

## 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 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	26/05/2018 11:09
Date Of Accident	25/05/2018 18:20
Exact Location Of Accident	CTE BEFORE EXIT TO PIE (CHANGI)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV8300Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN LAY LING
NRIC No	S7005753J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96153210
Alternative Phone No	OTHERS-96150414

### Vehicle Particulars

Manufacturer	BMW
Model	X3-2.0 (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	CN871277
Cover Note Number	

### Driver

Name of Driver	TAN WEE YONG
NRIC No	S6810701F
Date Of Birth	17/03/1968
Occupation	INDOOR
Date Of Driving Pass	14/06/1988
Driving Experience	29 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96150414
Fax Number	
Contact Number	
Email Address	WINSTON.TAN@AVNET.COM

Address	83 PARBURY AVENUE SINGAPORE
Postcode	467321
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
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?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE AUTOMOTIVE PTE LTD TEL 6741 5336

#### 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	SHA2022Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

## Sketch Plan

### SKETCH PLAN

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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.

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 #2

### SKETCH PLAN

Vehicle No  
A - SLV8300Z  
B - SHA2022Z

Legend  
Vehicle A  
Bike A

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

### DECLARATION

I/We declare the foregoing particulars are true in every respect.  
Please be advised that your insurer may have a 14 day clause whereby the claim against own policy must be made within the stipulated timeframe from the date of occurrence. Kindly check your policy for more details.

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.:

GIAPMC Sketch Plan Form, V2

10:30am  
26/5/18

perwen



# 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

To be signed by BOTH drivers

1 Date of accident 25/5/18	Time 18:22	2 Exact location of accident CTE b/ Exit to PIE (Changi)	3 Injuries even if slight No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
4 Material damage To vehicles other than vehicles A and B No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	To objects other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	5 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 checked="" type="checkbox"/> Yes <input type="checkbox"/>

Registration No. (VEHICLE A) **SLV 8300Z**

6 Insured / policyholder (see insurance cert.)  
Name **Tan Lay Ling**  
(capital letters)  
Address \_\_\_\_\_  
NRIC / Passport no. **S7005153J**  
Tel no. (from 9am till 5pm) **9615 3210**  
HP \_\_\_\_\_

7 Vehicle  
Make, type **BMW X3 2.0**

8 Insurance company  
**AXA** ☒ C ☐ TPFT ☐ TPO  
Does the policy cover damage to vehicle A?  
No ☐ Yes ☒  
Policy No. **CN 871277**

9 Driver ☐ Same as Owner  
Name **Tan Wee Yang**  
(capital letters)  
NRIC / Passport no. **S6810701F**  
Class of licence **3**  
HP **9615 0414**  
Gender Male ☒ Female ☐

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

<input type="checkbox"/>	Chain Collision
<input type="checkbox"/>	Collided into Bicycle
<input type="checkbox"/>	Collided into Motorcycle
<input type="checkbox"/>	Collided into Parked Vehicle
<input type="checkbox"/>	Collided into Pedestrian
<input type="checkbox"/>	Collided into Property
<input type="checkbox"/>	Collision - Change/Cross Lane
<input type="checkbox"/>	Collision - Cross Junction
<input type="checkbox"/>	Collision - Head on Collision
<input type="checkbox"/>	Collision - Head to Rear
<input type="checkbox"/>	Collision - Motorist/Driver Rd
<input type="checkbox"/>	Collision - Opening Door of Vehicle
<input type="checkbox"/>	Collision - Roundabout
<input type="checkbox"/>	Collision - U-Turn
<input type="checkbox"/>	Drunk Driving / Drug Influence
<input type="checkbox"/>	Fire, Explosion or Lightning
<input type="checkbox"/>	Flood
<input type="checkbox"/>	Hit and Run / Vandalism / Damaged whilst Parked
<input type="checkbox"/>	Hit by Fallen Tree / Other Objects
<input type="checkbox"/>	No Collision
<input type="checkbox"/>	Side Swipe
<input type="checkbox"/>	Stuck

Registration No. (VEHICLE B) **SHA2022L**

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

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

8 Insurance company  
☐ 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 ☐

State TOTAL number of boxes marked with a cross

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

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

**REFER TO ATTACHED**

Alternatively, please make reference to one of the sketches on page 2

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

11 Visible damage to vehicle A

11 Visible damage to vehicle B

14 My remarks

15 Signatures of drivers

A

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)	
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)		Email: <u>Winston.Tan@Avnet.com</u>				
	2 Vehicle registration no.		C.C.		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 type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private hire <input type="checkbox"/> Others - please specify						
	5 Is the vehicle still in use? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, state where it is at present Tel no. _____						
	6 Are you claiming under your own insurance policy for repair to your vehicle? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, state action to be taken <input 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 time of accident (including insured)	7 Date of birth		Occupation		Date of license pass		Was vehicle driven with the insured's permission? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	17/3/68		Indoor		14/6/88		Yes <input checked="" 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						
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"/>
							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)
Police action	12 Was the accident reported to the Police? Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> <u>TPHQ</u> If yes, please state which Police station _____						
	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 _____ km/hr		B _____ km/hr		
	17 What warnings were given by driver or other party? _____						
	18 Were street lights illuminated? Yes <input type="checkbox"/> No <input type="checkbox"/>						
	19 What lights were displayed on your vehicle/the other vehicle(s)? _____						
Declaration	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) _____						
	22 State number of Passengers (including Driver) <u>0</u>						
I/We declare the foregoing particulars are true in every respect							
Policyholder's signature _____ Date _____							
Driver's signature (if driver is not the policyholder) <u>[Signature]</u> Date _____							



**SINGAPORE  
POLICE FORCE**



T/20180525/7020

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

1 of 3

Report No. T/20180525/7020

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 25/05/2018 23:25		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: TAN WEE YONG			Address: 83 PARBURY AVENUE SINGAPORE 467321		
ID Type / ID No.: NRIC NO / S6810701F			Contact No.: Home/Office: Mobile: 96150414		
Nationality: SINGAPORE CITIZEN			Email: winston.tan@avnet.com		
Sex: Male	Age: 50	Date of Birth: 17/03/1968	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Managing director/Chief executive officer			Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 25/05/2018 18:22	Type of Location: Straight Road
Location:  CENTRAL EXPRESSWAY  Along CTE towards City before exit to PIE Changi				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA2022Z	Car	HYUNDAI		Blue	Seriously Damaged	0
SLV8300Z	Car	BMW	X3	White	Slightly Damaged	0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**



T/20180525/7020

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

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Report No. T/20180525/7020

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	Tan Seng Soon		ID No. S1620922H
Related Vehicle	SHA2022Z (Car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	TAN WEE YONG		ID No. S6810701F
Related Vehicle	SLV8300Z (Car)		Contact No. 96150414
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

The accident happened when I drove passed another accident along CTE towards City. While passing by the accident site, the vehicle in front of my had slowed down and came to a stop due to heavy traffic. I managed to stop on time but the taxi behind me didn't react according and hit onto the rear of my car.



**SINGAPORE  
POLICE FORCE**



T/20180525/7020

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

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Report No. T/20180525/7020

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

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: 25/05/2018 23:25
Officer In Charge Of Case:	Classification Of Case:

Authentication Stamp  
NP168

## AXA INSURANCE PTE LTD

8 Shenton Way #24-01  
 AXA Tower, Singapore 068811  
 Customer Service Centre #B1-01  
 Tel: 6336 7288 Fax: 6336 2522  
 Website: www.axa.com.sg  
 GST Registration Number: 199903512M



Original

Agent Code: 14235

Policy No. (if any):

New Business

SmartDrive Quote Ref:

## MOTOR COVER NOTE

No. CN871277

- a. The Motor Vehicle (Third Party Risk and Compensation) Act (Cap. 189) - Republic of Singapore; or  
 b. The Road Transport Act 1987 of Malaysia; or  
 c. The Agreement between the Minister of Finance (Singapore) and the Motor Insurers' Bureau of Singapore dated 22 February 1975; or  
 d. The Agreement between the Minister for Transport (Malaysia) and the Motor Insurers' Bureau of West Malaysia dated 30 March 1992;  
 e. And any subsequent revisions to the above Acts and Agreements.

The Insured mentioned in the Schedule, naming proposed for insurance in respect of the Motor Vehicle described in the Schedule, is hereby HELD COVERED under the terms of the Company's usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which case the insurance will nevertheless cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

## SCHEDULE

THE COMPANY	AXA INSURANCE PTE LTD
INSURED	TAN LAY LING
MAKE AND DESCRIPTION OF VEHICLE	BMW X3 2.0 I XDRIVE30IA RL
VEHICLE REGISTRATION NO.	SLV8300Z
YEAR OF MANUFACTURE	2017
ENGINE NO.	14955099848B20B
CHASSIS NO.	WBATR92070LA49022
ENGINE CAPACITY/TONNAGE	1997
COVER TYPE	COMPREHENSIVE
HIRE PURCHASE	N/A
VALUE (S\$)	AS PER MARKET VALUE
PERIOD OF INSURANCE	FROM: 06/01/2018 TO: 05/01/2020
EXCESS (S\$)	300
AXA PREMIUM WORKSHOP?	NO

I/WE HEREBY CERTIFY THAT POLICY TO WHICH THIS CERTIFICATE RELATES IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) ACT (CHAPTER 189) AND PART IV OF THE ROAD TRANSPORT ACT 1987 (MALAYSIA).



AXA INSURANCE PTE LTD

Issued by SIME DARBY on 17/01/2018 3:18pm  
 SINGAPORE LIMITED

  
 Authorised Signature

Note : This Cover Note is only valid for 60 days from the date of issue unless replaced by the Certificate of Insurance issued by the Company.

- Premium for time on risk will be charged subject to minimum of S\$53.50 (inclusive of GST), if the policy is cancelled after the inception date.
- An administrative fee of S\$26.75 (inclusive of GST) will be charged:
  - o Cover note issued and cancelled before inception.
  - o Retaining the old registration number for a new vehicle insuring with AXA.

## PREMIUM WARRANTY

## For Individual Customers

Please note that the premium in full should be paid before inception date shown above in order for the insurance cover to be valid.

## For Institutional Customers

Please note that where the period of cover is for more than 60 days, the premium in full should be paid within 60 days on inception / renewal / endorsement. For all other cases, the premium in full should be paid before inception.

LTR/CN/01/03

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7005753J

Name  
TAN LAY LING


陈丽琳

Race  
CHINESE


Date of Birth  
26-02-1970

Sex  
F


Country of Birth  
SINGAPORE



14 64937



NRIC No. S7005753J




Blood Group  
O+

Date of issue  
26-11-1993

83 PARBURY AVENUE  
SINGAPORE 467321

NRIC No: S7005753J Date: 26/04/2015

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S6810701F



Name  
TAN WEE YONG

陳偉榮

Race  
CHINESE

Date of birth 17-03-1968 Sex M

Country of birth  
SINGAPORE

S6810701F


REPUBLIC OF SINGAPORE

Licence Number S6810701F

Name  
TAN WEE YONG


Birth Date 17 Mar 1968

Issue Date 01 Mar 2004




0011430848

384925



NRIC No. S6810701F



Date of Issue  
31-03-2006

83 PARBURY AVENUE  
SINGAPORE 467321

NRIC No. S6810701F


Date: 26/04/2015

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

Class	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	14 Jun 1988

NP 428A

Licence No. S6810701F





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo

