

Your ref: SGW5865J
Our ref: SKN4949H

12th February 2015

AXA Insurance (Singapore) Pte Ltd
8 Shenton Way
#27-01 AXA Tower
Singapore 068811

TEL: 6338 7288

Attn: Motor Claims Dept

Dear Sirs / mdm,

Accident involving SKN4949H and SGW5865J along ECP on 10.9.2014 at 15:00hrs

We refer to the above said accident.

Our investigation reveals that you are the insurers of the vehicle SGW5865J at the material time of the accident and that the said accident was caused solely by the negligence of the driver insured by your company. We hereby propose a direct settlement for our client's claim.

We enclosed herewith copy of

- 1 Final repair invoice
- 2 GIA report of SKN4949H
- 3 Photocopy of IC & Driving License
- 4 Certificate of Insurance
- 5 Authorisation Letter
- 6 Discharge Voucher
- 7 Car rental HA & invoice

We are instructed to claim the following

1 Costs of Repair - Lump Sum - (\$6,400.00 X 7% gst)	\$ 6,848.00
2 Loss of Rental - \$300.00 x 3 days	\$ 963.00
Total:	\$ 7,811.00

Please kindly let us know weather you are prepared to settle our client's claim.

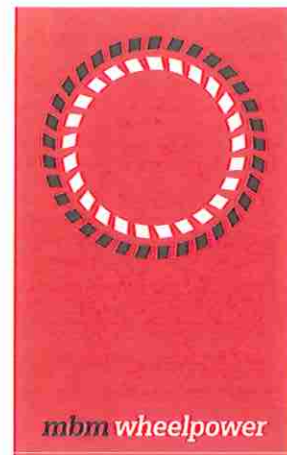
Thanks & Warmest Regards,



Gary Wong

HP: 8138 7188

gary@mbmwheelpower.comsg



WITHOUT PREJUDICE

MBM WHEELPOWER PTE LTD



To: Mr Kho Chin Kok
c/o AXA Insurance (Singapore) Pte Ltd
8 Shenton Way
#27-01 AXA Tower
Singapore 068811

Tax Invoice: ES001108
Date: 12 February, 2015
Vehicle No.: SKN4949H
Make / Model: BMW 532i
Chassis No.: WBANU12010CW24771
Engine No.: 76804141N52B25AE
Accident Date: 10.9.2014

Attn: Motor Claims Dept

S/N	DESCRIPTION	Amount S\$
1	Costs Of Repair - Lump Sum - (\$6,400.00 x 7% gst)	\$ 6,848.00

Amount Due S\$ \$ 6,848.00

Please acknowledge receipt of vehicle

For & on behalf
MBM WHEELPOWER PTE LTD



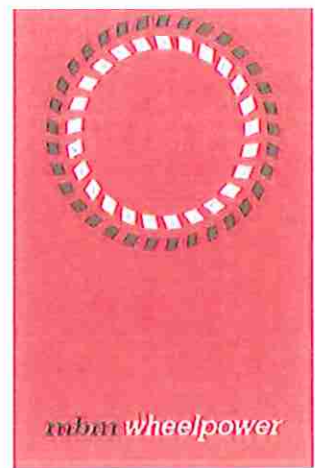
Customer's Signature

Prepared by: Gary Wong

Received in good order & condition
Goods sold are not returnable

mbm wheelpower pte ltd
2 kung chong road singapore 159140
t 64583198 f 64586018
Company Registration Number : 200204110W
GST Reg No: M90368446L

DISCHARGE VOUCHER



RE: VEHICLE NO: SKN 49 49 H

This is to certify that MBM WHEELPOWER PTE LTD has repaired the above

Mentioned vehicle to my satisfaction and I had taken delivery at

1800 hrs on this date 25/09/2014.

Owner Signature & Co. Stamp (if applicable)

We MBM WHEELPOWER PTE LTD hereby guarantee the workmanship of the repairs carried out on the accident portion of your vehicle. The guarantee is valid for a period of 6 months from the date of discharge and it is non-transferable. We will promptly carry out any necessary rectification work.



Contract Reg No: 200224552

mbm wheelpower pte ltd
176 sin ming drive 01-14/15 sin ming autocare singapore 575721

6458 3198 6458 6018

Company Registration Number: 200201110W

Date : 22/9/2014

To : MBM WHEELPOWER PTE LTD

() 176 Sin Ming Drive #01-14/15 Sin Ming Autocare Singapore 575721

(☒) 2 Kung Chong Road Singapore 159140

From : Kho Chin Kok (Name of Owner & Policyholder)

CLAIM VEHICLE NO: SEN 4949 H

ACCIDENT DATE: 10/9/2014

LOCATION: ECP

OTHER VEHICLE: SGW 5865J , WCV 4771

1. I hereby authorise MBM WHEELPOWER PTE LTD to: -

a. Proceed with the repairs (the repair) to the above accident (the accident) damaged vehicle (the vehicle); and

() Act as sole and principal agent to claim on my behalf for the damaged to the vehicle from my insurer in question until the claim is wholly completed, settle and/or resolved. (Claim against own insurer).

(☒) Act as sole and principal agent to claim on my behalf for the damaged to the vehicle and/or bodily injury sustained as a result of the accident from third party and/or third party insurer in question until the claim is wholly completed, settled and/or resolved. (Claim against Third Party)

2. I confirm that MBM's authorisation shall include without limitation paying for all relevant reports/documents, corresponding and negotiating with the insurer/third party and any other relevant parties, correspondence of any nature with solicitors, appointing solicitors to act in connection with the claim and, any or all such other tasks concerning the settlement, resolution and/or completion of the claim.

Where authorising party is not vehicle owner and policyholder

EXCEPT: -

- a. Such as matters or task that the insurer/third party and/or the law requires me to personally attend to ; and
- b. The due submission of the claim to the insurer (Where applicable)

3. I understand if I submit a claim of whatever nature to my own insurer (FOURTEEN (14) days) after the accident (or such other time stipulated by my own insurer and/or the law), such claim will not or may not be accepted by my own insurer.

4. I further confirm and accept that: -

a. To the extent permitted by law: -

- i. I will indemnify and keep MBM indemnify in connection with or arising from the claim; and
- ii. That not with outstanding the agreement or otherwise, under no circumstance will I (jointly or severally) in any manner hold MBM liable for losses/damages of whatever nature arising from or in connection with the claim.

b. MBM does not guarantee and never represented that the insurer/third party will fully indemnify me for the damage and/or the repair's costs and, that I shall be and continue to be liable to MBM for the whole of the repair's cost.

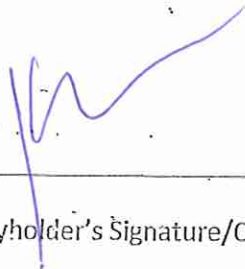
5. As the extent to which the insurer /third party will indemnify me or be liable is not conclusive, I agree to place a deposit of S\$ (excluding GST) for the repair's cost.

6. I agree and accept MBM deposit refund policy. If the final successful percentage of indemnification/contribution/liability from or of the insurer/third party in respect of the repair's costs to me: -

- a. 50% and below - NO REFUND
- b. 100% - FULL REFUND

7. I shall inform and forward to MBM all correspondence and letters received by me from the insurer/third party, any other insurer, solicitors governmental authorities and/or, any other relevant party.
8. I shall fully co-operate with and act expeditiously on any requests by MBM, particularly the signing/endorsement/execution of any "Discharge Voucher", failing which I shall be liable to MBM for the full repair costs and the expenses incurred (directly or indirectly) by MBM in connection with the claim.
9. I shall not: -
- a. respond to correspondence and letters; and
 - b. negotiate agree or accept any other from the insurer/third party or any other relevant party; without consultation of and expressed approval from MBM
10. In consideration hereof (including without limitation MBM's agreeing to repair the vehicle and defer demanding payment of the repair's cost), I wholly assign to MBM all proceeds of the claim for: -
- a. the repair's costs and
 - b. damage, compensation, interest, cost (including party-to-party legal costs on a full indemnity basis) and expenses in connection with the accident, repair and/or claim;
- which MBM shall be further entitled to apportion in its absolute discretion with any excess being paid by MBM to me as it deems fit in its absolute discretion.

11. I further confirm that payment to MBM or to any person (which shall include a body corporate) authorised by you to receive payment in lieu shall constitute a good effective discharge of the payment obligations by any party of the aforesaid proceeds of my claim and that I shall not be authorised in law to receive payment.



Owner & Policyholder's Signature/Company Stamp (if applicable); or

Authorising party's Signature/Company Stamp (if applicable)

Name:

Kho Chay Kok

NRIC:

S7322629-E

Address:

Blk 50 May Ert Road #03-129 S(150050)



Witness's Signature

Name:

Gary Wong

NRIC:

S7813697 A



AIG Malaysia Insurance
Berhad (775492-M)
(formerly known as Charis
Malaysia Insurance Berhad)
Level 18, Menara Worldwide,
198 Jalan Bukit Bintang,
55100 Kuala Lumpur

www.aig.my

T 603 2118 0168
F 603 2118 0228

Your Ref : SKN4949H
Our Ref : 0334252913MY
Date : 27-May-2015

KHO CHIN KOK
C/O KBS MOTORSPORT PTE LTD
2 KUNG CHONG ROAD SINGAPORE
SINGAPORE 159140

Without Prejudice

Dear Sirs,

ACCIDENT ON 10/09/2014 INVOLVING VEHICLE NO. WCW4771 AND SKN4949H


Without admission of liability, we are pleased to offer settlement of your claim as follows:-

Cost of Repairs	: SGD	3,736.00
CART (2.0 x SGD50.00/day)	: SGD	100.00
Adjuster/Survey Fee	: SGD	456.89
Total	: SGD	4,292.89

We trust our offer will be acceptable to you and enclose herewith our discharge voucher for your completion together with affixed RM10 Stamp Duty and return to us to enable us to effect payment.

Thank you.

Yours faithfully,


Intan Nor Fareeza binti Zahri
Claims Executive
Personal Lines Claims

Important Notes to Claimant:

Compensation for Assessed Repair Time:

- 1) CART: Means the number of days required for the repair of the damaged vehicle as assessed and recommended by the independent loss adjuster and shall exclude any delay by whom or how so ever which may occur before and/or after the actual repair of the vehicle, as claimant must mitigate their own loss.
- 2) Quantum: In accordance to rate approved by the Insurance Association.

This settlement was made to hasten the claim processing time and reference was not made to your insurer. Reference is now being made with your insurer.

Payment of Claim:

Cheque issued strictly to the claimant only and no change of payee will be entertained

RELEASE OF CLAIM

CLAIM NO : 0334252913MY

FOR THE SOLE CONSIDERATION OF SINGAPORE DOLLAR FOUR THOUSAND TWO HUNDRED AND NINETY TWO AND CENTS EIGHTY NINE ONLY (SGD4,292.89).

the receipt whereof is hereby acknowledge

I/We, KHO CHIN KOK (NRIC: S7322629E)

for myself, heirs, representative, successors and assigns do hereby release and forever discharge

• AIG MALAYSIA INSURANCE BERHAD

• & / or TAN KOK LEAN (INSURED)

• & / or SIEOW WEI SHENG (DRIVER)

of and from all actions, claims and demands whatsoever that now exist or may hereafter develop on account of all known, unknown and unanticipated injuries and damages arising out of and in consequence of an accident between vehicle no. (WCW4771) and my vehicle no. (SKN4949H) occurring on or about Sep 10, 2014.

The undersigned furthermore agrees that the foregoing sum is voluntarily accepted as a full and final compromise, adjustment and settlement of all claims, that the payment of the said amount shall never be construed as an admission of liability by the party or parties hereby released, and that the terms of this release have been read and are thoroughly understood.

Dated this 27 day of June 20 15

In the presence of:

Witness Signature: [Signature]

Claimant Signature: [Signature]

(Accompanied by Co's rubber stamp, if applicable)

Name:

SUCAIMAN A. RAHMAN

Name:

KHO CHIN KOK

Address:

BLK 509, PASIR RIS S/D
#17-183 (S10509).

Address:

50 HOY FATT RD #03-129 S150050

(Please affixed RM10 Stamp Duty)



ETHOZ Group Ltd GST NUM : M2-0057587-3 RCB Registration No : 198104531H	 ETHOZ HA NUM : HA-167880
HIRING AGREEMENT	
Vehicle No. : SJN-8005-S Make & Model : BMW 525I 2.5 (A)	

Hirer	: MBM WHEELPOWER PTE. LTD.	ERP Num	: 1122857775
Reg. No	: 200204110W		
Address	: 2 KUNG CHONG ROAD SINGAPORE - 159140	TEL	: 68483198
		FAX	:
Email	:		

RENTAL RATE	No of days : 3 Start : 22/09/2014 Return : 25/09/2014	CHARGES
Daily : S\$300.00 /day	DEPOSIT	Rental Payable : S\$900.00
	Date : 29/09/2014 Payment Mode : VISA	
	Amount : S\$1,500.00 Credit Card Num :	
CDW : Declined By Customer	Approval Code :	
	RENTAL PAYMENT	
EXCESS	Mode : VISA	
SINGAPORE : S\$4,000.00	Credit Card No :	
	EXP. Date :	
	Bank :	
	Card Holder Name :	GST @7% : S\$63.00
FUEL	Note : All costs of recovery, towing & replacement in Malaysia will be borne by the hirer. In the event of total loss, Excess does not apply.	Amount Due : S\$963.00
Full tank premium grade fuel upon return. Otherwise, ETHOZ rates apply.	Delivery :	
 Signature	Collection :	
PAI : NIL	Remarks : STRICTLY SINGAPORE USE	

USER DETAILS			
Name	: Kho Chin Kok	NRIC/PP	: S7322629E DOB :
Address	: Blk 50 Heng Rd	Nationality	:
Contact No	: 603-129 5150000	License No	: Expiry :

HIRER'S DECLARATION

I/We agree to the terms and conditions above and as set out overleaf.
 If I/We opt to pay by credit/charge card, my/our signature here is deemed to have been made on the applicable credit card charge slip.

 Authorised Signatory & Company Stamp

 Name, Designation

 Date :

For ETHOZ Group Ltd

ANZ PANG

Prepared By : ANZPANG

TEL : 66547891

FAX : 66547543

TAX INVOICE

MBM WHEELPOWER PTE. LTD.
2 KUNG CHONG ROAD
SINGAPORE 159140

Tax Invoice : 1409/OE363
Invoice Date : 30-Sep-2014
Ref. No. : HA-167880
GST No. : M2-0057587-3

Page 1

Description	Amount (S\$)
Being Rental Charge for SJN-8005-S (BMW 525I 2.5 (A)) from 22/09/2014 To 25/09/2014	900.00
7% GST	63.00
DRIVER : SKN-4949-H	

TP claim - AXA

[Signature]
Gary Wong

30/9/14

Total (S\$)	963.00
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E & O.E

CHEQUE SHOULD BE CROSSED AND MADE PAYABLE TO ETHOZ GROUP LTD
Interest will be charged at 0.065% per day on overdue amount.
No receipt will be issued.
TERM OF PAYMENT STRICTLY 7 DAYS FROM DATE OF INVOICE.
Computer generated document no signature required.

CONTACT : ANZ PANG
DID : 66547891
Main : 66547788
Fax : 66547543

PLEASE DETACH AND ENCLOSED WITH PAYMENT

Customer's Copy

Please do not staple. Please write your Invoice No. on the back of your cheque.

Customer Name : MBM WHEELPOWER PTE. LTD.
Reference. No. : HA-167880
Tax Invoice : 1409/OE363
Invoice Date : 30-09-2014
Invoice Amount : S\$ 963.00
Payment Due Date : 07-Oct-2014
Cheque No. : _____

ETHOZ GROUP LTD
30 BUKIT BATOK CRESCENT
SINGAPORE 658075



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 willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
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 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	13/09/2014 13:05
Date Of Accident	10/09/2014 15:00
Exact Location Of Accident	ECP
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN4949H
Insured/Policyholder	
Name Of Registered Owner	KHO CHIN KOK
NRIC No	S7322629E
Vehicle Particulars	
Manufacturer	BMW
Model	523I-2.5 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVARE 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	AIG Asia Pacific Insurance Pte. Ltd.
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2100331017
Cover Note Number	
Driver	
Name of Driver	KHO CHIN KOK
NRIC No	S7322629E
Date Of Birth	03/07/1973
Occupation	Indoor
Date Of Driving Pass	01/11/1993
Driving Experience	20 Years And 10 Months
Gender	Male
Mobile Number	(Local) +65-97689073
Fax Number	
Contact Number	
E-Mail Address	JKHO73@GMAIL.COM
Address	
Postcode	
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- Chain Collision
Weather Conditions Clear
Road Surface Dry

Other Information

Was any foreign vehicle involved in this accident? Yes
Foreign Vehicle Registration Number WCW4771 (Commercial Vehicle)
Was any body injured in the Accident? No
Was any other material or property damaged? Yes
Was there any video captured by Car Camera? Yes

Details of Police Action

Was the accident reported to the police? Yes
If Yes, Please state which Police Station
Police Station Name Bukit Merah West Npc
Police Station Address ROAD: 500 Bukit Merah View #01-01 , POSTCODE: 159682 , COUNTRY: Singapore
Police Station Contact TEL NO: - FAX NO:
Was notice of intended Prosecution given? No
If Yes, against whom?

Circumstances of Accident

REFER TO SKETCH PLAN

Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SGW5865J
Vehicle Make/Model/Colour
Details Of Properties
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Details of Witness

Name
Phone Number
Email Address

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number WCW4771
Vehicle Make/Model/Colour
Details Of Properties
Name of Driver
NRIC/Passport Number
Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

SKETCH PLAN

IMPORTANT NOTICE

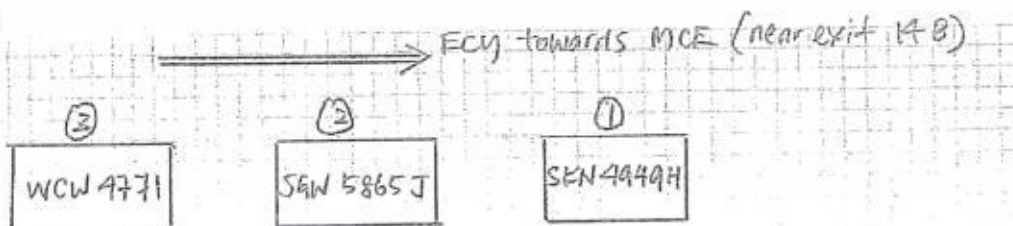
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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 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.
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/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.

MW 13/9/14
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Refer to police report

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.

Please State:

☐ Claim Own Policy ☒ Claim Third Party ☐ Claim OD/TP at other workshop ☐ Reporting only

Declaration

We declare the foregoing particulars are true in every respect.

[Signature] 13/4/14
Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999



T/20140911/4172

1 of 3

Report No. T/20140911/4172

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/09/2014 22:41		Vide Report No.: G/20140910/0147		Station Diary No.: 110	
Informant's Particulars					
Name of Informant: KHO CHIN KOK			Address: APT BLK 50 HOY FATT ROAD #03-129 SINGAPORE 150050		
ID Type / ID No.: NRIC NO / S7322629E			Contact No.: Home/Office: Mobile: 97689073		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 41	Date of Birth: 03/07/1973	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Manager			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident				
Type of Accident: Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 10/09/2014 15:00	Type of Location: Straight Road	
Location: Along Road 1 EAST COAST EXPRESSWAY EXIT 14B, TOWARDS ECP				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGW5865J	Car				Slightly Damaged	0
SKN4949H	Car	BMW	523i XL	Black	Slightly Damaged	0
WCW4771	Van				Slightly Damaged	2

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SKN4949H	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100331017	18/06/2014	17/06/2015

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999



T/20140911/4172

2 of 3

Report No. T/20140911/4172

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KHO CHIN KOK	ID No.	S7322629E
Related Vehicle	NIL	Contact No.	97689073
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 (MC)	NIL	Degree of Injury	NIL

Brief Details.

On the 10/9/14 at about 1500hrs while I was travelling along ECP towards MCE, as the front car slow down I also did the same. Suddenly, there is a loud bang on my rear vehicle and I noticed that 2 vehicels had collided and hit onto my vehicle. I then stopped and made a check and discovered that there were cracks and also dented on my rear bumper. I wish to state that I have the Video of the accident in my front and rear car.

Sketch Plan Pg.5

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999



T/20140911/4172

3 of 3

Report No. T/20140911/4172

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:

D /

ONG JING SHENG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

11/09/2014 22:41

Officer In Charge Of Case:

TP / AEIT /

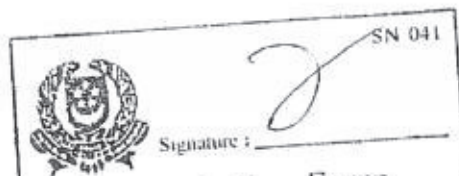
SITI JASRINA

Contact No.: 65470000

Classification Of Case:

Authentication Stamp

NP168



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7322629E

Name: KHO CHIN KOK (XU JINGUO)

Birth Date: 03 Jul 1973

Issue Date: 31 Oct 2003

000968422J



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)


Class 2B	Motorcycles not exceeding 200 cc
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE
22 Mar 1995
01 Nov 1993

NP 428A



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7322629E



Name
KHO CHIN KOK
(XU JINGUO)
许进国
Race
CHINESE
Date of Birth
03-07-1973
Country of Birth
SINGAPORE


Sex
M



2730626



NRIC No S7322629E



Blood Group
B+

Date of issue
07-11-1995

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