I Kaki Bukit Ave 6, #02-06 Autobay@ Kaki Bukit Singapore 417883 TEL: 6747 7636 FAX: 6748 5071 Email: kangcar@singnet.com.sg GST:201300201N

M/S: INDIA INTERNATIONAL INSURANCE PTE LTD

64 CECIL STREET Estimate No: EST1800193

#04/#05 IOB BUILDING Date: 26 Jun 2018

SINGAPORE 049711
TEL: 63476100 FAX: 62244174 Veh Reg No: **SKJ8943T**

ATTN: Motor Claim Department Make/Model: TOYOTA HARRIER 2.4A

Chasis No: ACU300045458

Claim Type: Third Party Reg. Date: 27/04/2006
Accident Date: 23/06/2018 Your Ref No: SHC2635U

TP Veh Reg No: SHC2635U

Estimate Repair Cost to Vehicle No: SKJ8943T

	Quantity	Description	List Price	Amount
			<u>S\$</u>	<u>S\$</u>
		List Price		
1	1 PC	FRT BUMPER	801.70	
2	1 PC	FRT BUMPER REINFORCEMENT	908.60	
3	1 PC	FRT BUMPER SPONGE	145.60	
4	1 PC	FRT FOG LAMP LH	370.80	
5	1 PC	FRT FOG LAMP RH	370.80	
6	2 PCS	FRT TOWING COVER	42.40	
7	2 PCS	FRT BUMPER SIDE RETAINER	137.40	
8	1 PC	FRT NUMBER PLATE BASE	117.10	
9	1 PC	FRT SUPPORT PANEL	1,072.70	
10	1 PC	FRT GRILLE	551.40	
11	1 PC	FRT GRILLE EMBLEM	72.10	
12	1 PC	FRT SUPPORT TOP GARNISH	107.60	
13	1 PC	BONNET	1,508.70	
14	2 PCS	BONNET HINGE	135.40	
15	1 PC	FRT FENDER RH	922.10	
16	1 PC	FRT FENDER COWLING RH	362.70	
17	1 PC	FRT FENDER SIGNAL LAMP RH	66.10	
18	1 PC	FRT FENDER COWLING LH	362.70	
19	1 PC	FRT DOOR LH	1,043.70	
20	1 PC	FRT DOOR TOP HINGE LH	75.10	
21	1 PC	FRT DOOR BOTTOM HINGE LH	85.60	
22	1 PC	FRT DOOR PROTECTOR LH	251.70	
23	1 PC	FRT DOOR RUBBER LH	251.70	
24	1 PC	FRT ROKER PANEL GARNISH RH	664.70	
25	1 PC	FRT WIPER WATER TANK	176.70	
26	1 PC	FRONT WIPER WATER TANK MOTOR	199.70	
27	1 PC	HEADLAMP RH	1,921.80	
28	1 PC	HEAD LAMP BALAST RH	534.70	
29	1 PC	HEAD LAMP BULB (HID)	363.10	

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Estimate Repair Cost to Vehicle No: SKJ8943T

	Quantity	Description	List Price	Amount
		<u>.</u>	<u>S\$</u>	<u>S\$</u>
30	1 PC	HEAD LAMP BULB (HIGH BEAM)	70.60	
31	1 PC	HEADLAMP LH	1,921.80	
32	1 PC	RADIATOR	1,173.50	
33	1 PC	AIRCON CONDENSER	1,702.90	
34	2 PCS	AIRCON CONDENSER SIDE GARNISH	155.20	
35	1 PC	AIRCON CONDENSER ALUMINIUM PIPE	332.10	
36	1 PC	AIRCON DISCHARGE PIPE	561.70	
37	1 PC	FRT ABS PUMP	6,312.70	
38	1 PC	FRT ABS PUMP WIRE HARNESS	446.90	
39	1 PC	FRT SHOCK ABSORBER RH	384.90	
40	1 PC	FRT KNUCKLE ARM RH	453.30	
41	1 PC	FRT LOWER ARM RH	422.90	
42	1 PC	FRT WHEEL HUB RH	222.50	
43	1 PC	FRT WHEEL HUB BEARING RH	162.90	
44	1 PC	FRT DRIVE SHAFT RH	1,536.90	
45	1 PC	FRT LINKAGE RH	122.60	
46	1 PC	FRT LOWER ARM BALL JOINT RH	224.10	
47	1 PC	FRT SPORTS RIM RH	2,835.60	
48	1 PC	FRT CROSSMEMBER	2,315.50	
49	1 PC	ENGINE MOUNTING FRT	173.30	
50	1 PC	ENGINE MOUNTING REAR	145.40	
51	1 PC	ENGINE MOUNTING LH	314.40	
52	1 PC	ENGINE MOUNTING RH	296.20	
53	1 PC	ENGINE UNDER COVER	130.70	
54	1 PC	FRT SHOCK ABSORBER LH	384.90	
55	1 PC	FRT KNUCKLE ARM LH	453.30	
56	1 PC	FRT LOWER ARM LH	422.90	
57	1 PC	FRT WHEEL HUB LH	222.50	
58	1 PC	FRT WHEEL HUB BEARING LH	162.90	
59	1 PC	FRT DRIVE SHAFT LH	1,536.90	

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64 CECIL STREET

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Estimate Repair Cost to Vehicle No :SKJ8943T

(Quantity	Description	List Price	Amount
			<u>\$\$</u>	<u>S\$</u>
60	1 PC	FRT SPORTS RIM LH	2,835.60	
61	1 PC	FRT SPORTS RIM COVER LH	130.70	
62	1 PC	FRT LOWER ARM BALL JOINT LH	224.10	
		Less 25%	42.416.80 10.604.20	31.812.81
			10.004.20	31.012.01
	1.000	Special Net	40.00	
63	1 SET	FRT BUMPER CLIPS	40.00	
64	1 SET	FRT BUMPER SENSOR	250.00	
65	1 PC	FRT NUMBER PLATE	50.00	
66	1 SET	FRT FENDER COWLING CLIPS RH	40.00	
67	1 SET	FRT FENDER COWLING CLIPS LH	40.00	
68	1 SET	FRT ROKER PANEL GARNISH RH CLIPS	40.00	
69	1 PC	FRT TYRE RH	380.00	
70	1 SET	ENGINE UNDER COVER CLIP	40.00	
71	1 PC	FRT TYRE LH	380.00	
72	1 PC	RADIATOR COOLANT	100.00	
			1.360.00	1.360.00
		Labour		
73	ľ	TOWING	100.00	
74	1	TO SPRAY UNDERSEAL	150.00	
75	1	TO REMOVE AND REFIT ABS PUMP	300.00	
76	1	TO REMOVE AND REFIT UNDERCARRIAGE	700.00	
77	1:	TO REMOVE AND REFIT ENGINE	800.00	
78	1	TO REMOVE AND REFIT ENGINE MOUNTING	300.00	
79	1	TO CHECK WHEEL ALIGNMENT	120.00	
80	1	TO REFILL AIRCON GAS	120.00	
81	1	TO PERFORM DIAGNOSTIC TESTS & PROGRAMME ABS FAULT LIGHT	280.00	
82	1	(FRONT) TO SPRAY PAINTING	2,200.00	

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64 CECIL STREET Estimate No: EST1800193
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Accident Date: 23/06/2018 Your Ref No: SHC2635U

TP Veh Reg No: SHC2635U

Estimate Repair Cost to Vehicle No :SKJ8943T

	Quantity	Description	List Pr	ice Amoun
			<u>S\$</u>	<u>S</u> 3
83	1	TO REMOVE AND REPLACE THE DAMAGED PARTS,	2,600.	00
		KNOCK OUT ACCIDENT DENTED PORTIONS, AND FOR		
		CUTTING/WELDING WORKS.		
84	1	TO CHECK WIRING	300.	00
			7,970.	00 7.970.00
			Total	S\$ 41,142.81
		Add GS	ST @ 7%	2,880.00
		Total Amoun	t Payable	S\$ 44,022.81

TOTAL: SINGAPORE DOLLAR FORTY FOUR THOUSAND TWENTY TWO AND CENTS EIGHTY ONE ONLY

This is only an estimate based on our preliminary inspection and does not cover additional parts, labour time which may be required after work has begun.

For Kang Car Repairers Pte Ltd

AUTHORISED SIGNATURE

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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 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.
- 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.

aforesaid.	g and and the deplot of the report being made available
	ACCIDENT STATEMENT
Date Of Report	25/06/2018 14:12
Date Of Accident	23/06/2018 15:40
Exact Location Of Accident	STADIUM WALK INTERSECTION WITH STADIUM BOULEVARD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKJ8943T
Insured/Policyholder	
Name Of Registered Owner	HU WEI
NRIC No	S2711339G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94573396
Alternative Phone No	OFFICE-94573396
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	HARRIER-2.4 (A)
Exact Purpose for which vehicle was being used at time of accident	PERSONAL USE
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5075157797-02
Cover Note Number	
Driver	
Name of Driver	HU YI DI
NRIC No	S9872033B
Date Of Birth	28/12/1998
Occupation	INDOOR
Date Of Driving Pass	23/01/2018
Driving Experience	0 YEAR AND 5 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-94240819
Fax Number	
Contact Number	OFFICE-94573396

NOEMAIL

Address

BLK 9 BOON KENG ROAD #37-158

Postcode

S330009

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

3.**7**2

General Information of the Accident

Type Of Accident

COLLISION - MAJOR/MINOR RD

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

t? NO

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

YES

ambulance?

YES

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

3

Passenger 1

NAME:

HUANG CUIHONG

GENDER:

: FEMALÉ

Passenger 2

NAME:

: HU WEI

GENDER:

MALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

KOLAM AYER NEIGHBOURHOOD POLICE POST

Police Station Address

ROAD: BLK 72 GEYLANG BAHRU #01-3038, POSTCODE: 330072,

COUNTRY: SINGAPORE

Police Station Contact

TEL NO: 1800-2969999 - **FAX NO**: 62937659

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

Plese refer to police report

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

SHC2635U

Vehicle Make/Model/Colour

Details Of Properties

TAXI

Vehicle Category

Name of Driver

HENG FOK SOO

NRIC/Passport Number

S0235054H

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

HENG FOK SOO

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SHC2635U

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 2

Name

WANG CUIHONG

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SKJ8943T

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

BLK 9 BOON KENG ROAD #37-158

Postcode

330009

Accident Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2.7 This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3 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>.
- 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.

Policyholder's Signature Date & Time: Driver's Signature

(If driver is not the policyholder)

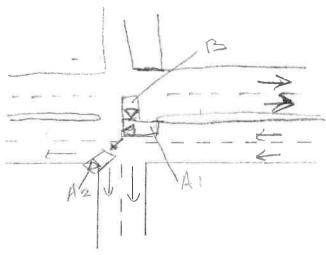
Date & Time: 25 Jun 2017

Reporting Centre Personnel's Signature

Name: KONG 481 DIA NRIC/FIN No.: 58814327B

Accident Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Retor	to	Police	Report.

DECLARATION

 $\ensuremath{\mathsf{I/We}}$ declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time: 27 Jw 2013 0

Reporting Centre Personnel's Signature Name: **とっそは 452 女**/A NRIC/FIN No.: Sも31472 18





1.064

Report No. 1/20180623/2149

Police Station Of Origin Kolam Ayer NPP 72 Geylang Bahru #01-3038 SINGAPORE 330072 Tel No: 1800-2969999

DEPORT OF A TRAFFIC ACCIDENT

REPORT OF	A TRAFFIC	ACCIDENT		Station Diary No.		
Date/Time 23/06/201		ade:	Vidə Rəport No.:	30		
Informant	's Particu	ilars		AVIII LINE TO THE COMMON TO TH		
Name of Informant: HU YIDI			Address: APT BLK 9 BOON KENG ROAD #37-158 SINGAPORE 330009			
ID Type / ID No.: NRIC NO / S9872033B			Contact No.: Home/Office	Mobile: 94240819		
Nationalit			Email:			
Sex: Female	Age:	Date of Birth: 28/12/1998	Type of Informant: Driver			
Race:			Language	Institution / School Name: NTU		
Chinese Occupation: Student			Driving Licence Information: Class: 3A	Date of Expiry:		

Seneral Inform Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/06/2018 15:40	Type of Location X-Junction
Location: Along Road 1 STADIUM Wa		Road Surface:		Road Speed Limit:
Sunny		Dry		Traffic Volume:
Traffic Flow: Two Way		Traffic Control: Not Controlled		No Traffic
Type of Collis	sion: ving Vehicles - Head To S	ide		Anyone conveyed by ambulance: Yes

Details of V	Market Street,	Make	Model	Color	Condition	No of Passenge
Vehicle No. SHC2635U	Car	HYUNDAI	COLUMN TO THE REAL PROPERTY OF THE PERTY OF	Blue	Seriously Damaged	1
SKJ8943T	Car	LEXUS		Blue	Seriously Damaged	I .

Details of Person Involved	是在大学,我们就是一个人,我们就是有一个人,就是一个人,我们就是一个人,就是一个人,就是一个人,就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们
Any Pedestrian Involved: No	Ceanging: NA
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



T/2018062/2146

Police Station Of Origin: Kolam Ayer NPP 72 Geylang Bahru #01-3038 SINGAPORE 330072 2 of 4 Report No. 7/2018062 v2149

Tel No: 1800-2969999

CONTINUATION OF REPORT

Driver	ALERSON I		3257		
Name	HENG FOK SOO		ID No		S0235054H
Related Vehicle	SHC2635U (Car)		Contact No.		96382002
Hospital/Clinic	NIL				Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc	charge	NIL	
No. of Days gran		Degree of Injury Slight			
Driver					的 医斯里斯特 医多种 医二
Name	HU YIDI		ID No.		S9872033B
Related Vehicle	SKJ8943 T (Car)		Contac	t No.	94240819
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Disc		NIL	
No. of Days grant	ed Medical Leave NIL	Degree of		NIL	

Brief Details.

On 23/6/2018 at about 1540hrs, I picked up my mom accompanied by my dad at Kallang Wave Bus stop and headed towards united square. While driving along Stadium Walk, at the intersection of Stadium boulevard, as I was driving straight, suddenly, my car was hit at the front right by a taxi (SHC2635U). Both cars are not driving at a very fast speed. I was shocked and when I recovered, I immediately pressed the brakes, however, due to the force, I swerved to the left and mounted the kerb. I came out from my vehicle, and a passerby approached me. He asked me if I was alright, and informed me that the police and ambulance were on the way. I proceeded to call the insurance company, and they informed that their officer will proceed down to scene in the next 20 minutes.

After 15 minutes, Ambulance arrived and checked on all the parties involved. My parents and I were alright, however, the paramedics brought the taxi driver into the ambulance and he was conveyed (Not sure which hospital). I only know that the taxi driver got injured on one of his leg. Then, 2 traffic police officers talked to me and I informed them about the accident. They then asked for my particulars, gave me a case card, and also asked me to make a police report within 24hrs. Next, the insurance officer talked to me and also asked me to bring my details to the workshop that the car would be towed to.

I then proceeded to Kolam Ayer NPP to lodge a traffic accident report. I would like to state that there is a CCTV at the scene. I am making this report as I want to safeguard myself, for police investigation, and also for insurance claim.





Police Station Of Origin: Kolam Ayer NPP 72 Geylang Bahru #01-3038 SINGAPORE 330072

Report No. T/20180623/2 (4)

3 of 4

Tel No: 1800-2969999

CONTINUATION OF REPORT





Police Station Of Origin: Kolam Ayer NPP 72 Geylang Bahru #01-3033 SINGAPORE 330072 4 of 4 Report No. T/20130623/2149

Tel No: 1800-2969999

CONTINUATION OF REPORT

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Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: A / Sgt 2 CHAN LEK SOK, BRANDON	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 23/06/2018 21:38
Officer In Charge Of Case: TP / GIT / SI NORASHIKIN BINTE DAUD Contact No.: 65476439	Classification Of Case:
Authentication Stamp NP168 Signal Sitt gapore F	