ASSIGNMENT

From: Date:	Veh No: 3MF5622L Yr Regn: 2018, 11
Estimated Cost:	Type: MC Car / M.Cycle / Bus / Van / Lorry / Taxl / Prime Mover /
OD LIP WS I TP RES I OD RES I EVA LINY I MY	Truck / Traller or
To Inspect Vehicle No:	Make: Mitshishi Eclipse Coss co 1499
at Workshop m/s	Colour Bronze AC: Insured Std / NI / NA
of	Sp. Reading 64/52 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No;
Policy No.	CNO: SMAXTGKIW52004009
Claims No.	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: Excess:	Sleering: In Seer / Jammed / Leaked / Burnt or
(Chen's Record)	Brake; Inougr/Jammed/Leaked/Burnt or
Make of Veh:	Modi: NII / FIRM / STD A/RIM or
Outs and and	Tyre Stze: F: 225 55 K1
(Policy Condition)	R:
Remark: The veh had commenced its repair at the filme of inspection.	BS / DUB / EXNOVA / GY /-FS / LIZA / MIC / OHTSU / PIR / SUMI /
	TOYO / YOKO or
IDAC Accident Roort Consistent?: Yes or No	Fron! Rear
GIA / PR Seen: Consistent?: Yes or No	R/Bal. mm R/Bal. mm
Est Repairs: days Res.: Yes or No	L/8al. L/8al. 6 mm
Lum Sum: % 3 Val.: Yes or No	D.O.L 4/12/24
CA I REV I REP. I 24 HRS	Survey held at Mova Fun Yoong
Date:Person Contacted: Vehicle: IN / OUT	Des. of Damages Fit / Rear / O/S / N/S / U/G / Roottop or
Date / Time   Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
THE DESIGN	-y ou bounte anexica (the to collision.
Data/Time, Fis Pass to? : Prell. Report Da	
1) · Flori D.	ys Of Repair:
Personal File Report 197	survey No. of Trip: Survey Fee:
. Add Fee:	: Site Insp (\$
Rop Format:	: Interview (\$
Fritish Simul (181; 12	Tech. Invs (\$
)	: Weel-eind (\$
	TOTAL



# **ESTIMATE**

3/12/2024

China Taiping Insurance (Singapore) Pte. Ltd

83 Anson Road #15-00 Springleaf Tower Singapore 079909

1 Page:

SMF5622L Vehicle No:

Vehicle Model: MIT ECLIPSE CROSS

Est No:

CBMQ24120025

Claims ref:

Accident Date: 28/11/24

In Charge:

BRIAN

Remarks:

Main Office:
Mova Building
No. 22, Jalan Kilang,
Singapore 159419
Tel: (65) 6476 3333
Fax: (65) 6271 5891
www.mova.com.sg Workshop Dept: Block 1008, Bukit Merah Lane 3, #01-04/06/08/94 Singapore 159722

Main Office:

Tel: **(65) 6272 3892** Fax: (65) 6270 8314

Co. Reg. 198904033G GST Reg. M2-0088864-2

No	Description	Qty			U. Price	An	nounts S\$
	LIST ITEMS:	1	РС	\$	1,215.60	\$	1,215.60
1	F/ BONNET	1	PC	\$	128.00	\$	128.00
2	F/ BONNET HINGE LH	1	PC	۰ \$	128.00	\$	128.00 67
3	F/ BONNET HINGE RH	1	PC	\$	272.40	\$	272.40 de
4	F/ BONNET INSULATOR	1	PC	\$	262.40	\$	262.40 % 1
5	F/ BONNET LOCK	1	PC	\$	696.30	\$	696.30
6	F/ GRILLE ASSY	1	PC	\$	226.40	\$	226.40 Cua
7	F/ GRILLE BASE	1	PC	\$	1,210.00	\$	1,210.00 de
8	F/ BUMPER	1	PC	\$	479.00	\$	479.00 out
9	F/ BUMPER LOWER LIP F/ BUMPER GARNISH COVER	1	PC	\$	546.30	\$	546.30 de
10	F/ BUMPER CHROME MLDG TOP RH	1	PC	\$.	374.40	\$	= 374.40 cm
11	F/ BUMPER CHROME MLDG TOF KH F/ BUMPER CHROME MLDG LOWER RH	1	PC	\$	226.80	\$	226.80 cm
12	F/ BUMPER CENTER GRILLE	1	PC	\$	215.00	\$	215.00 A
13	F/ BUMPER CENTER GRILLE F/ BUMPER DISTANCE SENSOR RH	1	PC	\$	340.00	\$	340.00 25-
14	F/ BUMPER DISTANCE SENSOR HOLDER RH	1	PC	\$	33.60	\$	33.60 lis
15	F/ BUMPER REINFORCEMENT - Phospio	1	PC	\$	772.00	\$	772.00 bb
16	F/ BUMPER UPPER SUPPORT PANEL	1	PC	\$	543.00	\$	543.00 bb
17	F/ BUMPER UPPER SUPPORT PANEL  F/ BUMPER UPPER SUPPORT PANEL TOP COVERING	1	PC	\$	446.00	\$	446.00 rut
18		1	PC	\$	89.40	\$	89.40 de
19	F/ BUMPER SIDE RETAINER RH	1	PC	\$	646.00	\$	646.00
20	F/ BUMPER LAMP RH	1	PC	\$	166.00	۶ \$	166.00 Text
21	F/ BUMPER LAMP CHROME RING RH	1	PC	\$			115.00 74
22	F/ BUMPER LAMP BRACKET RH			1000	115.00	\$	
23	F/ HEAD LAMP LH	1	PC	\$	2,240.00	\$	2,240.00 cur
24	F/ HEAD LAMP RH	1	PC	\$	2,240.00	\$	2,240.00 en
25	F/ HEAD LAMP INJECTOR NOZZLE ASSY RH	1	PC	\$	293.00	\$	293.00 dis
26	F/ HEAD LAMP INJECTOR NOZZLE COVER RH	1	PC	\$	88.60	\$	88.60 mis
27	F/ SUPPORT PANEL - proto	1	PC	\$	1,210.00	\$	1,210.00 bt
28	F/ AIR COND CONDENSOR	1	PC	\$	940.00	\$	940.00 ?
29	F/ AIR COND LIQUID TUBE	1	PC	\$	424.00	\$	424.00 7
30	F/ AIR COND COOLING PIPE	1	PC	\$	533.00	\$	533.00 ?
31	F/ RADIATOR	1	PC	\$	1,460.00	\$	1,460.00 ?
32	F/ HORN	1	PC	\$	166.00	\$	166.00 67
33	F/ WIPER TANK ASSY	1	PC	\$	248.40	\$	248.40 Le
34	F/ FENDER LH	1	PC	\$	787.00	\$	787.00 Lb
35	F/ FENDER RH	1	PC	\$	787.00	\$	787.00 bb
36	F/ FENDER ARCH EXTENTION COVER RH	1	PC		277.60	\$	277.60 ⋉



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www.mova.com.sg

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#01-04/06/08/94 Singapore 159722

Tel: **(65) 6272 3892** Fax: (65) 6270 8314

Co. Reg. 198904033G GST Reg. M2-0088864-2

# **ESTIMATE**

3/12/2024

China Taiping Insurance (Singapore) Pte. Ltd

83 Anson Road #15-00 Springleaf Tower Singapore 079909

1 Page:

SMF5622L Vehicle No:

Vehicle Model: MIT ECLIPSE CROSS

CBMQ24120025

Claims ref:

Est No:

Accident Date: 28/11/24

In Charge:

**BRIAN** 

Remarks:

		Remarks:		
No	Description	Qty	U. Price	Amounts S\$
	LIST TOTAL S\$			\$ 20,826.20
	10% DISCOUNT S\$			\$ (2,082.62)
	10,000,000			\$ 18,743.58
	SPECIAL NET ITEMS:			2000
1	F/ BONNET INSULATOR CLIPS	1 PC	131	\$ 40.00 20m/ \$ 40.00 20m/ \$ 50.00 30m/
2	F/ GRILLE CLIPS	1 PC	\$ 40.00	\$ 40.00
3	F/ BUMPER CLIPS	1 PC	\$ 50.00	\$ 50.00 8000
4	F/ NUMBER PLATE + FRAME	1 PC	\$ 40.00	\$ 40.00 66
5	F/ RADIATOR COOLANT	1 PC	\$ 60.00	\$ 60.00 mg
6	F/ FENDER LINER CLIPS	1 PC	\$ 40.00	\$ 40.00 ×
	SPECIAL NET TOTAL S\$			\$ 270.00
	LABOUR CHARGE:			pluto 100?
1	TO REMOVE, REPLACE & REFIT AIR COND CON			
	TUBE, AIR COND COOLING PIPE, RADIATOR, R	ADIATOR FAN AS	SY & ETC.	\$ 120.00
2	TO REMOVE, REPLACE & REFIT FRONT BUMPE			50
	SENSOR WIRING HARDNESS & ETC. TO EFFECT	REPLACE OF FRO	ONT BUMPER	\$ 100.00
3	TO REMOVE, REPLACE, REPAIR, READJUST & C	CHISEL FRONT ACC	CIDENT AREAS	
	SUCH AS FRONT BONNET, FRONT BUMPER, FR SUPPORT PANEL, FRONT FENDER L/R, FRONT			700
		GRILLE, PRONT W	יחבבר חסספב	¢ 850.00
	& ETC. BACK TO ORIGINAL CONDITONS			\$ 850.00
4	TO HYDRAULICCALY JACK & REALIGN FRONT B	OTH CHASSIS FR	AME & ETC.	200? phops.
	BACK TO ORIGINAL CONDITIONS			\$ 350.00
5	TO SUPPLY PAINT & FURNISHING MATERIALS	AT FRONT BONN	ET, FRONT	
	BUMPER, FRONT SUPPORT PANEL, FRONT FEN	IDER LH/RH, FRO	NT WHEEL	1000
	HOUSE CHASSIS LH/RH			\$ 1,300.00
_				. 40
6	TO CHECK WIRING & ELECTRICAL SYSTEM			\$ 80.00
7	TO REFILL AIR COND GAS & VACUUM			\$ 100.00
				. parents and partie 152



## **ESTIMATE**

3/12/2024

China Taiping Insurance (Singapore) Pte. Ltd

Springleaf Tower Singapore 079909

83 Anson Road #15-00

Page:

Vehicle No:

SMF5622L

Vehicle Model: MIT ECLIPSE CROSS CBMQ24120025

Est No: Claims ref:

Accident Date: 28/11/24

In Charge:

BRIAN

Remarks:

www.mova.com.sg Workshop Dept: Block 1008,

Mova Building No. 22, Jalan Kilang, Singapore 159419 Tel: **(65) 6476 3333** Fax: (65) 6271 5891

Main Office:

Bukit Merah Lane 3, #01-04/06/08/94 Singapore 159722

Tel: (65) 6272 3892 Fax: (65) 6270 8314

Co. Reg. 198904033G GST Reg. M2-0088864-2

No	Description	Qty	U. Price	Amounts S\$
8	TO DIAGNOSIS FAULTY CODE & RESET MEMORY			\$ 150.00
	TOTAL LABOUR COST S\$	z - 6	·	\$ 3,050.00
			AMOUNT S\$	\$ 22,063.58
			GST @ 9%	\$ 1,985.72
			031 6 370	·

Customer's Signature

MOVA AUTOMOTIVE PTE LTD

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Cate:

Tanflin 97495749/62563561 WP' 4/12/24 e 230pm 1/5/losnony after repair talfilh @/khanto.com. 6-7days.

# 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 Actual Driver
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

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.

Vehicle Registration Number .....

4. The issue and acceptance of this 10th by institute of the Police for Investigation.

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 First Submission 29/11/2024 11:57 (SGT) Both Policyholder and Actual Driver Reported by ..... Date of Accident ..... 28/11/2024 19:18 (SGT) Exact Location of Accident ..... Singapore Additional Location Information ..... AYE EXPRESSWAY Country/State of Loss ..... Singapore

SMF5622L

INSURED/POLICYHOLDER Is company? ADAM AKBAR MOHAMED AMMAR Name Of Registered Owner ..... NRIC No ..... SXXXX219H ADAMAMMAR1987@GMAIL.COM Email Address ..... (Phone) +65-92766702 Mobile Phone No ..... Alternative Phone No .....

#### VEHICLE PARTICULARS

Mitsubishi Manufacturer ..... **ECLIPSE CROSS 1.5 CVT** 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 No - Claiming third party your vehicle? Vehicle Category ..... Private car Transmission ..... Auto ..... 1499 Vehicle Fuel ..... Petrol First Regisration Date ..... 16/11/2018 Chassis no JMAXTGK1WJZ004009 Effective Date/Time of Ownership ..... 15/11/2024 12:11 (SGT)

#### INSURANCE COMPANY

Name of Insurance Company ..... Income Insurance Limited Policy Number / Cover Note Number ...... 5150880788

DRIVER

	ADAM AKBAR MOHAMED AMMAR
Name of Driver	
NRIC No	SXXXX219H
Date Of Birth	08/09/1987
Occupation	Outdoor
Driving Pass Date	18/10/2024
Driving License Pass Class	3A
Driving License Validity	Valid
Driving experience	1 MONTH
Gender	Male
Mobile Number	(Phone) +65-92766702
Alt, Phone Number	· ·
Email Address	ADAMAMMAR1987@GMAIL.COM
Email Address	BLK 126 BEDOK RESERVOIR ROAD 03-1051 SINGAPORE
Address	470126
Address complement	-
Postcode	· · ·
Is the driver the policyholder?	Yes
Is the driver the policyfloider?	-
If No, Relationship of the Driver with the Insured	No.
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	
O	
Insurance Company of Other Vehicle Owned by Driver	
GENERAL INFORMATION OF THE ACCIDENT	
	The second of th
Type of Accident	Collision - Change/cross lane
Weather Conditions	Raining
Road Surface	Wet
OTHER INFORMATION	
	N
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 vehicle 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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	
Original language used in the statement	-
the state of the s	
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	Yes
Police Station Name	Clementi Division Headquarters
Police Station Phone No	(Phone) +65-18007740000
Alt. Police Station Phone No	(Fax) +65-67741705
Police Station Address	20 Clementi Avenue 5 Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-
, 55, 380,000 17,107,11	-
CIDCLINGTANCES OF ACCIDENT	
CIRCUMSTANCES OF ACCIDENT	
REFER TO THE SKETCH PLAN	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	
a condition in the cond	EMAIL TO THE INSURANCE

# DETAILS OF OTHER VEHICLE PROPERTY I

Vehicle Registration Number	SMR4394M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	<b>≅</b> .
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHUA CHONG HAN
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	ADAM AKBAR MOHAMED AMMAR
Gender	Male
Phone No	(Phone) +65-92766702
Address	-1
Address Complement	E.
Post Code	
Approximate Age Years Old	-
Injuries Sustained	<b>■</b>
Injured person in which vehicle?	SMF5622L
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 Actual Driver.
- 3. Information provided must be as truthful and accurate as cossible. Any wilful misrepresentation or withholding of material facts may allow Insurance companies to repudiate acticy 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 Traffic Police Department for investigation.
- 6. This report will be forwarded by the insurers to 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 of 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, uso, 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 "Porsonal 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/flaw 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, stalements, 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' lawyershaw 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.

29 NOV 2024 1103 Am Policyholder's Signature / Date & Time

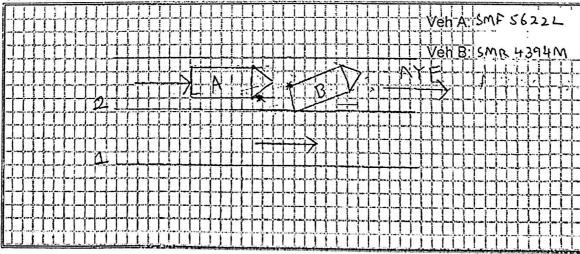
Oriver's Signature (if driver is not the policyholder) / Date

& Timo

Witnessed by 5 oporting

(Name as in NRICAD card)

Sketch Plan



1

Fig. 1. Sec. 19. (1) and the first of the fi		
Describe Circumstance of the Accident		A NOV 2024 7.180
VEHICLE NO: SMF5622L	ACCIDENT DATE & TIME:	18 NOV 2024 1 10/14
CONTACT NUMBER: 9276702	E-MAIL: Rdam ammar	18 NOV 2024 7.18pm 1987 Ogmil.com
LOCATION: AYE expressival		184
VEHB: SMR 4394M		
<u> </u>		
Refer to Police report. D/20	024 1 128 / 7078	
		Treatment of the Control of the Cont
B e a		
	1 - 1 - 1	
NOTE: PLEASE NOTE THAT YOUR INSURER	A DESCRIPTION OF THE PERSON OF	
OWN DAMAGE CLAIM UNDER YOUR OWN POL		
	CHIRD PARTY ( ) CLAM ODD AT OTHER	
Declaration  We declare the foregoing particulars are true in every resp	ect.	. ( )
1 39 NOV 2034 10.5 Qum L	2°1 Nov 2024 10686	TO IN TO
		Witnessed by Reporting Centre Personnel
& Time		(Name as in NRIC/ID card)





1 of 2

## **POLICE REPORT (NP299)**

Police Station Of Origin Clementi Division HQ 6 Lempeng Drive SINGAPORE 128496 Tel No:1800-7740000

Report No. D/20241128/7078

Vide Re	port No.		Station Diary No.
Address 126 126 Bedok Reservoir Road #03-1051 SINGAPORE 470126			
Contact No.			
Home/Office: Mobile: 92766702			
Email Address adamammar1987@gmail.com			
Sex	Age 37	Date of Birth 08/09/1987	Race Indian
Language English			
Location Of Incident NIL AYER RAJAH EXPRESSWAY NIL			
	Address 126 126 470126 Contact Home/O Email A adamar Sex Langua English Location	126 126 Bedok Res 470126  Contact No. Home/Office:  Email Address adamammar1987@ Sex Age 37  Language English Location Of Inciden	Address 126 126 Bedok Reservoir Road #03-470126 Contact No. Home/Office: Mobile: 92766702 Email Address adamammar1987@gmail.com Sex Age Date of Birth 37 Date of Birth 08/09/1987 Language English Location Of Incident

#### Brief details:

I am making this traffic accident report due to an accident that happened today on 28 November 2024 at about 7.18pm on AYE. I was driving along the second lane travelling at about 70km/h to 80km/h speed as it was raining, A Mercedes Benz car plate no. SMR4394M had suddenly changed lane from the first lane to the second where i was in from my right. I had slowed down seeing the car had changed lane. However, the car suddenly came to a complete stop instead of driving and i could not react in time. There was no reason for the Mercedes Benz to come to a complete stop as I think he may have missed the exit and made a rash decision to make a complete stop and there was no vehicle in front of him. My car had hit the left side of the car as a result. I am making this report for insurance claims and making a report against the driver of the car for inconsiderate driving. The driver had left immediately and we exchanged contact numbers and NRIC photos. I have a video of the accident. Driver name: Chua Chong Han NRIC:S9420251E

Signature Of Officer Recording The Report:	Signature Of Informant:		
Not applicable	The identity of the person making this report has been authenticated by Singpass. No signature is required.		
Signature Of Interpreter: Not applicable	Date/Time: 28/11/2024 21:33		
Officer In-Charge Of Case:	Classification Of Case:		
Contact No.:			





POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20241128/7078

Victim	inner de dit ivit in methy stopp dentales, companyoner en ennessamme outstand bedate schreigende seden seden e	ner Kan Mengeri i ar hawa kana di tanggan panggangan panggan panggan panggan panggan panggan banggan banggan b	para distance nel socia con delle de describbino, comen escrib color della bossica del substituto della color della participatione della color della c
Person Name	Adam Akbar Mohamed Am	nmar	
ID Type	NRIC NO	ID No	S8728219H
Age	37	Nationality	SINGAPORE CITIZEN
Race	Indian	Language	English
Occupation	Mechanical engineer	Address	126 126 Bedok Reservoir Road #03-1051 SINGAPORE 470126
Mobile No	92766702	Email Address	adamammar1987@gmail.com
Is Informant A Victim?	Yes		
Person Name	Adam Akbar Mohamed Am	nmar (Informant)	

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: 28/11/2024 21:33
Officer In-Charge Of Case:	Classification Of Case:
Contact No.:	