

22/03/2002

ASS. REC. BY:

REF:

CS3/ASM18013116/GZ4bez

Special Instruction:

Survivor

Smart claim

From (Person):

Wong Wee Fu

ASSIGNMENT (Office)

of ASM

Date/Time:

18/07/2018 4:48pm

Estimated Cost:

Bill to:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No:

SKX 1709B

Insured:

SDT 1383m

at Workshop m/s

Sze Kung Automobile

Tel:

8201 9979

of

Blk 10 Amk Ind Park 2A #03-17

Policy No:

Claim No:

S8M000R7

Sum Insured:

Excess:

Make of Veh:

D.O.A.

19/07/2018

(Client's Record)

CA / REV / REP. / REV 24 HRS Wp

19.07.2018

H.O.D. Endorsement:

Date/Time:

18/07/2018 5:46pm

Person Contacted:

Anthony

Vehicle IN/OUT

Date/Time

Action/Instruction (X) Estimate

SKX 1709B - X

SDT 1383m - X

26/7

Submt PRS report.

(08/11/13) wef

ASS. REC. BY: MS

REF: ASM(AxA)

ASSIGNMENT

From: _____ Date: 19/7/18

Estimated Cost: _____

On TP / WS / TP RES / OD RES / EVA / INV / MVTo Inspect Vehicle No: SKX 1709Bat Workshop m/s Sze Kung Automobileof Bik 10, AMK Ind. park 2A #03-17

Insured: _____

Policy No. _____

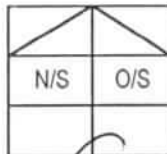
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS ^{1 up}

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SKX 1709B Yr Regn: Oct / 06Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: lexus c.c. 2995Colour: Black A/C: Insured / Std / NI / NASp. Reading: - T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: ITHB 1196S 205047093Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 225/80R19R: 11

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front 6 mm Rear 6 mmR/Bal. 6 mmL/Bal. 6 mmD.O.A. _____ D.O.I. 19-07-18Survey held at w/s 3.30pmDes. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>\$ 2000</u>

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: -Survey Fee: 100

Transportation: _____

S + RS, SI

Photos

Others

TOTAL

100Report Format: PRE

Lump Sum / I.B.I.: (\$ _____)

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)



Service Request Details

Claim

S8M00OR7

Reference

None 

Loss Date

July 17, 2018

Request Date

July 18, 2018

Due Date

July 25, 2018

Vendor Name

LKK AUTO CONSULTANTS PTE LTD (TP)

Type of Loss

Third Party Vehicle Damage

Services

Pre-Repair Survey

18072018 @ 5:41pm

Actions

Next Step

Agree to perform service

Decline Work

Accept Work

Vehicle Information

Incident Vehicle Registration #

SKX1709B

Make

TPVD TOYOTA

Model

LEXUS GS300 AUTO MR

Service Address

...

Primary Contact/Insured

TANG BOON CHENG

9H YUAN CHING ROAD, 618650, Singapore

81029112

VERONICA.TANG@OUTLOOK.SG

Claim Handler

WONG Wee Fu

6568804888

weefu.wong@axa.com.sg

Additional Instructions

Appointed Seah Ong & Partners

[Messages](#)[Invoices](#)[History](#)[Documents](#)[Assessment](#)[Metrics](#)[Notes](#)[New Message](#)



LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile

AXA INSURANCE PTE LTD

Ref : CS3/ASM18013116/Gz4b

8 SHENTON WAY #24-01
AXA TOWERS SINGAPORE 068811

Date : 19-07-2018



Code : ASM

1. Policy Particulars :- (THIRD PARTY CLAIM)

Insured Veh.	SDT 1382M	Veh. Inspected	SKX 1709B
Policy No.		Coverage (\$)	0.00
Claim No.	S8M00OR7	Excess (\$)	0.00
Assign From	SMART CLAIM (WONG WEE FU)	Assign Date	18/07/2018

2. Vehicle Particulars & Condition

Make & Model	c.c	0
Engine No.	HIDDEN	Year of Reg.
Chassis No.		Colour
Odometer	-	Steering
Brakes		Modification
General		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm

4. Description of Damages

--

5. General Information

Accident Date	17/07/2018	Inspection Date	19/07/2018
Survey held at	SZE KANG AUTOMOBILE SPRAYING SERVICES BLK 10 ANG MO KIO INDUSTRIAL PARK 2A #03-17 AMK AUTO POINT SINGAPORE 568047		

5a. Remarks

A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION. THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE. C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS.
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> Back to OneMotoring

Enquire Transfer Fee

Enquire Transfer Fee

Vehicle Details			
Vehicle No. :	SKX1709B		
Vehicle Type :	P10 - Passenger Motor Car		
Vehicle Attachment 1 :	With Sun Roof		
Vehicle Scheme :	Normal		
Vehicle Make :	TOYOTA		
Vehicle Model :	LEXUS GS300 AUTO MR		
Chassis No. :	JTHBH96S205047093		
Propellant :	Petrol		
Engine No. :	3GR0186213		
Engine Capacity :	2995 cc		
Maximum Power Output :	183.0 kW (245 bhp)		
Maximum Laden Weight :	2125 kg		
Unladen Weight :	1660 kg		
Year Of Manufacture :	2006		
Original Registration Date :	27 Oct 2006		
Lifespan Expiry Date :	-		
COE Category :	E - Open Category		
PQP Paid :	\$56,751.00		
COE Expiry Date :	26 Oct 2026		
Road Tax Expiry Date :	26 Oct 2018		
Inspection Due Date :	26 Oct 2018		
Intended Transfer Date :	26 Jul 2018		
CO2 Emission :	-		
CO Emission :	-		
HC Emission :	-		
NOx Emission :	-		
PM Emission :	-		
The current road tax expiry is 26 Oct 2018. You may renew the road tax from 27 Jul 2018 with all pre-requisite(s) fulfilled. If the road tax is renewed after 26 Oct 2018, late renewal fee(s) will be imposed. Please use Enquire Road Tax Payable to check on the late fee(s) payable.			
Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.			
Amount Payable (From 27 Oct 2018 to 26 Apr 2019)			
	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee :	25.00	-	25.00
Sub Total :			25.00
Nett Road Tax Amount (After Offsetting Over Payment) :	1,547.00	-	1,547.00
Total Amount Payable :			1,572.00
Amount Payable (From 27 Oct 2018 to 26 Oct 2019)			
	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee :	25.00	-	25.00
Sub Total :			25.00

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	4488F
Vehicle Details	
Vehicle No.:	SKX1709B
Vehicle to be Exported:	No
Intended De-registration Date:	26 Jul 2018
Vehicle Make:	TOYOTA
Vehicle Model:	LEXUS GS300 AUTO MR
Primary Colour:	Black
Manufacturing Year:	2006
Engine No.:	3GR0186213
Chassis No.:	JTHBH96S205047093
Maximum Power Output:	183.0 kW (245 bhp)
Open Market Value:	\$55,524.00
Original Registration Date:	27 Oct 2006
First Registration Date:	27 Oct 2006
Transfer Count:	5
Actual ARF Paid:	\$61,077.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	26 Oct 2026
COE Category:	E - Open Category
COE Period(Years):	10
PQP Paid:	\$56,751.00
COE Rebate Amount:	\$46,819.00
Total Rebate Amount:	\$46,819.00

The information contained herein is correct as at 26 Jul 2018

OK

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	17/07/2018 17:13
Date Of Accident	17/07/2018 08:25
Exact Location Of Accident	ALONG AYE TOWARDS CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX1709B
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Insured/Policyholder

Name Of Registered Owner	LIM SHI HAO IVAN
NRIC No	S8024488F
Email Address	SHLIM.IVAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90979197
Alternative Phone No	OTHERS-90979197

Vehicle Particulars

Manufacturer	TOYOTA
Model	LEXUS GS300 AUTO MR
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA131105
Cover Note Number	27/10/2017 - 26/10/2018

Driver

Name of Driver	LIM SHI HAO IVAN
NRIC No	S8024488F
Date Of Birth	13/08/1980
Occupation	INDOOR
Date Of Driving Pass	20/11/2003
Driving Experience	14 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90979197
Fax Number	
Contact Number	OTHERS-90979197
Email Address	SHLIM.IVAN@GMAIL.COM

Address	BLK 164A YUNG KUANG ROAD #16-50
Postcode	611164
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : LOW CHAI HOON
	GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	PUNGGOL N.P.C
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO THE ATTACHED SKETCH PLAN BY DRIVER.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDT1382M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TANG BOON TING
NRIC/Passport Number	S9435669E
Contact Number	81029112
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

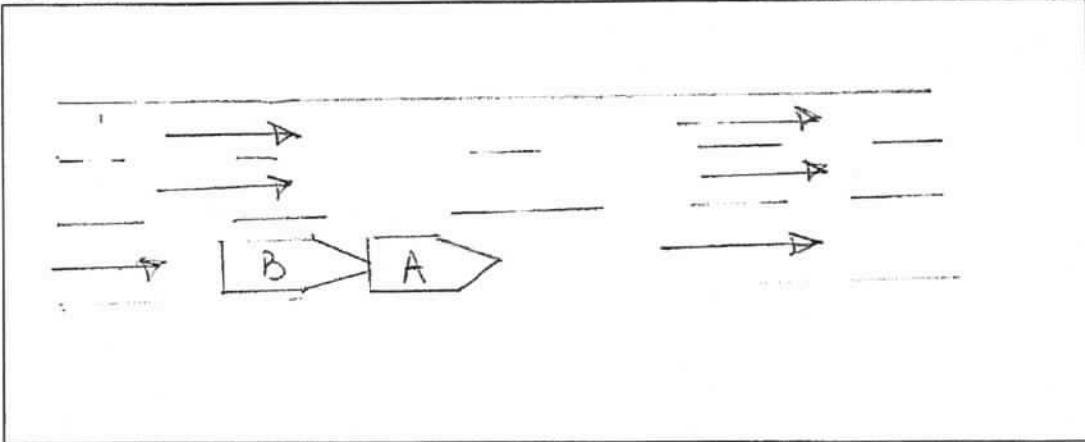
Name	LIM SHI HAO IVAN
Approximate Age	
Injuries Sustain	MID & LOWER BACK
Injured person in which vehicle?	SKX1709B
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	LOW CHAI HOON
Approximate Age	
Injuries Sustain	CHEST PAIN & LOWER BACK
Injured person in which vehicle?	SKX1709B
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

Sketch Plan Pg. 1

Date of accident: 11/7/18 Time: 8:25am Location: ANE Toward city
My Vehicle A: SKX1709B Vehicle B: SDT1382M Vehicle C: —
SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report No: T/20180717/2116

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks : Please forward a copy of my efile accident report to:

My workshop :

Email address :

& myself :

Email address :

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION

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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

AN LIA MOTOR COMPANY

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 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.:



**SINGAPORE
POLICE FORCE**



T/20180717/2116

1 of 4

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

Report No. T/20180717/2116

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/07/2018 16:19		Vide Report No.:		Station Diary No.: 59
Informant's Particulars				
Name of Informant: LIM SHI HAO IVAN		Address: APT BLK 164A YUNG KUANG ROAD #16-50 SINGAPORE 611164		
ID Type / ID No.: NRIC NO / S8024488F		Contact No.: Home/Office: Mobile: 90979197		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 37	Date of Birth: 13/08/1980	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: BANK MANAGER		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/07/2018 08:25	Type of Location:
Location: Along Road 1 AYER RAJAH EXPRESSWAY towards City				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDT1382M	Car	MERCEDES BENZ	E200	Gold	Slightly Damaged	0
SKX1709B	Car	TOYOTA	LEXUS GS300 AUTO MR	Black	Slightly Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20180717/2116

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

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Report No. T/20180717/2116

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SKX1709B	AXA INSURANCE SINGAPORE PTE LTD	GA131105	27/10/2017	26/10/2018

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	TANG BOON TING		ID No.	S9435669E
Related Vehicle	SDT1382M (Car)		Contact No.	81029112
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave		NIL	Degree of Injury	NIL
Driver				
Name	LIM-SHI HAO IVAN		ID No.	S8024488F
Related Vehicle	SKX1709B (Car)		Contact No.	90979197
Hospital/Clinic	W P SIM FAMILY CLINIC & SURGERY		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	17/07/2018		Date Discharge	17/07/2018
No. of Days granted Medical Leave		03	Degree of Injury	Slight
Passenger				
Name	LOW CHAI HOON		ID No.	G2257500M
Related Vehicle	SKX1709B (Car)		Contact No.	81110855
Hospital/Clinic	W P SIM FAMILY CLINIC & SURGERY		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	17/07/2018		Date Discharge	17/07/2018
No. of Days granted Medical Leave		03	Degree of Injury	Slight



**SINGAPORE
POLICE FORCE**



T/20180717/2116

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

3 of 4

Report No. T/20180717/2116

CONTINUATION OF REPORT

Brief Details.

On 17/07/2018, at about 0827hrs, I was driving my vehicle, SKX1709B, along AYE towards City, on the right most lane. The traffic volume was moderate.

The vehicle in front of me then came to a stop and as such, I stopped my vehicle too. Suddenly, there was a bang from the rear and my vehicle surged forward.

I then alighted my vehicle and discovered that a vehicle, SDT1382M had hit onto the rear of my vehicle. The driver then alighted and we exchanged our particulars and continued on with our journey there after.

Due to the impact, my rear bumper dented and the LCD panel in my vehicle was not working anymore. My passenger had some chest pain and felt some pain on the lower back while I felt some pain on my mid and lower back.

I would like to state that I do have an in car camera. However, the footage when the accident happened had already been over written.



**SINGAPORE
POLICE FORCE**



T/20180717/2116

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

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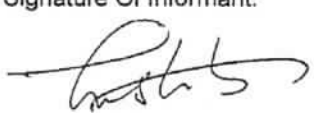


Report No. T/20180717/2116

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: F / Sgt 3 NOORHIDAYAH BINTE MOHAMAD NOOR	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 17/07/2018 16:19
Officer In Charge Of Case: TP / AEIT / SSI KASMAWATI BTE SAMIAN Contact No.: 65476179	Classification Of Case: SV085
Authentication Stamp NP168 	Signature:  Singapore Police Force