

## 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	21/12/2017 12:54
Date Of Accident	21/12/2017 10:10
Exact Location Of Accident	ALONG ECP TOWARDS CITY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF4132B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KALIYAPERUMAL RAJESWARI
NRIC No	S7988173B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85103839
Alternative Phone No	OTHERS-85103839

### Vehicle Particulars

Manufacturer	NISSAN
Model	LATIO-1.5 L (A)
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	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA108855/1
Cover Note Number	

### Driver

Name of Driver	NADIMUTHU KANNAN
NRIC No	S7667788C
Date Of Birth	15/05/1976
Occupation	INDOOR
Date Of Driving Pass	18/02/2015
Driving Experience	2 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81633107
Fax Number	
Contact Number	
EEmail Address	NOEMAIL



Address	13 TELOK KURAU ROAD # 03-07 SINGAPORE
Postcode	423912
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	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

REFER TO ATTACH STATEMENT RECORDED BY JIA MIN - PROGRESSIVE AUTOMOTIVE PTE LTD TEL 67415336

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKL830C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YAN YAN
NRIC/Passport Number	
Contact Number	90279171
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2



Vehicle Registration Number	SJY2221R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	NADIMUTHU KANNAN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SJF4132B
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	



## Sketch Plan

### SKETCH PLAN

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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, 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.

  
Policyholder's Signature / Date &  
Time

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

  
Witnessed by Reporting Centre  
Personnel  
Progressive Automotive Pte Ltd  
Blk 3022A Ubi Road 1 #01-45/46  
Singapore 408716

Sketch Plan

Refer to attachment

#### Number Plate

A - SJF 4132B  
B - SKL 830C

#### Legend



Vehicle



Bike



## Sketch Plan #2

### Describe Circumstances of the Accident

Date of Accident:

Time of Accident:

— see attached —

### Declaration

We declare the foregoing particulars are true in every respect.

PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. KINDLY CHECK YOUR POLICY FOR MORE DETAILS

Policyholder's Signature / Date & Time



21/12/17  
12.43pm

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



Witnessed by Reporting Centre Personnel

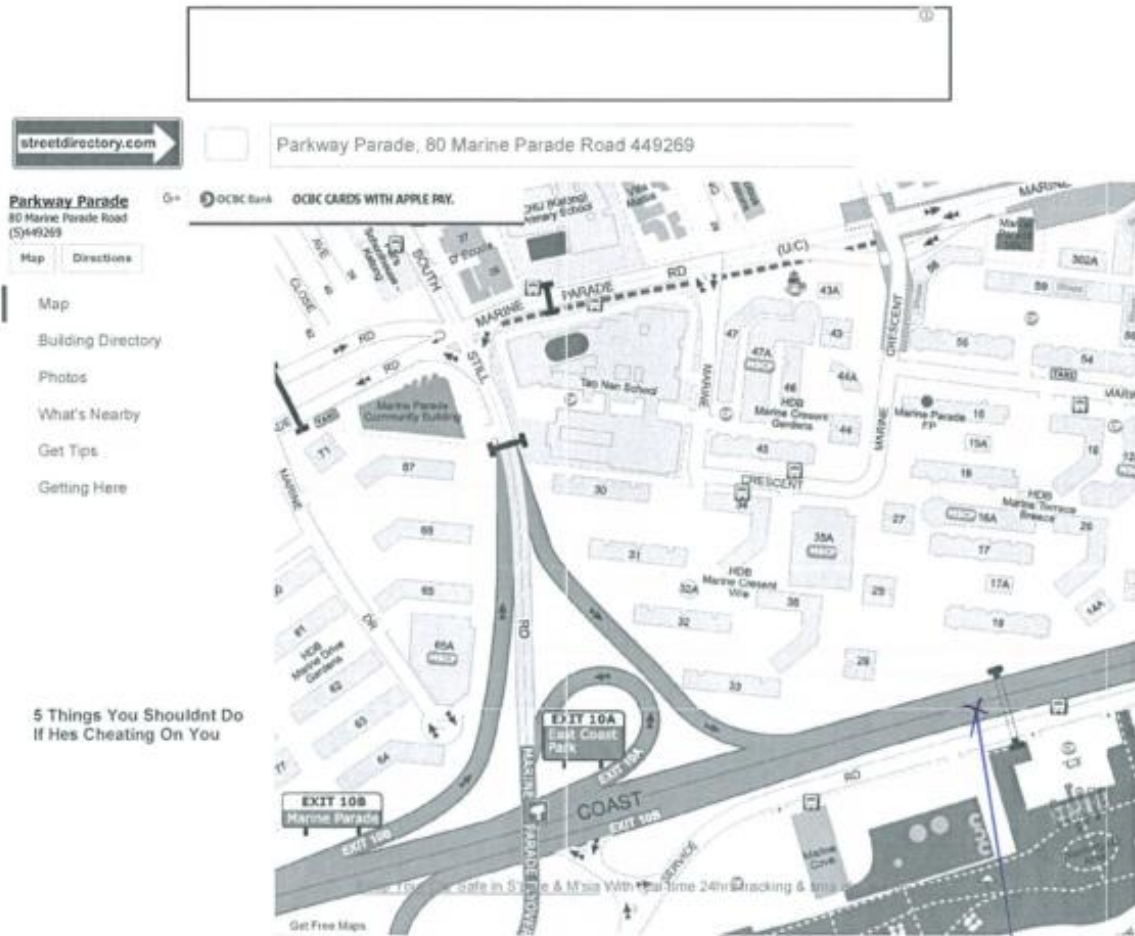


Progressive Automotive Pte Ltd  
Blk 3022A Ubi Road 1 #01-45/46  
Singapore 408716



# Sketch Plan #3

Page 1 of 1



A - SJF 4132B  
B - SKL 830C  
C - SJY 2221R

*Sam*



ECP (East Coast Parkway)

Accident site

21/12/2017



#### Sketch Plan #4

#### Accident Statement

On 21<sup>st</sup> Dec 2017 around 1010 Hrs, I was driving my vehicle (SJF4132B) along ECP towards City. A vehicle (SJY2221R) in front of me slow down and I followed suit. Suddenly, a vehicle (SKL830C) behind of my vehicle hit onto my back. The impact was too strong causing my vehicle moved forward and hit onto the back of (SJY2221R). I have in-car camera footage to justify the accident. I am making a claim against third party.



---

Name: Nadimuthu Kannan

NRIC: S7667788C



# Common Statement

## ACCIDENT STATEMENT (Part I) Reporting Centre: Progressive Automotive Pte Ltd

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

<b>1</b> Date of accident <u>21/12/17</u> Time <u>1010hrs</u>		<b>2</b> Exact location of accident <u>along Ecp towards City</u>	<b>3</b> Injuries even if slight No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	
<b>4</b> Material damage To vehicles other than vehicles A and B No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>		To objects other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		<b>5</b> Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B) _____ _____ _____
				Vehicle Video Camera Available No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>

**Registration No. (VEHICLE A)** 8JF4132B

**6** Insured / policyholder (see insurance cert.)  
 Name KALIYAPERIMAL  
 (capital letters) RAJESWAR  
 Address 13 TELOK KURAU  
RD #03-07 S(H2391)  
 NRIC / Passport no. S7988172B  
 Tel no. (from 9am till 5pm) \_\_\_\_\_  
 HP 85103839

**7** Vehicle  
 Make, type NISSAN LATO 1.5A

**8** Insurance company AXA ☒ C ☐ TPFT ☐ TPO  
 Does the policy cover damage to vehicle A?  
 No ☐ Yes ☒  
 Policy No. GA 108855

**9** Driver ☐ Same as Owner  
 Name NADIMUTHU KANNAN  
 (capital letters)  
 NRIC / Passport no. S7667788C  
 Class of licence 3A  
 HP 81633107  
 Gender Male ☒ Female ☐

**12 CIRCUMSTANCES**  
 Put a cross (X) in each of the relevant boxes applicable to your vehicle

<input type="checkbox"/>	1	parked / stopped (at the roadside)
<input type="checkbox"/>	2	leaving a parking space / opening the door (at the roadside)
<input type="checkbox"/>	3	entering a parking space (at the roadside)
<input type="checkbox"/>	4	emerging from a car park, from private grounds, from a minor road
<input type="checkbox"/>	5	entering a car park, private grounds, a minor road
<input type="checkbox"/>	6	entering a roundabout or similar traffic system
<input type="checkbox"/>	7	circulating in a roundabout or similar traffic system
<input type="checkbox"/>	8	striking the rear of the other vehicle while going in the same direction and in the same lane
<input type="checkbox"/>	9	going in the same direction but different lane
<input type="checkbox"/>	10	changing lanes
<input type="checkbox"/>	11	overtaking
<input type="checkbox"/>	12	turning to the right, making a U-turn (official U-turn)
<input type="checkbox"/>	13	turning to the left
<input type="checkbox"/>	14	reversing
<input type="checkbox"/>	15	encroaching in the opposite traffic lane
<input type="checkbox"/>	16	coming from the right (at road junctions)
<input type="checkbox"/>	17	not observing a right-of-way sign (e.g. red traffic light, stop sign, etc.)

← State TOTAL number of boxes marked with a cross →

**Registration No. (VEHICLE B)** SKL 830C

**6** Insured / policyholder (see insurance cert.)  
 Name Yan Yan  
 (capital letters)  
 Address \_\_\_\_\_  
 NRIC / Passport no. \_\_\_\_\_  
 Tel no. (from 9am till 5pm) \_\_\_\_\_  
 HP 90279171

**7** Vehicle  
 Make, type \_\_\_\_\_

**8** Insurance company AXA ☐ C ☐ TPFT ☐ TPO  
 Does the policy cover damage to vehicle B?  
 No ☐ Yes ☐  
 Policy No. (if available) \_\_\_\_\_

**9** Driver (See driving licence) (if different from insured B above)  
 Name \_\_\_\_\_  
 (capital letters)  
 NRIC / Passport no. \_\_\_\_\_  
 Class of licence \_\_\_\_\_  
 HP \_\_\_\_\_  
 Gender Male ☐ Female ☐

**10** Indicate the point of initial impact with an arrow (→)

**11** Visible damage to vehicle A

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**14** My remarks

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**13** Sketch of accident when impact occurred

Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads

Alternatively, please make reference to one of the sketches on page 1: \_\_\_\_\_

**15** Signatures of drivers

**A** [Signature]

**B** \_\_\_\_\_

**10** Indicate the point of initial impact with an arrow (→)

**11** Visible damage to vehicle B

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**14** My remarks

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\* In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf

Do not alter anything in the statement after signing. Subsequently, each driver should take one copy.

For insured's Individual Statement (Part II) see overleaf →



# Individual Statement

Reporting Centre: Progressive Automotive Pte Ltd

INDIVIDUAL STATEMENT (Part II)						Own Workshop Email / Fax (If any) <u>frankie@carway.com.sg</u>												
To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)																		
Insured	1 Occupation (if more than one, state all) <u>Manager</u>			Email: _____														
	2 Vehicle registration no. <u>JF4132B</u>		C.C. <u>1500</u>		If commercial vehicle, state permissible carrying capacity													
	3 Is driver the owner? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		If no, State Relationship of Driver with owner <u>Spouse</u>		state the vehicle number and name of insurer of driver's own vehicle (where applicable)													
	4 Exact purpose for which vehicle was being used at time of accident <input checked="" type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward																	
	<input type="checkbox"/> Others - please specify _____																	
Of which vehicle are you the owner?	5 Is the vehicle still in use? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, state where it is at present <u>53 ubi Ave 1</u> Tel no. <u>67440777</u>																	
	6 Are you claiming under your own insurance policy for repair to your vehicle? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> #03-01																	
If no, state action to be taken <input checked="" type="checkbox"/> Third Party <input type="checkbox"/> Reporting Only <input checked="" type="checkbox"/> Third Party (Own Workshop)																		
Driver or person in charge of vehicle at the time of accident (including insured)	7 Date of birth <u>15/05/76</u>		Occupation <u>Manager</u>		Date of license pass <u>18/02/2015</u>		Was vehicle driven with the insured's permission? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>											
			Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/>				Was driver an employee of the insured's company? Yes <input type="checkbox"/> No <input type="checkbox"/>											
	8 Give details of any pre-existing impairment of sight or hearing and of any other disability _____																	
	9 Full details of all driving convictions including pending prosecutions in the last 36 months																	
	<table border="1"> <thead> <tr> <th>Date</th> <th>Offence</th> <th>Penalty</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>							Date	Offence	Penalty								
Date	Offence	Penalty																
Injured persons	10 Name(s), address(es) and approximate age(s)		Injuries sustained		If vehicle occupants, state in which vehicle		Were seat belts being worn? Yes <input type="checkbox"/> No <input type="checkbox"/>											
	<u>Nadimuthy Kannan</u>						Yes <input type="checkbox"/> No <input type="checkbox"/>											
							Yes <input type="checkbox"/> No <input type="checkbox"/>											
							Yes <input type="checkbox"/> No <input type="checkbox"/>											
							Yes <input type="checkbox"/> No <input type="checkbox"/>											
Damage to property & vehicles (other than vehicles A and B)	11 Name(s) and address(es) of owner(s)		Vehicle registration no. or details of property		Nature of damage		Insurer's name and address (if known)											
	<u>JY2221R</u>																	
Police action	12 Was the accident reported to the Police? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>																	
	If yes, please state which Police station _____																	
Accident details	13 Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>																	
	If yes, against whom? _____																	
Accident details	14 Weather conditions		Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/>		Others <input type="checkbox"/>													
	15 Road surface		Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/>		Others <input type="checkbox"/>													
	16 Speed of vehicles		A <u>60</u> km/hr		B <input type="checkbox"/> km/hr													
	17 What warnings were given by driver or other party? _____																	
	18 Were street lights illuminated? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>																	
	19 What lights were displayed on your vehicle/the other vehicle(s)? _____																	
	20 If your vehicle is commercial, state weight of load carried at time of accident _____																	
	21 State how accident happened, width of roads, speed limits, etc. (Refer to attached)																	
Declaration	22 State number of Passengers (including Driver) <u>1</u>																	
	I/We declare the foregoing particulars are true in every respect																	
Policyholder's signature <u>[Signature]</u> Date <u>21/12/17</u>																		
Driver's signature (if driver is not the policyholder) <u>[Signature]</u> Date _____																		



Owner NRIC

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7988173B



Name  
KALIYAPERUMAL RAJESWARI  
க ராஜேஸ்வரி



Race  
INDIAN

Date of birth  
30-03-1979

Sex  
F

Country/Place of birth  
INDIA

S79881735



## DRIVER NRIC & LICENCE

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S7667788C**

Name: **NADIMUTHU KANNAN**

Birth Date: **15 May 1976**

Issue Date: **18 Feb 2015**

002397965F

SG 50

**REPUBLIC OF SINGAPORE**

IDENTITY CARD NO. **S7667788C**

Name: **NADIMUTHU KANNAN**

நாடிமுத்து கண்ணன்

Race: **INDIAN**

Date of birth: **15-05-1976** Sex: **M** S7667788C

Country of birth: **INDIA**

*Drive NRIC & Licence*

**YOU ARE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

**Class 3A** Motor cars without clutch pedals (Auto) <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals <= 2500kg

EFFECTIVE DATE: **18 Feb 2015**

Licence No: **S7667788C**

NP 428A

8929939

NRIC No: **S7667788C**

Nationality: **INDIAN**

Date of issue: **13-05-2008**

**13 TELOK KURAU ROAD #03-07**  
**SINGAPORE 423912**

**S7667788C**

**22/11/2013**





redefining / insurance

AXA Insurance Pte Ltd  
 1800 880 4888 (Within Singapore)  
 (65) 6880 4888 (International)  
 (65) 6880 4740  
 customer.care@axa.com.sg  
 www.axa.com.sg

## Certificate of Insurance

account number  
 05579

-Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) - Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 - Road Transport Act, 1987 (Malaysia)  
 -Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

### Policy details

<b>Policyholder name</b>	KALIYAPERUMAL RAJESWARI	<b>Certificate number</b>	GA108855 / 1
<b>Cover</b>	Comprehensive	<b>Chassis number</b>	JN1BAAC11Z0007061
<b>Plan name</b>	Essential	<b>Engine number</b>	HR15216123A
<b>NCD applicable</b>	10%		
<b>Vehicle registration number</b>	SJF4132B		
<b>Period of Insurance</b>	from 07/06/2017 to 06/06/2018 (both dates inclusive)		
<b>Finance loan company</b>	UNITED OVERSEAS BANK LIMITED		

### Persons or classes of persons entitled to drive\*

- (a) The usage of the vehicle by the Policy Holder (Insured) is not covered under this policy  
 (b) Any Named Driver as stated in the Policy:  
 1. NADIMUTHU KANNAN  
 (c) Any person who is driving on the Policyholder's order or with their 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.

### Limitation as to use\*

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover - use for hire or reward, racing, pace-making, reliability trial, speed testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with motor trade, or when the Motor Car, whether stationary, in use or otherwise, is in or on a racing track, circuit, route, course or any other roads by whatever name called that are typically used for racing, pace-making or such similar purposes.

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (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** Basic Own Damage Excess  
 Windscreen Excess

SGD 600.00  
 SGD 100.00

An Additional Excess is applicable as follows:

1. S\$500 for unnamed *Authorised Driver*
2. S\$500 for declared *Young and Inexperienced Driver*
3. S\$5,000 for undeclared *Young and Inexperienced Drivers*. This additional excess is reduced to S\$2,500 if You have chosen AXA Premium Workshops.

### Additional clauses & endorsements to your policy

Nil

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

AXA Insurance Pte Ltd

Authorised signature

AXA INSURANCE AGENCY  
 82 URI ROAD 1  
 OXLEY RIZHUB 2 #06-06  
 SINGAPORE 408734  
 TEL: 6834 4432 FAX: 6834 4748



### Important note

Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation) Act (Cap. 189).  
 The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate, endorsement etc.



## LETTER OF AUTHORIZATION


Date: 21/12/2017

AXA Insurance Singapore Pte Ltd  
8 Shenton Way  
#27-01,  
AXA Tower,  
Singapore 068811

Re: Authorization – Report Accident: SJF 4132B

I, Kaliyaperumal Rajeswari, NRIC: S7667780, the owner of the said vehicle  
hereby authorise the driver: Nadinuthu Kannan, NRIC: S7667788C to  
make accident report.

Thank You

  
Name: Kaliyaperumal Rajeswari  
NRIC: S7988173B  
HP: 85103839  
Address: 13 Telok Kurau Road  
# 03-07  
S(423912)



Accident Photo





Accident Photo





Accident Photo





Accident Photo



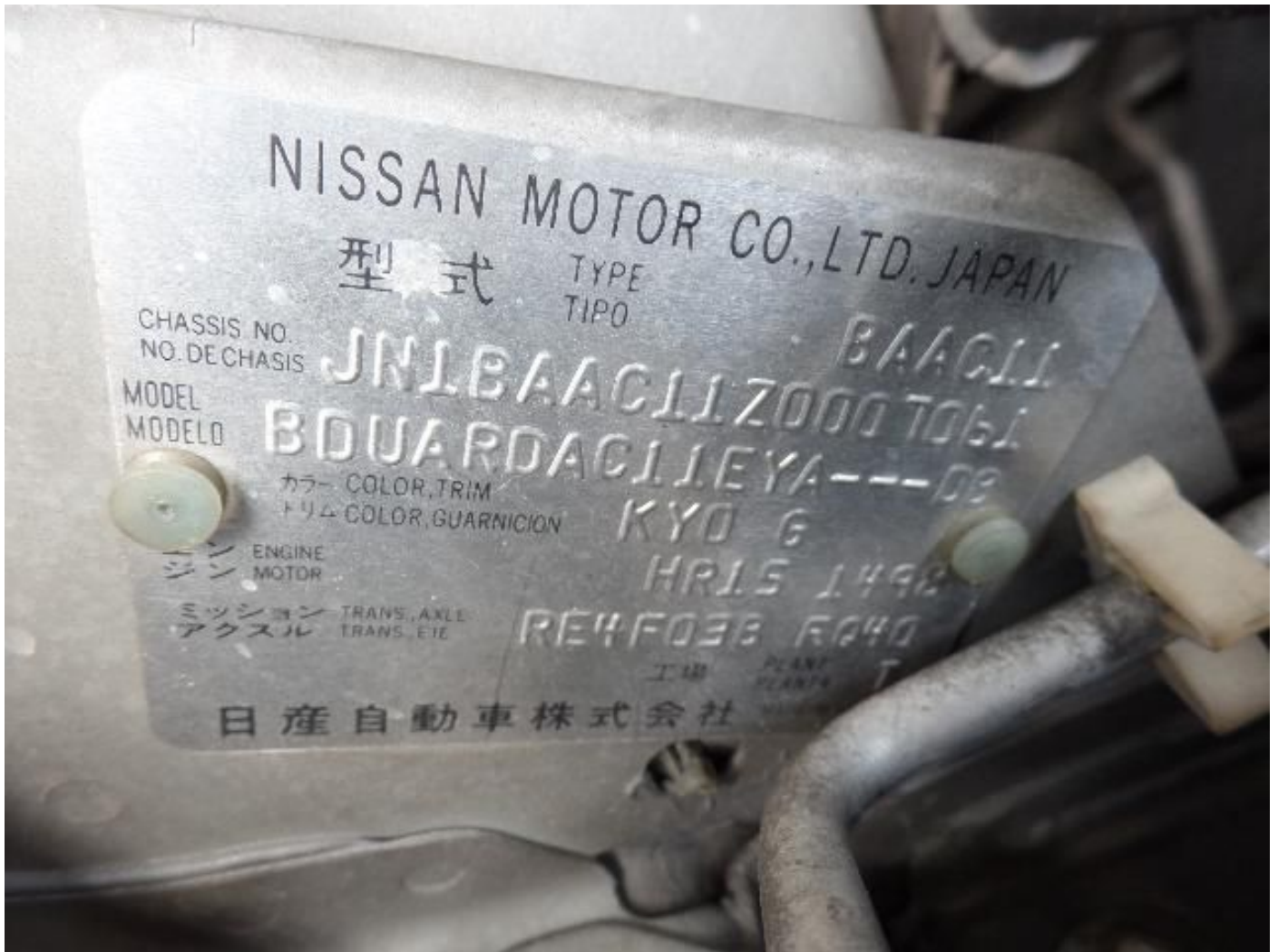


Accident Photo





Accident Photo





Accident Photo

