

Our Ref : CC17120186/ SHA 56P /CL(st)

Date : 21-Dec-17

AIG ASIA PACIFIC INSURANCE PTE LTD
CHARTIS Building
78 Shenton Way
#07-16
Singapore 079120

CDGE Taxi Claims Dept
59 Loyang Drive 4th Flr
Singapore 508969

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701

Mainline +65 6383 6280
Facsimile +65 6280 9755

www.cdge.com.sg

Company Registration No: 199506048W

Workshops

Braddell
205 Braddell Road
Singapore 579701

Loyang
59 Loyang Drive
Singapore 508969

Sin Ming
383 Sin Ming Drive
Singapore 575717

Pandan
45 Pandan Road
Singapore 609286

Ubi
320 Ubi Road 3
Singapore 408649

Senoko
24 Senoko Loop
Singapore 758156

Sungei Kadut
7 Sungei Kadut Way
Singapore 728791

Yishun
501 Yishun Industrial Park A
Singapore 768732

Attn : Motor Claims Department WITHOUT PREJUDICE

Dear Sir

ACCIDENT INVOLVING OUR TAXI SHA 56P YOUR INSURED
SLD7487U AND OTHER ON 05.12.17

We are the authorised repair workshop for Citycab Pte Ltd, the owner of motor vehicle no: SHA 56P which was involved in the captioned accident with your insured vehicle. The vehicle owner and the taxi driver concerned have requested and authorized us to assist them in presenting their claims against the party responsible for all applicable matters arising from the damage to the vehicle.

As the accident was caused by the negligent act of your insured driving SLD7487U we are submitting these claim for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$	1,323.52
2	<u>2</u> days Loss of Rental @ <u>\$ 125.40</u> per day	\$	250.80
3	Survey Report Fees (Surveyed by M/s LKK)	\$	-
4	LTA Search Fees	\$	-
5	GIA / Police Report Fees	\$	5.35
6	Towing / Medical / Transportation Fees	\$	-
Sub Total :		\$	1,579.67

HIRER'S CLAIM

7	<u>2</u> days Loss of Income @ <u>\$ 80.00</u> per day	\$	160.00
Total Claims :		\$	1,739.67

We enclosed herewith the following documents to support the claims: -

- a) Original repair bill and photocopies of photographs : 5 pcs.
b) LTA search slip/s of : SLD7487U
c) GIA / Police report/s of : SHA 56P
d) Letter of authority from owner / hirer / operator
() Witness statement/s () Certificate of Insur: (x) Rental Rate letter
(X) Photograph/s of Accident Scene (x) Downtime/Mileage record

Kindly look into the matter and let us hear from you on the settlement of the said claims as soon as possible.

Please note that it is a condition of any settlement reached that it shall be without prejudice to any personal injury claim (if any) of the taxi driver.

Yours faithfully
Cecilia Lee

Executive

CDGE Claims Department

Tel : 6214 8354 Fax: 6214 1843 Email : cecilialee@sparkcarcare.com

This is a computer generated letter. No signature is required.

A member of

COMFORTDELGRO



LETTER OF AUTHORISATION

(NAF / PAF)

**ACCIDENT INVOLVING
ALONG****TOYOTA PRIUS SHA56P , SLD 7487U****ON 05-Dec-17 09:00****T-2 BLVD TOWARDS AIRPORT T-2 NEAR AIRPORT T-2 BLDG**

I / We

CHUA HOCK CHYE(Hirer) NRIC No.: **S0079644A**

and/or

GOH AH SEEN(Relief) NRIC No.: **S1591006B**

Taxi Number

SHA56P

hereby authorise ComfortDelGro Engineering Pte Ltd (CDGE):

1. To submit my/our claims for damages, costs and expense, including loss of income, loss of rental, medical fee and legal costs.
2. To have absolute discretion to agree to any settlement or compensation amount in respect of my/our claim against third party (except personal injuries and medical claims).
3. To sign Discharge Voucher on my/our behalf.
4. To accept any payment (claim proceeds) in respect of the claim against third party and payment by cheque shall be forward directly to CDGE in accordance with CDGE's instruction and made in favour of **"ComfortDelGro Engineering Pte Ltd"**.

Date

06-Dec-2017Name of Hirer
Hirer NRIC**CHUA HOCK CHYE
S0079644A**

Signature :



Address

**80 BEDOK NORTH ROAD #03-286
460080**

Contact No.

91132762Name of Relief
Relief NRIC**GOH AH SEEN
S1591006B**

Signature :



Address

**773 WOODLANDS DRIVE 60 10-194
730773**

Contact No.

92395182

GST REG. NO. M2-8921817-3

TAX INVOICE

COMPANY REG. NO.: 199506048W
Page: 1

8010004

AIG ASIA PACIFIC INSURANCE PTE LTD

#08-16 78 SHENTON WAY, CHARTIS BUILD
SINGAPORE SG 079120

CONTACT NO: 64193000 3225094

VEHICLE NO
SHA 56P

MAKE
TOYOTA

MODEL
PRIUS HYBRID(G4)

DATE OF REG
13.09.2017

CHASSIS CODE
JTDKB3FU603562854

INV. NO/DATE
91347265 20.12.2017

JOB NO.
305095377

ODOMETER READING

DATE/TIME IN
06.12.2017 10:05

Description : 3P 05.12.2017

S/No	Part No.		Qty	Unit Price	%Disc	Net
PART REQUISITION						
0001	04-01-0302-2267	PRIVC BUMPER PIECE	10	2.20	25.00	16.50
0002	04-01-0302-2282	PRIG4 COVER REAR BUMPER	1	458.60	25.00	343.95
0003	04-01-0302-2287	PRIG4 GUARD-REAR BUMPER C	1	552.61	25.00	414.46
0004	04-01-0302-2286	PRIG4 COVER REAR BUMPER-T	1	82.70	25.00	62.02
SUB-TOTAL			:			836.93

JOB NATURE

0001	L	PANKI BEATING	200.00	200.00
0002	23-502	SPRAYPAINT ON AFFECTED AREA	180.00	180.00
0003	L	REMOVE/REPAIR REVERSE SENSOR	20.00	20.00
SUB-TOTAL			:	400.00

1) WHILE TAKING ALL REASONABLE PRECAUTIONS, WE, THE COMPANY, ACCEPT NO RESPONSIBILITY FOR DAMAGE TO OTHER PROPERTIES BELONGING TO CUSTOMERS AND SPECIALS ARE ADVISED THAT DAMAGE TO OWNERS' RISK.

2) CUSTOMERS SHALL REPAIR THEIR VEHICLES IMMEDIATELY AFTER DELIVERY AND SHALL NOT BE RESPONSIBLE FOR DAMAGE TO OTHER PROPERTIES BELONGING TO CUSTOMERS AND SPECIALS ARE ADVISED THAT DAMAGE TO OWNERS' RISK.

3) INTEREST OF 1% PER MONTH WILL BE CHARGED ON A DAY (1% DAY RATE) IN EXCESS OF THE PERIOD OF THE DELIVERY AND SHALL BE PAID TO THE COMPANY BY THE CUSTOMER AND NOT BE THE SUBJECT OF PAYMENT TO THE COMPANY BY THE CUSTOMER AND NOT BE THE SUBJECT OF PAYMENT TO THE COMPANY BY THE CUSTOMER AND NOT BE THE SUBJECT OF PAYMENT TO THE COMPANY BY THE CUSTOMER.

4) PLEASE EXAMINE THIS RECEIPT IMMEDIATELY UPON RECEIPT AND ADVISE THE COMPANY IN ANY DISCREPANCY OR DISCREPANCY WITHIN 14 DAYS OF RECEIPT. IF THE COMPANY DOES NOT HEAR FROM THE CUSTOMER, THE COMPANY WILL BE RESPONSIBLE FOR THE CORRECT AND BRUISE.

ComfortDelGro Engineering Pte Ltd
A member of COMFORTDELGRO

Head Office:
205 Braddell Road
Singapore 579701

Kindly note that no receipt shall be issued unless requested.

CUSTOMER'S COPY

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ No.
8010004	91347265	1,323.52	

GST REG. NO. M2-8921817-3

TAX INVOICE

8010004

AIG ASIA PACIFIC INSURANCE PTE LTD

#08-16 78 SHENTON WAY, CHARTIS BUILD
SINGAPORE SG 079120

CONTACT NO: 64193000 3225094

VEHICLE NO
SHA 56P

MAKE
TOYOTA

MODEL
PRIUS HYBRID(G4)

DATE OF REG
13.09.2017

CHASSIS CODE
JTDKB3FU603562854

INV. NO/DATE
91347265 20.12.2017

JOB NO.
305095377

ODOMETER READING

DATE/TIME IN
06.12.2017 10:05

Items total	1,236.93
Add GST @ 7.000 %	86.59
Invoice amount	1,323.52

Issued by : KATHERINETAN 20.12.2017 16:32:18
Repair type : CFSO/57/57
Payment Type/Term: /Credit 30 days

1) WHILEY TAKING ALL REASONABLE PRECAUTIONS AGAINST FIRE THEFT OR OTHER UNLAWFUL ACTS, THE COMPANY ACCEPTS NO RESPONSIBILITY FOR DAMAGE OR LOSS OF PROPERTY BELONGING TO CUSTOMERS WHEN KEPT IN THE COMPANY'S CUSTODY OR WHEN IN THE COMPANY'S CUSTODY.

2) CUSTOMERS SHALL REPORT TO THE COMPANY IMMEDIATELY UPON DELIVERY AND SHALL SIGN A RECEIPT UPON DELIVERY OF THE VEHICLE. NOTICE IN WRITING TO THE COMPANY OF ANY COMPLAINTS OTHERWISE THE VEHICLE SHALL BE DEEMED TO HAVE BEEN ACCEPTED IN GOOD ORDER.

3) INTEREST OF 1% PER MONTH WILL BE CHARGED ON A DAY TO DAY BASIS IN THE EVENT OF NON-PAYMENT OF THE INVOICE BY THE COMPANY BY THE CUSTOMER AND NOT PAID BY THE END DATE OF PAYMENT ALL OTHERS IN THE COMPANY SHALL BE LIABLE FOR THE PERIOD OF DEFAULT.

4) PLEASE EXAMINE THE VEHICLE IMMEDIATELY UPON RECEIPT AND ADVISE THE COMPANY OF ANY DEFECTS OR DISCREPANCIES WITHIN 14 DAYS OF RECEIPT. IF THE COMPANY DOES NOT HEAR FROM THE CUSTOMER, THE COMPANY WILL BE DEEMED TO HAVE ACCEPTED THE VEHICLE AND SHALL BE RESPONSIBLE FOR ANY DAMAGE OR LOSS.

ComfortDelGro Engineering Pte Ltd
A member of COMFORTDELGRO

Head Office:
205 Braddell Road
Singapore 579701

Kindly note that no receipt shall be issued unless requested.

CUSTOMER'S COPY

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ No.
8010004	91347265	1,323.52	

Our Ref: CC17120186



Date: 19 December 2017

TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	05/12/2017 @ 09:00 hrs
ALONG	T-2 BLVD TOWARDS AIRPORT T-2 NEAR AIRPORT T-2 BLDG
INVOLVING	SLD7487U

We refer to the above-mentioned accident and wish to inform that **CityCab Pte Ltd** is the registered owner of the taxi bearing vehicle registration number **SHA0056P** (the "Taxi"). The Taxi was hired to **CHUA HOCK CHYE IC NO S0079644A** a registered hirer-operator of **CityCab Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$125.40** per day (inclusive of GST).

Please be advised that the Taxi was insured with **First Capital Insurance Ltd** on a third party basis at the material time of the accident.

We wish to confirm that the aforesaid hirer-operator had obtained our permission to undertake repairs for damage on the Taxi arising from the said accident with a motor workshop of his choice.

Please liaise with the said hirer-operator or his authorized workshop directly for settlement of claims with third party's insurance company in respect of the said accident.

Yours faithfully

Christine Tay
Executive, Fleet Safety

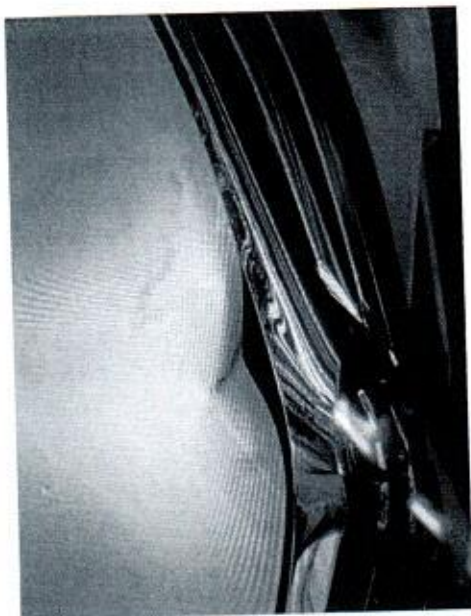
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Enquire Vehicle Insurer

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SLD7487U	05 Dec 2017 / 09:00:00	Successful	A04	AIG ASIA PACIFIC INSURANCE PTE. LTD.

[Previous](#)[OK](#)



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 ability.
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 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 Report	06/12/2017 11:34
Date Of Accident	05/12/2017 09:00
Exact Location Of Accident	T-2 BLVD TOWARDS AIRPORT T-2 NEAR AIRPORT T-2 BLDG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA56P
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS HYBRID 4G
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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	TAXI

Insurance Company

Name of Insurance Company	FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-15072702MFSH
Cover Note Number	

Driver

Name of Driver	GOH AH SENG
NRIC No	S1591006B
Date Of Birth	02/11/1963
Occupation	OUTDOOR
Date Of Driving Pass	09/05/2011
Driving Experience	6 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	JOGO773@HOTMAIL.COM

Address	BLK 773 WOODLANDS DRIVE 60 #10-194
Postcode	730773
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

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 this accident?	NO
Was any body injured in the Accident?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	10 UBI AVENUE 3
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT NO: T/20171205/7014

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLD7487U
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Name of Driver	HO FOO MENG
NRIC/Passport Number	
Contact Number	96213961
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	

Details of Witness

Name

Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name

GOH AH SENG

Approximate Age

Injuries Sustain

BACK, NECK AND CHEST

Injured person in which vehicle?

SHA56P

Were seat belts worn?

YES

Was injured conveyed to hospital by ambulance?

NO

Address

BLK 773 WOODLANDS DRIVE 60
#10-194

Postcode

730773

Sketch Plan Pg. 1

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.

CITYCAB PTE LTD
CO. REG. NO. 199502839G

Lim Ee Soon
CSO

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.:

Stamp area with illegible text.

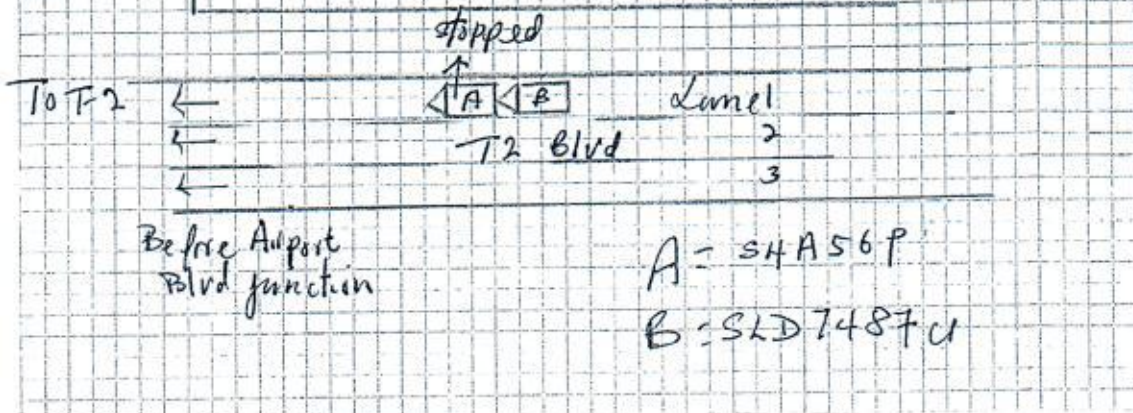
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Stamp area with illegible text.

Sketch Plan Pg. 2

Airport T-2 Bldg

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Police Report attached

DECLARATION

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

CITYCAB PTE LTD
CO. REG. NO. 199502839G

Lim Ee Sook
CSO

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.:

Sketch Plan Pg. 3



**SINGAPORE
POLICE FORCE**



T/20171205/7014

1 of 3

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

Report No. T/20171205/7014

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/12/2017 16:45		Vide Report No.: *		Station Diary No.:	
Name of Informant: GOH AH SENG		Address: APT BLK 773 WOODLANDS DRIVE 60 #10-194 SINGAPORE 730773			
ID Type / ID No.: NRIC NO / S1591006B		Contact No.: Home/Office:		Mobile: 92395182	
Nationality: SINGAPORE CITIZEN		Email: jogo773@hotmail.com			
Sex: Male	Age: 54	Date of Birth: 02/11/1963	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: TAXI DRIVER		Driving Licence Information: Class: 3		Date of Expiry:	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/12/2017 09:00	Type of Location: Straight Road
Location: T2 BOULEVARD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 40 km/h
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

SHA0056P	Car	TOYOTA	PRIUS	Yellow	0
SLD7487U	Car	TOYOTA	COROLLA ALTIS	White	0

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**

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



T/20171205/7014

2 of 3

Report No. T/20171205/7014

CONTINUATION OF REPORT

Name	GOH AH SENG		ID No.	S1591006B
Related Vehicle	SHA0056P (Car)		Contact No.	92395182
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	05/12/2017	Date Discharge	NIL	
No. of Days granted Medical Leave	05	Degree of Injury	Serious	
Name	HO FOO MENG		ID No.	S1307607C
Related Vehicle	SLD7487U (Car)		Contact No.	96213961
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	

Brief Details.

On 5th December 2017 at about 0900hrs, I was driving on the most right lane of three lanes along T2 Boulevard Road. There is a traffic signal before the traffic light indicating amber thus I slowed down to prepare to stop at the traffic light ahead. Out of sudden, I felt an impact at my rear vehicle. I made a check and discovered a car had collided onto my vehicle. We exchanged particulars and nobody was injured at that point of time. No traffic police was at scene and no government properties damaged. However, later in the afternoon I felt pain on my chest and neck thus I went to the hospital for check up and was given 5 days of medical certificate. I do have in vehicle camcorder in the vehicle.



**SINGAPORE
POLICE FORCE**

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



T/20171205/7014

3 of 3

Report No. T/20171205/7014

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
SITIMARSITA BINTE BOHARI
Contact No.: 65476219

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:
05/12/2017 16:45

Classification Of Case:

