BMW Dealer

Performance Motors Limited

A Sime Darby Motors Company Co. Reg. No. 197401559W GST Reg. No M2-0020081-x Toll-Free Number (1800-2255269)

303, Alexandra Road Sime Darby Performance Centre Singapore 159941 Fax. 64747770

280, Kampong Arang Road East Coast Centre Singapore 438180 Fax. 63449773

315, Alexandra Road Sime Darby Business Centre Singapore 159944 Fax. 64796601 (AfterSal 64796624 (Motorrad

Total Labour 1:

Total Parts

GST REG. NO : M2 - 0020081 - X

ESTIMATE

14 OCT 2019

Estimate No. : b1 53066 Page No. : 1 of 5 Date Estimated : 14/10/2019 Prepared By : Inthiran A/L Thurasamy

- ESTIMATE REPAIR FOR -- ACCOUNT -40000 LIM KWANG JOO Cash Sales - Service 288B Bukit Batok Street 25 Singapore #09-04 Singapore 651288

REGN. NO. CHASSIS NO. REGN. DATE MODEL MILEAGE SDF811Y WBAJG12090EG21078 03/05/2018 X1 sDrive18i

DESCRIPTION	VALUE
To replace front right fender, front right door,wing mirror	3,400.00
right and attachments.	
Painting front right fender and front right door.	2,218.00
To check electrical wiring systems at the front section	177.00
for proper function including adjustments of headlights.	
To transfer lock mechanism from old to new door including	531.00
conduct checks on new door power window system for proper function. (1 door).	
idifiction. (1 door).	
To carry out body cavity preservation.	118.00
(Per panel).	
Sundries.	150.00

DESCRIPTION	$\underline{\mathtt{QTY}}$	PRIC	VALUE
FRT RH DOOR	1	1,197.80	1,197.80
FRT RH SIDE PANEL	1	664.00	664.00
FRT RH SIDE PANEL	1	664.00	664.00
LETTERING S DRIVE 18I	1	96.15	96.15
RH MIRROR GLASS HEATED WIDE ANGLE	1	680.35	680.35
RH OUTSIDE MIRROR COVER CAP PRIMED	1	121.40	121.40
RH SUPPORTING RING	1	53.20	53.20
RH LOWER HOUSING SECTION	1	25.05	25.05
RH EXTERIOR MIRROR W/O MOUNTING PAR	1	488.55	488.55
FRT DOOR EGDE PROTECTION	1	171.00	171.00
FRT RH DOOR JOINT SEAL	1	59.15	59.15



6,594.00

4,220.65

BMW Dealer

Performance Motors Limited

A Sime Darby Motors Company Co. Reg. No. 197401559W GST Reg. No M2-0020081-x Toll-Free Number (1800-2255269)

303, Alexandra Road Sime Darby Performance Centre Singapore 159941

Fax. 64747770

280, Kampong Arang Road East Coast Centre Singapore 438180 Fax. 63449773

Fax. 64796601 64796624

315, Alexandra Road Sime Darby Business Centre Singapore 159944

(AfterSales) (Motorrad)



GST REG. NO : M2 - 0020081 - X

ESTIMATE

Estimate No. Date Estimated

Prepared By

: b1 53066

: 14/10/2019

: Inthiran A/L Thurasamy

REGN. DATE

MODEL

MILEAGE

REGN. NO. SDF811Y

WBAJG12090EG21078

CHASSIS NO.

03/05/2018

X1 sDrive18i

0

Page No. : 2 of 5

Labour 1 6,594.00 Parts 4,220.65 Labour 2 0.00 Excess 0.00 Total GST @ 7% 757.03

Grand Total

11,571.68

^{**} THIS ESTIMATE IS VALID FOR A PERIOD OF 30 DAYS ONLY**

^{**} PRICE FOR PARTS ARE SUBJECTED TO CHANGE WITHOUT PRIOR NOTICE **

MCD719135363 / ComfortDelGro Engineering Pte Ltd - Pandan ENTRY DATE & TIME: 12/10/2019 11:42 SUBMITTED BY: Wong Chee Wei

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.

	ACCIDENT STATEMENT
Date Of Report	12/10/2019 11:42
Date Of Accident	11/10/2019 19:00
Exact Location Of Accident	ALONG JURONG GATEWAY ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SDF811Y
Insured/Policyholder	
Name Of Registered Owner	LIM KWANG JOO
NRIC No	S1269450D
Email Address	JASONKJLIM@PHILLIP.COM.SG
Mobile Phone No	(LOCAL) +65-97819955
Alternative Phone No	HOME-97819955
Vehicle Particulars	
Manufacturer	BMW
Model	X1 SDRIVE18I-1.5 LED NAV (A)
Exact Purpose for which vehicle was being used a time of accident	t
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-V0022067-MVA
Cover Note Number	
Driver	
Name of Driver	LIM KWANG JOO
NRIC No	S1269450D
Date Of Birth	10/03/1957
Occupation	INDOOR
Date Of Driving Pass	09/11/1979
Driving Experience	39 YEARS AND 11 MONTHS

MALE

(LOCAL) +65-97819955

JASONKJLIM@PHILLIP.COM.SG

HOME-97819955

Page 1 of 23

Gender

Mobile Number

Fax Number Contact Number

EMail Address

Address BLK 288B BUKIT BATOK STREET 25 #09-04 SINGAPORE

Postcode 651288

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 - OPENING DOOR OF VEHICLE

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

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME:

: LUM KIM LAN

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

YES

NO

3

NO

NO

YES

NO

2

If Yes, Please state which Police Station

POLICE STATION NAME [OTHER]

CLEMENTI N.P.C

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO ATTACH POLICE REPORT NO.T/20191012/2035

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

YES

NO NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

FBQ4297X

Vehicle Make/Model/Colour

YAMAHA / AEROX / NIL

Details Of Properties

Vehicle Category

MOTORCYCLE

Name of Driver

MUHAMAD RIDHWAN

NRIC/Passport Number

S9632126J 83799548

Contact Number Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 23

No. Of Passenger (Including Driver)

2

2

Passenger 1

NAME: : NIL

GENDER: : FEMALE

DETAILS OF OTHER VEHICLE PROPERTY 2

SJF562U Vehicle Registration Number

Vehicle Make/Model/Colour TOYOTA / ALTIS / BLACK **Details Of Properties** LEFT FRONT DOOR

Vehicle Category PRIVATE CAR Name of Driver **GAO LIPING** NRIC/Passport Number S2685546B Contact Number 91256096

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1 NAME:

GENDER: : MALE

: GUO DONG

Protected By Symantec

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 <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy</u> <u>liability</u>.
- 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 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:
 - 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.

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

DATE PRINCIPLE OF SERVICES SERVICES

CONTRACTOR STATE OF THE PRESENCE PRESENCE OF THE PROPERTY OF T

Reporting Centre Personnel's Signature Name: VONG CHEE WEI NRIC/FIN No.: 677/80496.

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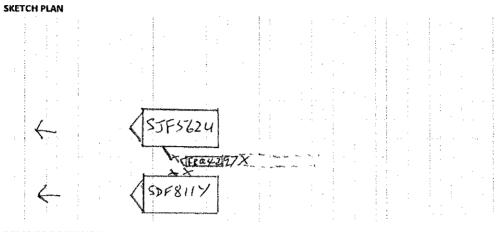
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Page 4 of 23

Sketch Plan Pg. 2

10/12/2019

Protected By Symantec



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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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:

composition and properties are the

HAVE A SKINKLER OF PARTY BUNKER

DESIGNATION: Land MATE: 1241.01/1
Reporting Centre Personnel's Signature

Name: VONG CHEE WE

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2/2

Page 5 of 23

#### CERTIFICATE OF INSURANCE Pa. 1

QBE Insurance (Singapore) Pte Ltd

A member of the worldwide QBE insurance Group - Unique Entity No. 198401363C

1 Raffles Quay, #29-10 South Tower, Singapore 048583 Tel: 65-6224 6633 Fax: 65-6533 3270 GST Registration No.: M200644018 www.qbe.com/sg



#### Certificate of Insurance

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

Certificate No. 8-V0022067-MVA Account Name PANA HARRISON (ASIA) PTE MCI Type WX1

1 Index Mark and Registration Number of Vehicle or Chassis No: SDF811Y

2 Name of Policyholder LIM KWANG JOO

3 Effective date of Commencement of Insurance for the purpose of 03/05/2019 the Regulations

4 Date of Expiry 02/05/2020

5 Person or Classes of Person entitled to drive

(a) The Policyholder

The Policyholder may also drive a motor car not belonging to him/her and not hired to him/her under a hire purchase agreement. (b) Any 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 the driving the Motor Vehicle

And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage

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 or 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 Risk 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 Vehicle (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act. 1987 (Malaysia)

QBE Insurance (Singapore) Pte Ltd

Authorized Signature

Page 6 of 23

Date of Issue: 11/04/2019

## POLICE REPORT Pg. 1

Date: 12/10/2019
To: Owner of Vehicle Number:
The following has been advised to you via your workshop, <u>Cambor Hylgic Fing gld</u> through their staff, WONG CHEE WELL
Please tick the applicable box if you had been advice on the content as seen below:
You had been advised by the workshop that in the event that you wish to claim against you own policy, there is a Fourteen (14) days dause whereby the claim must be made within the stipulated timeframe from the day of occurrence.
You had been advised by the workshop on the liability and merits of the case accordingly.
You had been advised by the workshop on the claims procedure for the type of claim that yo will be making due to this accident.
( ) There will be delay to your vehicle repair due to the unavailability of spare parts locally an there is no other option except to indent it from overseas.
The Estimation waiting time for the spare parts to arrive is  The estimated arrival time does not include the repair period.
You will be driving the vehicle out despite being advised by the workshop mechanic personnel that the vehicle may not be road worthy.
<ul> <li>For vehicles below Three (3) years old, your Insurance company will use only genuine original parts to repair your vehicle.</li> </ul>
For vehicles above Three (3) years old, your insurance company will be carrying out repair using any combination of genuine original parts and/or original equipment manufacture (OEM) parts.
You had been advised by the workshop of the Twelve (12) months warranty for <a href="Own Damag">Own Damag</a> repairs on workmanship related to the accident.
<ul> <li>For vehicles below Five (5) years old, you had been advised by the workshop to check with the local distributor on your warranty status.</li> </ul>
) Others
Signed and acknowledge by:
LIM KWANG JOO
Name and signature of policyholder/ authorised driver
VIV. COLUMN (SO DO), THE MORT SEARCH
Name and signature of workshop personnel including company stamp

Page 7 of 23





Police Station Of Origin: Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

1 of 5 Report No. T/20191012/2035

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/10/2019 11:15		lade:	Vide Report No.:	Station Diary No.: 42	
Informa	nt's Partic	ılars			
	f Informant:		Address:		
LIM KW	ANG JOO		APT BLK 288B BUKIT BATO SINGAPORE 651288	OK STREET 25 #09-04	
ID Type	/ ID No.:		Contact No.:		
NRIC N	O / S126945	50D	Home/Office:	Mobile: 97819955	
National SINGAP	ity: PORE CITIZ	EN	Email:		
Sex:	Age:	Date of Birth:	Type of Informant:		
Male	62	10/03/1957	Driver		
Race:			Language:	Institution / School Name:	
Chinese	<b>;</b>		English		
Occupation:			Driving Licence Information:		
<b>TRADIN</b>	IG REPRES	ENTATIVE	Class: 2B,2A,2,3 Date of Expiry:		

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/10/2019 19:00	Type of Location: Straight Road	
Location: Along Road 1 JURONG GA After JEM Ta:	TEWAY ROAD				
Weather:	NI Otalia	Road Surface:		Road Speed Limit:	
Clear Dry		Dry			
Traffic Flow:	**************************************	Traffic Control:		Traffic Volume: Heavy	
Type of Collis Between Mov	ion: ing Vehicles - Side Swipe	- Same Direction		Anyone conveyed by ambulance:	

Details of V	ehicle Involved	249 March 1993 484	2.48 (3.48%) (5.		ki ki ki ji ji ki	
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBQ4297X	Motorcycle	YAMAHA	AEROX		Slightly Damaged	1
SDF811Y	Car	BMW	X1 SDRIVE18I LED NAV	Orange	Seriously Damaged	1
SJF562U	Car	TOYOTA	ALTIS		Slightly Damaged	1





Police Station Of Origin: Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858 Tel No: 1800-8729999

2 of 5 Report No. T/20191012/2035

Details of Vo	shicle Insurance		Personal Control of the Control of t	
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SDF811Y	QBE Insurance (Singapore) Pte Ltd	V0022067		02/05/2020

**CONTINUATION OF REPORT** 

Any Pedestrian Ir	ivolved: No						
No. of Pedestrian	s Injured: NIL		Use of Peo	Use of Pedestrian Crossing: NA			
Rider							
Name	MUHAMAD RIDHWAN			ID No.		S9632126J	
Related Vehicle	FBQ4297X (Motorcy	ycle)		Conta	ct No.	83799548	
Hospital/Clinic				Class Driving Licend Expiry	g :e &	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Disc	<u> </u>	NIL			
No. of Days gran	1						
Passenger V	CONTRACTOR OF THE PROPERTY OF	Q CAMPAGE					
Name	LUM KIM LAN	energia de la composición dela composición de la composición de la composición dela composición dela composición dela composición de la composición dela composición	30 4 1 4 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1	ID No		S1145945E	
Related Vehicle	SDF811Y (Car)			Contact No.		NIL	
Hospital/Clinic	NIL.			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Disc		NIL		
No. of Days gran	ted Medical Leave	NIL	Degree of				
Driver		化学器 法自	的非正规的概念	提為權)			
Name	LIM KWANG JOO			ID No	**************************************	S1269450D	
Related Vehicle	SDF811Y (Car)			Contact No.		97819955	
Hospital/Clinic	NIL			Class Drivin Licen Expir	g	Class: 2B,2A,2,3 Date of Expiry: NIL	
Date Treatment	NIL		Date Disc		NIL		
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL		





Police Station Of Origin: Clementi N.P.C

3 of 5 Report No. T/20191012/2035

Clementi N.P.C 20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999 CONTINUATION OF REPORT

Passenger	Pagalintony (1964) (1964)	44.4334.47G.0	<b>经有的股份</b>		400000	
Name	GUO DONG		ID No.		NIL	
Related Vehicle	SJF562U (Car)			Conta	ct No.	93665842
Hospital/Clinic				Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	
Driver						
Name	GAO LIPING			ID No	•	S2685546B
Related Vehicle	SJF562U (Car)			Conta	ct No.	91256096
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc		NIL	L
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	

#### **Brief Details.**

On 11/10/2019 at about 1859hrs, I was driving my car reg no: SDF811Y together with my wife along Jurong Gateway Road after JEM taxi stand. I was driving on the extreme left lane. The traffic flow was heavy as there was a long queue along the side of JEM Taxi Stand. While waiting for the queue, a car reg no: SJF562U beside my lane on the right side suddenly opened it's front passenger door.

When the car door was opened, a motorcycle reg no: FBQ4297X hit on the said car door. The said motorcycle then hit onto the right side of my car and due to the impact, the motorcycle rider and female pillion fall at the front of my car. The male passenger of the said car then exited from the car.

We quickly exited from our car to render assistance to the rider and pillion of the said motorcycle. Both of them were injured and the rider called for the Police. The Ambulance and Traffic Police officer namely: Suhazrin arrived at scene. Nobody was conveyed to ambulance. All of us exchange contact details, particulars and took photo of the damages on the vehicles and subsequently left the scene.

On 12/10/2019 at 0159hrs, the motorcycle rider texted me and told me that he was given 3 days of MC. As per advised by Traffic Police officer Suhazrin, we then came to Clementi NPC to lodge a Police report.

I am lodging this report for Traffic Police necessary actions.





Police Station Of Origin: Clementi N.P.C 20 Clementi Avenue 5 SINGAPORE 129858 Tel No: 1800-8729999

4 of 5 Report No. T/20191012/2035

**CONTINUATION OF REPORT** 





Police Station Of Origin: Clementi N.P.C

Report No. T/20191012/2035

5 of 5

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

**CONTINUATION OF REPORT** 

## 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 F	≀eport:	Signature Of Informant:	
D/ . [			
Sr Staff Sgt ABDUL KHABIR BIN MC	HAMED		11
YUSOF			Thm"
			V
Signature Of Interpreter:		Date/Time:	
Not applicable \	***************************************	12/10/2019 11:15	
·	4		
Officer to Charge Of Case:		Classification Of Case	
Officer In Charge Of Case:		Classification Of Case	
TP/GIT/	Canal Chicapone	SN 37	
Sgt 3 MUHAMMAD RIZWAN BIN KA	THE PROPERTY OF THE PROPERTY O		
Contact No.: 65476185			
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Authentication Stamp	\ \		•
NP168 -	1/5	IGNATURE	]
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Page 13 of 23

Page 14 of 23