N7: Fost R *N8: DV/0	nt Reporting (\$30); te Assessment (\$100); Fee Through Survey Through Survey (Resurvey) testion A + SMRT Survey tional Services: ty Car / Tpt Allowance Co-ordination tepair Inspection Collect Excess Coordination	3 INC (\$80) \$40/\$45 \$120 \$30 Jon 2005) \$75 \$160 \$50 \$50 \$50 \$50 \$50 \$50 \$50 \$5	t Bill Add Bil
Date/Time ACHORS		1) AR: Accide 2) DA: Damag 3) TF: Towing 4) FT: Follow 5) FT: Follow For claiming 6) TR: Re-ins 7) N1: Idac D. 8) NTUC Add OD* *N5: Courte *N6: Repair *N7: Fost R *N8: DV/0	nt Reporting (\$30); te Assessment (\$100); Fee Through Survey Through Survey (Resurvey); tegeinst INC Only (wef 10) tection A + SMRT Survey titional Services: ty Cer / Tpt Allowance Co-ordination tepnir Inspection Collect Excess Coordination TP (Non INC) against INC Mobile	3 INC (\$80) \$40/\$45 \$120 \$30 \$40/\$5 \$510 \$5160 \$55 \$510 \$525 \$55	t Bill Add Bil

SN09213V0002 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 31/03/2021 09:59 (SGT) SUBMITTED BY: Liew Shan Hui VERSION: 1 (31/03/2021 09:59 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

3. Information provided must be as truthful and accurate as possible. Any which instructions 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.

7. By the loagement of the repetited	W A1	
ACCIDEN	T STATEMENT	
Date of Submission Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss	31/03/2021 09:59 (SGT) 30/03/2021 09:30 (SGT) Wak Hassan PI, Singapore - Singapore	
	F OWN VEHICLE	
Vehicle Registration Number	SJQ6420Z	
INSURED/POLICYHOLDER		
Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No	No SONG JUN XI SXXXX692D JUNXI1231@GMAIL.COM (Phone) +65-92394610 +65-92394610	
VEHICLE PARTICULARS		
Manufacturer Model Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category Transmission CC	Honda Fit - Private use No - Claiming third party Private car Auto 1300	
INSURANCE COMPANY		
Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number	NTUC Income Insurance Co-operative Ltd Comprehensive No 5089635179-03	
DRIVER		
Name of Driver NRIC No	SONG JUN XI SXXXX692D	Daniel of 45

Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	31/12/1991 Indoor 02/08/2010 10 YEARS AND 7 MONTHS Male (Phone) +65-92394610 +65-92394610 JUNXI1231@GMAIL.COM BLK 104C CANBERRA ST #11-535 - 753104 Yes - No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Head on collision Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? PASSENGER 1 Name Gender	No 2 Yes No Yes 2 No TAN YU LIN Female
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Traffic Police (Phone) +65-65470000 (Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865 No -
CIRCUMSTANCES OF ACCIDENT	
REFER TO POLICE REPORT T/20210330/7022	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident Was there any audio recorded?	Yes Yes SEND TO INSURANCE No
DETAILS OF OTHER	R VEHICLE PROPERTY 1

SGR866R

Vehicle Registration Number

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)	2.

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	SONG JUN XI
Address	-
Address Complement	_
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SJQ6420Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	TAN YU LIN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	_
Injuries Sustained	BODY
Injured person in which vehicle?	SJQ6420Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No
1972 2 COCCO DO 1974 COCO DO 1972 1	

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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, acknow ledge, 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) w ho have insured vehicle(s) involved in this accident (all insurer(s) w ho have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

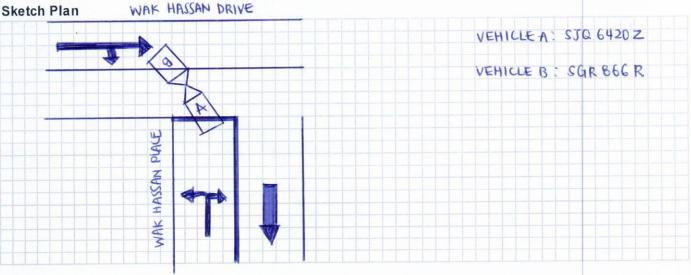
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre

Personnel



Describe Circumstances of the Accident	1
on 30/03/2021, at 09:30 AM, I was driving along wak Hassan Place. I co	me to a
stop at the stop line to check for any oncoming vehicles before proceed	ling to turn
stop at the stop line to check for any oncoming vehicles before proceed left to wak Hassan Drive Suddenly, vehicle B, SGR 866R, from the allow Hassan Drive, turned right into my lane and collided head on	opposite lane
at wak Hassan Drive, turned right into my lane and collided head on	into my
vehicle.	9
Vallac	
we both came down from our vehicles to exchange particulars before moving off.	
THE BOTT COME COME HOLD COME TO PERSON TO THE BOTT COME TO THE BOTT COME TO PERSON TO THE BOTT COME TO THE BOTT	
Declaration	
Declaration	
IWe 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

Witnessed by Reporting Centre Personnel





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20210330/7022

REPORT OF A TRAFFIC ACCIDENT

Date/Time F 30/03/2021		ade:		Vide	Report No.:			St	ation Diary No.:
Informant's	Particul	lars							
Name of Info SONG JUN	ΧI			Addr 1040		A STREET#	11-535 SIN	NGAF	ORE 753104
ID Type / ID NRIC NO / S	No.: 89147692	2D			act No.: e/Office:		Mobile: 9	92394	610
Nationality: SINGAPOR	E CITIZE	N		Emai junxi	il: 1231@gmail	.com			
Sex: Male	Age: 29	Date (of Birth: /1991	Type Drive	of Informant	:			
Race: Chinese				Lang Engli	uage: sh		Institution	n / Sc	hool Name:
Occupation: Real Estate					ng Licence In s: 3,2B	formation:	Date of E	Expiry	:
General Info Type of Accident:	Inj	of the / jury thers	Accident		Drink Drive: No	Date/Tin Accident 30/03/20			Type of Location T-Junction
Location: WAK HASS	AN PLAC	CE							
Weather: Clear				Road	d Surface:			Road 50 Km	Speed Limit:
Traffic Flow: One Way		***************************************	Acet for any of the second control of the se	Traff	ic Control: Controlled			Traffic	Volume:
Type of Coll Between Mo		nicles - I	Head On				a		ne conveyed by ance:
Details of V	ehicle Ir	rvolved							

Detaile of F	Ciliote intec	1000			and the second s	
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SGR866R	Car					0
SJQ6420Z	Car	HONDA	FIT 1.3G A	White		0

Details of Ve				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20210330/7022

CONTINUATION OF REPORT

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJQ6420Z	NTUC Income Insurance Co-Operative Limited	5089635179-03	20/05/2020	19/05/2021

Details of Perso	n Involved						
Any Pedestrian Ir	rvolved: No						
No. of Pedestrian	s Injured: NIL		Use of Ped	destrian	Cross	ing: NA	
Passenger							
Name	TAN YU LIN			ID No.		S90725	50E
Related Vehicle	SJQ6420Z (Car)			Conta	ct No.	9188728	32
Hospital/Clinic	NIL			Class Driving Licent Expiry	g ce &	Class: 3 Date of	Expiry: NIL
Date	30/03/2021		Date		30/03	3/2021	
No. of Days gran	ted Medical Leave	03	Degree of		Sligh	t	
Driver							
Name	SONG JUN XI			ID No		S914769	92D
Related Vehicle	SJQ6420Z (Car)			Conta	ct No.	9239461	10
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g ce &	Class: 3 Date of	,2B Expiry: NIL
Date	30/03/2021		Date		30/03	3/2021	
No. of Days gran	ted Medical Leave	03	Degree of		Sligh	t	

Brief Details.

On the Stated time and date, I was driving my vehicle on wak hassan place towards wak hassan drive. As I was exiting the T-junction suddenly a vehicle from the opposite lane cut into my lane and head on with my vehicle I alighted my car and realised SGR866R had collided onto my vehicle. We exchange particular and left the scene shortly after the incident me and my wife Tan Yu lin s9072550e felt uncomfortable at neck and back area so we went to consult doctor and recieved 3 days MC.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20210330/7022

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 30/03/2021 15:38
Officer In Charge Of Case: TP / TPIB / ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:

Authentication Stamp NP168



Certificate of Insurance

Cover : drivo CLASSIC

5/Q6420Z

GEG1174758

SONG JUN XI

20 May 2020

19 May 2021

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: 5089635179-03

1. Index mark and Registration Number of Vehicle Chassis Number

2. Name of Policyholder 3 Effective Date of Insurance

d Expiry Date of Insurance

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) 5\$600 **EXCESS (SECTION 2)** N/A \$\$100 WINDSCREEN EXCESS ADDITIONAL EXCESS : N/A

: PLEASE REFER OVERLEAF

UNNAMED DRIVER EXCESS REPAIR AT OWNER'S PREFERRED WORKSHOP NO INSURE WITH COE YES NCD PROTECTION NO TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** NO PRIMARY DRIVER **SONG JUN XI** NAMED DRIVER (1) N/A NAMED ORIVER (2) N/A HIRE PURCHASE COMPANY N/A SUM INSURED MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

3/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 : ASSURE (SINGAPORE) PTE. LTD. (00000615327)

Date of Issue : 24 Apr 2020 17:32 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

Date of Accident	: 30 03 2021 Accident Time: 09:30 (24-HR-Format)
Accident Place	: WAK HASSAN PLACE
Vehicle No. (Car Plate No.)	: SJQ 6420 Z Make/Model: HONDA FIT
Insurance Company	: NTUC Policy No: 5089635179 - 03
Owner or Company Name /IC No.	: SONG JUN XI 59147692D
Owner or Company Contact No.	: 92394610 Owner's HpCompany Tel
DRIVER'S Name / IC No.	SONG JUN XI 89147692D
DRIVER'S Date Of Birth	: 31 12 1991 DRIVER'S License Pass Date 02 08 2010
Relationship of Owner & Driver	$: Spouse \ \ Children \ \ Employee \ \ Chirdren . \\$
DRIVER'S Address	: BLK 104C CANBERRA STREET #11-535 SINGAPORE T53104
DRIVER'S Contact No./ Alt No. :1) 92394610 2)	
DRIVER'S Occupation (INDOOR OUTDOOR (e.g. working inside or outside office)	
Email Address	JUNXI 1231@ GMAIL COM
Weather & Road Surface	: CLEAR & DRY RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance	
Number of Passengers (Including Driver): 2	
Was there any video Captured by car camera: YES NO Exact purpose for which vehicle was being used at time of accident: Private use Work Purpose Any Injury (If YES, Pls state): YEC - NECK AND BACK PAIN (TAN YULIN - FEMALE SQ072550 E)	
Other Party Driver's Particular (if any)	
Vehicle. No: SGR 866R	Vehicle. No:
Vehicle Make \Model:	Vehicle Make \Model:
Name Driver:	Name Driver:
IC No. Driver/Contact:	IC No. Driver/Contact:

* NEW - Passenger's name & gender: TAN YU LIN - FEMALE \$9072550E