



Motor Image Enterprises Pte Ltd
19 Lorong 8 Toa Payoh
Singapore 319255
Tel : (65) 6417 0333
Fax : (65) 6252 5655
SRN 198702022R

BREAKDOWN OF PAYMENT

Attn: Motor Claims Department

Dear Sir/ Madam,

Accident involving vehicle SKT8493Y and SJR 3883E on 06.05.2019

The accident was caused solely by your insured's negligence. We therefore, seeking compensation from you for my financial loss as itemised below:

a)	Repair Cost/ Excess	S\$ 1557.06
b)	Loss of Use/ Rental of vehicles for _____ day(s) @ S\$ _____ per day	S\$ 385.20
c)	LTA/ GIA Search Fees	S\$ 2.00
d)	Towing Fees	S\$
e)	Others _____	S\$
TOTAL		S\$ 1944.26

I enclose herewith copy of the following: (please tick the appropriate boxes)

<input checked="" type="checkbox"/>	Repair Invoice	<input checked="" type="checkbox"/>	LTA/ GIA Search Receipt
<input type="checkbox"/>	Policy Excess Invoice	<input checked="" type="checkbox"/>	NRIC/ Driving License
<input checked="" type="checkbox"/>	Discharge Voucher	<input checked="" type="checkbox"/>	Letter Of Authority
<input checked="" type="checkbox"/>	Rental Invoice	<input type="checkbox"/>	GIA Report
<input checked="" type="checkbox"/>	Certificate of Insurance	<input type="checkbox"/>	Survey Report
<input type="checkbox"/>	Towing Invoice	<input type="checkbox"/>	Medical Invoice

All payment should be payable to **Motor Image Enterprises Pte Ltd/my favour** and the said payment as full and final settlement of my claim.

Please acknowledge receipt and let me have your favourable reply soon.

*Contact person: Siow Hooi – 6703 8115
hooi@motorimage.net



LETTER OF AUTHORITY AND INDEMNITY

Motor Image Enterprises Pte Ltd

- ☒ Toa Payoh Service Center, 19, Lorong 8, Toa Payoh, Singapore 319255
☐ Leng Kee Service Center, 25, Leng Kee Road, Singapore 159097

Type of Claim:

- ☒ Third Party (Direct Settlement)
☐ Own Damage (Recovery Claim)

ACCIDENT INVOLVING VEHICLE REGISTRATION No. SKT 8493Y AND SJR 3833E
ON 06th MAY 19 AT SLIP RD FROM SCOTTS RD TWDS ORCHARD RD

1. I, the owner of vehicle no. SKT 8493Y hereby instruct you and authorise you to act for me with respect to the following: -
 - (a) To submit my claims for all losses including uninsured loss, rental car charges, medical fees, excess payment and cost of repairs.
 - (b) To settling my claim as they deem fit, including settling the matter on basis of my contributory negligence if any.
 - (c) To receive payment for settlement of my claim where all payment is to be made payable to the repair workshop for cost of repairs and other uninsured losses.
 - (d) To sign discharge voucher on my behalf.
2. I further acknowledge that any settlement that workshop may reach on my behalf is on a without prejudice basis and without admission of liability basis insofar as the driver/owner/insurers of the other vehicle is concerned.
3. In the event that I am required to attend meetings, interviews, court and/or provide statements or any information in connection with my claim, I shall render full cooperation.
4. In the event that my claim against the third party or his insurers is not successful or cannot be proceeded with or if any settlement is not honoured or satisfied by the third party or his insurers, I authorise you to revert to my own insurers for the cost of repairs and any losses recoverable under my policy of insurance. In this respect, I understand and accept that the excess amount applicable under the policy of insurance shall be borne by me.
5. If for whatever reason, my insurers reject my claim for indemnity for the cost of repairs and/or any other losses recoverable under the policy of insurance or make an offer to pay less than the amount claimed by you, I agree and undertake to pay the difference between what was claimed and paid out by the insurers or the full amount of my repair bill and survey fees and any other expenses reasonably incurred on my behalf or to pay you the difference in amount, as the case may be.
6. I undertake to state truthfully and to make full and frank disclosure of all facts leading up to and of the accident and of any action and/or omissions in connection with my part in the accident. If any facts stated are inaccurate and my claim cannot be paid out or fails, I agree that I shall be liable to you for the repair and other costs incurred by you.
7. I further undertake to sign any document or discharge voucher that is required for the purposes of my claim and if as a result of my failure to do so, my claim cannot be paid out or is delayed, I agree that I shall be liable to you for the repair and other costs incurred by you.
8. I understand that the claim for loss of use of my vehicle will be based on the number on the days estimated by the surveyor in his report for the required repair. The actual number of days may be more due to unavailability of parts, weekend, holidays and other operational exigencies and I accept that it may not be possible to claim for these extra days. In addition, any contributory negligence part of my claim can also affect portion of my claim for loss of usage.
9. I shall keep you informed of any correspondence and/or summons that I may receive in connection with the accident before agreeing to pay or receive any monies due under this claim.
10. In the event, the insurers pay the claimed amount to me instead of you, I will inform you as soon as possible and reimburse you for the repair and other costs incurred by you.
11. For successful recovery of upfront Excess payment by claimant, the workshop shall effect refund accordingly to the mode of upfront payment.
 - a) For upfront Excess payment by credit card, the refund shall be credited to the respective Credit Card Account via Credit Card Company handling the transaction.
 - b) For Excess payment by cash, the workshop shall refund the amount to the claimant via cheque payment.

Claimant's Particulars		Authorized Workshop
Name <u>TOH KHAI LEE</u>		Company Name <u>MOTORIMAGE ENTERPRISES PTE LTD</u>
Address <u>12 TREVOSE PLACE</u> <u>S (297996)</u>		Claim Officer's Name <u>DANIEL JUDE</u>
Telephone No <u>9780 4400</u>		Telephone No <u>6703 8107 / 8611 3195</u>
Date <u>08th MAY 19</u>	Email <u>-</u>	Date <u>08th MAY 19</u>
Company Stamp [For Co Regn Vehicle]	Authorized Signature <u>X Tami</u>	Claim Officer Signature <u>[Signature]</u>



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SJR 3833E	(Insd veh)	Model: SUBARU LEGACY 2.5I-S CVT AWD SR
	SKT 8493Y	(TP veh)	
Date of Accident/ Time:	06/05/2019 08.00		

Repair Estimate	: \$	5,828.08	
Final Repair Cost (W/GST)	: \$	1,557.06 /	
Loss of Use	: \$		days at \$ per day
Rental (if any) (W/GST)	: \$	385.20 /	4 days at \$ 90 per day
LTA / GIA Search Fee	: \$	2.00 /	
Others:	: \$		
	: \$		
Final Settlement Sum	: \$	1,944.26 /	

Payee Name : **MOTOR IMAGE ENTERPRISES PTE LTD**

Is Third Party Workshop GIA Registered? [] YES [X] NO (Kindly indicate below)

A)	For Non GIA Registered Workshop:	Agreed Liability <u>100</u> (%)
B)	For GIA Registered Workshop:	BOLA Applicable: Yes/ No BOLA Scenario No: _____
	BOLA Liability: _____ (%)	Assessed Liability (*): _____ (%)
* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.		
Remarks:		





NOTE:

- PLEASE EXPRESSLY RESERVE YOUR CLIENT'S RIGHTS IF SO REQUIRED IN THIS SETTLEMENT DOCUMENT.
- THIS SETTLEMENT IS ON A WITHOUT PREJUDICE BASIS AND SHOULD NOT CONSTRUED AS AN ADMISSION OF LIABILITY ON AXA AND THEIR CLIENT/TORTFEASOR IN ANY MANNER WHATSOEVER.
- AXA RESERVES THEIR RIGHTS UNDER THE POLICY TERMS & CONDITIONS AS WELL AS THEIR RIGHTS IN LAW.

Only applicable to rental claim - All document are to be submitted with this settlement confirmation. In the event, rental agreement / Invoices are **not received within 7 days** of this signed confirmation, we will automatically revert to loss of use claim per the NIMA rates.

We/I confirmed that this is a full and final settlement that we and or our client have/had/has against you (AXA and their policyholder/authorised driver/tortfeasor) for any and all losses (past/present/future) arising from this accident.

We confirmed that we have the authority of our client to act for and on their behalf in this accident.

 Signature of workshop representative / Workshop stamp Name of Representative: <u>001 S W W +1001</u> Date: <u>03/09/2020</u>   <u>KSC</u>	 Signature of Witness / Workshop stamp (if applicable) Name of Witness: <u>NOOR AISHA</u> Date: <u>03/09/2020</u> 
Signature of AXA's surveyor/representative: Name of AXA's surveyor /Representative: Date:	

**Motor Image Enterprises Pte Ltd**

19 Lorong 8 Toa Payoh Singapore 319255

Service Centre Tel: (65) 6703 8101 / 102 Fax: (65) 6253 5535

25 Leng Kee Road Singapore 159097

Service Centre Tel: (65) 6703 8163 Fax : (65) 6479 1137

Website: www.motorimage.net

**TAX INVOICE**

GST Reg No. M2-0076975-9

Co. Reg No. 198702032R

Sales: INSURANCE CUSTOMER**Invoice No: L514238****For cash sales, payment will be
endorsed on this invoice and no
separate receipt will be issued.****DATE REC'D: 28-May-2019****SERVICE ADVISOR: HOOI****JOB No.: L501962****MILEAGE: 83726****ID:**

NAME: AXA INSURANCE PTE LTD
ADDRESS: 8 SHENTON WAY
#27-01 AXA TOWER. S(068811)
TELEPHONE: 63387288
MODEL: LEGACY 2.5I-S AWD CVT
ENGINE No.: FB251607229
CHASSIS No.: JF1BN9KC2FG002812
REGISTRATION No.: SKT8493Y

ITEMS CODE	DESCRIPTION OF REPAIRS	AMOUNT
1	TPCLAI CONDUCT BODYWORK REPAIR (THIRD PARTY CLAIM) AGAINST SJR3833E - AXA INSURED	
2	REMARK CONDUCT TP CLAIM AXA DATE:06/05/2019 TIME:0755HRS LOCATION:SLIP RD FROM SCOTTS RD TWD ORCHARD RD	
3	INS01 FOR ACCIDENT CAR OR REPAIR JOB QUOTATION, AN ADMINISTRATIVE CHARGE WILL BE IMPOSED IF VEHICLE	
4	INS02 IS WITHDRAW AND TOWED OUT FOR REPAIR. REFER TO STANDARD RATE CHART (REF. 0338).	
5	INS03 STORAGE CHARGES OF \$30/DAY WILL BE IMPOSED FROM THE DATE OF CONFIRMATION OF AUTHORISATION BY THE	
6	INS04 SURVEYOR SHOULD THE OWNER DECIDE NOT TO CARRY OUT THE REPAIR IN MOTORIMAGE ENTERPRISES PTE LTD.	
7	INS05 INSTRUCTIONS WILL BE TAKEN FROM THE OWNER ONLY. IF IT IS NOT POSSIBLE, AN AUTHORISATION LETTER FROM	
8	INS06 THE OWNER IS REQUIRED.	
9	INS07 CUSTOMER ARE INFORMED AND ACCEPT THAT NUMBER OF DAYS FOR LOSS OF USE IS BASE ON THE FOLLOWING:	
10	INS08 NO.OF DAYS FOR LOSS OF USE RECOMMENDED BY INS.CO. APPOINTED SURVEYOR NO FURTHER CLAIM CAN BE ALLOWED	
11	INS09 CUST ACK THAT CLAIMS NOT EXCEEDING \$3,000 & ABOVE WILL HAVE TO BE REFER TO FIDREC DIRECTLY.	
12	REMARK REPAIR/REPLACE REAR BUMPER & END PANEL	560.00
13	REMARK RESPRAY REAR BUMPER & END PANEL	420.00
	TOTAL(LABOUR)	980.00
1	BUMPER FACE R SDNFHI 57704AL120(Qty : 1 @ 594.00 each(Discount 20.00%))	475.20
	TOTAL(SPARE PARTS)	475.20

Subtotal 1,455.20
GST(7%) 101.86
TOTAL \$1,557.06

DATE : 09-Apr-2020

CUSTOMER_____
MANAGER

The customer acknowledges and confirms by taking delivery of the vehicle and/or upon receipt of this invoice, either personally or by an agent that his/her complaints relating to the vehicle have been rectified to his/her satisfaction and that the Company's liability for defective work and/or materials will be limited to rectification works and/or replacement of parts without charge or at discounted charge, at the Company's option. The customer further acknowledges that any discrepancy in this invoice (with the exception of errors and omissions) must be brought to the Company's attention in writing within three(3) days from the date of this invoice failing which it will be deemed correct.

CUSTOMER**Not yet a DUO Member? Join us now at www.DUO.com.sg and start accumulating your points for your invoice today!***Certified True Copy*



Hiring Agreement

Co.Reg.No : 198403671H
GST Reg.No.: M2-0067432-1

TP2019408

ACCOUNTS COPY

SALESMAN CODE: HB

Vehicle Number: SKQ5357T Make & Model: SUBARU IMPREZA 4D 1.6I-S AWD CVT ✓ Date: 27/05/2019
 Change Over 1: SK41735R Initial: Subaru Impreza 1.6I ✓ Date: _____
 Change Over 2: _____ Initial: _____ Date: _____

Hirer

Name: MOTOR IMAGE ENTERPRISES PTE LTD

Address: 19 LORONG 8 TOA PAYOH

Singapore: (319255) SAYEDINAH

Contact Person: CHRISTY (MIE) Tel: _____

1st Driver

Name: TOH KHAI LEE

Address: 12 TREVOSE PLACE

Singapore: (297996)

Contact No: (H) _____ (O) _____ (HP) _____

Occupation: _____ Date of Birth: 25/08/1966

Passport / NRIC No: S1748600D Nationality: SINGAPOREAN

Driver's Licence No: S1748600D Driving Exp: yrs

Country of Issue: SINGAPORE Driving Date: 06/11/2030

Additional Driver

Name: HO KWAI YUEN

Address: 12 TREVOSE PLACE

Singapore: (297996)

Contact No: (H) _____ (O) _____ (HP) _____

Occupation: _____ Date of Birth: 03/08/1966

Passport / NRIC No: S1774670G Nationality: SINGAPOREAN

Driver's Licence No: S1774670G Driving Exp: 33 yrs

Country of Issue: SINGAPORE Driving Date: 13/04/2030

Remarks / Delivery Location

3RD PARTY CLAIM - REF: MIE (TP) JUDE

Additional \$2000/- + existing Excess
Additional 2 years & above
Additional 1 year & above
Additional 6 months & above

Check In / Out

Date Out: 27/05/2019 Time Out: 10:05:34 Km Out: 8888.00

Petrol Level: E

Agreed Date of Return: 01/06/2019 10:05:34

Date In: _____ Time In: _____ Km In: _____

Petrol Level: E

Collision Damage Waiver & PAI

ACCEPTS

To Pay Extra Fees

Daily S\$0.00

Weekly S\$

Monthly S\$

Weekend S\$

Non-Waivable Excess

S\$ 0.00 per accident

DECLINES

Hirer Declines CDW

Excess S\$ 2,000.00

per accident

Signature _____

Signature Tor

*The above is subjected to 7% GST.

Per Day	90.00	450.00
Per Week		
Per Month		
Weekend		
Rental Charges <u>4 days x \$90</u>	<u>450.00</u>	<u>360.00</u>
CDW	0.00	
PAI	0.00	
Deliver / Collection	0.00	
Malaysia Charge		
Petrol		
Other Charge		
Sub Total	<u>450.00</u>	<u>360.00</u>

OVERALL CHARGES

\$ 385.20

Hirer hereby agrees to abide to the terms and conditions as set out overleaf. If I opt to pay by credit / charge card, my signature here will be deemed to have been made on the applicable credit and card charge slip.

I also agree to allow the company to hold a security deposit equivalent to the excess amount as set out in the Hire Agreement for the term of hire by credit card/ cash.

The Hirer agrees that smoking and carriage of pets are not allowed in the hired vehicle. An extra charge of S\$250 will be applicable to ionize the vehicle.

The Hirer agrees that the vehicle must be returned at the agreed time and date. Late return is chargeable, an hourly charge of S\$50 will be applied.

Deposit Tax Invoice

Deposit Inv: _____ Amount: _____

O/R No: _____ Date: _____

For Official Use

INV: 81015308 O/R: _____ Date: 31/5/19

INV: _____ O/R: _____ Date: _____

INV: _____ O/R: _____ Date: _____

HIRER'S SIGNATURE

DOWNTOWN TRAVEL SERVICES PTE LTD



Motor Image Enterprises Pte Ltd

Request For Car Rental

Date: 24th MAY 19

Department: INS

Request By: JUDE

Invoice To: MIE SVC - TP / MIE SVC - LK

Reason:

3RD PARTY RENTAL REQUEST

TOH KHAI LEE —> 9780 4400

Owner's Car Plate No: SKT 8493Y

Authorized No. of days:

Owner's Car Model: LEGACY 2.5

Date Required: 27th MAY 19

Date Returned:

Model of Vehicle Required: (Auto / Manual):

Authorized By: DANIEL Lim (Name & Signature of Dept Mgr)

To Be Completed by Downtown Travel Service P L Staff:

Vehicle Number Assigned: SKU 1735R Car Model: Subaru Impreza

Rental Date: 27/5/19

Date Returned: 31/5/2019

Process by: Hamidah.

TP2019408

3101 5308



www.tanchong.com



DOWNTOWN TRAVEL SERVICES PTE LTD

19 Lorong 8 Toa Payoh Singapore 319255

Tel (65) 6703 8400 Fax (65) 6336 4677

Co. Reg. No. 1984-03671/H

GST Reg. No. M2-0067432-4

MOTOR IMAGE ENTERPRISES PTE LTD
~~CHRISTY (SERVICE DEPT)~~
19 LORONG 8 TOA PAYOH

S(319255)
ATTN : ~~CHRISTY (MIE)~~ SAYEDINAH

GST Reg No. : M2-0067432-4
Tax Invoice : S1015308
Inv. date...: 31-MAY-2019
Print date...: 31-MAY-2019
Print time...: 17:37:17
Page no.....: 1
Agreement no: TP2019408
Salesman.....: HB

Description	Amount
RENTAL CHARGE FROM 27-MAY-2019 TO 31-MAY-2019 SUBARU IMPREZA 4D 1.6I-S AWD CVT - SKU1735R (TOH KHAI LEE)	360.00

TOTAL SGD(BEFORE GST)	360.00
GST(7%)	25.20
TOTAL SGD(AFTER GST)	385.20

N.B. Cheques should be crossed and made payable to
DOWNTOWN TRAVEL SERVICES PTE LTD
Interest at 0.05% per day on overdue account. Terms
of payment strictly 7 days.

DOWNTOWN TRAVEL SERVICES PTE LTD

Reg. No.
198403671H
Authorised Signature



RECORDS MANAGEMENT CENTRE

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

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-19-075217

Date of Request: 13/05/2019

Your Ref No:

Online Purchase

Motor Image Enterprises Pte Ltd
19 Lorong 8 Toa Payoh
Singapore 319255

Dear Sir/Madam,

Enquiry Date 13/05/2019

Enquiry By Mohamed Isman Bin Mohamed Hepbun

TP Vehicle No. SJR3833E

Accident Date 06/05/2019

DESCRIPTION	AMOUNT (S\$)
TP Insurer Enquiry	1.87
GST Amount	0.13
Total Amount Due (GST Inclusive)	2.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ [X] GIRO ☐ [] Cash ☐ [] Cheque



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

22 MAY 2019

ELIZABETH TAY SHU JUAN

37 DAIRY FARM ROAD

#02-03

SINGAPORE 679053

Dear Sir/ Mdm

OUR REF : CC4/ASM19008533/pb3

YOUR REF : SJR 3833E

ACCIDENT INVOLVING SJR 3833E AND SKT 8493Y ALONG/AT SLIP ROAD ON SCOTTS ROAD TOWARDS ORCHARD ROAD ON 06/05/2019

We refer to the above subject matter. We write to inform you that we are the loss adjuster appointed by your motor insurer, AXA Insurance Pte Ltd to deal with the third party claim against your policy.

We have received a claim from MOTOR IMAGE ENTERPRISES PTE LTD acting on behalf of the owner of SKT 8493Y against your motor insurance policy.

Based on the accident report and accident scenario, liability is not in your favour as it is a head-to-rear collision. We will therefore proceed to negotiate for an amicable settlement with the Third Party.

Please be informed that your No Claim Discount (NCD) may be affected as a result of the claim against your policy.

We shall proceed to deal with the claim(s) subject to the merits of the case and according to the rights afforded under the policy. Should you not be seeking the protection of your policy and seek to take conduct of third party claim(s) arising from this incident, at your own cost and defence, please reply to us within 10 days from the date of this letter. Your intent must be formally expressed to us and acknowledged by us.

Your full co-operation in the handling of the claim is required and kindly submit the following to chewht@lkkauto.com within 10 days from the date of this letter **if not provided at our reporting centre**. The list below is not all inclusive and further document may be required:

- Police report, Police Investigation result, appeal against the Traffic Police offence and status (if any)
- Driver's driving license or foreign driving license (if any)
- Coloured photographs of accident scene (if any)
- Coloured photographs of damage to all vehicles involved (If any)
- Video footage of accident (if any)
- Statement and/or police report from independent witness(es) (if any)
- If you or your passenger(s) are filing a claim against any of the involved Third Party(s), you are to keep us informed of your legal representative(s) and the status of the claim

To protect your interest(s) in the handling of this claim, please do not discuss liability with any of the Third Party(s) and/or their legal representatives, or make any compromise or settlement without AXA's prior knowledge and consent.

This letter should **not** be regarded as a waiver by AXA of their rights to repudiate any claim because of any breach of policy terms and conditions you and/or your authorised driver may have committed.

In the event of receiving and handling of any third party injury claim(s), AXA shall keep you informed of the final indemnity upon conclusion of the matter(s).

If you need any clarification, please do not hesitate to contact us at 6742 3197 or email us at chewht@lkkauto.com.

Please quote the claim reference when you contact us that we can assist you more effectively.

Yours sincerely



Chew Hsiao Tong

Case Handler

DID: 6742 3197

FAX: 6741 4108

EMAIL: chewht@lkkauto.com

Cc *AXA Insurance Pte Ltd*
 (Motor Claims Dept)



Auto
Consultants
Pte Ltd

Company Registration No. 199607198R

51 UBI AVE 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Immediate Advice

To : AXA Insurance Pte Ltd

Date: 2/9/2020

Survey Details:

Date of loss	6-May-2019	
Date of appointment	14-May-2019	
Date of survey	28-May-2019	
Location of survey	MOTOR IMAGE ENTERPRISES PTE LTD	

Vehicle Details:

Claim Type:	THIRD PARTY CLAIM
Vehicle number	SKT 8493Y
Make and Model	SUBARU LEGACY 2.5I-S CVT AWD SR
Date of registration	25-Jun-15
Excess	
Market Value	\$ 72,000.00
Parf Rebate	\$ 57,487.00
Nett Loss	\$ 14,513.00

Repair details:

Initial Estimate	\$ 5,446.80
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Proposed/Revised repair cost:

Parts	\$ 475.20
Check items (estimate)	-
Labour	\$ 980.00
Total	\$ 1,455.20
Lump Sum(if applicable)	-

Number of days for repair	3
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Remarks:

Insured driver rear-ended TP.

Mandate:

Liability(TP)	100%	
Proposed repair cost (w/gst)	\$ 1,557.06	
Loss of rental (4 DAYS X \$90.00) (w/gst)	\$ 385.20	
GIA search fees	\$ 2.00	
Others	NIL	
Proposed Total	\$ 1,944.26	



Re:<TP - MANDATE IA> - S9M01MK5 [ACCIDENT INVOLVING SJR 3833E(OI) & SKT 8493Y(TP) ON 06/05/2019]

Type

 Question

Message

Please proceed

Reply