

Address BLK 863B TAMPINES STREET 83 #03-462  
Postcode 522063  
Was driver an employee of the Insured's Company NO  
If No, Relationship of the Driver with the Insured OTHER - HIRER  
Vehicle Registration Number of Driver's Own Vehicle -  
Insurance Company of Driver's Own Vehicle -

#### General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR  
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? 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) 5

Passenger 1 NAME: : HABIB MOHAMED BIN OMAR KHATHA  
GENDER: : MALE  
Passenger 2 NAME: : NOOR SARMILA BEGAM BTE ARIFF OMAR  
GENDER: : FEMALE  
Passenger 3 NAME: : MOHAMED MIKHAIL SIRHAN BIN HABIB MOHAMED  
GENDER: : MALE  
Passenger 4 NAME: : MOHAMED QAISER SIRHAN BIN HABIB MOHAMED  
GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police? YES  
If Yes, Please state which Police Station  
Police Station Name TRAFFIC POLICE DIVISION HQ  
Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE  
Police Station Contact TEL NO: 65470000 - FAX NO:  
Was notice of intended Prosecution given? NO  
If Yes, against whom?

#### Circumstances of Accident

REFER TO POLICE REPORT ATTACHED

#### Attachment(s)

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

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	GBE269S
Vehicle Make/Model/Colour	HYUNDAI / H1 STAREX 2.5 CRDI MT ABS AIRBAG 2WD
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)	

**DETAILS OF INJURED PERSON 1**

Name	HABIB MOHAMED BIN OMAR KHATHA
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SJY6433U
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

**DETAILS OF INJURED PERSON 2**

Name	NOOR SARMILA BEGAM BTE ARIFF OMAR
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SJY6433U
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

**DETAILS OF INJURED PERSON 3**

Name	MOHAMED MIKHAIL SIRHAN BIN HABIB MOHAMED
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SJY6433U
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

**DETAILS OF INJURED PERSON 4**

Name	MOHAMED QAISER SIRHAN BIN HABIB MOHAMED
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SJY6433U
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES

Address  
Postcode

# 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 Authorized 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 liability.
4. The true 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 to 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 purposes 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 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 stored / disclosed:
  - (i) to all Insurers and/or any other third parties that exist in evaluating, investigating, controlling or managing fraud, regulatory, 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

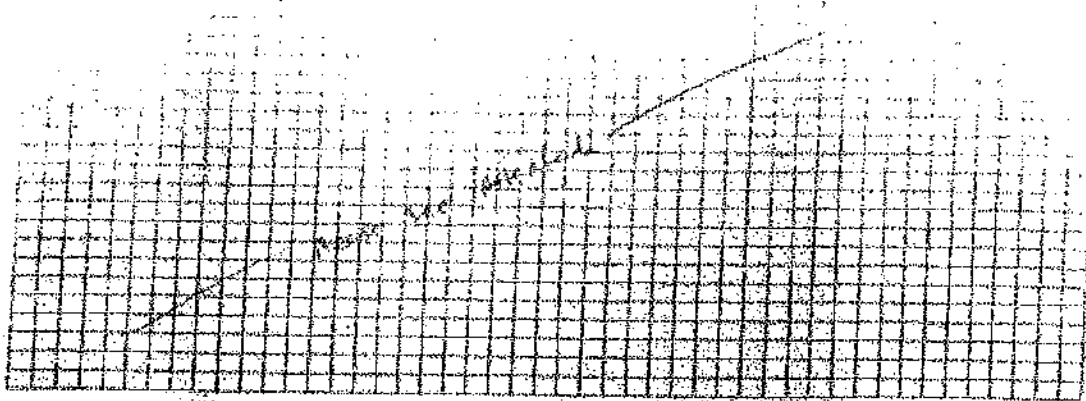
  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time

GIA RECORDS (VAG)  
23 Ravi Build Ave 4 #02-02  
Singapore 412202  
Tel: 674 10107 Fax: 674 2508  
Reporting Centre Personnel's Signature  
Name  
(Print/Type)

14 MAR 2020

# Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten description of the accident circumstances on a lined grid background. The text is faint and partially obscured by a diagonal line drawn across the grid.

## DECLARATION

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

*[Signature]*  
 Policyholder's Signature  
 Date & Time

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

MAC CARIK BUKIT (MAC)  
 23, Jalan Bukit, No. 4, 402-02  
 Singapore 41002  
 Reporting Officer's Signature & Stamp  
 Date & Time

14 MAR 2020

Sketch Plan #3

On 10/03/2020 @ about 1845hrs I was driving my vehicle, SJY6433U, along CTE towards AYE(Tuas). At the location before Bit Timah Rd Exit, the front traffic was slowing down. I also slowed down my vehicle.

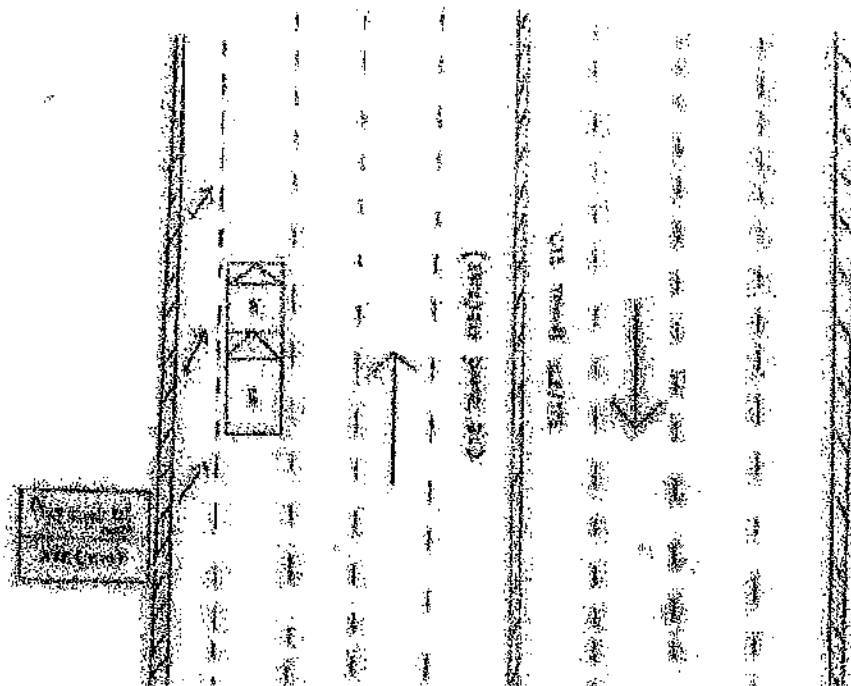
All of a sudden, I heard a very loud bang and felt impact coming from the rear of my vehicle. I then realised that one vehicle, GBE269S had hit on to the rear part of my vehicle. The rear part of my vehicle were damage.

I, my wife and my son was conveyed to the Tan Tock Seng Hospital. My another one son was conveyed to KK Hospital.

That's all.

*Harish Mammen*  
27/3/2020

P: SJY6433U  
D: GBE269S



*Harish Mammen*  
27/3/2020

### 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	14/03/2020 12:24
Date Of Accident	10/03/2020 18:50
Exact Location Of Accident	CTE TOWARDS AYE (TUAS) BEFORE BUKIT TIMAH EXIT
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY6433U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	S.A ASIA INTERNATIONAL PTE. LTD.
Co Reg No	2XXXXX987E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81330068

#### Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 2.0 AUTO

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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5115868404 TPFT
Cover Note Number	

#### Driver

Name of Driver	HABIB MOHAMED BIN OMAR KHATHA
NRIC No	SXXXXX064B
Date Of Birth	14/07/1973
Occupation	OUTDOOR
Date Of Driving Pass	21/01/1994
Driving Experience	26 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81383595
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 863B TAMPINES STREET 83 #03-462  
 Postcode 522863  
 Was driver an employee of the Insured's Company NO  
 If No, Relationship of the Driver with the Insured OTHER - HIRER  
 Vehicle Registration Number of Driver's Own Vehicle -  
 Insurance Company of Driver's Own Vehicle -

#### General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR  
 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? 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) 5

Passenger 1 NAME: : HABIB MOHAMED BIN OMAR KHATHA  
 GENDER: : MALE

Passenger 2 NAME: : NOOR SARMILA BEGAM BTE ARIFF OMAR  
 GENDER: : FEMALE

Passenger 3 NAME: : MOHAMED MIKHAIL SIRHAN BIN HABIB MOHAMED  
 GENDER: : MALE

Passenger 4 NAME: : MOHAMED QAISER SIRHAN BIN HABIB MOHAMED  
 GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police? YES  
 If Yes, Please state which Police Station  
 Police Station Name TRAFFIC POLICE DIVISION HQ  
 Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE  
 Police Station Contact TEL NO: 65470000 - FAX NO:  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

#### Circumstances of Accident

REFER TO POLICE REPORT ATTACHED

#### Attachment(s)

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



**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	GBE269S
Vehicle Make/Model/Colour	HYUNDAI / H1 STAREX 2.5 CRDI MT ABS AIRBAG 2WD
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)	

**DETAILS OF INJURED PERSON 1**

Name	HABIB MOHAMED BIN OMAR KHATHA
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SJY6433U
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

**DETAILS OF INJURED PERSON 2**

Name	NOOR SARMILA BEGAM BTE ARIFF OMAR
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SJY6433U
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

**DETAILS OF INJURED PERSON 3**

Name	MOHAMED MIKHAIL SIRHAN BIN HABIB MOHAMED
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SJY6433U
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

**DETAILS OF INJURED PERSON 4**

Name	MOHAMED QAISER SIRHAN BIN HABIB MOHAMED
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SJY6433U
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES

Address  
Postcode

## 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 Authorized 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 re-evaluate 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.
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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:

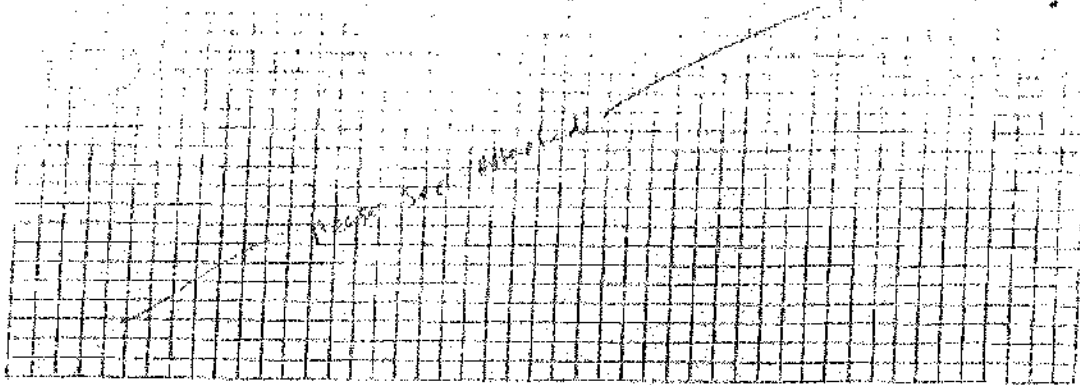
IDAL KAN BUKIT (VAC)  
28 Kam Bukit Ave 4 #02-02  
Singapore 415033  
Tel: 67416887 Fax: 67492505  
am.com.sg

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

14 MAR 2020

# Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A large rectangular area with horizontal lines for describing the circumstances of the accident. Handwritten text 'PASS' and 'SAC' is visible, along with a diagonal line.

DECLARATION  
(We declare the following particulars are true in every respect)

Policyholder's Signature  
Date & Time:

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

Reporting Center  
Name: 492305  
Email: wack@vacom.com.sg  
NSC/PIN No:

14 MAR 2020

Sketch Plan #3

On 10/03/2020 @ about 1845hrs I was driving my vehicle, SJY6433U, along CTE towards AYE(Tuas). At the location before Bt Timah Rd Exit, the front traffic was slowing down. I also slowed down my vehicle.

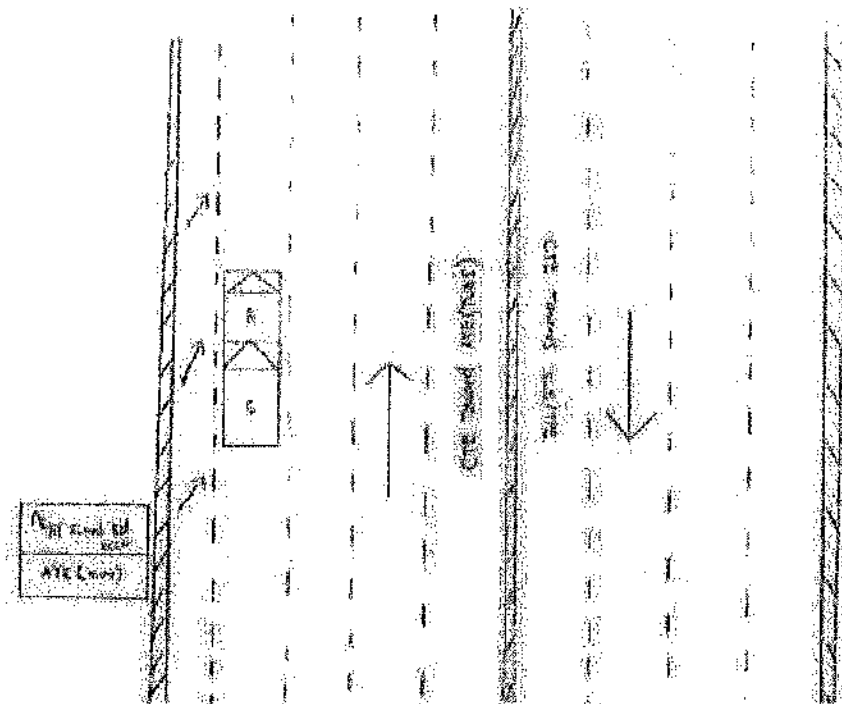
All of a sudden, I heard a very loud bang and felt impact coming from the rear of my vehicle. I then realised that one vehicle, GBE269S had hit on to the rear part of my vehicle. The rear part of my vehicle were damage.

I, my wife and my son was conveyed to the Tan Tock Seng Hospital. My another one son was conveyed to KK Hospital.

That's all.

*Amir Mohamed*  
873270648

A: SJY6433U  
B: GBE269S



*Amir Mohamed*  
873270648



**SINGAPORE  
POLICE FORCE**



T/20200313/7020

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 4

Report No. T/20200313/7020

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 13/03/2020 16:24		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: HABIB MOHAMED BIN OMAR KHATHA			Address: APT BLK 863B TAMPINES STREET 83 #03-462 SINGAPORE 522863		
ID Type / ID No.: NRIC NO / S7327064B			Contact No.: Home/Office: Mobile: 81383595		
Nationality: SINGAPORE CITIZEN			Email: pva.ins@hotmail.com		
Sex: Male	Age: 46	Date of Birth: 14/07/1973	Type of Informant: Driver		
Race: Indian		Language: English		Institution / School Name:	
Occupation: Driver		Driving Licence Information: Class: 3		Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 10/03/2020 18:50	Type of Location: Straight Road
Location:  CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 90 Km/h
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

<b>Details of Vehicle Involved</b>						
Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
SJY6433U	Car					0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20200313/7020

2 of 4

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20200313/7020

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	HABIB MOHAMED BIN OMAR KHATHA		ID No. S7327064B
Related Vehicle	SJY6433U (Car)		Contact No. 81383595
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	10/03/2020	Date Discharge	10/03/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Spouse</b>			
Name	MOHAMED QAISER SIRHAN BIN HABIB MOHAMED		ID No. T0121628C
Related Vehicle	SJY6433U (Car)		Contact No. 91079858
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Son</b>			
Name	MOHAMED MIKHAIL SIRHAN BIN HABIB MOHAMED		ID No. T0606944J
Related Vehicle	SJY6433U (Car)		Contact No. 91079858
Hospital/Clinic	KK WOMEN'S AND CHILDREN'S HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	10/03/2020	Date Discharge	10/03/2020
No. of Days granted Medical Leave	06	Degree of Injury	Slight
<b>Wife</b>			
Name	NOOR SARMILA BEGAM BINTE ARIFF OMAR		ID No. S7332765B
Related Vehicle	SJY6433U (Car)		Contact No. 91079858
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	10/03/2020	Date Discharge	10/03/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight



**SINGAPORE  
POLICE FORCE**



T/20200313/7020

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 4

Report No. T/20200313/7020

**CONTINUATION OF REPORT**

Brief Details.

On 10/03/2020 @ about 1845hrs I was driving my vehicle, SJY6433U, along CTE towards AYE(Tuas). At the location before Bt Timah Rd Exit, the front traffic was slowing down. I also slowed down my vehicle.

All of a sudden, I heard a very loud bang and felt impact coming from the rear of my vehicle. I then realised that one vehicle, GBE269S had hit on to the rear part of my vehicle. The rear part of my vehicle were damage.

I, my wife and my son was conveyed to the Tan Tock Seng Hospital. My another one son was conveyed to KK Hospital.  
That's all.





**SINGAPORE  
POLICE FORCE**



T/20200313/7020

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

4 of 4

Report No. T/20200313/7020

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
ONG CHEE HIEN  
Contact No.: 65476437

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
13/03/2020 16:24

Classification Of Case: