NATIONAL Assessment Contre	Services	11 35-795)			-	
Date In: 08/12/2017 12:54	Jeb description		Date & Time Completed	[Done by	
111 / P 1	SAS e-filing		1	I.		
	E-mail (within 8hrs	s, AIC 2hrsj				
Veli No YM 9398D			: MT/0972880	8/1	2/17	15:45
DOA 06/12/2017 16:15	i-Motor W/O (V		The same of the sa			
OD TP Reporting Only	i-Photo Upload		1	T		
	Assessment/Surv		1		or Co. Alina	Carlotte Co.
TP Insurer:	Ass't Report by I		o Owner/Wksp			
and approximate	Ass't Report by 1	eax) Hann	Tel:	Fax:	-	
Preferred Wksp / INC Assign Wksp / QW: (- 110 - 1	710/		T dix	7	Part - All
	LF 6689A	INC ()/Non-INC() Tel:)	
Owner / Driver: (Cover Type: (<u></u>	
rolley No. (riod: (Date:	Time:)	
Confirmed by : (Note But Status (W)		10%; P: 21-79%. F: S0	0-100%]		
	Warranty: YES ()/NO()			
Teal of Registration ()				
Excess: (\$) Loading: \$1,0	77 \$2,000 (C201 8 5 1 1 3 1	355 (485) (1 C) (1 C)			
General Remarks:-	一位的大型。	DA GRAD	13 C. S.			1720-1-
() Walk-In Customer : Customer's info	ormation strictly Conf	idential & S	trictly NO rater of repair			
() Total Loss Case : to e-mail Insur	er URGENTLY.					
Drive-In () / Towed-In (); Invoice	e: YES () / NO	O();	Towing Co. (
Remarks:- (INC hotline: 6788 6616)			Date&Time Completed		Done b	у
	Courtesy Car ()	Y - 198 Lift 12 - 12 - 1				
2) QC Check / Post Repair Inspection	()					
3) Upload Resurvey Photo [Repair Cost > \$	()				.,	
3) Opioad Resulvey Finete (response						
Injury:			•	- 1975 - S - S - S - S		
Date/Time Actions		S. Priscour		Allos de la	100	
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		Committee Cappaign	Provide a Nation Published	azisais li	Amt (S)	Amt (
· NA170	7592	Invoice P	reparation Checklist	Con 12 1 1 1 1 1	1st Bill	Add B
IOATTO	070.Ca2007008.98.93.98.30.8	1) AR : Accid	ent Reporting (\$30);			
laimant's Particulars :-		2) DA : Dame 3) TF : Towin	Re Userseille	C (\$80) \$40/\$45		S CONTRACTOR
priver/Owner:	- W	A) ET · Folloy	Through Survey	\$120 \$30	987	
		5) FT : Follow	w-Through Survey (Resurvey) ng against INC Only (wef 10 Jan			
Contact No:		6) TR : Re-in	spection	\$75 \$160		in self-se
Damaged Portion:		7) NI : Idac I	DA + SMRT Survey ditional Services:-	3,30		
		OD+		\$5	- Corre	
C Checked by (Engr-In-Charge):	12	* N5: Cour	rtesy Car / Tpt Allowance air Co-ordination	510		
	The Space of St. of St. of St.	anti- Pest	Repair Inspection / Collect Excess Coordination	\$25 \$5		
Auditors' Comments :-	. Talkio y k	*N8: DV	: TP (Non INC) against INC	\$20		
Cat. Li	54 	9) N12: Idao	Mobile	30 arged	ALVAL DA	1. 1.
Cat. 2 / 3:		Invoice date	i i i i i i i i i i i i i i i i i i i		:15.4	·
761		I turning age				

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number

Contact Number

EMail Address

- 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 witholding 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.
- 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

建设设置的工程的	ACCIDENT STATEMENT
Date Of Report	08/12/2017 12:54
Date Of Accident	06/12/2017 16:15
Exact Location Of Accident	JURONG PORT RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	YM9398D
Insured/Policyholder	
Name Of Registered Owner	TRADEWINDS FOOD INDUSTRIES PTE LTD
Co Reg No	200506896K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98973448
Alternative Phone No	OFFICE-98973448
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	FE83BC6SRDEA
Exact Purpose for which vehicle was being use time of accident	ed at WORK
Are you claiming under your own insurance pol for repair to your vehicle?	licy NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5051819316-06
Cover Note Number	
Driver	
Name of Driver	YEO KIM CHOON
NRIC No	S1716192Z
Date Of Birth	28/04/1965
Occupation	OUTDOOR
Date Of Driving Pass	25/09/1989
Driving Experience	28 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98973448

OTHERS-98973448

NOEMAIL

Address

BLK 338 TAMPINES ST 33

#09-204

Postcode

520338

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

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?

NO

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?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE ATTACHED 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

SLF6689A

Vehicle Make/Model/Colour

Details Of Properties

NARTINO BIN RASBAN

NRIC/Passport Number

S1701270C

Contact Number

Name of Driver

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 Police for investigation.
- 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.
- 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:

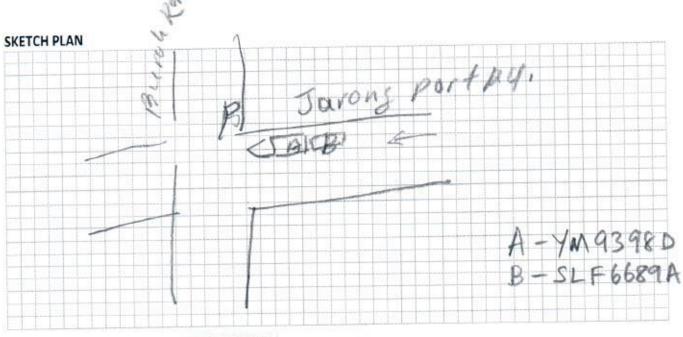
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:
 - 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:
 - 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

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 .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

V	ehicle A was driving along Jurong port Rd. At the traffic light Vehicle A stop but Suddenly Vehicle B from behind hit on Vehicle A reat portion.
-	1 1 to bolls 15 ht Telicle A step but
	and the traine digital vertice it is
	Suddenly Vehicle B from behind hit on
	welled A real portion.
	Variable
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DECLARATION OF THE IVE declare the forest

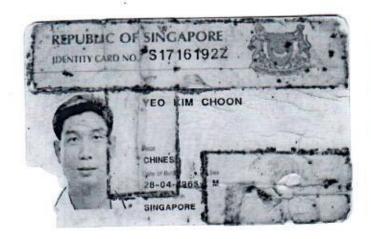
g particulars are true in every respect.

Policyholder's Signature

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

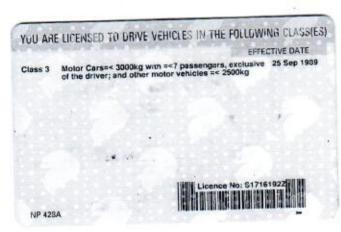
Name: NRIC/FIN No.:

Date & Time:









KCB

FE83BCA1007S

31 Oct 2017

30 Oct 2018

TRADEWINDS FOOD INDUSTRIES PTE LTD



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSAT	ION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSAT	10N) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)	
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 MA	LAYSIA)

Certificate Number : 5051819316-06 Cover : Comprehensive

 Index mark and Registration Number of Vehicle Chassis Number

2. Name of Policyholder

Effective Date of Insurance

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.
- (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a traller except the towing of any one disabled mechanically propelled vehicle.
- # 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)

\$\$3,000

EXCESS (SECTION 2)

: N/A

WINDSCREEN EXCESS

: 5\$100

INSURE WITH COE

. VCC

HIRE PURCHASE COMPANY

YES

CONTRACTOR OF CO.

UNITED OVERSEAS BANK LIMITED

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

: KCB AGENCY (00000614904)

Date of Issue

: 13 Oct 2017 14:22 hrs

CO Reg No. 53116552C

200 Jalan Sultan

#02-368 Textile Centre Singapore 199016

ountersigned By:

Tel: 6391 3813 Fax: 6391 3810

Authorised Officer

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

Denni

eBao Tech					Mes.	TO BE			Gener	alClaim
Hello, NAC_PAYA_UBI_800	601		2019			,	Change Lar	nguage	· Change Password	Log Out
My Desktop	Polic	cy Query								
Notice of Loss	Policy N	io.				Date of Acci	dent	06/12	/2017 16:15	
	Vehicle	No.(For Motor)	YM9398D							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5051819316-06	TRADEWINDS FOOD INDUSTRIES PTE LTD	200506896K	GCV	Comprehensive	YM9398D	YM9398D	31/10/2017	30/10/2018
			Ancedia		1	Continue				

Polic	y Information				
olicy No.	5051819316-06	Policyholder Name	TRADEWINDS FOOD INDUSTRI	Policyholder NRIC	200506896K
ddress	1002 TAT SENG AVENUE #01-25	34 SINGAPOR	E 534409		
roduct Name	COMMERCIAL VEHICLE INSURAL	Plan		Group Policy Flag	N
Policy ssue Date	13/10/2017	Effective Date	31/10/2017 00:00	Expiry Date	30/10/2018 23:59
Third Party Excess	0	Own damage Excess	3000	Windscreen Excess	100
Additional		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	KCB AGENCY	Agent Tel.	63913813	GST Flag	Y
Co- insurance Flag	No				
Open Policy Info					
Certificate Info					
Policyl	holder Mailing Address				70-1-300/288
Address 1	1002 TAI SENG AVENUE	Address 2	#01-2534	Address 3	SINGAPORE 534409
Address 4		Address Type	Singapore address	Post Code	534409
Unit No.	01-2534	Related Policy Number	5051819316-06		
1 Insure	ed Object: YM9398D				
⊕ Endor	sements				Endorsement Content

ccident MT/0972880		Compact Service		GST Registration No.
olicy No.	5051819316-06	Vehicle No.	YM93980	
olicyholder Name	TRADEWINDS FOOD INDUSTRIES PTE LTD			Policyholder NRIC
reduct Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	98973448	Contact No.(Office)	0	Contact No. (Home)
mail Address		Special Remark		eCode
(FK	No	TCA	@ No □ Yes	eCode Reason
ICD Protection	No	NCD Entitlement(%)	15	
Accident Details				
eport Date	08/12/2017 15:34	Accident Report Within 24 hrs	Yes	Accident Type
ate of Accident	06/12/2017	Time of Accident hh:mm	16:15	Country of Accident Si
eporting Centre		Orange Force		ICM No.
crident Location	JURONG PORT RD			
▽ Benefits				
♥ Excess				
wn damage Excess	3,000.00	Additional Excess		Windscreen Excess
	3,433,43	Outside Singapore OD Excess		
nnamed Driver Excess	2.00			
nird Party Excess	0.00	Outside Singapore TP Excess		
GST Registered Informa	20.000		CCT Revision Page	
ST Registered	No		GST Registration Date GST Status Verified	No
5T Registration No.			The same of the same of	477
uun Kauun riistory				
Policyholder Mailing Ad	dress			
ddress 1	1002 TAI SENG AVENUE	Address 2	#01-2534	Address 3
ddress 4		Address Type	Singapore address	Post Code
	03-19	Related Policy Number	5068792606-03	
Init No.	43-15	Martin and Committee of the period the		
5005 DOWN COM	Unnamed Driver	Driver Type	Unnamed Driver	
Priver Name	YEO KIM CHOON	Driver NRIC	S1716192Z	Driver DOB
Innamed driver Name		Driver Age	52	Driving Experience
egister Date of Driver License			0	Contact No.(Home)
Contact No.(Mobile)	98973448	Contact No.(Office) Address 2	TAMPINES STREET 33	Address 3
Address 1	BLK 338		Singapore address	Post Code
Address 4		Address Type	Singapore address	2,1,901,900,9
Unit No.	#09-204	5255-W.C 0027-ZH		Driver Insurer Company
Does he own a Singapore Registered car?	Yes @ No	Driver Vehicle No.		Delver susurer Company
eclaration		500000700000	11 = 100 (1 ± 100 m)	
Breathalyser or Blood Test Reading?	0 mg	Any injury?	€ Yes @ No	
to difference History				
lodification History				
Claim 001 OD-MX New	a -			
10.00	d			
Claim 001 OD-MX New	- Caracterist Sign	Insured Name	TRADEWINDS FOOD INDUSTRIE	Insured NRIC
Claim 001 OD-MX New	Catalogical Silver	Insured Name	TRADEWINDS FOOD INDUSTRIS	Insured NRIC Contact No.(Office)
Claim 001 OD-MX New Claim Type * Contact No.(Mobile)	OD-MX •	Contact No.(Home)		
Claim 001 OD-MX New Claim Type * Contact No.(Mobile) Email Address	OD-MX sales@tradewindsfood.com.sg		TRADEWINDS FOOD INDUSTRIE YM9396D	Contact No.(Office) TP Vehicle Number
Claim 001 OD-MX New Claim Type * Contact No.(Mobile) Email Address Claim Description	OD-MX •	Contact No.(Home) Of Vehicle Number	YM9398D	Contact No.(Office)
Claim 001 OD-MX New Claim Type * Contact No.(Mobile) Imail Address Claim Description Preferred Workshop Contact	OD-MX sales@tradewindsfood.com.sg	Contact No.(Home)		Contact No.(Office) TP Vehicle Number Name of Preferred Workshop
Claim 001 OD-MX New Daim Type * Contact No.(Mobile) Imail Address Claim Description Preferred Workshop Contact Io.	OD-MX sales@tradewindsfood.com.sg	Contact No.(Home) Of Vehicle Number	YM9398D Not at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report
Claim 001 OD-MX New Claim Type * Contact No.(Mobile) Imail Address Claim Description Preferred Workshop Contact Io. Require Finalisation	OD-MX Sales@tradewindsfood.com.sg YM9398D / SLF6689A ON 6 Dec 2017	Contact No.(Home) Of Vehicle Number Insured Liability *	YM9396D Not at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop
Claim 001 OD-MX New Claim Type * Contact No.(Mobile) Imail Address Claim Description Preferred Workshop Contact to. Require Finalisation Date Registered	OD-MX sales@tradewindstood.com.sg YM9398D / SLF6689A ON 6 Dec 2017 Yes	Contact No.(Home) Of Vehicle Number Insured Liability * Preferered Repair Option	YM9396D Not at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report
Claim 001 OD-MX New Claim Type * Contact No.(Mobile) Imail Address Claim Description Preferred Workshop Contact Io. Require Finalisation Data Registered	OD-MX sales@tradewindsfood.com.sg YM9398D / SLF6689A ON 6 Dec 2017 Yes D8/12/2017 15:43	Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option Claim Close Date	YM9396D Not at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received
Claim 001 OD-MX New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Reguire Finalisation Date Registered Report Taken By	OD-MX sales@tradewindsfood.com.sg YM9398D / SLF6689A ON 6 Dec 2017 Yes D8/12/2017 15:43	Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option Claim Close Date	Not at Fault * Preferred Workshop, Name unknown	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received
Claim 001 OD-MX New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Reguire Finalisation Date Registered Report Taken By	OD-MX sales@tradewindsfood.com.sg YM9398D / SLF6689A ON 6 Dec 2017 Yes D8/12/2017 15:43	Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option Claim Close Date	YM9396D Not at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received
Claim 001 OD-MX New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Reguire Finalisation Date Registered Report Taken By	OD-MX sales@tradewindsfood.com.sg YM9398D / SLF6689A ON 6 Dec 2017 Yes D8/12/2017 15:43	Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option Claim Close Date	Not at Fault * Preferred Workshop, Name unknown	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received
Claim 001 OD-MX New Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter	OD-MX sales@tradewindsfood.com.sg YM9398D / SLF6689A ON 6 Dec 2017 Yes D8/12/2017 15:43	Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option Claim Close Date	Not at Fault * Preferred Workshop, Name unknown	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received
Claim 001 OD-MX New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter	OD-MX sales@tradewindstood.com.sg YM9398D / SLF6689A ON 6 Dec 2017 Yes D8/12/2017 15:43 KRISHNASAMY	Contact No.(Home) Of Vehicle Number Insured Liability * Preferenced Repair Option Claim Close Date Workshop Repairer	Not at Fault Preferred Workshop, Name unknown Save Submit	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received
Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter	OD-MX sales@tradewindsfood.com.sg YM9398D / SLF6689A ON 6 Dec 2017 Yes D8/12/2017 15:43	Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option Claim Close Date	Not at Fault * Preferred Workshop, Name unknown	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received

