

SPECIALISTS MOTOR PTE LTD

Block 3018A, Ubi Road 1, #01-24-26, Singapore 408711

Tel: 67472112 (5 lines) Fax: 67438032

Email: cardoc@singnet.com.sg

Bus. Reg No: 199502604 E GST No: 19-9502604-E

SM/SLP738D/1906089

10th July 2019

WITHOUT PREJUDICE

The Manager
Motor Claim Dept.
AIG Asia Pacific Insurance Pte Ltd
CHARTIS Building
78 Shenton Way #07-16
Singapore 079120

**RE: ACCIDENT INVOLVING VEHICLES SLP 738 D AND SMD 7067 L
ON 22nd JUNE 2019 1730 HRS AT NEW UPPER CHANGI ROAD (BEDOK MALL)**

Dear Sirs,

We refer to the above matter.

Our Client Ong Chee Hien the registered owner of SLP 738 D.

You are the insurer of motor vehicle no. SMD 7067 L, which was involved in the above accident. Please be informed that the collision was caused by the negligent owner/driver of the motor vehicle no. SMD 7067 L, in consequence of which our client has suffered damages and consequential loss.

Attached a few documents for your reference:

- a) Repair Bill
- b) GIA report, Police report & LTA Search
- c) Car rental bill
- d) An authorisation letter from the owner (SLP 738 D)

We are claiming as follows: -

Repair costs	S\$ 374.50
LTA Search	S\$ 2.00
Car rental (2 Days)	S\$ 300.00

S\$ 676.50

Dollar: Six Hundred Seventy Six And Cents Fifty Only

Kindly let us know whether you are prepare to settle the claim within the next ten (10) days from the date here with .

Please remit the cheque in favour to "Specialists Motor Pte Ltd" as soon as possible.

Thank you,

Yours faithfully,


Karen Ong

SPECIALISTS MOTOR PTE LTD

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SM/SLP738D/1906089

10th July 2019

TAX INVOICE

The Manager
Motor Claim Dept.
AIG Asia Pacific Insurance Pte Ltd
CHARTIS Building
78 Shenton Way #07-16
Singapore 079120

Date of Accident : 22th June 2019
Location : New Upper Changi Road (Bedok Mall)
Third Party Claim Vehicle No : SMD 7067 L
Repair Cost for Vehicle No : SLP 738 D (Renault Megane)

Supply of Labours

<u>Labour Charges :-</u>	<u>Amounts</u>
Remove & re-fix, renew, knocking & welding rear bumper, fascia, straighten & re-align body	\$ 150.00
Spray painting on damage parts	\$ 200.00
	\$ 350.00
	Add 7% GST \$ 24.50
Total Amount	\$ 374.50

S/Dollars :- Three Hundred Seventy four And Cents Fifty Only.

SPECIALISTS MOTOR PTE LTD



ACCIDENT INVOLVING VEHICLE
SLP738D AND SMD7067L ON 22th JUNE 2019 AT 730 HRS NEW
Upper Changi ROAD (BEDOK MALL)

Letter Of Authority And Undertaking

I/We Ong Chee Hien (NRIC NO) S73073287 of
55 Tampines central 7 #01-10 (S-528617)

the owner / driver of Vehicle No. SLP 738D hereby authorise your
esteem company Specialists Motor Pte Ltd

as my repairer for my Damaged Vehicle involved in the above accident and to
claim against the negligent party and/or insurance company.

I/We hereby agreed to be bound by the following:-

1. You are authorised to use my/our name to claim against the negligent party and/or insurance company pertaining to the above accident including any other incidental losses. All payments / settlement monies shall be made in favour of your company M/S Specialists Motor Pte Ltd
2. All documents receive by me from third party or insurance company will be sent to your office for follow-up action.
3. Any offer of settlements by the insurer and / or negligent party will be accepted only with your concurrence and approval.
4. I/We agree to sign/execute the Discharge Receipt within 7 working days of issue of notice, by post, electronic mail, social media or text messaging, by your company.
5. If I/We fail to sign/execute the Discharge Notice after 7 working days from the Issue of notice, I/We hereby authorise your company's authorised representative to sign and execute the said Discharge Receipt on my/our behalf.
6. Throughout the process of claim, I/We will be obligated to assist and to provide your company with accurate and correct information.
7. I/We agree that I/We shall pay to your company all cost/expenses / damages incurred or suffered by you as a result of the unsuccessful recovery of the claims for the full repair cost and any other incidental cost / expenses by you on my / our behalf.
8. I/We warrant and undertake that all information and statement provided by me/us to you are true and accurate.

Thanking you in anticipation.

Yours faithfully



Date: 25/06/19

**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

Third Party Insurer Enquiry

Our Ref No: GR-19-101447
Date of Request: 25/06/2019

Your Ref No: Online Purchase

Specialists Motor Pte Ltd
Blk 3018A Ubi Road 1
#01-24/25/26
Singapore 408711

Dear Sir/Madam,

Enquiry Date: 25/06/2019
Enquiry By: Teo Wei Shun
TP Vehicle No.: SMD7067L
Accident Date: 22/06/2019

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SMD7067L	AIG Asia Pacific Insurance Pte. Ltd.	28/08/2018-27/08/2019	65-6419-3000
SMD7067L	AIG Asia Pacific Insurance Pte. Ltd.	31/08/2018-30/08/2019	65-6419-3000

Thank You.

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

This is a computer generated document and requires no signature.

RELEASE VOUCHER
(AIG Express Third Party Claim)

"We/I, _____ ("the workshop") hereby confirm that we/I have reached an agreement with the appointed surveyor of AIG Asia Pacific Insurance Pte Ltd **LKK AUTO CONSULTANTS PTE LTD** (name of surveyor) with respect to the amount claimed for **S\$** _____ (Repair Cost), **S\$** _____ (Loss of rental/use), **S\$** _____ (Disbursement), for vehicle no. _____ that was damaged pursuant to the accident which occurred on _____ (date) along _____ (location) involving vehicle no/s _____. This is pursuant to the inspection conducted on _____ (date) at "the workshop".

We/I confirm that we/I are/am authorized by the owner _____ ("the third party claimant") of vehicle no. _____ make the claim as set out in the above paragraph and we/I have full authority to settle the matter on his/her behalf in a manner that we/I deem fit. We/I enclose herein the letter of authority given by "the third party claimant".

We/I further confirm that we/I will indemnify AIG Asia Pacific Insurance Pte Ltd for all damages, loss and/or expense that they will or have already incurred in the event that "the third party claimant" after the above said agreement lodges a further claim against the former for any loss and expenses suffered pertaining to costs of repairs and/or rental and/or loss of use pursuant to the damage to _____ (vehicle no.) as a result of the accident.

We/I confirm that the agreement reached above is in full and final settlement of any claim of "the third party claimant" pursuant to the accident and that further this settlement is reached on a without prejudice and without admission of liability basis.

This agreement is subject to the application of Singapore law and the Singapore Courts have exclusive jurisdiction over any dispute arising out of the same.

Dated this 09 (day) of July (month) 2019 (year)

Signed by appointed surveyor



Signed by "the workshop" (with chop)

AUTHORISATION TO ACT
(AIG Express Third Party Claim)

I, _____ (the third party claimant) of _____
_____ (address), owner of _____ (vehicle no.)
hereby authorize _____ ("the workshop") to act for me
with respect to my claim for repair costs and/or rental and/or loss of use ("claim") for my vehicle
no. _____ that was damaged pursuant to the accident which occurred on _____
(date) along _____ (location) involving vehicle no/s
_____ ("the accident").

I further authorize the workshop to settle my above mentioned claim in a manner that they deem fit
and the workshop is further authorized to receive payment further to settlement of my claim with
payment cheque/s being made in favour of the workshop.

I further acknowledge that any settlement the workshop may reach on my behalf is on a without
prejudice and without admission of liability basis insofar as the driver/owner/insurers of the other
vehicle/s is concerned.

Dated this 09 (day) of July (month) 2019 (year)



Signed by "the third party claimant"
(with chop if applicable)





Signed by "the workshop"
(with chop)

SPECIALISTS AUTO SERVICE

Block 3018A, Ubi Road 1, #01-24/25/26, Singapore 408711. Tel: 6747 2112 Fax: 6743 8032

SLP 738 D

RENTAL AGREEMENT

NO. 4717

HIRER'S PARTICULARS

Name: Ong Chee Hien
 Address (Res): 55 Tampines Central 7
01-10 (S-528617)
 (Off): _____
 Tel: 9324 9009 Res: _____
 Occupation: _____
 Driving Licence No: S 7307 328 F
 Expiry Date: _____
 Passport / I/C No: S 7307 328 F

Vehicle No. SLP 9375H

Make / Model Isuzu K3

OUT	Date	<u>08.07.2019</u>	Time	<u>09.25</u>
IN	Date	<u>09.07.2019</u>	Time	<u>17.40</u>

Replacement Vehicle No: _____ Initial: _____

Date / Time

Petrol Level Out				Petrol Level In					
E	$\frac{1}{4}$	$\frac{1}{2}$	$\frac{3}{4}$	F	E	$\frac{1}{4}$	$\frac{1}{2}$	$\frac{3}{4}$	F

ADDITIONAL DRIVER'S PARTICULARS

Name: ~ same as above ~
 Occupation: _____
 Driving Licence No: _____
 Place Issued: _____ Passport / I/C No: _____
 Date of Birth: _____

ADDITIONAL INFORMATION

Loss Damage Waiver: With/Without _____ I accept _____

\$ _____ per day Excess \$ 4000

RATES	Amount Due
Days <u>2</u> @ \$ <u>150</u> per day	\$ <u>300.00</u>
Weeks @ \$ _____ per week	
Month @ \$ _____ per month	
Add Hours @ \$ _____ per hour	
TOTAL	

Amount paid

Balance Due

Deposit amount (refundable) \$ 300.00

Refund Signature

VEHICLE TO BE DRIVEN IN SINGAPORE ONLY
 PROHIBITED TO ENTER MALAYSIA BY LAW

THE RENTER IS SOLELY RESPONSIBLE FOR BREACH
 OF TRAFFIC LAWS, ANY PARKING FINES OR
 SURCHARGE DURING PERIOD OF HIRE

PAYMENT

Cheque: _____

Cash: _____

Credit Card / Nets: _____

Remarks

RENTER DECLARATION: I accept the terms and conditions
 above and overleaf. I declare that all information in this form are
 true and accurate. If I opt to pay by credit card, my signature here is
 to be deemed to have been made on applicable credit card voucher.

RENTER'S SIGNATURE/COMPANY STAMP

NB: (1) ANY ACCIDENTS INVOLVING THIS HIRE VEHICLE, NOTIFY OUR OFFICE AS SOON AS POSSIBLE.
 (2) VEHICLE TO BE DRIVEN IN SINGAPORE ONLY, PROHIBITED TO ENTER MALAYSIA BY LAW

SPECIALISTS AUTO SERVICE

Block 3018A, Ubi Road 1, #01-26/24 Singapore 408711

Tel: 67472112 (5 Lines) Fax: 67438032

No. 3490

Date: 09-07-2019

OFFICIAL RECEIPT

Received from Ong Chee Hien

the sum of Dollars Three Hundred only

being payment of 4717

\$ 300/88

Cash/ Cheque No:

Osc



SPECIALISTS AUTO SERVICE

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 willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. 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	25/06/2019 15:28
Date Of Accident	22/06/2019 17:30
Exact Location Of Accident	NEW UPPER CHANGI ROAD (BEDOK MALL CARPARK ENTRY)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP738D
Insured/Policyholder	
Name Of Registered Owner	ONG CHEE HIEN
NRIC No	S7307328F
Email Address	ONG_CHEE_HIEN@SPF.GOV.SG
Mobile Phone No	(LOCAL) +65-93249009
Alternative Phone No	OFFICE-93249009

Vehicle Particulars

Manufacturer	RENAULT
Model	MEGANE-1.5 D SEDAN DCI AT EU6 (M)
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	QBE INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	8-VOO22409-MVA
Cover Note Number	

Driver

Name of Driver	ONG CHEE HIEN
NRIC No	S7307328F
Date Of Birth	26/02/1973
Occupation	INDOOR
Date Of Driving Pass	29/02/1996
Driving Experience	23 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93249009
Fax Number	
Contact Number	OFFICE-93249009
Email Address	ONG_CHEE_HIEN@SPF.GOV.SG

Address	55 TAMPINES CENTRAL 7 #01-10
Postcode	528617
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	RAINING
Road Surface	WET

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?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : SIOW PI CHIN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	10 UBI AVENUE 3
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

ATTACHMENT POLICE REPORT NO:T/20190623/7009

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	SMD7067L
Vehicle Make/Model/Colour	CITREON
Details Of Properties	CAR B
Vehicle Category	PRIVATE CAR
Name of Driver	TOSHNIWALL RITESH SHRIRAM
NRIC/Passport Number	S7560962J
Contact Number	91850426

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:

25-06-19. 16 10

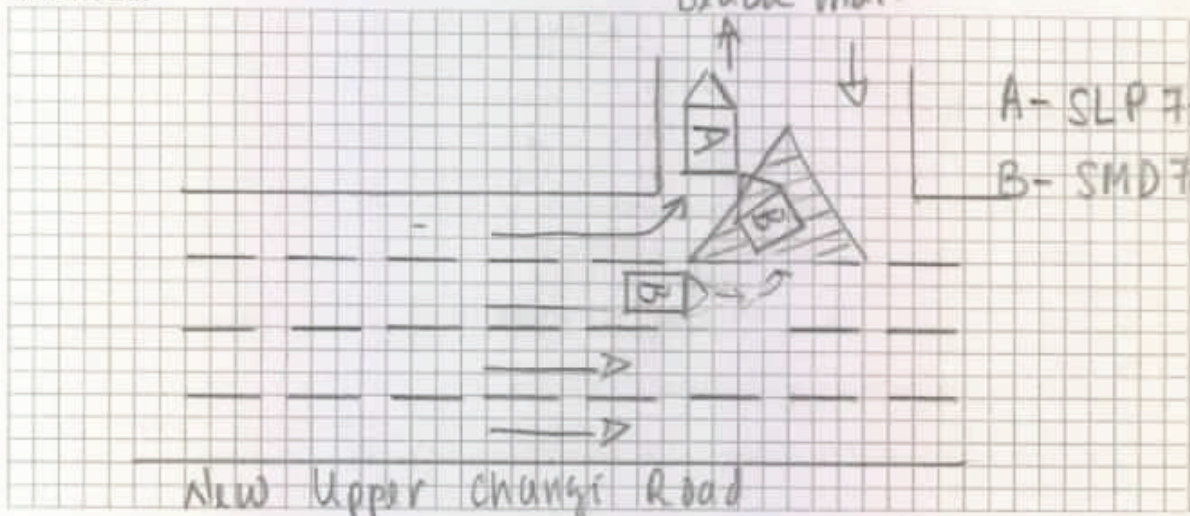
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

25/06-19

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Attachment police report N° = T/20190623/7009

DECLARATION

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

Policyholder's Signature

Date & Time:

25.06.19 16.09

GAARMC SketchPlanForm_V1.0

Driver's Signature

(If driver is not the policyholder)

Date & Time:



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

25/06-19



SINGAPORE POLICE FORCE



T/20190623/7009

1 of 4

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20190623/7009

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/06/2019 15:29	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: ONG CHEE HIEN			Address: 55 TAMPINES CENTRAL 7 #01-10 SINGAPORE 528617		
ID Type / ID No.: NRIC NO / S7307328F			Contact No.: Home/Office: Mobile: 93249009		
Nationality: SINGAPORE CITIZEN			Email: ONG_Chee_Hien@spf.gov.sg		
Sex: Male	Age: 46	Date of Birth: 26/02/1973	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Police officer			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/06/2019 17:30	Type of Location: T-Junction
Location: NEW UPPER CHANGI ROAD				
Weather: Cloudy		Road Surface: Wet		Road Speed Limit: 40 Km/h
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLP738D	Car	RENAULT	MEGANE GT LINE 1.5DCI AT	Black		0
SMD7067L	Car	CITROEN			Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLP738D	QBE Insurance (Singapore) Pte Ltd	V0022409	26/05/2019	25/05/2020



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ONG CHEE HIEN	ID No.	S7307328F
Related Vehicle	SLP738D (Car)	Contact No.	93249009
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	SIOW PI CHIN	ID No.	S7709644B
Related Vehicle	SLP738D (Car)	Contact No.	NIL
Hospital/Clinic	VIVA MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	23/06/2019	Date Discharge	23/06/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	TOSHNIWAL RITESH SHRIRAM	ID No.	S7560962J
Related Vehicle	SMD7067L (Car)	Contact No.	91850426
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 22.6.2019 @1730 hrs, at the carpark entrance into Bedok Mall, my car was collided at the rear by another car no. SML7067L.

I was travelling along New Upp Changi Rd on lane 4 of 4 lanes Rd when SML7067L who was on lane 3 made a sudden lane switch into lane 4 and wanted to cut into my lane but unsuccessful. Subsequently when I had turned left into the carpark entrance of Bedok Mall, SML7067L made an illegal left turn from lane 3, which is a straight only lane, crossed the chevron marking and collided into my car's right rear.



**SINGAPORE
POLICE FORCE**



T/20190623/7009

3 of 4

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20190623/7009

CONTINUATION OF REPORT

My passenger, Siow Pi Chin sustained head and neck pain. Subsequently she went to see doctor and was given 3 days ML.



**SINGAPORE
POLICE FORCE**



T/20190623/7009

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

4 of 4

Report No. T/20190623/7009

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
JUREMAH BINTE AHMAD
Contact No.: 65472076

Authentication Stamp

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
23/06/2019 15:29

Classification Of Case: