

## 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 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. 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             | 27/03/2019 10:35    |
| Date Of Accident           | 26/03/2019 12:30    |
| Exact Location Of Accident | ALONG NEWTON CIRLLE |
| Country/State of Loss      | SINGAPORE           |

### DETAILS OF OWN VEHICLE

|                             |                       |
|-----------------------------|-----------------------|
| Vehicle Registration Number | SKK6599L              |
| <b>Insured/Policyholder</b> |                       |
| Name Of Registered Owner    | FRANK DONG JOON KIM   |
| Passport No/FIN             | G1823949W             |
| Email Address               | BCESSEDBVKD@GMAIL.COM |
| Mobile Phone No             | (LOCAL) +65-88694715  |
| Alternative Phone No        | OFFICE-88694715       |

### Vehicle Particulars

|  |                |
|--|----------------|
| Manufacturer   | HYUNDAI        |
| Model  | TRAJETFL2.7A   |
| 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                                       | REPORTING ONLY |
| Vehicle Category   | PRIVATE CAR    |

### Insurance Company

|                           |                       |
|---------------------------|-----------------------|
| Name of Insurance Company | AXA INSURANCE PTE LTD |
| Type Of Coverage          | THIRD PARTY           |
| Fleet Policy              | NO                    |
| Policy Number             | VA2/GA350059          |
| Cover Note Number         |                       |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | GRACE EUNHAE KIM      |
| Passport No/FIN      | G1823951K             |
| Date Of Birth        | 23/12/1977            |
| Occupation           | INDOOR                |
| Date Of Driving Pass | 20/04/2018            |
| Driving Experience   | 0 YEAR AND 11 MONTH   |
| Gender               | FEMALE                |
| Mobile Number        | (LOCAL) +65-88694715  |
| Fax Number           |                       |
| Contact Number       |                       |
| EEmail Address       | BCESSEDBVKD@GMAIL.COM |

|   |        |
|---|--------|
| Address   | NIL    |
| Postcode  |        |
| 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 (including own vehicle) 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)   | 3                                  |
| Passenger 1   | NAME: : FAMILY<br>GENDER: : FEMALE |
| Passenger 2   | NAME: : FAMILY<br>GENDER: : MALE   |

#### Details of Police Action

|   |    |
|---|----|
| Was the accident reported to the police?  | NO |
| If Yes, Please state which Police Station |    |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom?                     |    |

#### Circumstances of Accident

PLEASE REFER TO ACCIDENT STATEMENT.

#### Attachment(s)

|   |     |
|---|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera?   | NO  |
| Was there any audio recorded?                 | NO  |

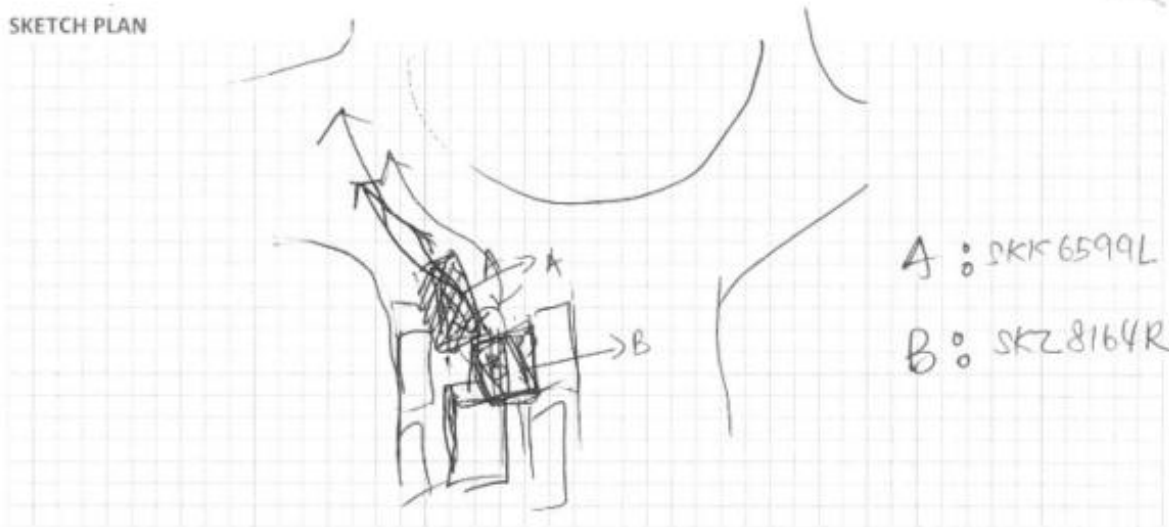
#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |                  |
|-----------------------------|------------------|
| Vehicle Registration Number | SKZ8164R         |
| Vehicle Make/Model/Colour   | SILVER           |
| Details Of Properties       | LH CORNER BUMPER |
| Vehicle Category            | PRIVATE CAR      |
| Name of Driver              |                  |
| NRIC/Passport Number        |                  |
| Contact Number              |                  |
| Address                     |                  |
| Postcode                    |                  |

Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

## Accident Sketch Plan

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was entering newton circle, when I realized, right changed I stopped but ~~was a little ahead~~ about half of my car was already in interaction, so I reversed back to adjust a little. I am not sure if a car was right behind me or another lane or was changing lane but nonetheless the car was on my blindside. I hit the car softly in the corner there is no visible marking of anything on my car. I came out asked if both driver/passenger came out another lady was in the car. They all said they were ok. I reversed from complete stop to slow reverse so impact was nearly not felt at all -

### 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.:



## Accident Sketch Plan



redefining / insurance

Date: 26/03/2019

To: Owner of Vehicle Number: SKK 6599

The following has been advised to you via your workshop, BH AUTO SERVICES through their staff, CHAN YUN SHI.

Please tick the applicable box if you had been advised on the content as seen below:

- ☐ ( ) You had been advised by the workshop that in the case that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.
- ☐ ( ) You had been advised by the workshop on the liability and merits of the case accordingly.
- ☐ ( ) You had been advised by the workshop on the claims procedure for the type of claim that you will be making due to this accident.
- ☐ ( ) There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas.
- ☐ ( ) There will be no cancellation/withdrawal of the Own Damage claim once the order of the spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.
- ☐ ( ) The estimated waiting time for the spare parts to arrive is \_\_\_\_\_. The estimated arrival time does not include the repair period.
- ☐ ( ) You will be driving the vehicle out despite being advised by the workshop mechanic/personnel that the vehicle may not be road worthy.
- ☐ ( ) For vehicles below Three (3) years old, your Insurance Company will use only genuine original parts to repair your vehicle.
- ☐ ( ) For vehicles above Three (3) years old, your Insurance Company will be carrying out repairs using **any combination** of genuine original parts and/or original equipment manufacturer (OEM) parts.
- ☐ ( ) You had been advised by the workshop of the Twelve (12) months warranty for Own Damage repairs on workmanship related to the accident.
- ☐ ( ) For vehicles that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage claim.

☒ Others Reporting only @ BH AUTO

Signed and acknowledge by:

Grace Kim

Name and signature of policyholder/authorised driver

Name and signature of workshop personnel including company stamp



# Individual Statement

☐ Owner  
☐ Driver

## ACCIDENT STATEMENT

|   |                     |  |
|---|---------------------|--|
| Date of Accident<br><b>3/26/</b>  | Time<br><b>1230</b> | Location of Accident<br><b>NEWTON CIRCLE</b> |
| <b>INSURED/ POLICY HOLDER (VEHICLE A)</b>   |                     |  |
| Vehicle Registration Number<br><b>JKF 6599L</b>   |                     |  |
| Name of Policyholder<br><b>FRANK DONG JOON KIM</b>  |                     |  |
| NRIC/ FIN/ Passport/ ROC (if Policyholder is company)<br><b>1823951K</b>  |                     |  |
| Address<br><b>1 NEWTON DR 24-01, NEWTON 307943</b>  |                     |  |
| Contact Number<br><b>9069 4715</b>  |                     |  |
| Occupation<br><b>Homemaker</b>  |                     |  |
| <b>VEHICLE PARTICULARS (VEHICLE A)</b>  |                     |  |
| Vehicle Make / Model<br><b>Saloon, MPV, CRV, Van, Lorry, Bus M/cycle, Others, _____</b>   |                     |  |
| Type of Vehicle<br><b>Commute</b>   |                     |  |
| Exact Purpose for which vehicle was being used at the time of accident.   |                     |  |
| Are you claiming under your own insurance policy?<br><input checked="" type="radio"/> Yes <input type="radio"/> No Remarks: <b>REPORTING ONLY</b>           |                     |  |
| Vehicle category<br><input checked="" type="radio"/> Private <input type="radio"/> Commercial <input type="radio"/> Motorcycle                              |                     |  |
| <b>INSURANCE COMPANY (VEHICLE A)</b>  |                     |  |
| Name of Insurance Company<br><b>AXA</b>   |                     |  |
| Type of Policy<br><input type="radio"/> Comprehensive <input type="radio"/> TP Fire & Theft <input checked="" type="radio"/> Third party                    |                     |  |
| Fleet Policy<br><input type="radio"/> Yes <input checked="" type="radio"/> No   |                     |  |
| Policy Number<br><b>GA350059/1</b>  |                     |  |
| <b>DRIVER</b>   |                     |  |
| Name of Driver<br><b>Grace Eunhae</b>   |                     |  |
| NRIC/ FIN/ Passport<br><b>1823951K</b>  |                     |  |
| Date of Birth<br><b>1223 1977</b>   |                     |  |
| Occupation<br><b>Homemaker</b>  |                     |  |
| Driving Pass Date   |                     |  |
| Gender<br><input type="radio"/> Male <input checked="" type="radio"/> Female  |                     |  |
| Contact Number<br><b>9069 4715</b>  |                     |  |
| Address<br><b>Newton DR 24-01, Newton 307943</b>  |                     |  |
| Email Address<br><b>BUSSCDBV@Gmail.com</b>  |                     |  |
| Was driver an employee of the Insured's Company?<br>If No, relationship of Driver with the Insured.<br><b>Spouse</b>  |                     |  |
| Vehicle Number of Driver's Own Vehicle (if applicable)  |                     |  |
| Insurance of Driver's Own Vehicle (if applicable)   |                     |  |
| <b>GENERAL INFORMATION OF THE ACCIDENT</b>  |                     |  |
| Type of Collision (E.g. Chain Collision/ Head-On, etc)<br><input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others |                     |  |
| Weather Conditions<br><input type="radio"/> Wet <input checked="" type="radio"/> Dry <input type="radio"/> Others   |                     |  |
| Road Surface  |                     |  |
| Damage Area   |                     |  |
| <b>OTHER INFORMATION</b>  |                     |  |
| Was there any foreign vehicle(s) involved?<br><input type="radio"/> No <input type="radio"/> Yes  |                     |  |
| Was anybody injured in the accident? (Including Witness)<br><input type="radio"/> No <input type="radio"/> Yes  |                     |  |
| Was any other vehicle(s) or property damaged?<br><input type="radio"/> No <input type="radio"/> Yes   |                     |  |
| Was there any camera video footage (in car)?<br><input type="radio"/> No <input type="radio"/> Yes  |                     |  |
| <b>DETAILS OF POLICE ACTION</b>   |                     |  |
| Was the accident reported to the Police?<br><input checked="" type="radio"/> No <input type="radio"/> Yes   |                     |  |
| If Yes, please state which police station & Report No.  |                     |  |
| Was notice of intended Prosecution given?<br><input type="radio"/> No <input type="radio"/> Yes   |                     |  |
| If Yes, against whom?   |                     |  |

## Individual Statement

OWN VEHICLE REGISTRATION NUMBER \_\_\_\_\_

### DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

#### Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number

Vehicle Make/ Model/ Colour

Details of Properties (If Other Party is not a Vehicle)

Damage Area

Name of Driver

NRIC/ FIN/ Passport

Contact Number / Email Address

Address

Name of Insurance Company

#### Other Vehicle or Property 2

Vehicle Registration Number

Vehicle Make/ Model/ Colour

Details of Properties (If Other Party is not a Vehicle)

Damage Area

Name of Driver

NRIC/ FIN/ Passport

Contact Number / Email Address

Address

Name of Insurance Company

### DETAILS OF WITNESS

Name

Phone / Email Address

Address

NRIC/ FIN/ Passport

### DETAILS OF INJURED PERSON 1

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐ Yes

☐ No

Was Injured conveyed to hospital by ambulance?

☐ Yes

☐ No

### DETAILS OF INJURED PERSON 2

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐ Yes

☐ No

Was Injured conveyed to Hospital by Ambulance?

☐ Yes

☐ No

### Declaration

I/We declare that the above particulars & information provided above are true in every aspect.

Signature of Policy Holder  
(Company Chop if applicable)

Date & Time

Signature of Driver / Date & Time  
(If Driver is not the Policy Holder)

Date & Time

## INSURANCE OF CERTIFICATE

M1 4G

10:19 AM



Done

GA350059-New Policy.pdf



redefining / insurance

KIM FRANK DONG JOON  
239 MONTREAL ROAD  
SINGAPORE 758709

AXA Insurance Pte Ltd  
1800 880 4888 (Within Singapore)  
(65) 6880 4888 (International)  
(65) 6880 4710  
customer.care@axa.com.sg  
www.axa.com.sg

New business

date  
03/05/2018

your servicing distributor  
MOCK LEONG FRANCIS LEE / 08332

your servicing distributor contact  
64552354

## Policy Schedule

Your **SmartDrive** Third Party Only Third Party

### Your policy snapshot

|                     |  |               |                |
|---------------------|--|---------------|----------------|
| Policyholder name   | KIM FRANK DONG JOON                                  | Policy number | VA2 / GA350059 |
| Cover               | Third Party Only                                     | FIN / NRIC    | G1823949W      |
| Period of Insurance | from 13/05/2018 to 12/05/2019 (both dates inclusive) |               |                |

### Premium breakdown

|                             |                   |
|-----------------------------|-------------------|
| Gross Premium after 50% NCD | SGD 569.55        |
| 7% GST                      | SGD 39.87         |
| <b>Final Premium</b>        | <b>SGD 609.42</b> |

### Your benefits highlights

(refer to Policy Wording for full terms and conditions)

#### SmartDrive Third Party Only Third Party Benefits

- Legal Liability

#### Add-on Benefits

- No Claim Discount Protector

### Vehicle details

|                                |                    |                        |                   |
|--------------------------------|--------------------|------------------------|-------------------|
| Make & Model of Vehicle        | HYUNDAI TRAJET 2.7 | Year of manufacture    | 2005              |
| Vehicle registration number    | SKK6599L           | Type of Use            | Private use       |
| Body type                      | MPV                | Engine capacity (c.c.) | 2656              |
| Seating capacity (excl driver) | 7                  | Engine number          | G68A5257938       |
| Off-Peak car                   | No                 | Chassis number         | KMHHM81CR5U264843 |

|                                  |                                 |
|----------------------------------|---------------------------------|
| Insured's Estimated Market Value | Not Applicable                  |
| Limitation to use                | As per Certificate of Insurance |
| Finance Loan Company             | Nil                             |

### Excess applicable (refer to Policy Wording for other applicable Excesses)

|                   |                |
|-------------------|----------------|
| Windscreen Excess | Not Applicable |
|-------------------|----------------|

### Drivers details

| Driver type       | Driver name         | Date of birth | Driving experience |
|-------------------|---------------------|---------------|--------------------|
| Main Driver       | KIM FRANK DONG JOON | 15/11/1975    | 25 year(s)         |
| Additional Driver | KIM GRACE EUNGAE    | 23/12/1977    | 23 year(s)         |

### Additional clauses & endorsements to your policy

AXA Insurance Pte Ltd (199903512M)  
8 Shenton Way, #24-01, AXA Tower,  
Singapore 068611  
Customer Centre, #B1-01

1 of 2

VA2 / GA350059







the wise and honest can repair.  
*George Washington*

Visas

G180395HK

**VISIT PASS  
IMMIGRATION SINGAPORE  
(EXEMPTION) ORDER**

(VSC001)

**24 APR 2018**

(VSC001)

Permitted to enter and remain in  
Singapore subject to the conditions  
set out in paragraph 3 and 4 of the  
Immigration (Exemption from Section  
6) Order 2005.

**CANCELLED**  
**25 SEP 2018**

NGRESS, JULY 4, 1776.

ation of the thirteen united States of America

9

## Driving License

1 KIM  
2 GRACE EUN HAE  
3 DAEKU, SOUTH KOREA  
4 12-12-3 / 1977  
5 Garden Grove, California, U.S.A.

A. Name as shown on passport

B. [Redacted]

C. Name as indicated on Visa Entry

D. Gender as reported on Visa Entry

E. Date as indicated on Visa Entry

F. Signature

G. Stamp or Seal

H. Exclusions page

I. V

J. VI

K. VII

L. VIII

M. IX

N. X

O. XI

P. XII

Q. XIII

R. XIV

S. XV

T. XVI

U. XVII

V. XVIII

W. XIX

X. XX

Y. XXI

Z. XXII

AA. XXIII

AB. XXIV

AC. XXV

AD. XXVI

AE. XXVII

AF. XXVIII

AG. XXIX

AH. XXX

AI. XXXI

AJ. XXXII

AK. XXXIII

AL. XXXIV

AM. XXXV

AN. XXXVI

AO. XXXVII

AP. XXXVIII

AQ. XXXIX

AR. XL

AS. XLI

AT. XLII

AU. XLIII

AV. XLIV

AW. XLV

AX. XLVI

AY. XLVII

AZ. XLVIII

BA. XLIX

BB. L

BC. LI

BD. LII

BE. LIII

BF. LIV

BG. LV

BH. LVI

BI. LVII

BJ. LVIII

BK. LIX

BL. LX

BM. LXI

BN. LXII

BO. LXIII

BP. LXIV

BQ. LXV

BR. LXVI

BS. LXVII

BT. LXVIII

BU. LXIX

BV. LXX

BW. LXXI

BX. LXXII

BY. LXXIII

BZ. LXXIV

CA. LXXV

CB. LXXVI

CC. LXXVII

CD. LXXVIII

CE. LXXIX

CF. LXXX

CG. LXXXI

CH. LXXXII

CI. LXXXIII

CJ. LXXXIV

CK. LXXXV

CL. LXXXVI

CM. LXXXVII

CN. LXXXVIII

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DI. LXXXXXIX

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DK. LXXXXXXI

DL. LXXXXXXII

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DN. LXXXXXXIV

DO. LXXXXXXV

DP. LXXXXXXVI

DQ. LXXXXXXVII

DR. LXXXXXXVIII

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MD. LXXXXXXXVIII

ME. LXXXXXXXIX

MF. LXXXXXXX

MG. LXXXXXXXI

MH. LXXXXXXXII

MI. LXXXXXXXIII

MJ. LXXXXXXXIV

MK. LXXXXXXXV

ML. LXXXXXXXVI

MM. LXXXXXXXVII

MN. LXXXXXXXVIII

MO. LXXXXXXXIX

MP. LXXXXXXX

MQ. LXXXXXXXI

MR. LXXXXXXXII

MS. LXXXXXXXIII

MT. LXXXXXXXIV

MU. LXXXXXXXV

MV. LXXXXXXXVI

MW. LXXXXXXXVII

MX. LXXXXXXXVIII

MY. LXXXXXXXIX

MZ. LXXXXXXX

NA. LXXXXXXXI

NB. LXXXXXXXII

NC. LXXXXXXXIII

ND. LXXXXXXXIV

NE. LXXXXXXXV

NF. LXXXXXXXVI

NG. LXXXXXXXVII

NH. LXXXXXXXVIII

NI. LXXXXXXXIX

NJ. LXXXXXXX

NK. LXXXXXXXI

NL. LXXXXXXXII

NO. LXXXXXXXIII

NP. LXXXXXXXIV

NQ. LXXXXXXXV

NR. LXXXXXXXVI

NS. LXXXXXXXVII

NT. LXXXXXXXVIII

NU. LXXXXXXXIX

NV. LXXXXXXX

NW. LXXXXXXXI

NX. LXXXXXXXII

NY. LXXXXXXXIII

NZ. LXXXXXXXIV

OA. LXXXXXXXV

UNITED STATES OF AMERICA  
Department of Motor Vehicle

FEE  
\$20.00

# International Driving Permit

Complies with International Road Traffic of 19 September 1949  
(United Nations)

Issued at: HILATHIRUW, PLOCEIDA 32746-5001, U.S.A.  
Valid For One Year From:

Date: APR 20 2018

IMPORTANT — This permit is not valid  
for driving in the United States



*Marshall L. Doney*  
Authorized signature of the empowered authority

05422218





Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo

