

2000000

ASS. REC. BY:

REF:

CS3 / MSL18007239 / G9431

Special Instruction:

Surveyor

Marmen

ASSIGNMENT (Office)

From (Person):

Kelvin Ng

of

MSL

Date/Time:

04/7/2019

Estimated Cost

Bill to:

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

To Inspect Vehicle No:

XD 7036X

Insured:

SLR1150G

at Workshop info:

Sinapore Road

Tel:

8510 9999

of

38 Woodlands Ind Park E1 #05-13

Policy No:

A29001393AVW

Claim No:

565402

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A

11042018

CA / REV / REP. / REV 24 HRS up:

1409-2018 @ after lunch.

17092018

Date/Time:

18042018 548pm

Person Contacted:

Xiao Fong

J.D. Endorsement:

Vehicle IN/OUT

Date/Time

Action/Instruction (x) Estimate

XD 7036X - x

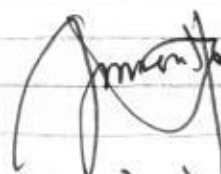
SLR 1150G - x

12/9/18

Planned.

\$4100, 4 Days.

Red \$550, 57%



23/7/2019

Do Not Finalise

RECEIVED 23 JUL 2019

PRS
XPR

REF: MSU

C37618

ASSIGNMENT

From: Date: 17092018
Estimated Cost:
OD: ☒ TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: XD 7036X
at Workshop m/s: Sincere Lloyd
of: 38 Woodlands Ind Park Ct 405-13
Insured:
Policy No:
Claims No:
Sum Insured: Excess:
(Client's Record)
Make of Veh:

(Policy Condition) morning
Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value: \$104K
IDAC Accident Report: Consistent? Yes or No
GIA / PR Seen: Consistent? Yes or No
Est. Repairs: 7 1/2 days Res: Yes or No
Lum Sum: 20 % 3 Val: Yes or No

CA / REV / REP. / 24 HRS
Date: Person Contacted: Vehicle: IN / OUT

Veh No: XD7036X Yr Regn: 03 May 2013
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or LD HNT
Make: UD Trucks GKB5E c/c 10837
Colour: Blue A/C: Insured / Std / NI / NA
Sp Reading: 321375 T/Radio: Insured / Std / NI / NA
Eng/No:
C/No: GKB5E00109
Gen. Cond: ☒ Good / Fair / Poor / Burnt
Steering: ☒ Inter / Jammed / Leaked / Burnt or
Brake: ☒ Inter / Jammed / Leaked / Burnt or
Mod: ☒ Nil / S/Rim / STD A/Rim or
Tyre Size: F: 295/80R22.5
R: 11

BS / DUN / EXNOVA / ☒ FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or
Front: R/Bal: 6 mm R/Bal: 6/6 mm
L/Bal: 6 mm L/Bal: 6/6 mm
D.O.A: 17-09-18
Survey held at: w/s 12pm
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
o/s ft
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction
\$7000 - \$8000
21/9/18 Submit 723 Report.
CCE: 25010

Date/Time: File Pass to? ☐ : Preli. Report
11/23/18 by [signature] ☐ : Final Report
Date/Time: File Return to?
Report Format: MED-TP
Lump Sum / I.B.T. (\$): 4100

Days Of Repair: 4
Resurvey No. of Trip:
Add Fee: ☐ Site Insp (\$)
☐ Interview (\$)
☐ Tech Insp (\$)
☐ Weekend (\$)
Survey Fee:
Transportation: (\$ + RS) \$
Photos:
Others:
TOTAL

Nivitha (LKK Auto)

From: Accounts (LKKAuto) <account@lkkauto.com>
Sent: Tuesday, 9 July 2019 11:08 AM
To: assignments
Cc: Celine Fong (LKKAuto); Accounts (LKKAuto)
Subject: RE: Report Send Back Alerts - XD7036X (TP)

Importance: High

Gentle reminder

CS3/MSG18007239/GZ4BS2

Hi assignment team,
Below case have yet register (-1) in VIEWS since 4-7-19, for your immediate action pls.

Home Tables Entry Reporting Admin LogOut

Browse Reports

Reference No.

Customer

Vehicle No.

User

	Reference No.	Entry Date	Customer	Vehicle No.
<input type="checkbox"/> 57 2	CS3/MSG18007239/GZ4bs2	18/04/2018	MSG	XD 7036X

First Previous 1 of 1 Next Last

Pending for Survey Report									
Claim Type	Branch	Claimant	Adjuster	Manager	File Ref. No.	Insurer	Repairer	RI Date	Asg Days
TP	HQ	*XD7036X SUPREME CONTAINER & WAREHOUSING PTE LTD [SLR1150G] [RATHINA SABAPATHY SELVA PANDIAN]	XING GUO QIANG	Ho Zhao Tian	CS3/MSG18007239/GZ4BS2	MSIG Insurance (Singapore) Pte. Ltd. (HQ)	Sincerelead Garage Pte Ltd (HQ)		447

13	25 Jun 2019 16:28	Ins Send Back Adj Rpt	
14	25 Jun 2019 16:28	Adj Next Rpt Changed	Next Rpt:Final Rpt.Due D
15	25 Jun 2019 16:28	Adj Mandate Set	Maintained.

Thanks & regards,
SweePeng

From: Admin-D (LKKAuto) <admin-d@lkkauto.com>
Sent: Thursday, 4 July 2019 9:11 AM

To: Accounts (LKKAUTO) <account@lkkauto.com>; assignments <assignments@lkkauto.com>
Cc: Celine Fong (LKKAUTO) <celinefong@lkkauto.com>
Subject: RE: Report Send Back Alerts - XD7036X (TP)

Dear Shelia,

Noted.

Best Regards,

Celine Fong

LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | email: assignments@lkkauto.com | fax: 6256-4315
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Accounts (LKKAUTO) [<mailto:account@lkkauto.com>]
Sent: Thursday, 27 June 2019 5:45 PM
To: assignments <assignments@lkkauto.com>
Cc: Accounts (LKKAUTO) <account@lkkauto.com>; Celine Fong (LKKAUTO) <celinefong@lkkauto.com>
Subject: Report Send Back Alerts - XD7036X (TP)

Dear All,

FYNA Please...

Pending for Survey Report-CS3/MSG18007239/GZ4BS2

25 Jun 2019 16:28	Ins Send Back Adj Rpt		[I] Jowyn Tay Mei Ling
25 Jun 2019 16:28	Adj Next Rpt Changed	Next Rpt:Final Rpt.Due Date:2019/06/27	[I] Merimen Administrator
25 Jun 2019 16:28	Adj Mandate Set	Maintained.	[I] Merimen Administrator

Best Regards,

SuthaShelia (Shelia) | Accounts Dept.

LKK Auto Consultants Pte Ltd

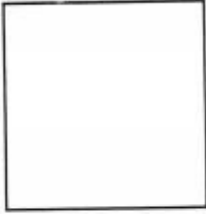
Phone: 6841 1891 | email: account@lkkauto.com | fax: 6844-8805
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Do-Not-Reply [<mailto:do-not-reply@merimen.com>]
Sent: Tuesday, 25 June 2019 4:40 PM
To: account@lkkauto.com
Subject: Report Send Back Alerts - XD7036X (TP)

Dear Sir / Madam,

Please login to Merimen Online at www.merimen.com.sg for more information.

Thanks,
The Merimen Team



This email has been checked for viruses by AVG antivirus software.
www.avg.com

M NEDUMARAN & CO

Advocates & Solicitors
Commissioner for Oaths

REG/CS/PAY/FA

05 DEC 2018

555402 M1

UEN NO. 53181067D

Nedumaran Muthukrishnan
LLB (hons) [Buckingham]
Barrister at Law (Lincoln's Inn)

Please reply to our Branch Office for this matter

Branch Office: 11 Sin Ming Road
#B2-09 (Unit 2), Thomson V Two
Singapore 575629
Tel : 6509-8480 / 6509-8481
Fax : 6509-8482
Email : igene.lim@mneduco.com.sg

Our Ref : MN.IG.S4.1812351.st
Your Ref : SLR 1150G

4th December 2018

MSIG INSURANCE (SINGAPORE) PTE.LTD
4 Shenton Way
#21/23-01, SGX Centre 2
Singapore 068807

"WITHOUT PREJUDICE"
BY HAND

RATHINA SABAPATHY SELVA PANDIAN
71 Pasir Ris Grove
#08-20
Singapore 518205

CERTIFICATE OF POSTING
{For your information only}

Dear Sir,

CLAIMANT : SUPREME CONTAINER & WAREHOUSING PTE LTD
ACCIDENT ON 11/04/2018 INVOLVING VEHICLES NO. XD 7036X AND SLR 1150G ALONG END OF KPE TOWARDS PASIR RIS AT ABOUT 2000 HOURS

We act for **SUPREME CONTAINER & WAREHOUSING PTE LTD**, who were the owners of motor vehicle no. **XD 7036X**.

We are instructed by the above named to claim damages against you/your insured in connection with a road traffic accident on **11/04/2018 ALONG END OF KPE TOWARDS PASIR RIS** involving our client's vehicle registration number **XD 7036X** and vehicle registration number **SLR 1150G** driven by you/your insured at the material time.

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

01. Cost of Repair	S\$ 9,600.00
02. Loss of Use for 11 days + 2 Sundays @\$350.00 per day	S\$ 4,550.00
03. Loss of Use for 2 days Pre-Repair Survey	S\$ 700.00
04. Survey report fees	S\$ 864.00
05. GIA search/report & LTA search fees	S\$ 36.49

M NEDUMARAN & CO

Advocates & Solicitors

Page 2

Our Ref : MN.IG.S4.1812351.st

06. Costs & Incidentals

S\$ 1,060.00

S\$16,810.49

We enclose a copy of each of the following documents for your consideration:-

- (a) GIA/ Police report lodged by driver of XD 7036X;
- (b) LTA Search;
- (c) Vehicle Registration Card;
- (d) Certificate of Insurance;
- (e) Final Repair Bill;
- (f) Surveyor's report & invoice and
- (g) **114 black and white photographs** depicting the damages to motor vehicle XD 7036X.
[coloured-print photos will be forwarded to insurance company upon request]

The demand herein is in respect of our client's claim for damages pertaining to his 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 Notice of accident dated 18th April 2018 was sent to your insurers. A pre-repair survey on our client's damaged vehicle was carried out by your insurer's appointed surveyor on 17/9/2018 & 20/9/2018.

Please also note that 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.

Please note that you or your insurer should send to us an acknowledgement of receipt of this letter within 14 days of your receipt of this letter, failing which our client will have no alternative but to commence proceedings against you without further notice to you or your insurer. Our client's claim herein is quantified based on supporting documents in our file. Until a settlement is reached, all negotiations are conducted on the basis that the damages quantified herein are subject to revision if so instructed by our client.

Please also note that if you have a counterclaim against our client arising out of the accident, you are also required to send to us a letter giving full particulars of the counterclaim together with all relevant supporting documents within 8 weeks of your receipt of this letter.

Yours faithfully,

M NEDUMARAN & CO

Nedumaran Muthukrishnan

(Branch Office)

Encls

cc. Client (By Fax 6287-7949) – XD 7036X

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	12/04/2018 18:03
Date Of Accident	11/04/2018 20:00
Exact Location Of Accident	END OF KPE TOWARDS PASIR RIS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD7036X
Insured/Policyholder	
Name Of Registered Owner	SUPREME CONTAINER & WAREHOUSING PTE LTD
Co Reg No	197903711Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-94577259
Vehicle Particulars	
Manufacturer	UD TRUCKS
Model	PRIME MOVER
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5059662962-04
Cover Note Number	
Driver	
Name of Driver	SUKHAIMI BIN LASIMAN
NRIC No	S1551338A
Date Of Birth	29/12/1962
Occupation	OUTDOOR
Date Of Driving Pass	02/08/1991
Driving Experience	26 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94577259
Fax Number	
Contact Number	
Email Address	NOEMAIL

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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7. By the lodging 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 agent(s) (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)

Reporting Centre Personnel's Signature
Name

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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ACCIDENT STATEMENT

Date Of Report	12/04/2018 18:03
Date Of Accident	11/04/2018 20:00
Exact Location Of Accident	END OF KPE TOWARDS PASIR RIS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD7036X
-----------------------------	---------

Insured/Policyholder

Name Of Registered Owner	SUPREME CONTAINER & WAREHOUSING PTE LTD
Co Reg No	197903711Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-94577259

Vehicle Particulars

Manufacturer	UD TRUCKS
Model	PRIME MOVER
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5059662962-04
Cover Note Number	

Driver

Name of Driver	SUKHAIMI BIN LASIMAN
NRIC No	S1551338A
Date Of Birth	29/12/1962
Occupation	OUTDOOR
Date Of Driving Pass	02/08/1991
Driving Experience	26 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94577259
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 741 PASIR RIS STREET 71 #12-43
Postcode	510741
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	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

REFER ATTACHED

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	SLR1150G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	RATHINA SABAPATHY SELVA PANDIAN
NRIC/Passport Number	S2660220C
Contact Number	NA
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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.
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.
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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)

Reporting Centre Personnel's Signature
Name

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

After exiting KPE going towards pasir kis, at the bend road, I was in my lane and while turning, I felt an impact. I stopped my veh but veh B drove away until about 200m then he stopped. I then stopped behind veh B and we exchanged particulars.

DECLARATION

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



Policyholder's Signature

Driver's Signature

Reporting Centre Personnel's Signature

REPUBLIC OF SINGAPORE **DRIVING LICENCE**



Licence Number: **S1551338A**

Name:

SUKHAIMI BIN LASIMAN

Birth Date: **29 Dec 1962**

Issue Date: **22 Apr 2003**



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1551338A**



Name

SUKHAIMI BIN LASIMAN



سکیمی بن لسیمن

Race

MALAY

Date of Birth

29-12-1962

Sex

M

Country of Birth

SINGAPORE



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

