Date in: x /7 19-18:40	cb description	Date & Time Completed	Done	p pi.
	SAS e-filing			
	E-mail (within Shrs, AIC 2hrs)			1
	i-Motor Claim Form	1054973-002	25/21/19 11	9:16
The state of the s	i-Motor W/O (Within: OD 2)			
OD TP Reporting Only	i-Photo Uploaded			114.4
227	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Fax:	
TP Particulars: Veh No: JKU >877	1 INC	)/Non-NC( ).		
Owner / Driver: (		Tel:	)	
Policy No: ( ) Period:	( )	Cover Type: (	)	
Confirmed by : (	Date:	Time:	)	
Insured/Driver Liability: ( %) [Note-	-Est. Status (WO): N: 0-	20%; P: 21-79%. F: 80-	100%]	
Year of Registration: ( ) Warr	anty: YES ( )/NO (	)		18
Excess: (\$ ) Loading: \$1,000 (	)/\$2,000( )			
General Remarks;			Land Silver	
( ) Walk-In Customer: Customer's informati	ion strictly Confidential & S	trictly NO refer of repairer.		
( ) Total Loss Case : to e-mail Insurer UI	RGENTLY.			
Drive-In ( ) / Towed-In ( ); Invoice: YE	S( )/NO( );	Towing Co: (		)
			Name and Address of the Owner, which was a second	
Remarks: (INC hatline: 6788 6616)	i de la companya da l	Date& Timb Completed	Done	by
Remarks:- (INC horline: 6788 6616)	- Corl	Date&Time Completed	Done	by
1) Apply for Transport Allowance ( )/Courte	esy Car ( )	Date & Timb Completed	Done	by
Apply for Transport Allowance ( )/Courte     QC Check / Post Repair Inspection	( )	Date & Timb Completed	Done	by
1) Apply for Transport Allowance ( )/Courte	( )	Date & Timb Completed	Done	by
Apply for Transport Allowance ( )/Courte     QC Check / Post Repair Inspection	( )	Date & Time Completed	Done	by
1) Apply for Transport Allowance ( ) / Courte 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:	( )	Date & Timb Completed		
1) Apply for Transport Allowance ( ) / Courte 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]	( )	Date & Timb Completed	Done	
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1) Apply for Transport Allowance ( )/Courte 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:  Date/Time Actions	invoice Pr	eparation Checklist:	Amit (5)	Am
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1) Apply for Transport Allowance ( ) / Courte 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:  Date/Time Actions  NAMOSSK  laimant's Particulars:	Invoice Profile 1) AR: Accided 2) DA: Darrag 3) TF: Towing 4) FT: Follow-	eparation Checklist:  at Reporting (\$30);  Assessment (\$100); INC (\$ Fee \$4  Through Survey	Anut (5) Tit Bill	Am
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1) Apply for Transport Allowance ( ) / Courte 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:  Date/Time Actions  NAMOSSIC  Laimant's Particulars:  Driver/Owner:  ontact No:  amaged Portion:  C Checked by (Engr-In-Charge):	Invoice Pr  1) AR: Accider 2) DA: Darrag 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For elaiming 6) TR: Re-insp 7) N1: Idao DA 8) NTUC Addit OI)*  *N5: Courtes *N6: Repair *N7: Fost Re *N8: DV / C TP (N11): T	eparation Checklist:  at Reporting (\$30);  Assessment (\$100); INC (\$50);  Fee \$40;  Through Survey (Resurvey)  against INC Only (wef 10 Jan 200)  cotion  + SMRT Survey  ional Services:  y Car / Tpl Allowance  Co-ordination  pair Inspection  ollect Excess Coordination  P (N:n INC) against INC	\$80) 40/\$45 \$120 \$30 \$5) \$75 \$160 \$25 \$3 \$20	
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Figure 1 1 de

### 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 witholding 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.

aloresaio,	
	ACCIDENT STATEMENT
Date Of Report	25/07/2019 18:40
Date Of Accident	18/07/2019 13:10
Exact Location Of Accident	REPUBLIC AVE TWDS REPUBLIC BLVD
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLK2062H
Insured/Policyholder	
Name Of Registered Owner	EHB LIMOUSINE PTE LTD
Co Reg No	201536531R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	тоуота
Model	COROLLA ALTIS CLASSIC 1.6 CVT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5075309111-03
Cover Note Number	
Driver	

Driver

Name of Driver TAN KIT MUN, SHANICE

 NRIC No
 S9438380C

 Date Of Birth
 25/10/1994

 Occupation
 INDOOR

 Date Of Driving Pass
 08/10/2015

Driving Experience 3 YEARS AND 9 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-98334654

Fax Number

Contact Number OFFICE-98334654

EMail Address NOEMAIL

BLK 289 TAMPINES STREET 22 Address

#04-444

520289

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Postcode

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

Passenger 1

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

2

NAME: ( ) =

GENDER: : MALE

**Details of Police Action** 

Was the accident reported to the police?

YES

NO

If Yes, Please state which Police Station

Police Station Name TAMPINES NEIGHBOURHOOD POLICE CENTRE

ROAD: 6 TAMPINES AVE 4, POSTCODE: 529682, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 1800-5871999 - FAX NO: 65871699

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20190718/2175.

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

SKU2837Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## **DETAILS OF INJURED PERSON 1**

Name

TAN KIT MUN, SHANICE

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SLK2062H

Were seat belts worn?

YES

Was this injured conveyed to hospital by

NO

ambulance?

Address

Postcode

#### 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.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to regulate policy liability.
- 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.
- 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.
- 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 aforesald.
- 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 Monotary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of
  - 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:
  - 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.

Policyhalder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personner's Signature

Name.

NRIC/FIN No .:

->	Road
-D	
	<u>_</u> _

A-SLK2062H B-SKN28372

# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.	
	Annual Control of the
300	
	VALUE OF THE PARTY
	- Inia

DECLARATION

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

Policyholder Date & Time:

Driver's Signature

(If driver is not the policyhalder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the traffic police department for investigation.

Date of accident	18/07/2019	(DD/MM/YY)
Time of accident	1310	(HH:MM)
Exact location of accident	Republic Ave towards Republic Boulevard	No

A LONG TO THE RESERVE OF THE PARTY OF THE PA	DETAILS OF VEHICLE		
Vehicle registration number	S1K 2062H		
Vehicle make and model	Toyota Altis		
Type of vehicle	Saloon MPV CRV Van CRV O Others:		
Vehicle category	Private   Commercial Motorcycle		
Purpose of using at said time			
Are you claiming under your own insurance company?	Yes No if no, please select: Third part claim Reporting only		

	INSURANCE IN	FORMATION	
Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive	Third party fire & theft	TP only 🗆

INSURED / POLICY HOLDER		
EHB LIMOUSINE PTE LTD	Male 🗆	Female 🗆
201536531R		
70 UBI CRESCENT #01-12 UBI TECH PARK		
	EHB LIMOUSINE PTE LTD 201536531R	EHB LIMOUSINE PTE LTD Male  201536531R  70 UBI CRESCENT #01-12 UBI TECH PARK

DRIVER SAME AS INSURED ABOVE (SKIP TO D.O.B)				
Name	Shanice Tan kit Mun	Male 🗆	Female	
NRIC / Fin / Passport number	59438380 C			
Contact	9833 4654			
Address	Blk 289 Tampines St 22 #04-444	8 (520.	189)	
Email address				
Date of birth	25/10/1994			
Occupation	Indoor D Outdoor D			
Driving date pass	08/10/2015		1741	

G	NERAL INFORMA	TION OF THE ACCIDENT	
Was driver an employee of	Yes - No -		
the insured's company?	If no, relationship	of the driver and insure	ed: Himer
Accident captured by camera?	Yes - No		
Weather condition	Clear Rain	ing   Others:	
Road surface	Dryp Wet o		
No of passenger	2		(Inclusive of driver)
	PASS	SENGER 1	。 1. 10
Name	Passenger		10 10 10 10 10 10 10 10 10 10 10 10 10 1
Gender		ale 🗆	
	PAS	SENGER 2	
Name			
Gender	Male  Fem	ale 🗆	
Gender	Wate D Telli	aic u	
	DAC	SENGER 3	TO COMPANY OF THE PARK WAS ASSESSED.
Name of the second seco	PAS	SEINGER'S	
Name	Mala = Fam	ala =	
Gender	Male □ Fem	ale 🗆	
	NEW TOTAL PROPERTY.		
	PAS	SENGER 4	
Name			
Gender	Male  Fem	ale 🗆	
	PAS	SENGER 5	
Name			
Gender	Male □ Fem	ale 🗆	
	PAS	SENGER 6	
Name			
Gender	Male  Fem	ale 🗆	
7			
A CONTRACTOR OF THE PROPERTY OF THE PARTY OF	OTHER II	NFORMATION	YOUR STANDARD STANDARD
Was anybody injured?	Yes No 🗆		
Was other vehicle damaged?	Yes No 🗆		
veds other venicle damagea.	100		
	DETAILS OF	POLICE ACTION	1877 NEW TOTAL TO
Reported to police?	Yes No 🗆		which police station.
Police station name	resci NOL	ii yes, piease state v	which police station.
Police station name			
Rest Control of the Control	WI	TNESS 1	LANCE TO SECOND
Name			
			WALL TO SELECT THE PARTY OF THE
	W	TNESS 2	
Name	Visite of the second		

	THIRD PARTY VEHICLE 1
Vehicle registration number	SKU 2837Z
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
THE WORLD TO DESIGN THE PROPERTY OF	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
	THIRD PARTY VEHICLE 4
Vahiala variation number	THIRD PART I VEHICLE 4
Vehicle registration number  Vehicle make model	
72.50	
Name	
NRIC / Fin / Passport number	
Contact	
	7HIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	/
Contact	1
	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name /	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

Control of the Contro		INJURED PERSON 1	
Name		SKS/III CASTE - SKS - SKS - SKS	
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to	Yes 🗆	No 🗆	
hospital by ambulance?			
CONSTRUCTION OF THE STATE OF TH		INJURED PERSON 2	The state of the s
Name			
Injuries sustained			
Which vehicle person in?	V	No 🗆	
Were seat belts worn?	Yes 🗆	No D	
Was injured conveyed to	Yes 🗆	NO LI	
hospital by ambulance?			/
EAST OF SALVANDES OF SALVANDES	A A A A A A A A A A A A A A A A A A A	INJURED PERSON 3	
Name	Section Control Col		
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to	Yes 🗆	No 🗆 /	
hospital by ambulance?	0.008803		
	-10		
	The state of the s	INJURED PERSON 4	A REAL PROPERTY OF THE PARTY.
Name		/	- W, 11
Injuries sustained	1	/	
Which vehicle person in?	/		
Were seat belts worn?	Yes	No 🗆	
Was injured conveyed to	Yes	No 🗆	
hospital by ambulance?	1/		
	-		
THE RESERVE OF THE RE	The second	INJURED PERSON 5	
Name			
Injuries sustained	-		
Which vehicle person in?  Were seat belts worn?	Yes 🗆	No 🗆	
	Yes 🗆	No 🗆	
Was injured conveyed to hospital by ambulance?	162 D	NO LI	
nospital by ambulance:			
TOTAL SERVICE AND	OWN AND	INJURED PERSON 6	The state of the s
Name		The state of the s	
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
AACIE SCAL DEILS MOIII.			
Was injured conveyed to		No 🗆	
Was injured conveyed to hospital by ambulance?	Yes□	- Allert Control of the Control of t	





Report No. T/20190718/2175

1 of 3

Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/07/2019 20:15			Vide Report No.: G/20190718/0099	Station Diary No. 123		
Informan	t's Partice	ulars				
Name of Informant: TAN KIT MUN, SHANICE			Address: APT BLK 289 TAMPINES STREET 22 #04-444 SINGAPORE 520289			
ID Type / ID No.: NRIC NO / S9438380C			Contact No.: Home/Office: Mobile: 98334654			
Nationalit SINGAPO	y: ORE CITIZ	EN	Email:			
Sex: Age: Date of Birth: Female 24 25/10/1994			Type of Informant: Driver			
Race: Chinese			Language: Institution / School Name			
Occupation: Sales			Driving Licence Information: Class: 3A Date of Expiry:			

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 18/07/2019 12:00	Type of Location Straight Road	
Weather:	OULEVARD VE TWDS REPUBLIC BI	VD Road Surface:	F	Road Speed Limit:	
Clear Traffic Flow: Two Wav		Traffic Control:		Traffic Volume: Light	
		Traffic Control:	1.00		

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKU2837Z	Car					0
SLK2062H	Car				Totally Damaged	1





2 of 3

Report No. T/20190718/2175

Police Station Of Origin: Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

CONTINUATION OF REPORT

#### Brief Details.

On the 18/07/2019 at around 1200hrs, I was driving along Republic Avenue towards Republic Boulevard. It is a two lanes two ways traffic road. As I was driving, I then realized that there is a road work construction in front. I then wanted to change to the right lane and I then turned my steering wheel to the right. My vehicle then swerved all the way to the right two lanes. Suddenly, there was a vehicle SKU2837Zfrom the another lane (opposite direction), then self-skidded. The left of my vehicle had collided onto the front of the other vehicle and the right side of my vehicle then collided onto the curb and a tree nearby.

There is in-car camera inside my vehicle and has been taken by the Traffic police at scene.

Traffic police and ambulance were also at scene and the other driver was conveyed to the hospital. Subsequently, I felt pain on my neck and bruises on my knees, back and the hip and went to seek medical treatment from Changi General Hospital and was given two days of medical leave from 18/07/2019 to 19/07/2019.

THE details of the presencer on ward SUKZWEZH is:

No. 6 Tampines Avenue 4 Singapore 5296 Tel: 1800-587\_569

Tampines NPC





Police Station Of Origin: Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682 CONTINUATION OF REPORT

Tel No: 1800-5871999

3 of 3

Report No. T/20190718/2175

# Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: G / Sgt 1 LAM XUE TING	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 18/07/2019 20:15
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt MOHAMMED FEROZ BIN HUSSIEN Contact No.: 65476206	Classification Of Case
Authentication Stamp	SIGNATURE

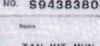
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TAN KIT MUN, SHANICE

Hart Clarie: 25 Oct 1994 Insid Date: 08 Oct 2015

10074812974

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9438380C



TAN KIT MUN, SHANICE

CHINESE 25-10-1994 F Country of birth

SINGAPORE

SPADMABDO

4452061

For LKK/NA

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) =< 3000kg 08 Oct 2015

<p>< 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals =< 2500kg</p>

MISC NO. S9438380C

For LKK/NAC Use

V 25-08-2009

APT BLK 289 TAMPINES STREET 22 #04-444 SINGAPORE 520289

NP 428A



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Marche   M	Date of Acodent	18/07/2019	Time of Accident hhomm	12:00	Country of Accident	Singapore
Part	Reporting Centre		Orange Force:		ICM No.	
	Accident Location	ALONG RD 1 REPUBLIC AVE				
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