22/03/2002 ASS. REC. BY:	REF: (5/C1)	19021184/ALG	Speci	ial Instruction:	11.00
Surveyor Adran	ASSIG	NMENT (Office)			
From (Person): Ton Ko	1h Leong of	C11	D	ate/Time: 2.	1219 10.000.m
Estimated Cost:	0	Bill to:		IMBRACHICAL PLANT	
OD TP WS / TP RE To Inspect Vehicle No:	S/OD RES/EVA/INV/M SK 4667	IV / CS	Insured;	GBG	480>R
at Workshop m/s 61			Tel:	8112648	5
		utobay			
Policy No:			SNM 19	120564	600r
Sum Insured:		Excess:			
Make of Veh:		The result for	T	0.O.A. 35.	11.2019
(Client's Record)	(mps				A.
CA / REV / REP. / Date/Time: J.13.19	REV 24 HRS	cted: Annabelle	Ve	H.O.D. Bolors	
- 1	Instruction ( V ) Esti	mate Inspection.	BIK 21	baki Buk	il Are ( #01
	4807- X				
1600 Adii	an Cenfirmed LS	\$ 6500 (R	ed 703	7.45, 5	Jb.

## ASSIGNMENT

From	Date: 2/12/19	Veh No:	SLK4668	Y. Yr Regn: 2012/ March.
Estimated Cost:				/ Lorry / Taxi / Prime Mover /
~	ES / OD RES / EVA / INV / MV	Truck / Tra		
To Inspect Vehicle N	0140.014	Make: A	ndi 55	Coupe, c.c 2985 A/C: Insured/Std/NI/NA
at Workshop m/s	Glockerwerke	Colour	Black.	A/C: Insured / Std / NI / NA
	Bukit Road 4 # 07-24		109924	
	urgy.	Eng/No:		
Policy No.	79	C/No:	WAUZZZ	8 TXC A 021076
Claims No.		Gen. Cond: 600d	/ Fair / Poor / Bu	urnt
Sum Insured:	Excess:	Steering: Inorder	/ Jammed / Leak	ed/Burnt or
(Client's Record)		Brake: Inggler	/ Jammed / Leak	ed / Burnt or
Make of Veh:	Annabelle @ 8112 6485	Modi: Nil 1875		
			255	
(Palley Condition)		R	255/	35R19.
Remark: The veh ha	d commenced its N/S O/S	BS / DUN / EXNO	VA / GY / FS / LI	ZA MICY OHTSU / PIR / SUMI /
repair at th	ne time of inspection.	TOYO / YOKO	or	
Bal. or Market Value		Front		Rear
IDAC Accident Rport	Consistent?: Yes or No	R/Bal.	mm	R/Bal. 06 mm
GIA / PR Seen:	Consistent?: Yes or No	L/Bal. 06	mm	L/Bal. 06 mm
Est. Repairs:	days Res.: Yes or No	D.O.A.		D.O.I. 02/12/19
Lum Sum:	% 3 Val.: Yes or No	Survey held at	Gloc	deerwerke.
CA / REV / RE	P. 1 24 HRS 14PS	Des. of Damages		DIS I N/S I U/C I Rooftop or
	Vehicle: IN / OUT Person Contacted:	71 11/0 1 01	Frant	
Date:		The U/C / Ci	nassis frame / b	Body Structure affected due to collision.
	TP Chins.			
	* · · · · · · · · · · · · · · · · · · ·			
M	The state of the s			
P)	1: 59.3K H; 25.7K.			
Ne	T; 25.1C.			
			1.	
Date/Time, File Pass to?		Days Of Repair		
1)	: Final Report	Resurvey No. o	of Trip: 2	Survey Fee:
Date/Time, File Return I		. The site less	. (\$	Transportation:
216- typ	Aud ree	: Site Ins		
Report Format :	Merimen	: Tech. In		) Pholos ) Others
	11 6500/2	1		- / Suidis
ETHIR SHIRL LASS	6500 12	: Weeller	B.T. T.S.	

# ...CLAIM SUBFOLDER...(New Assignment)

Case	Notified	Est Sut	mitted	Adj Assigned	Adi Rp	t Adi	Submitted	Toro A Al	1 = 4			
Main	28 Nov 2019			02 Dec 2019 10:00 Assign		Auj	Submitted	Ins Auth		New Assign Cancel Cas		
	Main		Ref	erence		Claim Deta	ils	Do	cumen	ts	Show All	
CLAIM S	UBFOLDER DET	AILS			All half processing				[Crea	ted by insu	rer]	
Main Clain	nant:		FSTHE	ANG BEE BEE,	ID. CTES							
Vehicle Re	g. No.:		SLK46		ID: S750							
Claim Typ	e:			VM19D205646	CO2	Date of Los		25/11/2019 14:00 - :59				
Vehicle Re	g. No. (Insured):		GBG480		JC02	Policy/Cover Note No.: DMCVSN17554419022			Control Pro-			
										PV2018-00003086		
Repairer:			Glockey	verke (HQ) 1 K	AKI BUKIT A	EXCESS:   \$\$500.00  KIT AVE 6 #01-08 AUTOBAY, 417883 Kaki Bukit - Tel:						
Handling I	111000000000000000000000000000000000000		China T 6389619	aiping Insuran	ce (Singap	ore) Pte. Li	td. (HQ) - Te	el: 6389 611	1 [Ha	ndled by <b>Ta</b>	n Kah Leong	
Claimant's	Insurer:		FWD Singapore Pte. Ltd. (HQ) - Tel: 6727 5700									
Adjuster:			LKK Aut	o Consultants	Pte Ltd (HC	Q) - Tel: 625	56-3561 [	Final Rpt	due 11	/12/20191		
ASSOCIA	TED MAIL RECE									,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
There are no mail for this case.				Vi	ew All	Compos	se Case Mail					
There are i	no man for this ca	ise.										
	OCIATED TASKS	S				View A	All   Search	Tasks	Create	e New Task	Complete	
Due Dat No results.	- Thomas	Туре	Task Gr	oup Subject	t Handle	er Assig	ned By	Complete		Created		

## Nivitha (LKK Auto)

From:

Tan Kah Leong <KahLeong.Tan@sg.cntaiping.com>

Sent:

Monday, 2 December 2019 9:54 AM

To:

Ruby Ong; assignments

Cc:

Glockewerke Auto

Subject:

RE: OUR REF: SNM19D205646/GBG4802R/TKL & YOUR REF:

TCL.RL.RO.50725.19.GW - REQUEST FOR PRE-REPAIR SURVEY PROTOCOL FOR SLK

4668Y

#### WITHOUT PREJUDICE

Dear Ruby,

We refer to your email dated 29.11.2019.

We will be assigning M/s LKK Auto Consultants to survey your client's vehicle on a without prejudice basis.

Aside to LKK.

Please refer to the email below & proceed to survey the third party vehicle.

Thank you.

Regards

### Tan Kah Leong

Assistant Executive Claims Department

China Taiping Insurance (Singapore) Pte. Ltd.

3 Anson Road #15-00 Springleaf Tower Singapore 079909

DID: (65) 6389 6193 | F: (65) 6222 1033

W: www.sg.cntaiping.com | FB: www.facebook.com/chinataipingsg/

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From: Ruby Ong [mailto:ruby@htapartners.com.sg]

Sent: Friday, November 29, 2019 6:48 PM

To: Tan Kah Leong < Kah Leong. Tan@sg.cntaiping.com>

Cc: Glockewerke Auto <glockewerke@outlook.com>; Ben Tang <Ben.Tang@sg.cntaiping.com>

Subject: RE: OUR REF: SNM19D205646/GBG4802R/TKL & YOUR REF: TCL.RL.RO.50725.19.GW -

REQUEST FOR PRE-REPAIR SURVEY PROTOCOL FOR SLK 4668Y

WITHOUT PREJUDICE SAVE AS TO COSTS

URGENT

Dear Kah Leong

We refer to your email dated 28 November 2019.

Our client is agreeable to appoint Mr Adrian Ling from your list to conduct the joint pre-repair survey as a single joint expert for our client's vehicle no. SLK 4668Y.

Please make the necessary arrangements with the contact person. The details are as follows:

Please be informed that the said vehicle can be inspected at: -

Repairer

GLOCKEWERKE

Venue

Block 21 Kaki Bukit Road 4

#01-02 Synergy @ Kaki Bukit

Singapore 417810

Contact Person:

Ms Annabelle @ HP: 8112 6485

If you fail to conduct the pre-repair survey within the next 2 working days excluding any intervening Saturday, Sunday or Public Holiday, the said workshop will commence repairs thereafter without further reference.

Best regards. Ruby Ong Secretary M/s Hin Tat Augustine & Partners 20 Upper Circular Road #02-10/12 The Riverwalk Singapore 058416

Tel: 6533 0212 ext 278 Fax: 6338 3536 / 6533 0313

www.htapartners.com.sg

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From: Tan Kah Leong < KahLeong. Tan@sg.cntaiping.com>

Sent: Thursday, 28 November 2019 5:36 PM To: Ruby Ong <ruby@htapartners.com.sg>

Subject: RE: OUR REF: SNM19D205646/GBG4802R/TKL & YOUR REF: TCL.RL.RO.50725.19.GW -

REQUEST FOR PRE-REPAIR SURVEY PROTOCOL FOR SLK 4668Y

## Without Prejudice

Dear Ruby,

We refer to your email below.

Please see attached and let us know if you agree with SJE.

Thank you.

Regards

## Tan Kah Leong

Assistant Executive Claims Department

China Taiping Insurance (Singapore) Pte. Ltd.

3 Anson Road #15-00 Springleaf Tower Singapore 079909

DID: (65) 6389 6193 | F: (65) 6222 1033

W: www.sg.cntaiping.com | FB: www.facebook.com/chinataipingsg/

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From: Claims Dept of CTI

Sent: Thursday, November 28, 2019 5:33 PM

To: Tan Kah Leong < Kah Leong . Tan@sg.cntaiping.com >; ruby@htapartners.com.sg

Subject: OUR REF: SNM19D205646/GBG4802R/TKL & YOUR REF: TCL.RL.RO.50725.19.GW -

REQUEST FOR PRE-REPAIR SURVEY PROTOCOL FOR SLK 4668Y

Importance: High

Dear Kah Leong,

Please conduct PRS -SKL4668Y soonest possible.

File with officer-in-charge- Tan Kah Leong-DID: 6389 6193

Dear Ruby.

\*\*\* kindly quote our reference number when replying \*\*\*

Thank you.

Claims Department

China Taiping Insurance (Singapore) Pte. Ltd.
3 Anson Road #15-00 Springleaf Tower Singapore 079909

Tel: 6389 6116

Fax (65) 6224 7175 / 6224 7478

Email: claimsdept@sg.cntaiping.com

Website: www.sg.cntaiping.com

W: www.sq.cntaiping.com | FB: www.facebook.com/chinataipingsg/ | WeChat: 太平狮城 Taiping SG

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From: Ruby Ong [mailto:ruby@htapartners.com.sg]

Sent: Thursday, 28 November, 2019 12:23 PM

To: Claims Dept of CTI Cc: Glockewerke Auto

Subject: REQUEST FOR PRE-REPAIR SURVEY PROTOCOL FOR SLK 4668Y [OUR REF.

TCL.RL.RO.50725.19.GW]

Importance: High

Your ref:

GBG 4802R

WITHOUT PREJUDICE

Our ref:

TCL.RL.ro.50725.19.gw

28 November 2019

## China Taiping Insurance (Singapore) Pte. Ltd.

By Email Only

Motor Claims Department 3 Anson Road #16-00 Springleaf Tower Singapore 079909

#### VERY URGENT

Dear Sirs

CLAIMANT: ESTHER ANG BEE BEE
NOTICE OF ACCIDENT AND DDE DEDAID SUDVEY

NOTICE OF ACCIDENT AND PRE-REPAIR SURVEY - ACCIDENT INVOLVING <u>SLK 4668Y</u> & GBG 4802R ALONG 310 ORCHARD ROAD - TANG PLAZA ON 25 NOVEMBER 2019 @ 1430HRS

We are instructed by Esther Ang Bee Bee to notify you of a road traffic accident on 25 November 2019 at about 1430hrs along 310 Orchard Road – Tang Plaza involving our client's vehicle registration number <u>SLK</u> 4668Y and vehicle registration number GBG 4802R driven by your insured's driver at the material time.

As a result of the accident, our client's vehicle has been damaged. Before our client proceed to repair the damaged vehicle, please let us know within 2 working days of your receipt of this notice whether you or your insurers would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, our client shall proceed to repair the vehicle without reference to you.

Best regards, Ruby Ong Secretary M/s Hin Tat Augustine & Partners 20 Upper Circular Road #02-10/12 The Riverwalk Singapore 058416

Tel: 6533 0212 ext 278

Fax: 6338 3536 / 6533 0313

www.htapartners.com.sg

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## > Back to OneMotoring

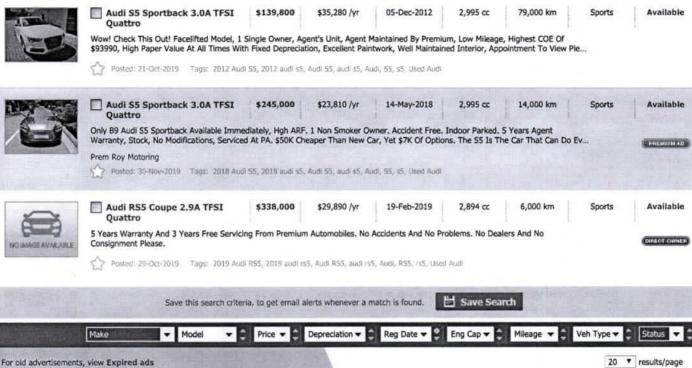
**Enquire PARF/COE Rebate for Registered Vehicle** 

Vehicle Owner Particulars Owner ID Type:	Singapore NRIC
Owner ID:	106C
Vehicle Datails	1060
Vehicle No.:	SLK4668Y
Vehicle to be Exported:	Yes
Intended Deregistration Date:	02 Dec 2019
Vehicle Make:	AUDI
Vehicle Model:	S5 COUPE 3.0 TFSI QUATTRO (FACELIFT)
Primary Colour:	Black
Manufacturing Year:	2011
Engine No.:	CGW031417
Chassis No.:	WAUZZZ8TXCA021076
Maximum Power Output:	245.0 kW (328 bhp)
Open Market Value:	\$68,675.00
Original Registration Date:	29 Mar 2012
First Registration Date:	29 Mar 2012
Transfer Count:	1
Actual ARF Paid:	\$68,675.00
Intended PARE Repare Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	28 Mar 2022
PARF Rebate Amount:	\$41,205.00
Interdeli Coerrebate Details	
COE Expiry Date:	28 Mar 2022
COE Category:	E - Open Category
COE Period(Years):	10
QP Paid:	\$78,000.00
COE Rebate Amount:	\$18,095.00
Total Rebate Amount:	\$59,300.00
A CANADA CONTRACTOR CO	

The information contained herein is correct as at 02 Dec 2019



# One Owner, Selling To Upgrade. In Great Condition, High Loan/Trade In Available. Call Us To Arrange For Appointment. F1 Auto Cars Pte Ltd Posted: 20-Nov-2019 Tags: 2012 Audi SS, 2012 audi sS, Audi SS, audi sS, Audi, SS, sS, Used Audi \$139,800 Audi S5 Sportback 3.0A TFSI Quattro Audi S5 Sportback 3.0A TFSI Quattro \$245,000



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#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Fax Number Contact Number

**EMail Address** 

- 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

aroresaid.	
And the ballocal for the second and the second	ACCIDENT STATEMENT
Date Of Report	25/11/2019 16:27
Date Of Accident	25/11/2019 14:30
Exact Location Of Accident	TANG PLAZA - 310 ORCHARD ROAD
Country/State of Loss	SINGAPORE
C. C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLK4668Y
Insured/Policyholder	
Name Of Registered Owner	ESTHER ANG BEE BEE
NRIC No	S7504106C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92989036
Alternative Phone No	OFFICE-92989036
Vehicle Particulars	
Manufacturer	AUDI
Model	S5
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	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2018-00003086
Cover Note Number	
Driver	
Name of Driver	EDWIN YIK KEAN MENG
NRIC No	S7627009J
Date Of Birth	09/09/1976
Occupation	INDOOR
Date Of Driving Pass	13/09/1994
Driving Experience	25 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92989036
Fay Number	

NOEMAIL

Address

APT BLK 180 BEDOK NORTH ROAD #05-04

Postcode

460180

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - CHANGE/CROSS LANE

Weather Conditions

CLEAR

Road Surface

ambulance?

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?

NO

Was any injured conveyed to hospital by

NO

YES

Was any other material or property damaged?

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 TO 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

GBG4802R

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### 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 accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>regudiase policy 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 ladgment 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.
- B. Consent under the Personal Data Protection Act (PDPA)

lunderstand, acknowledge, agree and consent that:

- (iii) 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 alliansurer(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) earrying 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 Purobses.
- (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.

Policeholder's Signature

Oate & Time:

Driver's Agnature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.1

## Sketch Plan #2

SKETCH PLAN	
1-11	
Table H	
171 - 1	X
**	
	A
7-1-11	A SI KARRAY
	1-17-17-17
	B : GBG4802R
DESCRIBE CIRCUMSTANC	TES OF THE ACCIDENT
- The state of the	ES OF THE ACCIDENT
OH 25.11	
	in at 2.30PM, when i am
checking	
3	clearance to turn left vehicle
3 turn	S. T. A.
· ·	into my lare and collide
into m	ay vehicle &
	my vehicle front right.
1	
	7
CLARATION	culars are true in every respect.
Mary Congoing parts	Livers are true in every respect.
1	
cyloider's Signature ets Time:	Driver's Masure  If driver is not the policipalities  Reporting Centre Personnel's Signature
* *	If driver is not the policyholder)  Oate & Time: