

ASS. REC. BY:

REF: CS3/MSG 19013817/RT-31 <sup>S2</sup> Special Instruction:

merin

Surveyor: Rusei ASSIGNMENT (Office)

From (Person): Katharin Wong of MSG Date/Time: 22/10/2019

Estimated Cost: \_\_\_\_\_ Bill to: \_\_\_\_\_

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

To Inspect Vehicle No: SJB 7091L Insured: SKL 1513L

at Workshop m/s: Garage B Tel: 6262 3295

of MD 1 Bukit Barok Crescent #05-55

Policy No: 27589932SMP Claim No: \_\_\_\_\_

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

Make of Veh: \_\_\_\_\_ D.O.A. 3.8.2019  
(Client's Record)

CA / REV / REP. / REV 24 HRS <sup>mup</sup> H.O.D. Endorsement: \_\_\_\_\_

Date/Time: 7.8.19 9.13a.m Person Contacted: Xiao Ai Vehicle IN OUT

Date/Time	Action/Instruction (X) Estimate
	SJB 7091L - (CC 1 A x D 142010280 / K50372) P.0A - 11/01/2014
	SKL 1513L - X check market value
	Dismantle: 8/8/2019
	Submit \$7250/- Lump Sum
	8 days (led: 5750; 4290)

**Do Not Finalise**

Rusei,

Pls check parts prices.

611- file pass to typist

RECEIVED 06 NOV 2019

*[Handwritten Signature]*  
Alipang

(08/19/13)

ASS. REC. BY:

*PRAS*

REF *MSIG*

*87IN*

ASSIGNMENT

*COE EXPIRY: 2023/5M*

From: \_\_\_\_\_ Date: *7.8.2019*

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: *SJB 7091L*

at Workshop n/s *Garage B*

of *MOI Bukit Bukit Crescent 405-55*

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

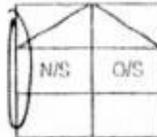
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: *22K*

IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: \_\_\_\_\_ days Res: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS *my??*

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: *SJB 7091L* Yr Regn: *2008 / JAN*

Type:  M.Cat / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: *TOYOTA PICNIC w/o roof rack c.c 1998*

Colour: *GREY* A/C: Insured / Std / NI / NA

Sp. Reading: *25112* T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: *JTEGH 23B00024889*

Gen. Cond: Good /  Fair / Poor / Burnt

Steering:  Normal / Jammed / Leaked / Burnt or

Brake:  Normal / Jammed / Leaked / Burnt or

Modi: Nil /  R/Rim / STD A/Rim or

Tyre Size: F: *215/55R17*  
R: \_\_\_\_\_

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or *WESTLARK*

Front: \_\_\_\_\_ Rear: \_\_\_\_\_

R/Bal. *6* mm R/Bal. *6* mm

L/Bal. *6* mm L/Bal. *6* mm

D.O.A. *03/08/19* D.O.I. *07/08/19*

Survey held at *GARAGE B*

Des. of Damages: Frt / Rear / O/S /  UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<i>Range / days <del>4K-4K</del> 5K-6K, 7 days.</i>
	<i>[Signature]</i>
	<i>14/8/2019</i>

Date/Time, File Pass to?  : Preli. Report

1)  : Final Report

Date/Time, File Return to? \_\_\_\_\_

2) \_\_\_\_\_

Report Format: *PRC*

Lump Sum / I.B.I: (\$ \_\_\_\_\_)

Days Of Repair: *7*

Resurvey No. of Trip: *1*

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

3 + RS, SI

Photos \_\_\_\_\_

Other \_\_\_\_\_

TOTAL \_\_\_\_\_

Add Fee:  Site Insp (\$ \_\_\_\_\_)

Interview (\$ \_\_\_\_\_)

Tech Invs (\$ \_\_\_\_\_)

Weekend (\$ \_\_\_\_\_)

**Nivitha (LKK Auto)**

---

**From:** Accounts (LKKAuto) <account@lkkauto.com>  
**Sent:** Wednesday, 23 October 2019 2:02 PM  
**To:** Admin-D (LKKAuto)  
**Cc:** Accounts (LKKAuto)  
**Subject:** RE: Report Send Back Alerts - SJB7091L (TP)

Dear Nivitha,  
FYNA Please...

**Pending for Survey Report-CS3/MSG19013817/R1CF3S2**

22 Oct 2019 18:45	<b>Ins Send Back Adj Rpt</b>	For paper survey	[1] Katherine Wong
22 Oct 2019 18:45	<b>Adj Next Rpt Changed</b>	Next Rpt:Final Rpt.Due Date:2019/10/24	[1] Merimen Administrator
22 Oct 2019 18:45	<b>Adj Mandate Set</b>	Maintained.	[1] Merimen Administrator

Thank You

Best Regards,



SuthaShelia (Shelia) | Accounts Dept.

LKK Auto Consultants Pte Ltd

Phone: 6841 1891 | email: [account@lkkauto.com](mailto:account@lkkauto.com) | fax: 6844-8805

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

**From:** Do-Not-Reply <do-not-reply@merimen.com>  
**Sent:** Tuesday, 22 October 2019 7:00 PM  
**To:** account@lkkauto.com  
**Subject:** Report Send Back Alerts - SJB7091L (TP)

Dear Sir / Madam,

Please login to Merimen Online at [www.merimen.com.sg](http://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](http://www.avg.com)

## 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 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	05/08/2019 13:30
Date Of Accident	03/08/2019 17:30
Exact Location Of Accident	TENASEK AVE ROUNDABOUT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJB7091L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	RENT MY CAR PTE LTD
Co Reg No	201535871N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90363353

### Vehicle Particulars

Manufacturer	TOYOTA
Model	PICNIC
Exact Purpose for which vehicle was being used at time of accident	
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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5074695065-03(CLASSIC)
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD ADHAM BIN ISHAK
NRIC No	S9720307E
Date Of Birth	19/06/1997
Occupation	OUTDOOR
Date Of Driving Pass	10/07/2017
Driving Experience	2 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90363353
Fax Number	
Contact Number	

Address BLK 231 BT BATOK EAST AVE 5 #02-85  
 Postcode  
 Was driver an employee of the Insured's Company NO  
 If No, Relationship of the Driver with the Insured OTHER - RENTAL  
 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 (including own vehicle) involved in the accident 2  
 Was any body injured in the Accident? NO  
 Was any injured conveyed to hospital by ambulance?  
 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) 5  
 Passenger 1  
 NAME: : ---  
 GENDER: : FEMALE  
 Passenger 2  
 NAME: : ---  
 GENDER: : FEMALE  
 Passenger 3  
 NAME: : ---  
 GENDER: : FEMALE  
 Passenger 4  
 NAME: : ---  
 GENDER: : FEMALE

**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**

PLS REFER ATTACHED ACCIDENT REPORT FROM THE DRIVER.

**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 SKL1513L  
 Vehicle Make/Model/Colour  
 Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

98318337

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

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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.

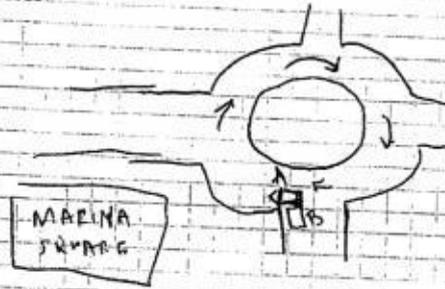
Policyholder's Signature  
Date & Time



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

10A0 RUKIT BATOK (VAC)  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At around 5:30pm, I was driving car plate number SJB 7091L (refer as A), in a roundabout heading towards Marina Square. Suddenly a incoming car plate number SKL 1513L (refer as B) from a minor road hit my left side of my car. I heard a loud sound and ~~then~~ I decided to ~~went out~~ to check my left side of the car and found that the front and back passenger door damaged.

DECLARATION

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

Policyholder's Signature  
Date & Time:

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

IDAC BUKIT BATOK (VAC)

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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

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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	05/08/2019 14:36
Date Of Accident	03/08/2019 17:20
Exact Location Of Accident	TEMASEK BOULEVARD ROUNDABOUT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKL1513L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MABEL LEE KIM NEO
NRIC No	S0087022F
Email Address	MABEL_LEE@SMTB.JP
Mobile Phone No	(LOCAL) +65-98318337
Alternative Phone No	OTHERS-98318337

### Vehicle Particulars

Manufacturer	BMW
Model	316I
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	

Vehicle Category	PRIVATE CAR
------------------	-------------

### Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	27589932
Cover Note Number	

### Driver

Name of Driver	MABEL LEE KIM NEO
NRIC No	S0087022F
Date Of Birth	08/05/1954
Occupation	INDOOR
Date Of Driving Pass	15/01/1987
Driving Experience	32 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98318337
Fax Number	
Contact Number	OTHERS-98318337

Address	JALAN DATOH #03-0626 VISTA RESIDENCES
Postcode	329425
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 - ROUNDABOUT
Weather Conditions	CLEAR
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?	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)	2
Passenger 1	NAME: : MARICHU C SERRANO GENDER: : FEMALE

### 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 TO ATTACH.

### 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	SJB7091L
Vehicle Make/Model/Colour	HONDA SILVER
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MR ADHAM
NRIC/Passport Number	
Contact Number	90363353
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	LEFT

Sketch Plan Pg. 1

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.
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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.

GARY PUN ORATION  
Performance Motor Limited  
503 Alexandra Road  
Sime Darby Performance Centre  
Singapore 159941

Policyholder's Signature  
Date & Time:

*[Signature]*  
5 Aug 2019  
12 PM

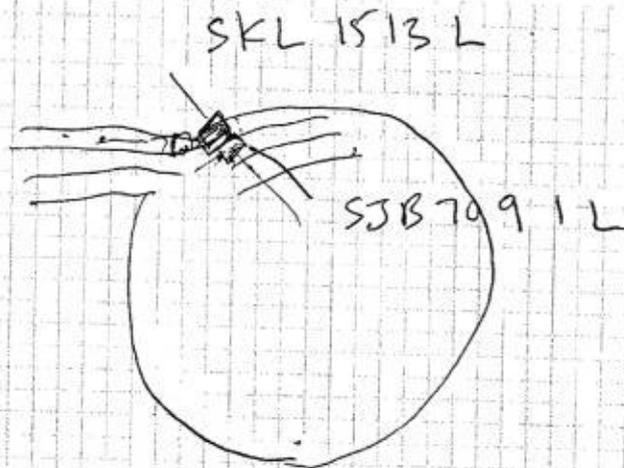
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

*[Signature]*

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

*[Signature]*  
5/8/19  
1240

SKETCH PLAN



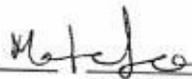
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Around 5-30 pm on 3<sup>rd</sup> August I was driving my car away from Marina Bay Sands and heading towards the roundabout of Temasek Boulevard. I was in the leftmost lane on the road and I stopped at give way sign in front of Conrad hotel before entering the roundabout. I had checked the right and left to be clear. I move my car slowly into the leftmost lane of the roundabout. Then through my right window I saw a silver car going speeding past and the next thing I heard a loud bang.

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:

GARY POH CHAI HOON  
 Performance Motors Limited  
 303 Alexandra Road  
 Sime Darby Performance Centre  
 Singapore 159441

  
 Reporting Centre Personnel's Signature  
 Name: 5/8/17  
 11:40  
 NRIC/FIN No.:

NOTICE OF REPORTING

Annex D

This is to confirm that Lee Kim Neo Mabel, NRIC/FIN  
S0087022F, has reported to the Police a non-injury traffic accident which  
occurred at The Roundabout of Temasek Boulevard.

on 03/08/2019 at about 1720 hrs involving the following vehicles:

SKL1513L (Complainant's car)  
SJB7091L (Other party's car)

2 If this accident was reported to the Police within 24 hours of its  
occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act,  
Cap 276.

Rank/Name of Issuing Officer: SGT T170078 Tom Lin 

Date: 04/08/2019 Time: 1745hrs

S/D Ref: 117

Police Post/Unit : Toa Payoh NPC

TOA PAYOH NEIGHBOURHOOD POLICE CENTRE  
93 TOA PAYOH CENTRAL #01-02  
TOA PAYOH CENTRAL COMMUNITY CLUB  
SINGAPORE 319194

Original - to be issued to informant  
Duplicate - to be submitted to Traffic Police

Accident Photo



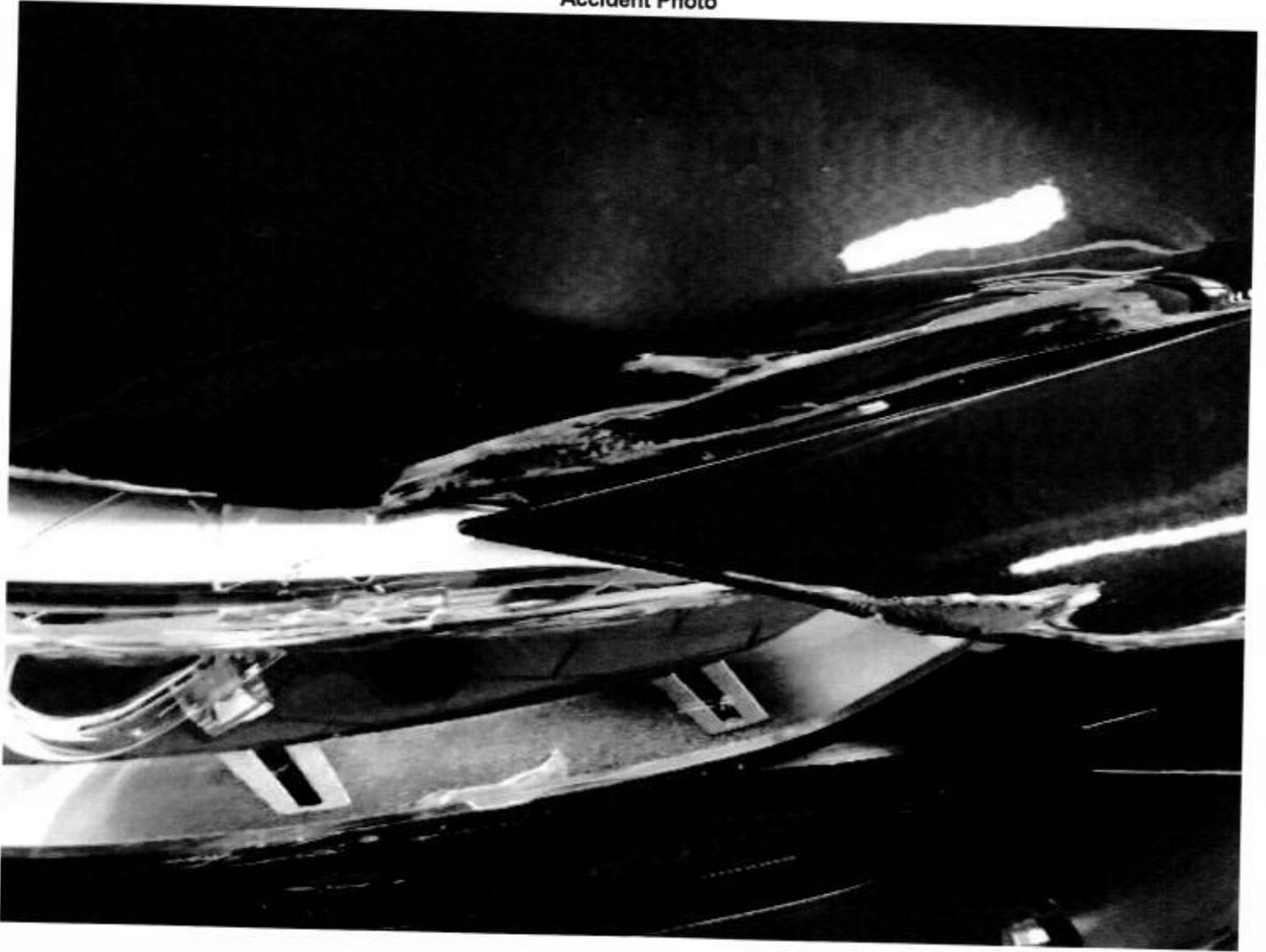
Accident Photo



Accident Photo



Accident Photo



Accident Photo

