



SINGAPORE POLICE FORCE



G/20191010/7025

1 of 1

POLICE REPORT (NP299)

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Report No. G/20191010/7025

Date/Time Report Made 10/10/2019 11:35	Vide Report No.	Station Diary No.
Name Of Informant DHANARAJ S/O KUMAR	Address APT BLK 272 PASIR RIS STREET 21 #05-486 SINGAPORE 510272	
ID Type / ID No. NRIC NO / S8035739G	Contact No. Home/Office: Mobile: 92381443	
Nationality SINGAPORE CITIZEN	Email Address dhanaraj1380@gmail.com	
Occupation SENIOR AVIATION OFFICER	Sex Male	Age 38
Institution/School Name	Language English	Date of Birth 13/11/1980
		Race Indian
Date/Time Of Incident 09/10/2019 18:00	Location Of Incident EAST COAST PARKWAY	

Brief details.

I was involved in a 3 car chain collision at East Coast expressway towards MCE. I was the first car in this accident. I managed to brake on time as the car in front of me brake suddenly. But the 2nd and 3rd car did not manage to brake to time and as a result they hit the rear of my car. I felt 2 impacts one after another. Ambulance arrived as the pregnant driver of the last car was in pain. I also had pain but didn't go with ambulance as I thought the pain eventually go off. The next day as the pain got worse and I went to Changi General hospital to seek treatment. I was hospitalised.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: No: applicable	Date/Time: 10/10/2019 11:35
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	



CERTIFICATE OF INSURANCE

Please call **+65-6322-2072** for FWD Emergency Assistance
if Your Car breaks down or is involved in an accident.

All accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

POLICY NUMBER: PNCV2018-00000314

Car plate number : SKC3612T

Coverage start date: 29/08/2018

Coverage end date: 17/02/2020

Who is insured to drive: You and any Authorised Driver

Covered Geographical Area: Singapore, West Malaysia and Southern Thailand

About you (the Policyholder)

Name: Dhanaraj Kumar

NRIC/FIN: S8035739G

Address: 272 Pasir Ris Street 21 05-486 Singapore 510272

Email: Dhanaraj1380@gmail.com

Mobile Number: 92381443

Date of Birth: 13/11/1980

Gender: Male

Marital status: Married

Certificate of Merit: Yes

Current no claims discount: 50%

Years of driving experience: Three or more

About your car and policy

Car make and model: CHEVROLET CRUZE 1.6

Year of first registration: 2011

Plan type: Comprehensive

Standard Excess: S\$1,500

NCD protector: Not Applicable

Your preferred workshop: Not Applicable

Overseas Booster: Yes

Premium paid (Inclusive of GST): S\$1,639.59

Finance company: Heritage auto

K & t Cars

53 Ubi Ave 1 #01-23 Paya Ubi Ind Park Singapore 408934
Tel: 6844 5938 Fax: 6285 5228 Email : kntcars@gmail.com
Biz Reg. No : 53208965X

No.: 3324

OFFICIAL RECEIPT

Date: 08 NOV 2019

Received from PHANARAJ S/O KUMAR

The Sum of Dollars two thousand eight hundred and
eighty Dollars only

Being payment of SJS3911H 10/10/2019 - 02/11/2019

\$ 2880

Cheque No.: _____

K & t Cars



Authorised Signature

K & t Cars

53 Ubi Ave 1 #01-23 Paya Ubi Ind Park
Singapore 408934
Tel: 6844 5938 Fax: 6285 5228
Email: kntcars@gmail.com
Biz Reg. No.: 53208965X

VEHICLE RENTAL AGREEMENT

NO.: KT-04533

Veh. No.: SJS3911H	Replace Veh. No.: SKC3612T
Veh. M / M: Toyota Vios	Replace Veh. M / M: Chevrolet Cruze

HIRER'S PARTICULAR		<input checked="" type="checkbox"/> SAME AS HIRER DRIVER'S PARTICULAR	
Name: DHANARAJ S/O KUMAR	Name:		
Address: BIK 272 pasir vis Street 21 #05-486 S(570272)	Address:		
I/C: 880357396	D.O.B: 13/11/1980	I/C:	D.O.B:
Contact: 92381443	Pass Date: 11/06/2002	Contact:	Pass Date:

	A - ACCIDENT	Hirer's acceptance
	C - CRACKED	
	D - DENTS	Driver's acceptance
	S - SCRATCHES	

RENTAL DETAILS			
Mileage Out	REMARKS	Mileage In	REMARKS
Date Out: 10/10/2019		Date In: 02/11/2019	
Time Out: 1230		Time In: 1330	
ASSIGNED BY		CHECKED BY	

RENTAL CHARGES				PETROL / DIESEL LEVEL					
Daily @ \$	120	24 Days @ \$	2880	OUT	E	1/4	1/2	3/4	F
Weekly @ \$		Wks @ \$		IN	E	1/4	1/2	3/4	F
Monthly @ \$		Mth @ \$							
Hours @ \$		Hrs @ \$							
Inclusive of additional charges (if any)			Amt payable \$ 2880	Petrol Charges	YES	NO	AMT: _____		
				CDW	YES	NO	AMT: _____		
Payment: <input type="checkbox"/> CASH <input type="checkbox"/> NETS <input type="checkbox"/> CHQ <input type="checkbox"/> VISA <input type="checkbox"/> MAST				Security Deposit	YES	NO	AMT: _____		
Bank / Cheque No.:				Advance Payment	YES	NO	AMT: _____		

I/We have read and agree to the terms and conditions stated on this page and overleaf. I/We am/are also aware that should there be any parking and/or traffic offence committed during the leasing period when the vehicle is in my/our possession, we will be billed accordingly. Subsequently, our personal details may be tender accordingly to the government parking and/or traffic offence department. With us undersigning below, I/We am/are sure that all information I/We have given to K & t CARS in connection with this agreement are true and accurate.

IMPORTANT INFORMATION (To be go through by the personnel of K & t CARS to the hirer and/or driver upon leasing of vehicle)

- Only persons above 26 and below 60 years of age with 2 years driving experience, authorised, licensed and signing this agreement may drive the vehicle.
- Vehicle is strictly for Singapore use only and may not be driven out of Singapore without prior consent of the company K & t CARS.
- Use of the vehicle illegal purpose such as in connection with theft, drug peddling or trafficking, smuggling is strictly prohibited.
- Additional drivers are required to register with us before they are allowed to drive the vehicle. Otherwise, he/she will not be protected by the insurance cover.
- The hirer shall be liable for excess charges for any late return of the rate shown per hour or on a per day basis.
- In case of any accident, the hirer MUST report to K & t CARS immediately regardless of the seriousness of the impact occurred. If there are bodily injuries, a police report MUST be made with in the next 24 hours.
- In view of all accident, the hirer will bear the full responsibility for the SGD\$3,500/- excess payable to K & t CARS and also the first SGD\$3,500/- excess for damaged to the third party vehicle.

ACKNOWLEDGEMENT	
 Signature of hirer / driver (company stamp if any) X	 For and on behalf of K & t CARS (authorised signature only)



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	10/10/2019 16:12
Date Of Accident	09/10/2019 18:00
Exact Location Of Accident	ECP (MCE) 4.2KM
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR4675B
Insured/Policyholder	
Name Of Registered Owner	GWEE GOH TEE
NRIC No	S1214977H
Email Address	GWEEGT@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96306199
Alternative Phone No	OTHERS-96306199

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH-1.8 (A)
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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VPA/P2037317
Cover Note Number	

Driver

Name of Driver	WEI MINGXIAN
NRIC No	S9031156E
Date Of Birth	26/08/1990
Occupation	OUTDOOR
Date Of Driving Pass	18/04/2015
Driving Experience	4 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91515337
Fax Number	
Contact Number	
EMail Address	WEIMINGXIAN90@GMAIL.COM

Address	37 CHOA CHU KANG LOOP #09-03 THE WARREN
Postcode	689675
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
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	3
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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: : KENNETH CHIA YONG CHIN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHOA CHU KANG NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 116 TECK WHYE LANE , POSTCODE: 680116 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7629999 - FAX NO: 67636615
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO THE ATTACHED SKETCH PLAN & POLICE REPORT NO. T/20191010/2004 FOR THE CIRCUMSTANCE OF ACCIDENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH TRAFFIC POLICE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKC3612T
Vehicle Make/Model/Colour	CHEVROLET / WHITE
Details Of Properties	REAR
Vehicle Category	PRIVATE CAR
Name of Driver	RAJ
NRIC/Passport Number	

Contact Number	92381443
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	COLLISION
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SGH6153C
Vehicle Make/Model/Colour	TOYOTA / WISH / GREY
Details Of Properties	FRONT
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	85006907 (DRIVER'S HUSBAND)
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SGH6153C
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

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.
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.

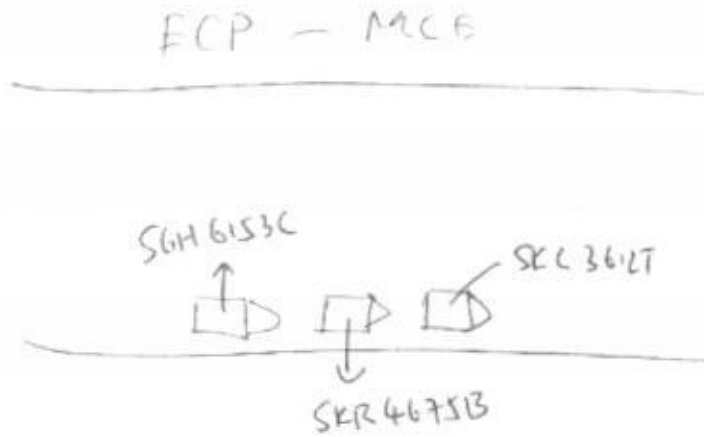
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

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:

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



**SINGAPORE
POLICE FORCE**



T/20191010/2004

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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Report No. T/20191010/2004

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/10/2019 01:04		Vide Report No.: G/20191009/0148		Station Diary No.: 15	
Informant's Particulars					
Name of Informant: WEI MINGXIAN			Address: 37 CHOA CHU KANG LOOP #09-03 SINGAPORE 689675		
ID Type / ID No.: NRIC NO / S9031156E			Contact No.: Home/Office: Mobile: 91515337		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 29	Date of Birth: 26/08/1990	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: DRONE OPERATOR			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 09/10/2019 18:00	Type of Location: Straight Road
Location: Along Road 1 EAST COAST EXPRESSWAY Towards City				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGH6153C	Car				Slightly Damaged	0
SKC3612T	Car				Slightly Damaged	0
SKR4675B	Car				Seriously Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20191010/2004

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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Report No. T/20191010/2004

CONTINUATION OF REPORT

Driver			
Name	WEI MINGXIAN		ID No. S9031156E
Related Vehicle	NIL		Contact No. 91515337
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 09/10/2019 at about 1800hrs, I was driving my car registration number SKR4675B at the extreme right lane along East Coast Park Expressway. The weather was clear. I kept a safe distance between the front car however out of a sudden, the vehicle in front of me(registration number : SKC3612T) put on an emergency brake. I immediately pressed the brake pedal however I could not stop on time causing a collision. At about 1 or 2 second later, I felt a loud sound coming from the back and I knew that the vehicle which was travelling behind me (Registration number :SGH6153C) too was unable to stop on time and hit the rear of my vehicle.

I immediately alight from my vehicle and made a check on all the vehicle. I wished to state due to impact of the collision the back mirror was cracked the fell off. The driver of the back vehicle was injured and was conveyed to the hospital.

The Police had attended to the incident vide G/20191009/0148. At this point of time, I did not seek any medical treatment.



**SINGAPORE
POLICE FORCE**



T/20191010/2004

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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Report No. T/20191010/2004

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 Report:

J /

Sgt 3 MUHAMMAD NADZRI BIN RUDZLAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

10/10/2019 01:04

Officer In Charge Of Case:

TR / GIT /

Sr. Staff Sgt. SHAHRUL NIZAM BIN SAMARRI

Contact No: 65476904

Signature:

Classification Of Case:

Authentication Stamp

NP168

AXA INSURANCE PTE LTD
 8 Shenton Way, #24-01
 AXA Tower, Singapore 068811
 Customer Service Centre #B1-01
 Tel:(65)63387288 Fax:(65)63382522
 Website:www.axa.com.sg
 GST Registration Number: 199903512M
 customer.service@axa.com.sg



CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE NO. : VPA/P2037317 **Account No.** : 14888
Coverage : Comprehensive (SmartDrive Toyota Prestige)
Sum Insured : Market Value At The Time Of Loss
Name of Policy Holder : GWEE GOH TEE
Vehicle Registration No. : SKR4675B
Period of Insurance : From 11/02/2018 To 10/02/2020 (Both Dates Inclusive)

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE*

- (a) The Policyholder
 The Policyholder may also drive a Motor Car not belonging to or not hired (under a hire purchase agreement or otherwise) to him or his employer or his partner
 (b) Any other person who is driving on the Policyholder's order or with his 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 driving the Motor Vehicle.

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, speedtesting, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with motor trade; or when the Motor Car, whether stationary, in use or otherwise, is in or on, a racing track, circuit, route, course or any other roads by whatever name called that are typically used for racing, pace-making or such similar purposes.

(01)

Basic Own Damage Excess : SGD 500.00

An Additional Excess is applicable as follows:

S\$2,500.00 for Young or Inexperienced Driver.

Young or Inexperienced Driver is defined as any driver whom is aged below 23 years old and/or less than one year of driving experience.

(Please refer to your policy on the terms & conditions)* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks 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 Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

AXA INSURANCE PTE LTD

Authorized Signature

Issued by - SGOAGPH on 12/12/2017

IMPORTANT :

Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation) Act (Cap. 189). The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate, covernote and endorsement etc.

AUTHORIZATION LETTER

AUTHORIZATION LETTER

Date: 10/10/19

To: Axa Insurance

Cc: Borneo Motors (S) Pte Ltd

Attn: To Whom It May Concern

Dear Sir / Madam,

RE: Authorization to Act on Behalf for Insurance Claims Documentation

I/we, (full name) Gwee Goh Tee NRIC No. S12149774

hereby authorized my/our (relationship) Son (full name)

Wei Ming Xian NRIC No. S4031156E to drive my vehicle at time of accident.

He / She is also authorize to exercise and execute to sign all / any necessary transaction documentation pertaining to my registration vehicle number SKR 46773 as I am currently having tight official business schedules / away from Singapore on duty overseas travel.

Please do not hesitate to contact me should you require any further clarification on the above.

Thank You

Yours truly,

Signature :

Name :

Contact No :


Gwee Goh Tee
96306199

Accident Photo



Accident Photo



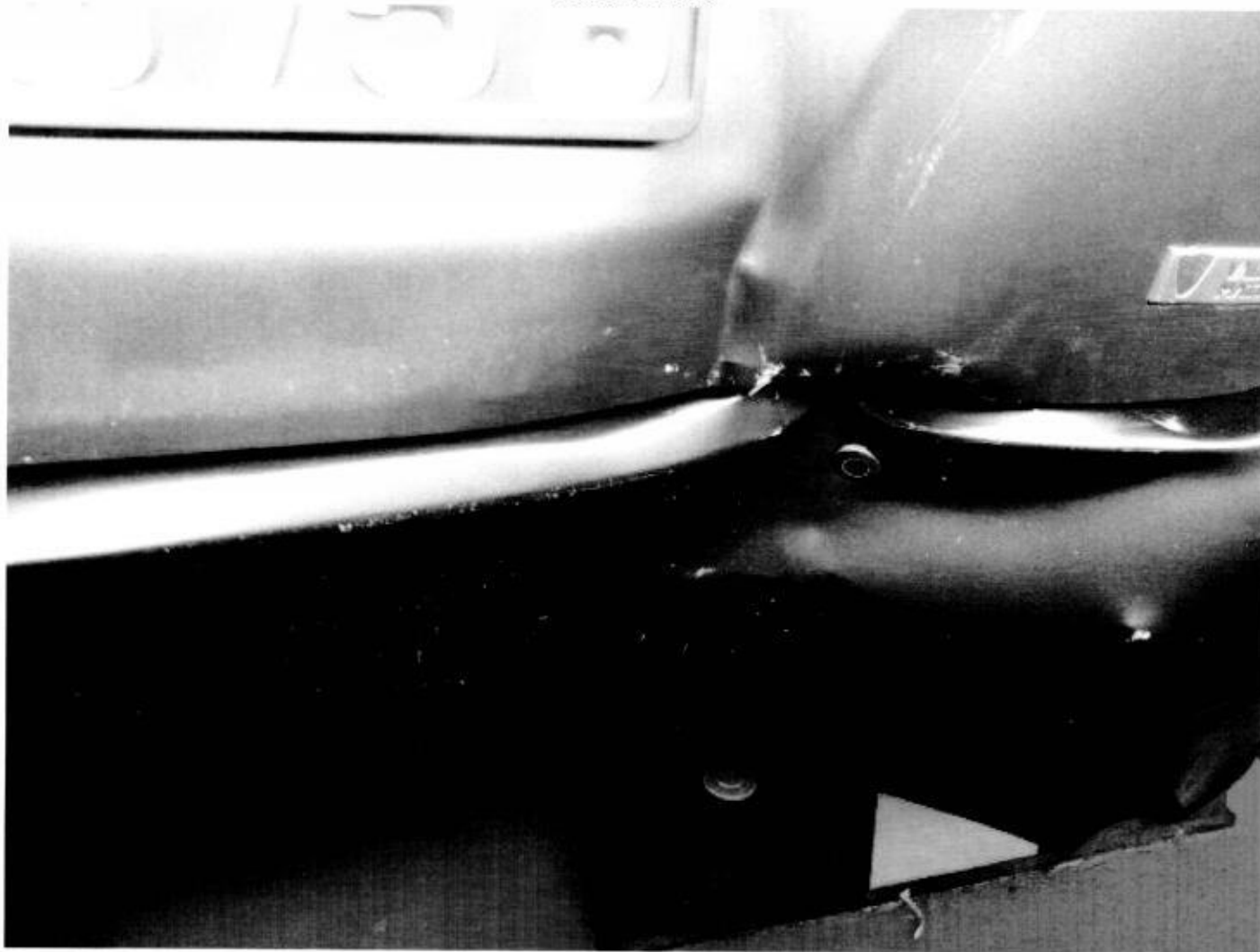
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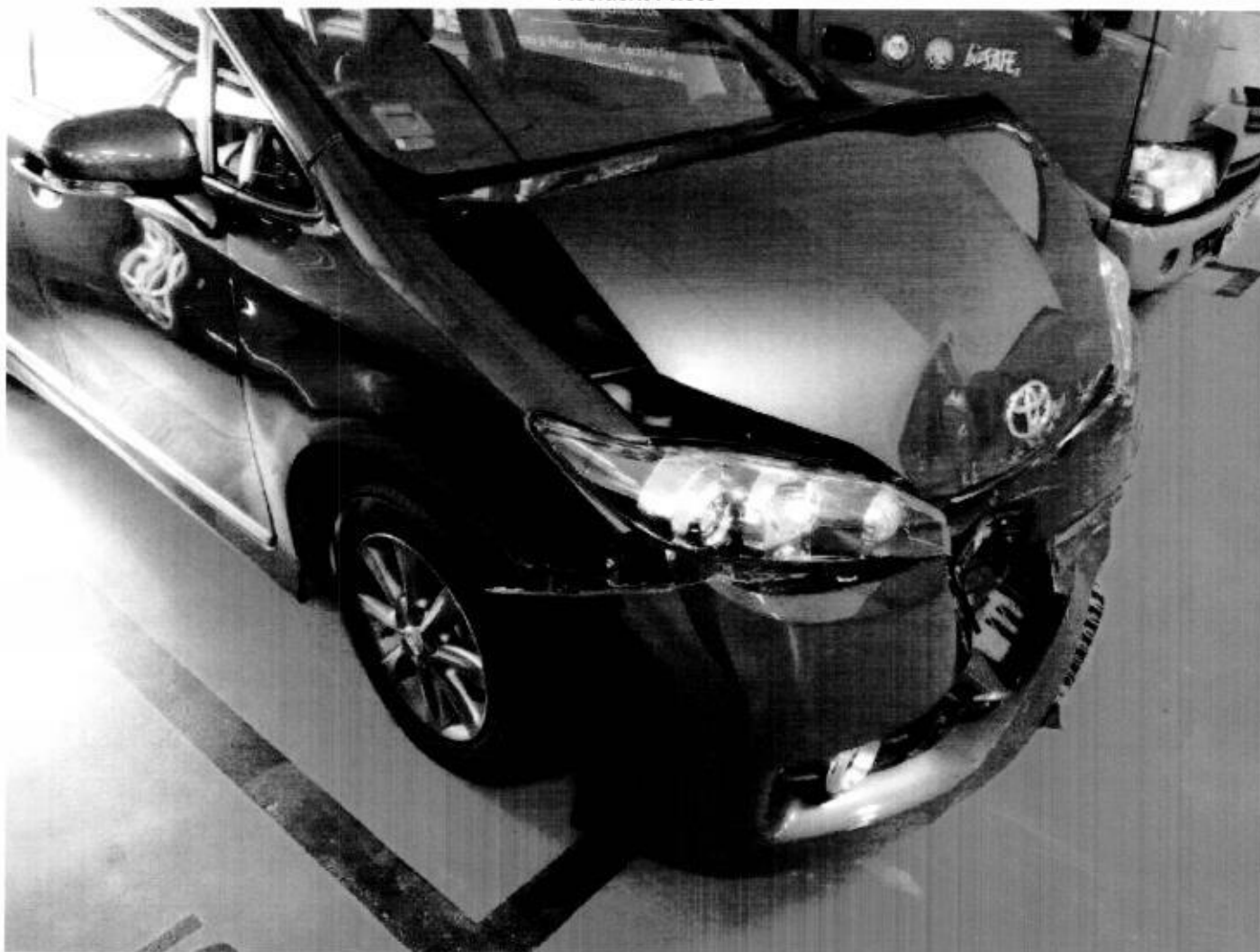
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Accident Photo



Accident Photo



Accident Photo

