

REF: CS1/LAW18011778 /Avb 52

Special Instruction:

45.4 29150.00

ASSIGNMENT (Office)

From (Person): Anna Tam of Vision Law Date/Time: 24/04/2018
Estimated Cost: _____ Bill to: _____

Third Parties:

Claimant:

Surveyor: Prominent Appraiser & Kays

Workshop: Yi Heng

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: STV 269H Insured: STL 1422A

at Workshop m/s Yi Heng Motor. Tel: Blk 1 Kaki Bukit Ave 6 # 02-19
of

Policy No: _____ Claim No: AKN - GIV - LNS - 744 - 78470-16

Sum Insured: _____ Excess: _____

Make of Veh: D.O.A. 2702.2016

(Client's Record)

SJF

H.O.D. Enrolment/Date: _____

Date/Time: Person Contacted: Vehicle IN / OUT

Date/Time: _____ Confirmed with _____ Final Fig _____, _____ days (Red \$ _____ / _____ %; Original 28 days)

Date/Time: 01/08/18 Submit Final Fig ^{LS} \$18.6K, 18 days (Red \$10550 / 36 %; Original ___ days)

[illegible]

Para(1) : Parts found not replaced (To highlight *R or UB, LR, Etc*)

Para(2) : Comments on consistency of damages (Parts Not Consistent : NC)

Para(3) : Nett Value

Market Value :

Salvage Value :

Nett Value : _____

Inspected/
Evaluated by:

Fee Charged:

Basic & Add

Transport

Photos

Others

Total

Date: _____

- 1) Date/Time _____ File Pass to _____ 2) Date/Time _____ File Return to _____
3) Date/Time _____ File Pass to _____ 4) Date/Time _____ File Return to _____
5) Date/Time _____ File Pass to _____ 6) Date/Time _____ File Return to _____

Catherine Chong (LKK Auto)

From: Anna Tan <annatan@visionlawllc.com>
Sent: Monday, 9 July, 2018 7:26 PM
To: 'Catherine Chong (LKK Auto)'
Cc: assignments@lkkauto.com; 'Admin A'
Subject: RE: SJE REPORT FOR SJV 269 H
Attachments: 20180709192737.pdf

Dear Catherine,

We refer to the above matter.

Please see enclosed self-explanatory letter from LTA for your attention.

Our client is no longer the owner of SJV 269 H since 17 November 2016. As such, please inform Mr Adrian Ling to expedite in his SJE report for this matter before 1 August 2018.

Regards,
Anna Tan
Secretary
Vision Law LLC

From: Catherine Chong (LKK Auto) [mailto:admin-d@lkkauto.com]
Sent: Thursday, 28 June, 2018 1:36 PM
To: 'Anna Tan'
Cc: assignments@lkkauto.com; 'Admin A'
Subject: RE: SJE REPORT FOR SJV 269 H

Dear Anna,

Please be informed that we direct contact repairer to arrange.

Noted with thanks.

Best Regards,
Catherine Chong | Admin
LKK Auto Consultants Pte Ltd
Phone: 6741-8434 | email: assignments@lkkauto.com | fax: 6256-4315
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Anna Tan [mailto:annatan@visionlawllc.com]
Sent: Thursday, 28 June, 2018 1:32 PM
To: 'Catherine Chong (LKK Auto)' <admin-d@lkkauto.com>
Cc: assignments@lkkauto.com; 'Admin A' <admin-a@lkkauto.com>
Subject: RE: SJE REPORT FOR SJV 269 H

Dear Catherine,

You did not inform us that the SJE require a physical reinspection for the purpose of putting up his SJE report until now.

Land Transport Authority

15, Leong Hong Road, Singapore 320001
Tel: 6553 5210 Fax: 6553 5211 Email: info@lta.gov.sg

5 JUL 2018

YAT KOH YUEN
116, 118, 120, 122, 124, 126, 128, 130, 132, 134, 136, 138, 140, 142, 144, 146, 148, 150, 152, 154, 156, 158, 160, 162, 164, 166, 168, 170, 172, 174, 176, 178, 180, 182, 184, 186, 188, 190, 192, 194, 196, 198, 200, 202, 204, 206, 208, 210, 212, 214, 216, 218, 220, 222, 224, 226, 228, 230, 232, 234, 236, 238, 240, 242, 244, 246, 248, 250, 252, 254, 256, 258, 260, 262, 264, 266, 268, 270, 272, 274, 276, 278, 280, 282, 284, 286, 288, 290, 292, 294, 296, 298, 300, 302, 304, 306, 308, 310, 312, 314, 316, 318, 320, 322, 324, 326, 328, 330, 332, 334, 336, 338, 340, 342, 344, 346, 348, 350, 352, 354, 356, 358, 360, 362, 364, 366, 368, 370, 372, 374, 376, 378, 380, 382, 384, 386, 388, 390, 392, 394, 396, 398, 400, 402, 404, 406, 408, 410, 412, 414, 416, 418, 420, 422, 424, 426, 428, 430, 432, 434, 436, 438, 440, 442, 444, 446, 448, 450, 452, 454, 456, 458, 460, 462, 464, 466, 468, 470, 472, 474, 476, 478, 480, 482, 484, 486, 488, 490, 492, 494, 496, 498, 500, 502, 504, 506, 508, 510, 512, 514, 516, 518, 520, 522, 524, 526, 528, 530, 532, 534, 536, 538, 540, 542, 544, 546, 548, 550, 552, 554, 556, 558, 560, 562, 564, 566, 568, 570, 572, 574, 576, 578, 580, 582, 584, 586, 588, 590, 592, 594, 596, 598, 600, 602, 604, 606, 608, 610, 612, 614, 616, 618, 620, 622, 624, 626, 628, 630, 632, 634, 636, 638, 640, 642, 644, 646, 648, 650, 652, 654, 656, 658, 660, 662, 664, 666, 668, 670, 672, 674, 676, 678, 680, 682, 684, 686, 688, 690, 692, 694, 696, 698, 700, 702, 704, 706, 708, 710, 712, 714, 716, 718, 720, 722, 724, 726, 728, 730, 732, 734, 736, 738, 740, 742, 744, 746, 748, 750, 752, 754, 756, 758, 760, 762, 764, 766, 768, 770, 772, 774, 776, 778, 780, 782, 784, 786, 788, 790, 792, 794, 796, 798, 800, 802, 804, 806, 808, 810, 812, 814, 816, 818, 820, 822, 824, 826, 828, 830, 832, 834, 836, 838, 840, 842, 844, 846, 848, 850, 852, 854, 856, 858, 860, 862, 864, 866, 868, 870, 872, 874, 876, 878, 880, 882, 884, 886, 888, 890, 892, 894, 896, 898, 900, 902, 904, 906, 908, 910, 912, 914, 916, 918, 920, 922, 924, 926, 928, 930, 932, 934, 936, 938, 940, 942, 944, 946, 948, 950, 952, 954, 956, 958, 960, 962, 964, 966, 968, 970, 972, 974, 976, 978, 980, 982, 984, 986, 988, 990, 992, 994, 996, 998, 1000

Dear Mr. YAT KOH YUEN,
Reference: VRL/43/008/00/NSV269H
You ref: 65535210 To: 65535384

Dear Mr. YAT,

Request for information (STV269H)

We refer to your request of 5 July 2018.

Please see the information below:

| | |
|--------------------------|--------------------------------------|
| Vehicle Registration No. | S1V269H |
| Owner Identification No. | S107801E |
| Owner Name | YAT KOH YUEN |
| Ownership Period | From: 19 Sep 2012 To: 17 Nov 2016 |
| Vehicle Make/Model | TOYOTA T1130A |
| Chassis No. | C06010104 |

Enclosed is the receipt of S\$19.25 for the payment to retrieve the information.

Yours sincerely,

[Signature]
Judy Lim
VRL Service Operations Division

VISION LAW LLC

Advocates & Solicitors – Notary Public – Commissioners for Oaths
(Incorporated with limited liability)

ERIC NG CHING BOON
WONG KENG LEONG RAYNEY
AUDREY WONG SU-HSIEN
PAUL YAP TAI SAN
ANJALI D'O MUNTANDY
SEGA PARAM
ONG BOCK KEE
ANG KIM NOI DIANE
RAVENDRA KRISHNASAMY
TAY HAO RAN
JANICE HAN JIA LIN
TAN YINGXIAN SELWYN

Unique Entity Number: 200721148H



Head Office: 133 New Bridge Road
#18-01/02 Chinatown Point
Singapore 059413

Branch: 490 Lorong 6 Toa Payoh
#03-11 HDB Hub (Biz 3 Lobby 1)
Singapore 310490

Main
TEL : (65) 65342811 (Hunting)
FAX : (65) 65356802
E-MAIL : annatan@visionlawllc.com



Branch
TEL : (65) 63580703

WHEN REPLYING PLEASE QUOTE OUR REFERENCE – Please reply to **HEAD OFFICE** for this matter

Our Ref : AKN-atv-INS-Y44-98490-16
Your Ref : *please advise*

URGENT

24 April 2018

LKK AUTO CONSULTANTS PTE LTD
51 Ubi Avenue 1
#01-25 Paya Ubi Industrial Park
Singapore 408933
Attention: Mr Adrian Ling

BY FAX 6741 4108 & POST

Dear Sirs,

MC / MC 20632/2016
ACCIDENT INVOLVING SJV 269 H AND SFL 1422 A & SJA 4614 D ON 27-FEB-16 AT
CARPARK OF BLK 166 SIMEI ROAD AT ABOUT 2000HOURS

We refer to the above matter. We act for the Plaintiff. M/s Just Law LLC act for the Defendant.

Please be informed that by consent of both parties, the Court has appointed you as the Single Joint Expert for this action to provide an independent assessment in respect of cost of repairs for motorcar no. SJV 269 H. We forward herewith our survey report and accident reports for your perusal. A pre repair inspection was carried out by Koays Accident Reconstruction Pte Ltd on 1 March 2016. A copy of their report and the Defendant's report is attached for your perusal.

Kindly conduct a physical inspection of vehicle no. SJV 269 H and forward to parties your SJE report in due course.

Kindly note that as a Single Joint Expert appointed by the Court, your primary duty is to the Court and you are required to give a fair and reasonable assessment of cost of repairs for SJV 269 H.

Your report is to be released within 4 weeks.

Yours faithfully,

(Head Office)

encl.

cc. M/s Just Law LLC (By fax 6226-2543 only – ref: SIC/6950/16/nks/sue)

CONFIDENTIALITY

THE INFORMATION CONTAINED IN THESE DOCUMENTS MAY BE PRIVILEGED AND CONFIDENTIAL AND IS INTENDED FOR THE EXCLUSIVE USE OF THE ADDRESSEE DESIGNATED ABOVE. If you are not the addressee, any disclosure, reproduction, distribution or other dissemination or use of this communication is strictly prohibited. If you have received this transmission in error please contact us immediately by telephone so that we can arrange for its return.

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 | 29/02/2016 12:03 |
| Date Of Accident | 27/02/2016 20:00 |
| Exact Location Of Accident | 166 SIMEI ROAD |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|--|---------------------------------|
| Vehicle Registration Number | SJV269H |
| Insured/Policyholder | |
| Name Of Registered Owner | YAT KOH YUEN |
| NRIC No | S1297885E |
| Email Address | YE_LAN_87@HOTMAIL.COM |
| Mobile Phone No | (LOCAL) +65-96352534 |
| Alternative Phone No | Office-96352534 |
| Vehicle Particulars | |
| Manufacturer | HONDA |
| Model | FIT-1.3 G (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 Singapore Pte Ltd |
| Type Of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | VA1/GA006678 |
| Cover Note Number | 08/01/2016-07/01/2017 |
| Driver | |
| Name of Driver | YE ZHIMING EUGENE |
| NRIC No | S1297885E |
| Date Of Birth | 13/12/1987 |
| Occupation | Indoor |
| Date Of Driving Pass | 25/09/2006 |
| Driving Experience | 9 Years And 5 Months |
| Gender | Male |
| Mobile Number | (Local) +65-91893494 |
| Fax Number | |
| Contact Number | Office-91893494 |
| Email Address | YE_LAN_87@HOTMAIL.COM |

Address BLK 262 TAMPINES STREET 21
04-272
Postcode 520262

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 -
-
-

General Information of the Accident

Type Of Accident Collision- Head to Side
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
Was there any video captured by Car Camera? No
Number of Passengers (Including Driver) 2

Details of Police Action

Was the accident reported to the police? Yes
If Yes, Please state which Police Station
Police Station Name Tampines N.p.c
Police Station Address ROAD: TAMPINES N.P.C , POSTCODE: 529682 , COUNTRY: Singapore
Police Station Contact TEL NO: - FAX NO:
Was notice of intended Prosecution given? No
If Yes, against whom?

Circumstances of Accident

REFER TO THE POLICE REPORT T/20160227/2176
Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SFL1422A
Vehicle Make/Model/Colour B
Details Of Properties
Name of Driver SHAWN TOH JUN YONG
NRIC/Passport Number
Contact Number 85181192
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Details of Witness

Name
Phone Number
Email Address

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJA4614D
Vehicle Make/Model/Colour C
Details Of Properties

Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Details of Witness

Name
Phone Number
Email Address

DETAILS OF INJURED PERSON 1

Name YE ZHIMING EUGENE
Approximate Age
Injuries Sustain
Injured person in which vehicle? SJV269H
Were seat belts worn? Yes
Was injured conveyed to hospital by ambulance? No
Address
Postcode

DETAILS OF INJURED PERSON 2

Name SOW XIANG LIN
Approximate Age
Injuries Sustain
Injured person in which vehicle? SJV269H
Were seat belts worn? Yes
Was injured conveyed to hospital by ambulance? No
Address
Postcode

SKETCH PLAN

IMPORTANT NOTICE

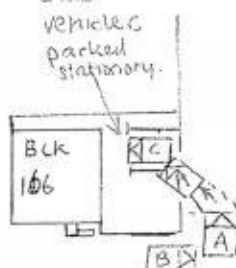
1. Please report correctly the details of the accident to speed up the claims process.
 2. This Form must be completed by the Policyholder and/or the Authorized Driver.
 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts 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 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 purposes(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

Sketch Plan

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

Witnessed by Reporting Centre Personnel



A - SJV 269H
B - SFL 1422A
C - 83A 4614D

Describe Circumstances of the Accident

Refer to the Police Report T120160227/2176

Declaration

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

Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



T/20160227/2176

1 of 3

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20160227/2176

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|---|---------------------------|----------------------------|
| Date/Time Report Made: 27/02/2016 23:52 | | Vide Report No.: | | Station Diary No.: 102 | |
| Informant's Particulars | | | | | |
| Name of Informant: YE ZHIMING, EUGENE | | | Address: APT BLK 262 TAMPINES STREET 21 #04-272 SINGAPORE 520262 | | |
| ID Type / ID No.: NRIC NO / S8741145A | | | Contact No.: Home/Office: Mobile: 91893494 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 28 | Date of Birth: 13/12/1987 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: | | Institution / School Name: |
| Occupation: TAX OFFICER | | | Driving Licence Information: Class: Date of Expiry: | | |

General Information of the Accident

| | | | | |
|--|----------------------------------|---|--|-------------------------------------|
| Type of Accident: | Non-Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 27/02/2016 20:00 | Type of Location: Straight Road |
| Location: Along Road 1 SIMEI ROAD | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: One Way | | Traffic Control: Traffic Light - Working | | Traffic Volume: Light |
| Type of Collision: Between Moving Vehicles - Head To Side | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of |
|-------------|------|------|-------|-------|-----------|-------|
| SFL1422A | Car | | | | | 0 |
| SJA4614D | Car | | | | | 0 |
| SJV269H | Car | | | | | 1 |



SINGAPORE
POLICE FORCE



T/20160227/2176

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

2 of 3

Report No. T/20160227/2176

CONTINUATION OF REPORT

Brief Details.

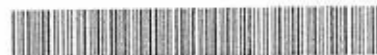
On the 27/02/2016 at around 2000hrs, I was travelling along Simei Road heading towards Blk 85, Bedok North Street 4. I was on the left lane out of the two lanes and while I was travelling, suddenly, I lost control of my vehicle causing my vehicle to go up the pavement, grass patch and into the carpark of Blk 166 Simei Road in which I then hit onto the vehicle plate no: SJA4614D. I went out to make a check on the accident and I realized that my vehicle was hit by vehicle plate no: SFL1422A. The impact of the accident caused my vehicle to be uncontrollable by me itself.

Traffic Police was at scene in which I was advised to lodge a Police Report. I exchanged particulars with the other party that was involved in the accident.

I then went to see the doctor at clinic and was given 3 days of medical leave from 28/02/16 to 01/03/16



**SINGAPORE
POLICE FORCE**



T/20160227/2176

3 of 3

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20160227/2176

CONTINUATION OF REPORT

Sketch Plan

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:

G /

IBRAHIM BIN CHEMAD

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

27/02/2016 23:52

Officer In Charge Of Case:

TP / GIT /

TANG SIEW PING

Contact No.: 65476430

Classification Of Case:

Authentication Stamp

NP158

Officer- In -Charge
Investigation Section
Traffic Police
No. 10 Ubi Avenue 3
Singapore 408865

Name : YE ZHIMING EUGENE
NRIC : S8741145A
Address: Blk 262 TAMP ST 21
#04-272
Singapore (520262)
Tel :
Pg / HP : 9189 3494

Dear Sir,

ACCIDENT INVOLVING SFL1422A, SJA4614D AND SJV269H ALONG SIMEI ROAD ON 27/02/2016 AT 2000HRS.

With reference to the above, I have on 27/02/2016 at 2352hrs make a police report at TAMPINES NPC in NP 168 - T/20160227/2176 under Investigation Officer Tang Siew Ping, Tel: 6547 6430.

2 On 29/02/2016, at 1430HRS, at TAMPINES NPC, I make the following amendments to the above report:

While I was travelling straight on the left lane out of the two lanes, I was hit by another vehicle, **SFL1422A**, on the rear left tail, which was exiting the car park and as such I lost control of my vehicle. Thus, my vehicle went up the pavement, grass patch and into the car park of Blk 166 Simei Road, causing it to hit another vehicle, **SJA4614D**.

Both my passenger (namely Sow Xiang Lin, S8734093G) and I went to see the doctor and were given three days of medical leave from 28/02/2016 to 01/03/2016.

That is all.

Yours faithfully

Signature

Tang Siew Ping
Investigation Officer
Traffic Police



| | |
|--|-------------------|
| If a police officer records this amendment, please complete the following; | |
| Name / Rank No: SGT Siew Ping | Station Diary No. |
| Signature | |

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

10 Anson Road, #06-16 International Plaza, Singapore 079903
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-16-022680

Date of Request: 01/03/2016

Your Ref No: AKN-INS-Y44-98490-16-AT

VISION LAW LLC
133 New Bridge Road #18-01/02
Chinatown Point
Singapore 059413

Dear Sir/Madam,

Date of Accident: 27/02/2016

Vehicle No: SJV269H

Place of Accident: 166 SIMEI ROAD

Involving Vehicle No: SFL1422A

With reference to your application for the accident report, we have attached the following accident reports as requested:

| DOCUMENTS | ACCIDENT LOCATION | PER DOC (S\$) | QTY | AMOUNT (S\$) |
|----------------------------------|-------------------|---------------|-----|--------------|
| SFL1422A | 166 SIMEI ROAD | 14.00 | 1 | 13.08 |
| GST Amount | | | | 0.92 |
| Total Amount Due (GST Inclusive) | | | | 14.00 |

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank You,

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque

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 | 29/02/2016 09:50 |
| Date Of Accident | 27/02/2016 20:00 |
| Exact Location Of Accident | BLK 166 SIMEI ROAD OPEN CARPARK |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SFL1422A |
| Insured/Policyholder | |
| Name Of Registered Owner | TOH CHAY YEW |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-92353229 |
| Alternative Phone No | Office-92353229 |

Vehicle Particulars

| | |
|------------------|--------------|
| Manufacturer | TOYOTA |
| Model | WISH-1.8 (A) |
| Vehicle Category | Private Car |

Insurance Company

| | |
|---------------------------|--------------------------------------|
| Name of Insurance Company | Tokio Marine Insurance Singapore Ltd |
| Type Of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | MB005843 |
| Cover Note Number | 04/06/2015-03/06/2016 |

Driver

| | |
|----------------|-------------------------------|
| Name of Driver | TOH JUN YONG |
| NRIC No | S9243436B |
| Address | BLK 163 SIMEI ROAD #05-396 |

General Information of the Accident

| | |
|--------------------|---------------------------|
| Type Of Accident | Unknown - 3 CARS INVOLVED |
| Weather Conditions | Clear |

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 |
| Was there any video captured by Car Camera? | No |
| Number of Passengers (Including Driver) | 2 |

Circumstances of Accident

| | |
|---|-----|
| REFER TO THE POLICE REPORT T/20160227/2161 | |
| Are accident photos available for attachment? | Yes |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|---------|
| Vehicle Registration Number | SJV269H |
| Vehicle Make/Model/Colour | |
| Name of Driver | |
| Insurance Company Name | |

DETAILS OF OTHER VEHICLE PROPERTY 2

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SJA4614D |
| Vehicle Make/Model/Colour | |
| Name of Driver | |
| Insurance Company Name | |

Sketch Plan Pg.1

SKETCH PLAN

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 willful 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 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

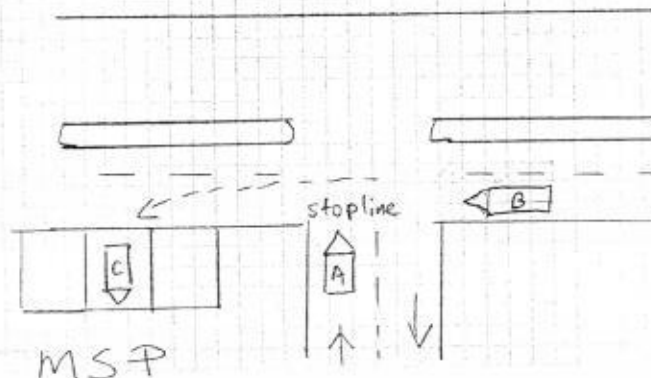
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A-SFL1422A
B-SJV269H
C-SJA4614D

Sketch Plan Pg.2


Describe Circumstances of the Accident


Refer to the police report T/20160227/2161

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

 29/2/16 10:00am +
Driver's Signature (If driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20160227/2161

1 of 3

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

Report No. T/20160227/2161

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|-------------------------------------|---|--------------------------|----------------------------|
| Date/Time Report Made: 27/02/2016 21:53 | | Vide Report No.: G/20160227/0249 | | Station Diary No.: 55 | |
| Informant's Particulars | | | | | |
| Name of Informant: SHAWN TOH JUN YONG | | | Address: APT BLK 163 SIMEI ROAD #05-396 SINGAPORE 520163 | | |
| ID Type / ID No.: NRIC NO / S9243436B | | | Contact No.: Home/Office: 85181192 | | Mobile: |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 23 | Date of Birth: 18/11/1992 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: | | Institution / School Name: |
| Occupation: FINANCIAL ADVISOR | | | Driving Licence Information: Class: | | Date of Expiry: |

| | | | | |
|--|----------------------------------|------------------------------------|--|------------------------------------|
| General Information of the Accident | | | | |
| Type of Accident: | Non-Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 27/02/2016 20:00 | Type of Location: Straight Road |
| Location: Along Road 1 SIMEI ROAD | | | | |
| SIMEI ROAD BLK 166 MULTISTOREY CARPARK/MAIN ROAD | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: Two Way | | Traffic Control: Not Controlled | Traffic Volume: Moderate | |
| Type of Collision: | | | Anyone conveyed by ambulance: No | |

| Details of Vehicle Involved | | | | | | |
|-----------------------------|------|------|-------|-------|------------------|-------|
| Vehicle No | Type | Make | Model | Color | Condition | No of |
| SFL1422A | Car | | | | Slightly Damaged | 1 |
| SJA4614D | Car | | | | Slightly Damaged | 0 |
| SJV269H | Car | | | | Slightly Damaged | 1 |



**SINGAPORE
POLICE FORCE**



T/20160227/2161

2 of 3

Report No. T/20160227/2161

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

CONTINUATION OF REPORT

Brief Details.

On 27/02/2016, at around 2000hrs, I was driving my car (SFL1422A) out of the open space carpark near Blk 166 Simei Road towards the main road. As I was approaching the main road, I stopped my car before the stop line to look out for oncoming traffic.

After checking that both the right and left lanes were cleared, I proceeded to release my brake and steer to the right to join the traffic at the yellow box. Just as I was about to make the turn, I could see the headlight of a car, travelling at high speed, flashing from my right. As such, I decide to tap on my brake. After my car became stationary again, the car that was travelling in high speed (SJV269H) brushed onto the front portion of my vehicle and proceeded to skid left up the curb and onto the multistory carpark which was beside the main road. As a result of the skid, the car (SJV269H) travelled all the way up into the multistory carpark and collided onto a parked car (SJA4614D). I am unsure as to what damages did the car sustained.

As for my vehicle, it sustained scratches and slight dent on the front portion. Both the passenger and myself was not injured. Shortly after, traffic police arrived at scene and handed over to me a paper with reference no. G/20160227/0249 and advise me to lodge a traffic accident report for the accident.

That is all.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999



T/20160227/2161

3 of 3

Report No. T/20160227/2161

CONTINUATION OF REPORT

Sketch Plan

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:

G /

LIM SI HAO TYLER

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

27/02/2016 21:53

Officer In Charge Of Case:

TP / GIT /

TANG SIEW PING

Contact No.: 65476430

Classification Of Case:

Authentication Stamp

NP168

Accident Photo



Accident Photo



Accident Photo



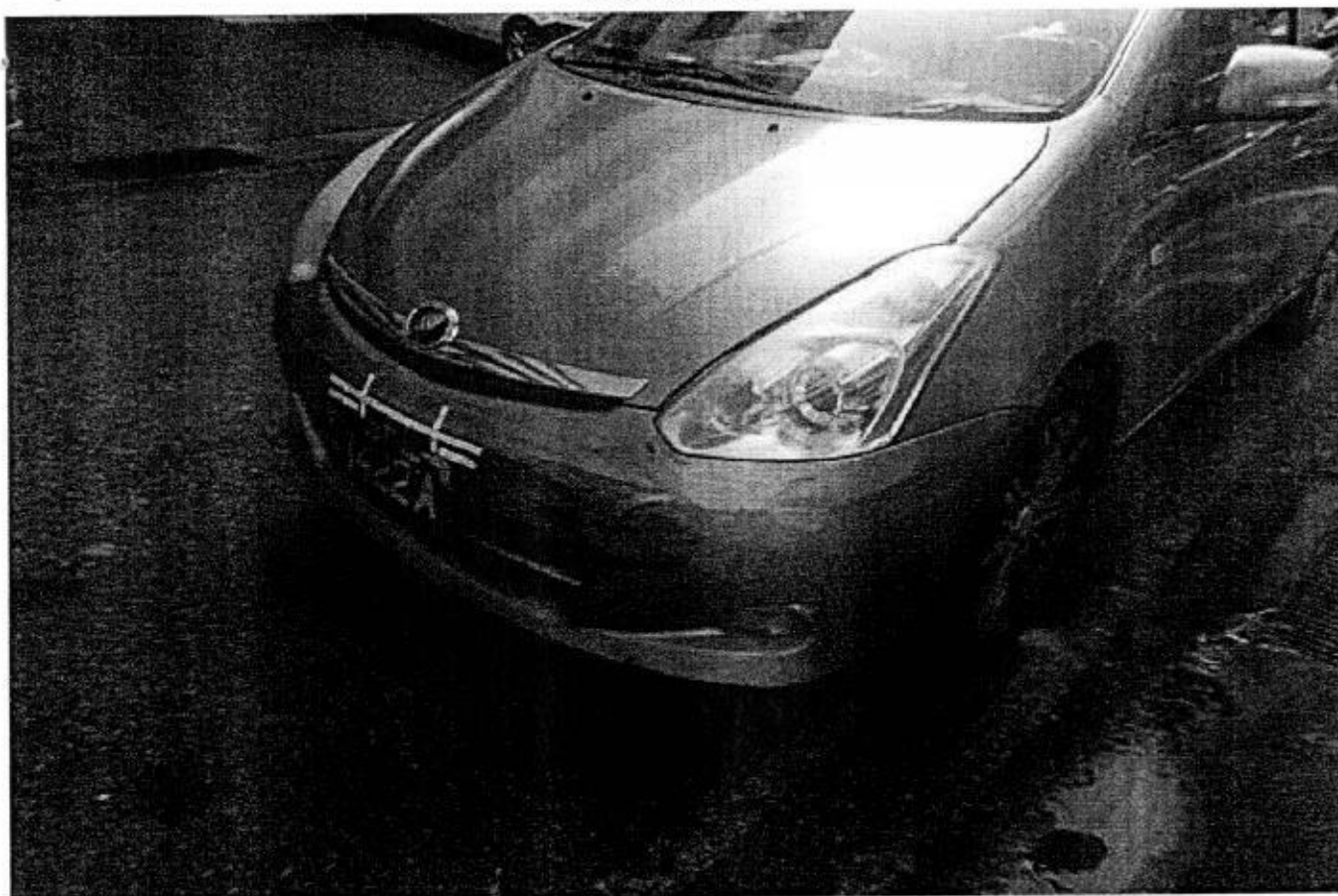
Accident Photo



Accident Photo



Accident Photo



Accident Photo





RECORDS MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

10 Anson Road, #06-16 International Plaza, Singapore 079903

Phone: +65 6224 0010 Fax: +65 6224 0030

Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-16-022679

Date of Request: 01/03/2016

Your Ref No: AKN-INS-Y44-98490-16-AT

VISION LAW LLC
133 New Bridge Road #18-01/02
Chinatown Point
Singapore 059413

Dear Sir/Madam,

Date of Accident: 27/02/2016
Vehicle No: SJV269H
Place of Accident: 166 SIMEI ROAD
Involving Vehicle No: SJA4614D

With reference to your application for the accident report, we have attached the following accident reports as requested:

| DOCUMENTS | ACCIDENT LOCATION | PER DOC (S\$) | QTY | AMOUNT (S\$) |
|----------------------------------|-------------------|---------------|-----|--------------|
| SJA4614D | 166 SIMEI ROAD | 14.00 | 1 | 13.08 |
| GST Amount | | | | 0.92 |
| Total Amount Due (GST Inclusive) | | | | 14.00 |

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque

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 | 29/02/2016 16:00 |
| Date Of Accident | 27/02/2016 21:00 |
| Exact Location Of Accident | MSCP OF SIMEI ROAD BLK 166 |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------|
| Vehicle Registration Number | SJA4614D |
| Insured/Policyholder | |
| Name Of Registered Owner | SYLVIA LEE SWEE PHENG |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-97574180 |
| Alternative Phone No | Others-97574180 |

Vehicle Particulars

| | |
|------------------|---------------|
| Manufacturer | HYUNDAI |
| Model | VERNA-1.4 (A) |
| Vehicle Category | Private Car |

Insurance Company

| | |
|---------------------------|--------------------------------------|
| Name of Insurance Company | AIG Asia Pacific Insurance Pte. Ltd. |
| Type Of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | 2100375954 |
| Cover Note Number | |

Driver

| | |
|----------------|---|
| Name of Driver | SYLVIA LEE SWEE PHENG |
| NRIC No | S6871882A |
| Address | BLK 164 SIMEI ROAD #09-406 SINGAPORE |

General Information of the Accident

| | |
|--------------------|------------------------|
| Type Of Accident | Unknown - REFER ATTACH |
| Weather Conditions | Clear |

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 |
| Was there any video captured by Car Camera? | No |
| Number of Passengers (Including Driver) | 0 |

Circumstances of Accident

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

Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|--------------------|
| Vehicle Registration Number | SJV269H |
| Vehicle Make/Model/Colour | |
| Name of Driver | YE ZHI MING EUGENE |
| Insurance Company Name | |

DETAILS OF OTHER VEHICLE PROPERTY 2

| | |
|-----------------------------|--------------------|
| Vehicle Registration Number | SFL1422A |
| Vehicle Make/Model/Colour | |
| Name of Driver | SHAWN TOH JUN YONG |
| Insurance Company Name | |

Sketch Plan

SKETCH PLAN

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 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.

B. 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

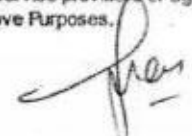
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(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.

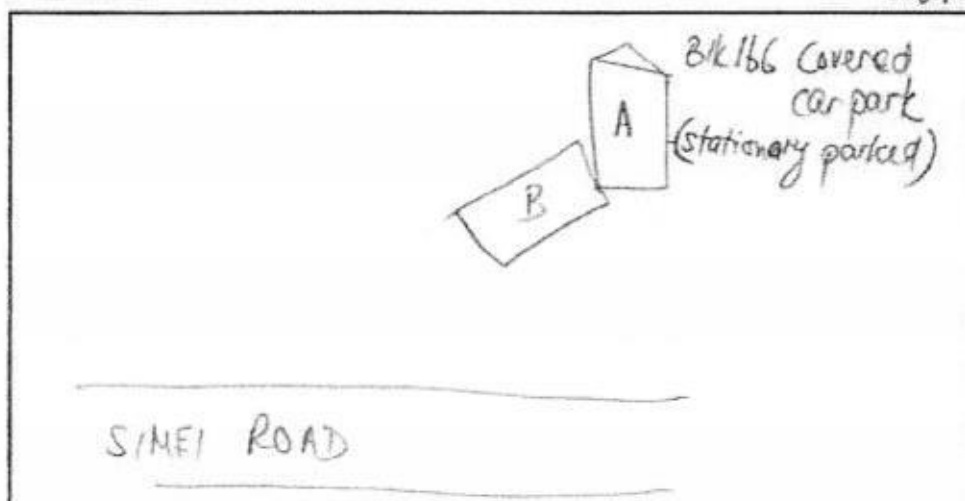
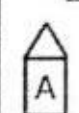
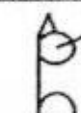

Policyholder's Signature / Date & Time
29/12/16 5:12pm


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

| | |
|---|--|
|  <p>816166 Covered car park (stationary parked)</p> <p>SINEI ROAD</p> | <p><u>Number Plate</u></p> <p>A - SJA 4614D</p> <p>B - SJV 269 H</p> <p><u>Legend</u></p> <p> Vehicle</p> <p> Bike</p> |
|---|--|

Sketch Plan #2

Describe Circumstances of the Accident

Date of Accident: 27/2/16.

Time of Accident: 9 PM

refer to police report.

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

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



**SINGAPORE
POLICE FORCE**



T/20160227/2174

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

1 of 3

Report No. T/20160227/2174

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|---|------------|-------------------------------------|---|--------------------------|----------------------------|
| Date/Time Report Made: 27/02/2016 23:28 | | Vide Report No.: G/20160227/0249 | | Station Diary No.: 66 | |
| Informant's Particulars | | | | | |
| Name of Informant: SYLVIA LEE SWEE PHENG | | | Address: APT BLK 164 SIMEI ROAD #09-406 SINGAPORE 520164 | | |
| ID Type / ID No.: NRIC NO / S6871882A | | | Contact No.: Home/Office: 97574180 Mobile: | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Female | Age: 47 | Date of Birth: 01/07/1968 | Type of Informant: Vehicle Owner | | |
| Race: Chinese | | | Language: | | Institution / School Name: |
| Occupation: SALES REPRESENTATIVE | | | Driving Licence Information: Class: Date of Expiry: | | |

General Information of the Accident

| | | | | |
|---|----------------------------------|--------------------|--|-------------------------------------|
| Type of Accident: | Non-Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 27/02/2016 21:00 | Type of Location: Car Park |
| Location: Along Road 1 SIMEI ROAD MULTISTORY CARPARK OF SIMEI ROAD BLK 166 | | | | |
| Weather: | | Road Surface: | Road Speed Limit: | |
| Traffic Flow: | | Traffic Control: | Traffic Volume: | |
| Type of Collision: | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of |
|-------------|------|------|-------|-------|-----------|-------|
| SFL1422A | Car | | | | | 0 |
| SJA4614D | Car | | | | | 0 |
| SJV269H | Car | | | | | 0 |



**SINGAPORE
POLICE FORCE**



T/20160227/2174

2 of 3

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

Report No. T/20160227/2174

CONTINUATION OF REPORT

Brief Details.

On 27/02/2016, at around 2100hrs, I was notified by my helper that my vehicle (SJA4614D), that was parked at Blk 166 Simei Road Multistorey carpark, was involved in an accident with two other vehicles. I received a notification slip in reference to report no. G/20160227/0249 to lodge a traffic accident report.

I wish to state that as a result of the accident, my car was shifted out of position and the left rear bumper was dented and misaligned due to the collision. The vehicle(SJV269H) also collided onto the left rear wheel of my vehicle. That is all.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999



T/20160227/2174

3 of 3

Report No. T/20160227/2174

CONTINUATION OF REPORT

Sketch Plan

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: G / LIM SI HAO TYLER | Signature Of Informant: |
| Signature Of Interpreter: Not applicable | Date/Time: 27/02/2016 23:28 |
| Officer In Charge Of Case: TP / GIT / TANG SIEW PING Contact No.: 65476430 | Classification Of Case: |
| Authentication Stamp NP168 | |