

Special Instruction:

ASSIGNMENT (Office)

From (Person): Xin Yi of See Hong Date/Time: 30/4/19
 Estimated Cost: _____ Bill to: _____

part by part: \$800.00

Third Parties:

Claimant:

Surveyor:

Workshop: Hybrid motor Trading

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SJ2 67332 Insured: SKC 27368
at Workshop m/s Hup Motor Trading Tel: _____
of Blk 9004 Tampines St. 93 # 01-120
Policy No: _____ Claim No: 19.26426 PD-0
Sum Insured: _____ Excess: _____
Make of Veh: _____ D.O.A. 26/9/2018
(Client's Record)

H.O.D. Endorsement/Date: _____

Date/Time: _____ Person Contacted: _____ Vehicle IN / OUT

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

Date/Time: _____ Submit Final Fig 800, 3 days (Red \$ _____ / _____ %; 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 _____

Nivitha (LKK Auto)

From: Xin Yi <xinyi@seahong.com.sg>
Sent: Tuesday, 30 April 2019 2:07 PM
To: 'Admin-D (LKKAuto)'
Cc: 'Chee Kiong'; samson@seahong.com.sg; amanda@seahong.com.sg
Subject: SJZ 6733Z [Our file ref: 19.26426 PD-O]
Attachments: Insured GIA Report.pdf; ESTIMATE & GIA REPORT.pdf

Dear Nivita,

CLAIMANT :	SOO MENG HAN
VEHICLE NUMBER :	SJZ 6733Z
ALLEGED ACCIDENT DATE :	26 SEPTEMBER 2018
AXA VEHICLE NUMBER :	SKC 2736B

Further as spoken between our goodselves this afternoon, we confirm that your surveyor can attend the RI as follows:-

Date : 02.05.19 (Thursday)
Time : (Between 1pm – 3 pm)
Place : M/s Hup Motor Trading & Service
Block 9004 Tampines Street 93
#01-120
Singapore 538838

Contact Person : Mr David Ang (Tel : 67840039)

Please find attached the following:-

- a) The Claimant's estimates on the repair; and
- b) A copy of OI's GIA report.

Kindly let us have your RI report and invoice, for our further action. Thanks!

Thanks & Best Regards

Heng Xinyi

(Secretary to Mr Tan Chee Kiong)

Seah Ong & Partners LLP

36 Robinson Road

#12-03 City House

Singapore 068877

Tel: 6536 5369

Fax: 6536 5811

This message is intended for the recipient named above. It may contain confidential or privileged information. If you are not the intended recipient, please notify the sender immediately by replying to this message and then delete it from your system. Do not read, copy, use or circulate this communication. Thank you.

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please contact the sender. Opinions, conclusions and other information in this message that do not relate to the official business of the company shall be understood as neither given nor endorsed by Seah Ong & Partners LLP.

From: Xin Yi <xinyi@seahong.com.sg>
Sent: Tuesday, 19 February 2019 9:13 AM
To: 'Admin-D (LKKAUTO)' <admin-d@lkkauto.com>
Cc: 'Chee Kiong (cheekiong@seahong.com.sg)' <cheekiong@seahong.com.sg>; 'samson@seahong.com.sg' <samson@seahong.com.sg>; 'amanda@seahong.com.sg' <amanda@seahong.com.sg>; 'sharon@seahong.com.sg' <sharon@seahong.com.sg>
Subject: SJZ 6733Z [Our file ref: 19.26426 PD-O]

Dear Nivita,

CLAIMANT :	SOO MENG HAN
VEHICLE NUMBER :	SJZ 6733Z
ALLEGED ACCIDENT DATE :	26 SEPTEMBER 2018
AXA VEHICLE NUMBER :	SKC 2736B

We act for AXA Insurance Pte Ltd for the above matter.

We understand that you were engaged to survey the claimant's vehicle.

The claimant has issued their LOD. A copy is enclosed. They appear to have agreed to you as the SJE or your recommended repair cost.

We have requested for OI's GIA from AXA and will forward when we receive the same.

Please let us hear from you on the following: -

- a. If you have conducted post-repair inspection already, please let us have your survey report urgently.
- b. If you have not conducted post-repair inspection, please arrange for post repair inspection with the claimant's solicitor and let us have your survey report thereafter.

May we hear from you on the above soonest.

Thanks & Best Regards
Heng Xinyi
(Secretary to Mr Tan Chee Kiong)
Seah Ong & Partners LLP
36 Robinson Road
#12-03 City House
Singapore 068877

Tel: 6536 5369
Fax: 6536 5811

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林
錦
秀
律
師
館

G S LIM & PARTNERS

Advocates & Solicitors
Notary Public
Commissioner for Oaths

HENRY G S LIM
LLB (Hons) (London)
Barrister-at-Law (Lincoln's Inn)

DAVID YONG KHUNG LIN
LLB (Hons) (University of Bristol)

150 South Bridge Road
#02-30 Fook Hai Building
Singapore 058727
Tel 65324518 Fax 65325410
email : gslimlaw@singnet.com.sg
UEN 53131358A
GST Reg No. M90361086A

3019618471---

60134613

Our Reference : HL/HMT/11971/19/ck
Your Reference :

14 February 2019

WITHOUT PREJUDICE

M/S AXA INSURANCE SINGAPORE PTE LTD
8 SHENTON WAY
#27-01 AXA TOWER
SINGAPORE 068811



BY HAND
(with enclosures)

MS SWAPNA
596D ANG MO KIO STREET 52
#02-305
SINGAPORE 564596



CERTIFICATE OF POSTING
(without enclosures)

Dear Sirs

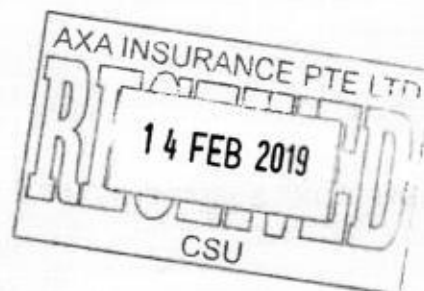
ACCIDENT ALONG WOODLANDS ROAD TOWARDS JOHOR INVOLVING SJZ 6733Z & SKC 2736B ON 26.09.18

We act for Mr Soo Meng Han, owner of vehicle registration no. SJZ 6733Z.

We are instructed to claim damages against you/your driver/your insured in connection with the above-captioned accident involving our client(s) vehicle SJZ 6733Z and SKC 2736B owned and/or insured by you at the material time.

We are instructed that the accident was caused by your driver's/your insured's negligent driving and/or management of your/your insured's vehicle. As a result of the accident, our client(s) vehicle was damaged and our clients' had been put to loss and expense, particulars of which are as follows:-

(a)	Cost of Repairs	\$ 800.00
(b)	Rental of Replacement Vehicle	\$ 300.00
(c)	LTA/G A searches & reports	\$ 36.49
(d)	Costs (Inclusive of GST)	\$ 535.00
(e)	Incidentals	\$ 100.00
	TOTAL	\$ 1,771.49
		=====



A copy each of the following supporting documents is enclosed :-

- (a) our client(s) accident statement ;
- (b) repair bill from M/s Hup Motor Trading & Service ; and
- (c) vehicle rental agreement from M/s National Automobile Service.

The demand herein is in respect of our client(s) claim for damages pertaining to their motor vehicle and any settlement following or subsequent to this demand shall not prejudice our client(s) claim in respect of damages and consequential loss in relation to his personal injuries.

Please note that:

- (a) if you are insured and you wish to claim under your insurance policy, you should immediately pass this letter and all the enclosed documents to your insurer;
- (b) your insurer should state its position on our client(s) claim, for example, whether the claim is admitted or denied or make an offer, within six (6) weeks of your receipt of this letter, failing which our client(s) will have no alternative but to lodge his claim with the Financial Resolution Centre (FIDReC) without further notice to you or your insurer. If the claim is not admitted in full, your insurer must give reasons and send to us a copy each of all relevant supporting documents;
- (c) if you have a counterclaim against our client(s) arising out of the accident, your insurer is also required to send to us a letter giving full particulars of the counterclaim together with all relevant supporting documents within six (6) weeks of your receipt of this letter; and
- (d) If your counterclaim is for a sum of \$3,000 or more, your insurer should also inform us in writing within six (6) weeks of your receipt of this letter, whether your insurer requires our client to commence court proceedings instead of lodging his claim with FIDReC in the event that a settlement cannot be reached. Our client(s) will lodge his claim with FIDReC if your insurer does not elect in favour of court proceedings within the requisite periods of six (6) weeks.

Yours faithfully



HENRY G S LIM

Encs


- cc: M/s India International Insurance Pte Ltd (Insurer of SJZ 6733Z)
Please keep us informed should you receive any third party claim.
- cc: client

Webstar Express Services

BLK 621 BEDOK RESERVOIR ROAD #06-1468 S (470621)
Company Reg No. 53116903X

CONSIGNMENT NOTE NO: 94070

Mobile : 8186 1177 (Main) / 8138 5115
Email: webstarexpress@gmail.com

From : Mr / Ms _____ Tel: _____		To : Mr / Ms _____ Tel: _____	
Address : G S LIM & PARTNERS ADVOCATES & SOLICITORS 150 SOUTH BRIDGE ROAD #02-30 FOOK HAI BUILDING SINGAPORE 058727 TEL: 65324518 FAX: 65325410		Address : <i>AXIA Insurance Spore</i> <i>8 Shenton Way</i> <i>#27-01 AXIA Tower</i>	
TYPE OF SERVICE <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Express - 3 hrs <input type="checkbox"/> Urgent - 1.5 hrs <input type="checkbox"/> Return Trip <input type="checkbox"/> Late Pickup <input type="checkbox"/> Van Service Waiting Time <input type="checkbox"/> Parcel / Boxes <input type="checkbox"/>		 Receiver's Name: _____ Date: 14 FEB 2019 Company's Stamp & Signature MAILROOM	
Courier Name : _____		Receiver's Name: _____	
Date : <i>14/2/19</i> Time : <i>9:50</i>		Date : _____ Time : _____	
Remarks : _____		Date : _____ Time : _____	
Surcharge \$		Date : _____ Time : _____	
Cash \$		Date : _____ Time : _____	
Credit \$		Date : _____ Time : _____	

Please note: A maximum liability claim of any damages whatsoever is limited to S\$100 only per assignment/consignment.

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	28/09/2018 15:26
Date Of Accident	28/09/2018 15:55
Exact Location Of Accident	JUNCTION OF WOODLANDS RD TOWARDS JOHOR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ6733Z
Insured/Policyholder	
Name Of Registered Owner	SOO MENG HAN
Passport No/FIN	F7034449K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94231079
Alternative Phone No	OTHERS-94231079

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS-1.5 E (A)
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	M497453
Cover Note Number	

Driver

Name of Driver	SOO MENG HAN
Passport No/FIN	F7034449K
Date Of Birth	03/01/1972
Occupation	INDOOR
Date Of Driving Pass	13/03/1996
Driving Experience	22 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94231079
Fax Number	
Contact Number	OTHERS-94231079

Address 61 KAKI BUKIT AVE.1, #04-23, SHUN LI INDUSTRIAL PARK
Postcode 417943
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 -
Vehicle -
Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident COLLISION - CROSS JUNCTION
Weather Conditions DRIZZLING
Road Surface WET

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? NO
Was any injured conveyed to hospital by ambulance? NO
Was any other material or property damaged? YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
Number of Passengers (Including Driver) 1

Details of Police Action

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

Circumstances of Accident

KINDLY REFER TO SKETCH PLAN ATTACHED.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKC2736B
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver MS SWAPNA
NRIC/Passport Number S7971627H
Contact Number 98355369
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver) 2
Passenger 1
NAME: :
GENDER: : MALE

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: 28/9/18 15:40hrs

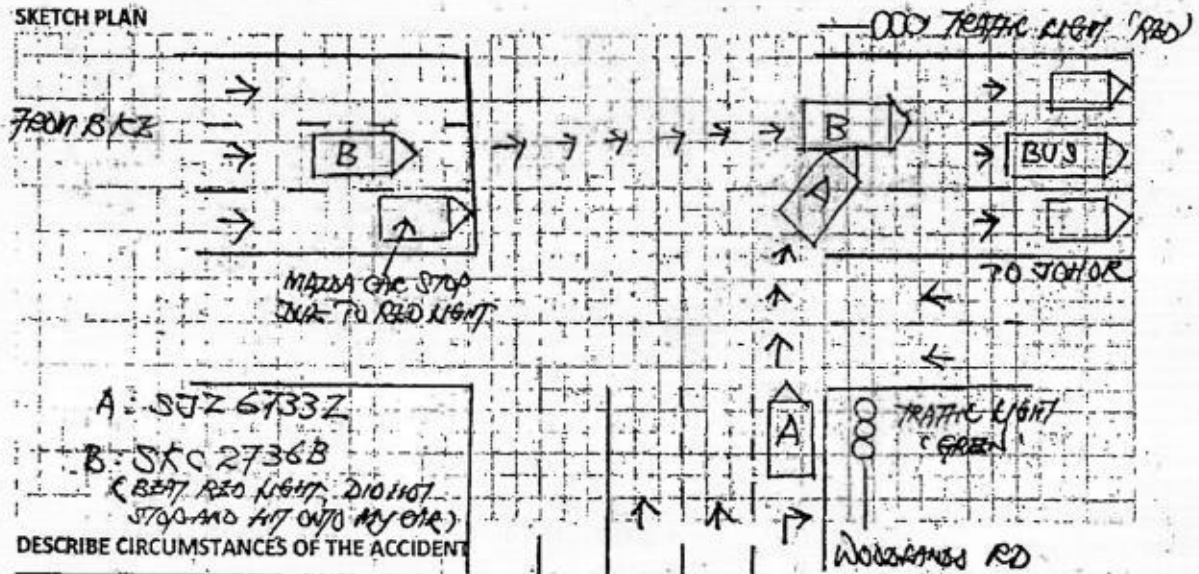
Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DUE TO THE TRAFFIC LIGHT WAS 'RED', I STOP MY CAR (A) ON THE RIGHT LANE, TO WAIT FOR THE TRAFFIC LIGHT TO CHANGE, WHEN TRAFFIC LIGHT TURN 'GREEN' IN MY FAVOUR, I START TO PROCEED MOVING AND TURNING TO THE RIGHT, SUDDENLY CAR (B) CAME IN A FAST PACE FROM MY LEFT, AS THE RESULT CAR (B) REAR RIGHT SIDE BODY PORTION HIT ONTO MY CAR FRONT LEFT SIDE PORTION. AFTER THE ACCIDENT, I CHECK AND VIEW MY CAR VIDEO CAMERA, AND CONFIRM CAR (B) BEAT THE 'RED' LIGHT, CAUSING THE ACCIDENT TO HAPPEN.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time: 28/9/18 15:40hrs

Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

哈 汽 車 貿 易 服 務

HUP MOTOR TRADING & SERVICE

Blk 9004 Tampines Street 93 #01-120 Singapore 528838 Tel: 6784 0039 Fax: 6784 0076 Email: hupmotor@gmail.com Reg. No. 378091/00W

Our Ref: TP 2924/09/18

Your Ref: _____

Date: 10th NOV 2018

MR SOO MENG HAN
61, Kaki Bukit Ave 1,
#04-23, Shun Li Ind. Park,
Singapore 417943

Cost of repair to TOYOTA VIOS 1.5 (A) Saloon - SJZ 6733 Z

Labour charge to remove & cut out damaged parts, to jack,
straighten & knocking out front n/s fender & necessary parts,
to weld, renew & align necessary parts, including wiring check
up, front wheel alignment & balancing.

To putty & respray painting on all affected accident parts.

Total repair under part by part : \$ 800.00

=====

Dollars : Eight Hundred Only.

HUP MOTOR TRADING & SERVICE

.....




專營達普必甲出租
汽車修理
汽車保險賠償服務
嘉賓多授權服務中心

國家汽車服務 NATIONAL AUTOMOBILE SERVICE

Block 5033, Ang Mo Kio Industrial Park 2, #01-279
(off Ang Mo Kio Avenue 3) Singapore 569536
TEL: 6482 5577 (3 Lines) FAX: 6482 5000
TOWING SERVICE: 6858 4067 (After 10.30pm)
Reg. No: 062389/00M



TRUCK RENTAL
MOTOR REPAIR
INSURANCE CLAIMS
AGENCY
AUTHORISED CASTROL
SERVICE CENTRE

車輛出租合同 VEHICLE RENTAL AGREEMENT

Date: 7th NOV 2018

Owner: NATIONAL AUTOMOBILE SERVICE ("the owner")

Hirer: MR SOO MENG HAN (Owner of SJZ 6733 Z)

Address: 61, Kaki Bukit Ave 1, #04-23, Shun Li Industrial Park, S (417943)

NRIC / Co. Reg. No: F7034449K

Tel: Fax: H/P: 94231079

Owner and Hirer have agreed to enter into this Vehicle Rental Agreement for the motor vehicle described below and upon the terms and conditions contained on both sides of this document. Hirer acknowledges having read and understood all the terms and conditions and signifies acceptance upon signing.

Vehicle Reg. No: SLK 5130 A TOYOTA ALTIS 1.6 (A) Saloon		Agreement No.: 56620-8	
Driver's Particulars		Odometer: 22617 (Full Tank Fuel)	
Name: MR SOO MENG HAN		Date & Time Out: 07/11/18 (09:30hrs)	
Address: AS ABOVE		Date & Time In: 10/11/18 (09:15hrs)	
I/C No: F7034449K	Dr/Licence No: S7034449K	Hour @\$	
Date of Issue: 18/03/18	Occupation: Sales	3 Days @\$ 100-00	\$ 300-00
YOD: 13/03/96		Wks @\$	
Date of Birth: 03/01/72	Tools: One Set Spare Tyre: One	Mths @\$	

Third Party Claim

In respect of each third party insurance claim arising from the date of hire to date of return of the vehicle (both dates inclusive). Hirer unconditionally agrees to pay Owner \$3,500/- compensating excess payable and compensation to Owner for impact of claim on future motor insurance premiums.

Own Vehicle Damage

Hirer is responsible for the first \$3,000/- excess for collision/damage to first party, (i.e.) NATIONAL AUTOMOBILE SERVICE (including windscreen) plus loss of earnings while damaged vehicle is under repair.

Authorised Driver

Hirer shall pay additional excess of \$51500 if the Authorised Driver is below the age of 25 or is above 65 years old or has less than 2 years driving experience.

Driver Not Cover By Insurance

General Exception: Insurance policy does not cover against any driver aged below 22 and/or above 70 years old and/or with driving experience of 1 year and below.

Deposit (Refundable):

NIL

Sub-Total:

\$ 300-00

Balance To Pay:

\$ 300-00

PETROL/DIESEL AT YOUR OWN EXPENSE
FOR LOCAL USE ONLY

NATIONAL AUTOMOBILE SERVICE

MHMT18126053 / Hup Motor Trading & Service - HQ
ENTRY DATE & TIME: 28/09/2018 15:26
SUBMITTED BY: Sandy Loo Chwee Ngoh

Your NCD will be affected due to late reporting
Actual e-Filing Submission Date & Time: 28/09/2018 16:22

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	28/09/2018 15:26
Date Of Accident	26/09/2018 15:55
Exact Location Of Accident	JUNCTION OF WOODLANDS RD TOWARDS JOHOR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ6733Z
Insured/Policyholder	
Name Of Registered Owner	SOO MENG HAN
Passport No/FIN	F7034449K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94231079
Alternative Phone No	OTHERS-94231079

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS-1.5 E (A)
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	M497453
Cover Note Number	

Driver

Name of Driver	SOO MENG HAN
Passport No/FIN	F7034449K
Date Of Birth	03/01/1972
Occupation	INDOOR
Date Of Driving Pass	13/03/1996
Driving Experience	22 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94231079
Fax Number	
Contact Number	OTHERS-94231079

Address	61 KAKI BUKIT AVE 1, #04-23, SHUN LI INDUSTRIAL PARK
Postcode	417943
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 - CROSS JUNCTION
Weather Conditions	DRIZZLING
Road Surface	WET

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?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

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

Circumstances of Accident

KINDLY REFER TO SKETCH PLAN ATTACHED.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKC2736B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MS SWAPNA
NRIC/Passport Number	S7971627H
Contact Number	98355369
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2
Passenger 1	NAME: : GENDER: : MALE

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)**

(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.

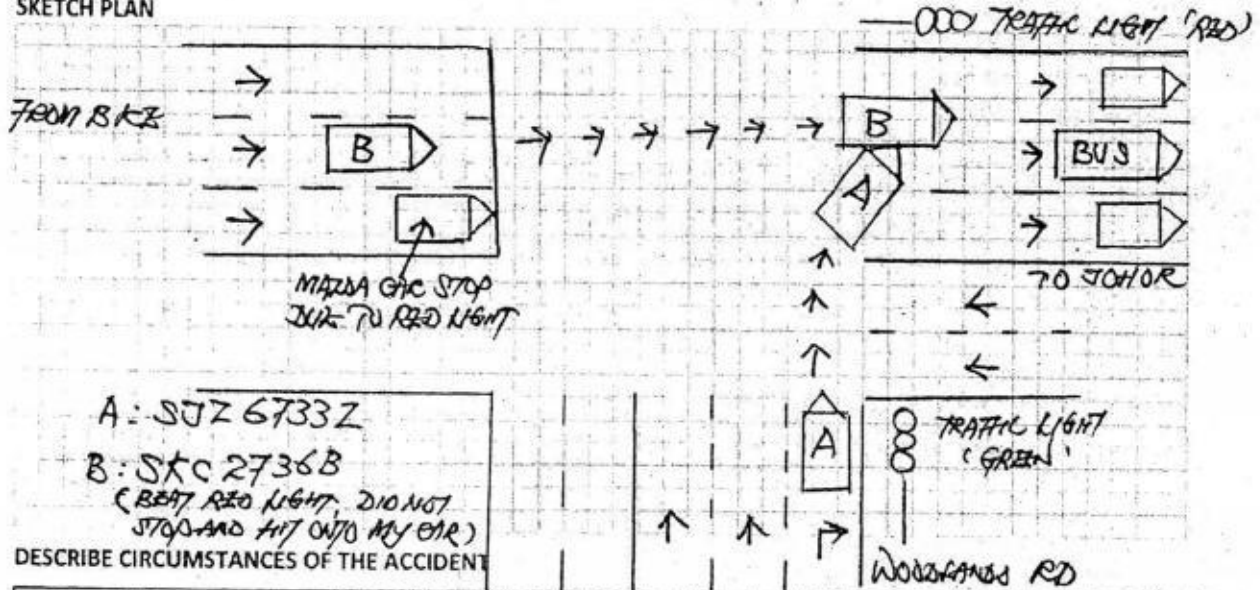
(d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.

(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.

Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: _____

SKETCH PLAN



DUE TO THE TRAFFIC LIGHT WAS 'RED', I STOP MY CAR (A) ON THE RIGHT LANE, TO WAIT FOR THE TRAFFIC LIGHT TO CHANGE, WHEN TRAFFIC LIGHT TURN 'GREEN' IN MY FAVOUR, I START TO PROCEED MOVING AND TURNING TO THE RIGHT, SUDDENLY CAR (B) CAME IN A FAST PACE FROM MY LEFT, AS THE RESULT CAR (B) REAR RIGHT SIDE BODY PORTION HIT ONTO MY CAR FRONT LEFT SIDE PORTION. AFTER THE ACCIDENT, I CHECK AND VIEW MY CAR VIDEO CAMERA, AND CONFIRM CAR (B) BEAT THE 'RED' LIGHT, CAUSING THE ACCIDENT TO HAPPEN.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time: 28/9/18 15.40hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



ACCIDENT REPORTING CENTRE
& AUTHORISED WORKSHOP:
HUP MOTOR TRADING & SERVICE
BLK 9004 TAMPINES STREET 93
#01-120 SINGAPORE 528838
TEL: 67840039 (24 hrs) HP: 98154655
Email: hupmotor@gmail.com

INDIA INTERNATIONAL INSURANCE PTE LTD
Co. Reg. No. 198703792K | GST. Reg. No. M2-0078806-X
64 Cecil Street #04/ #05/ #06-02 IOB Building Singapore 049711
Office (65) 63476100 Email insure@iii.com.sg
Fax (65) 62244174 Website www.iii.com.sg

Current Road Tax Expiry Date : 16/06/2018

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

This certificate is not transferable to a new owner of the vehicle. If for any reason the Insurance is terminated during its currency, the Certificate must be returned to the Insurer, or if the Certificate has been lost or destroyed a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the legislation relating to compulsory Insurance.
The Certificate must be returned if the Insurance is suspended during its currency.

Agency Code: **61301SE**
Comprehensive

Insured/ Named Drivers Excess: \$600/- Sect I
Unnamed Drivers Excess: \$1100/- Sect. I & additional \$2500/- Sect. I for age
< 21 years or >65 years &/or S'pore D.L. < 2 years
Windscreen Excess: \$100/-

CERTIFICATE NO.

M497453

1. Index Mark and Registration
Number of Vehicle

SJZ 6733 Z

2. Name of Policy Holder

Soo Meng Han

3. Effective date of the Commencement of
Insurance for the purposes of the Act

30th June 2018

4. Date of Expiry of Insurance

29th June 2019

5. Person or Classes of Persons entitled to drive*

(a) The Policyholder

The Policyholder may also drive a Motor Car not belonging to or hired (under a hire purchase agreement or otherwise) to him/her or his/her employer or his/her partner.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to use*

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

The Policy does not cover use for hire or reward, racing, pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Date of Issue: hh/ 21.05.2018

for India International Insurance Pte. Ltd.
(APPROVED INSURERS)

M.X. 1 (PRIVATE CAR)
INDIVIDUAL OWNERSHIP

Authorized Signatory

IMPORTANT NOTICE

Policyholders are hereby warned that under the Motor Vehicle (Third Party Risks and Compensation) Act (Cap. 189), it shall be unlawful for any person to use or to cause or permit any other person to use a motor vehicle without a valid policy of insurance under the Act.

Policyholders are further warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189).

The Policy will cease to be valid once the motor vehicle has been sold to another person unless the transfer of interest has been duly notified to and agreed to by the insurance company concerned. If the insurance company agree to cover the new owner they will endorse the policy accordingly and will issue a new Certificate of Insurance in the new owner's name.

IN THE EVENT OF AN ACCIDENT NOTIFICATION SHOULD BE GIVEN IMMEDIATELY TO THE COMPANY. FAILURE TO DO SO WILL RESULT IN UNDERWRITERS DECLINING LIABILITY.

Agent/Broker Name: M Plus

Hire Purchase Company: Maybank

Text size + -

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Foreign Identification
Number
Owner ID: 4449K

Vehicle Details

Vehicle No.: SJZ6733Z
Vehicle to be Exported: Yes
Intended De-registration Date: 02 Jun 2017
Vehicle Make: TOYOTA
Vehicle Model: VIOS E AUTO
Primary Colour: Silver
Manufacturing Year: 2010
Engine No.: 1NZY116808
Chassis No.: MR053HY9305172767
Maximum Power Output: 80.0 kW (107 bhp)
Open Market Value: \$12,306.00
Original Registration Date: 17 Dec 2010
First Registration Date: 17 Dec 2010
Transfer Count: 1

Actual ARF Paid: \$12,306.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 16 Dec 2020
PARF Rebate Amount: \$7,998.00

Intended COE Rebate Details

COE Expiry Date: 16 Dec 2020
COE Category: A - Car (1600cc & below)
COE Period(Years): 10
QP Paid: \$39,000.00
COE Rebate Amount: \$13,796.00
Total Rebate - - - - -

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	18/10/2018 16:13
Date Of Accident	26/09/2018 15:00
Exact Location Of Accident	JUNCTION OF WOODLANDS RD TO JOHOR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC2736B
Insured/Policyholder	
Name Of Registered Owner	SWAPNA
NRIC No	S7971627H
Email Address	RECRUITDIVA@LIVE.COM
Mobile Phone No	(LOCAL) +65-92710100
Alternative Phone No	OTHERS-92710100

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E250-1.8 BLUE EFFICENCY (A)
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA084080/1
Cover Note Number	04/01/2018 - 03/01/2019

Driver

Name of Driver	SWAPNA
NRIC No	S7971627H
Date Of Birth	08/01/1979
Occupation	INDOOR
Date Of Driving Pass	07/06/2011
Driving Experience	7 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92710100
Fax Number	
Contact Number	OTHERS-92710100
Email Address	RECRUITDIVA@LIVE.COM

Address	BLK 596D ANG MO KIO ST 52 #02-305
Postcode	564596
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 - CROSS JUNCTION
Weather Conditions	DRIZZLING
Road Surface	WET

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?	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)	2
Passenger 1	NAME: : HEMANTH 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

REFER TO THE SKETCH PLAN BY DRIVER

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	SJZ6733Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SOO MENG HAN
NRIC/Passport Number	F7034449K
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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.
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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.
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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:

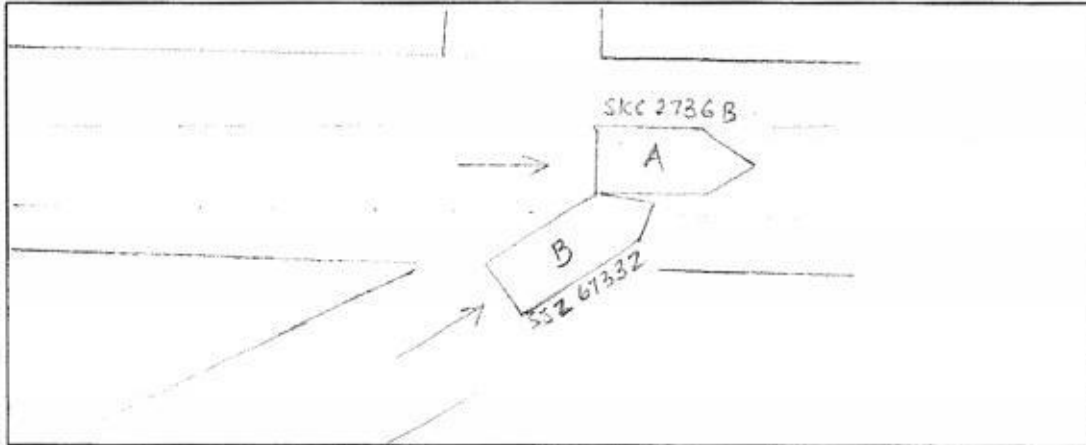
Driver's Signature
(If driver is not the policyholder)
Date & Time:



Sketch Plan Pg. 2

Date of accident: 26/09/18 Time: 15:00 Location: Junction of Teluk Rd with Johor.
 My Vehicle A: SKC 2736B Vehicle B: SJZ 6733Z Vehicle C: —

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 26th of Sept 2018 I was driving to JB in my car SKC2736B. As I passed the straight road a Malaysian driver driving a Singapore car SJZ6733Z drove in & hit the right back of my car. He just got his license on the 2nd March 2018 & was not displaying his 'P' Plate license on his car. Moreover he was using his phone while driving. His license number is F7034449K. His name is Soo Meng Han. After the accident happened we assessed the damages & agreed to settle it by ourselves since it's just minor scratches. But the next day his insurance agent called me & harassed me & spoke to me in a threatening manner. I called the driver immediately & he apologised & said no issues & he will close this case but again in the evening the driver started texting me & harassing me to pay \$250 which I refused to give. Now he is claiming \$5000 from my insurance which I am not willing to approve.

☐ 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 : recruitment@live.com

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your 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.:

AH LIM MOTOR COMPANY



redefining / insurance

AXA Insurance Pte Ltd
 ☎ 1800 880 4888 (Within Singapore)
 ☎ (65) 6980 4888 (International)
 ☎ (65) 6980 4790
 ✉ customer.care@axa.com.sg
 🌐 www.axa.com.sg

account number
 00312

Certificate of Insurance

-Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) - Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 - Road Transport Act, 1987 (Malaysia)
 -Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Policy details

Policyholder name	MDM SWAPHA	Certificate number	GA084080 / 1
Cover	Comprehensive	Chassis number	WDD2073472F203080
Plan name	Essential	Engine number	27186030601593
NCD applicable	20%		
Vehicle registration number	SKC27368		
Period of Insurance	from 04/01/2018 to 03/01/2019 (both dates inclusive)		
Finance loan company	MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE LTD		

Persons or classes of persons entitled to drive*

- (a) The Policyholder
 (b) Any Named Driver as stated in the Policy:
 1. ARUN WAHAB
 (c) Any person who is driving on the Policyholder's order or with their permission

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

Limitation as to use*

Use only for social, domestic and pleasure purposes and for the Policyholder's business.
 The policy does not cover - use for hire or reward, racing, pace-making, reliability trial, speed testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with motor trade; or when the Motor Car, whether stationary, in use or otherwise, is in or on, a racing track, circuit, route, course or any other roads by whatever name called that are typically used for racing, pace-making or such similar purposes.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS	Basic Own Damage Excess	SGD 600.00
	Windscreen Excess	SGD 100.00

An Additional Excess is applicable as follows:

1. S\$500 for unnamed Authorised Driver
2. S\$500 for declared Young and Inexperienced Driver
3. S\$5,000 for undeclared Young and Inexperienced Drivers. This additional excess is reduced to S\$2,500 if you have chosen AXA Premium Workshops.

Additional clauses & endorsements to your policy

Nil

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

AXA Insurance Pte Ltd

Authorised signatory

Important note

Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation) Act (Cap. 189).
 The Premium Warranty Clause requires the premium to be paid in full within a specific period fixing which there would be no liability under the policy, renewal certificate, endorsement etc.

AXA Insurance Pte Ltd (199903512M)
 8 Sheraton Way, #24-01, AXA Tower,
 Singapore 068811
 Customer Centre, #B1-01

1 of 3

Sketch Plan Pg. 4

Sketch Plan Pg. 7

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7971627H



Name
SWAPNA

Race
MALAYALEE

Date of birth
08-01-1979

Country of birth
INDIA

Sex
F

IC No.
S7971627H



92710100.

driving/w.t.

~~etc~~

NO injury.

NO video

2nd.

(1) Hemant



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

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) <= 2000kg 07 Jun 2011
with <= 7 passengers, exclusive of the driver; and
other motor vehicles without clutch pedals <= 2500kg

NP 428A

