

NATIONAL Assessment Centre Services. part 1 of 2 NA2005125

Date In: 25/09/2020 12:33	Job description	Date & Time Completed	Done by
Ref No: NA2005125	SAS e-illing		
Veh No: YD 1146X	E-mail (Update this, AIO this)		
D.O.A: 25/09/2020 10:20	I-Motor Claims Form		
QID: TP / Repairing Only	I-Motor W/O (Within: OD this, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Writer		

Preferred Wkep / INC Assign Wkep / QW: () Tel: () Fax: ()

TP Particulars: Vch No: YD 2052G INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % [Note-Est Status (WO): N: 0-20%; P: 21-79% P: 80-100%]

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO Refor of repair.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Repair Photo (Repair Cost > \$3000) ()

Injury: ()

NA2005125

Driver/Owner:	1) All: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$10)
Damage Portion:	3) TP: Towing Fee	\$100
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	\$100
	5) PT: Follow-Through Survey (Re-survey)	\$100
	6) TR: Re-inspection	\$100
	7) NI: I/O DA + EMRT Survey	\$100
	8) NIUC: Additional Services	\$100
	9) NI: Courtesy Car / Tpl Allowance	\$100
	10) NI: Repairs Co-ordination	\$100
	11) NI: Post Repair Inspection	\$100
	12) NI: DV / Collect Excess Co-ordination	\$100
	13) NI: TP (NA) / TP (NA) INC	\$100
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Invoice dated: () Fee Charged: ()

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Invoice dated: () Fee Charged: ()

Invoice dated: () Fee Charged: ()

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	25/09/2020 12:33
Date Of Accident	24/09/2020 10:20
Exact Location Of Accident	JURONG ISLAND (PCS ENTRANCE) LAMP POST-CPS-CY8-2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YQ1146X
Insured/Policyholder	
Name Of Registered Owner	NEW WEST COAST (PRIVATE) LIMITED
Co Reg No	-
Email Address	RAMPRABU@NWCGROUP.COM.SG
Mobile Phone No	(LOCAL) +65-97730833
Alternative Phone No	OFFICE-97722489

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER-3.0 D FEB21ER4SDEN (M)
Exact Purpose for which vehicle was being used at time of accident	GOING TO SITE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SI20V07516/VCV/R01
Cover Note Number	

Driver

Name of Driver	ADAIKKAPPAN RAMPRABU
NRIC No	GXXXX828X
Date Of Birth	24/05/1993
Occupation	OUTDOOR
Date Of Driving Pass	17/01/2019
Driving Experience	1 YEAR AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97730833
Fax Number	
Contact Number	OFFICE-97722489
Email Address	RAMPRABU@NWCGROUP.COM.SG

Address	29C JUBILEE ROAD
Postcode	128581
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	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

PLEASE REFER TO SKETCH PLAN

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	XD2052G
Vehicle Make/Model/Colour	NISSAN UD
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	NG KOON LIM
NRIC/Passport Number	SXXXX605D
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.
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.:

SKETCH PLAN

JUPONCH ISLAND LAMPPOST CPS-CY8-2

A) YQ 1146X

B) XD 2052G



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Scenario happened as based on sketch Plan. The Right lane is so traffic it's just bumper to bumper and Vehicles are slowly moving. on contrary at the left lane of the Road is freely to move. But Since I need to turn on right to go to my destination. So I started to on my signal light to inform other vehicles that I need to change the my lane. Before I change lane I let be Passed the three vehicles in the Right lane. then I saw one vehicle (B) no moving on his place or state stationary. So I am thinking he give me a way to insert the lane but suddenly this vehicle come and hit my lorry behind.

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: 24/09/2020 (DD/MM/YYYY), TIME: 10:20 (HH:MM)

LOCATION: JURONG ISLAND (PCS ENTRANCE) LAMP POST - CPS-CY8-2

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YD 1146 X
b) INSURANCE COMPANY: LIBERTY INSURANCE PTE LTD
c) POLICY NUMBER: 5120407516 / VCV / R01
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: MITSUBISHI LANTER FEB 21 ER4 SDEN (CBU)
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: GOING TO SHOP
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: NEW WESTCOAST PRIVATE LIMITED (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT: 97730833
c) ADDRESS: NO 1 PANDAN ROAD - 609253

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: ADAIKAPPAN RAMPRABU (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 62908824X CONTACT: 97722489
c) ADDRESS: 29C TURBINE ROAD - 128581

*d) DATE OF BIRTH: 24/05/1993 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 17/01/2019

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) CLEAR

b) ROAD SURFACE: (DRY / WET / OTHERS) DRY

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

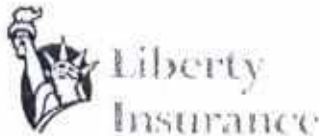
- a) VEHICLE NUMBER: XD 2052 W MODEL: CRANE LORRY
b) DRIVER'S NAME: NG Koen Lim
c) NRIC/FIN/PASSPORT: 51827605D CONTACT:

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: XD 2052 W MODEL: CRANE LORRY
e) DRIVER'S NAME: NG Koen Lim
f) NRIC/FIN/PASSPORT: 51827605D CONTACT:

email =

VIDEO



Liberty Insurance Pte Ltd
Registration no. 199002701D
51 Club Street
#03-00 Liberty House
Singapore 069428
Tel: (65) 6221 8611 Fax: (65) 8225 8890
Website: <http://www.libertyinsurance.com.sg>

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1969
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate No	SI20V07516 /VCV /R01
Form	MZ300A
Date of Issue:	09-Jun-2020
1. Index Mark and Registration No. of Vehicle:	YQ1146X
2. Chassis number of Vehicle:	FEBZ1EA30187
3. Name of Policyholder:	NEW WEST COAST (PRIVATE) LIMITED
4. Effective date of Commencement of Insurance for the purpose of the Act:	03-JUL-2020 00:00
5. Date of Expiry of Insurance:	02-JUL-2021 23:59
6. Persons or Classes of Persons entitled to drive*:	<p>Any person who is driving on the Policyholder's order or with their permission.</p> <p>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.</p> <p>And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.</p>
7. Limitations as to use*:	<p>A) Use in connection with the Policyholder's business.</p> <p>B) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.</p> <p>C) Use for social, domestic and pleasure purposes.</p>
8. The Policy does not cover:	<p>A) Use for hire or reward or for racing, pace-making, reliability trials or speed-testing.</p> <p>B) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.</p>
<p>*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 93 of the Road Transport Act, 1987 are not to be included under these headings.</p> <p>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.</p>	
<p>For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers</p> <p> Authorised Signature</p>	

For Information only:	
COVERAGE:	Comprehensive, Unlimited Windscreen
SUM INSURED (\$\$):	MARKET VALUE AT THE TIME OF LOSS
EXCESS (\$\$):	Section 1 \$600.00, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers \$3,000.00, Windscreen Excess \$100.00
FINANCE COMPANY:	GOLDBELL FINANCIAL SERVICES PTE LTD.
PRODUCER NAME:	VIRTUAL INSURANCE AGENCIES PTE LTD

TEST CERTIFICATE

REV. 1.1

No: **SM90901746SM1**

Land Transport  Authority

THE ROAD TRAFFIC ACT (CHAPTER 276)

This is to certify that the motor vehicle with registration no: **YQ1146X** was examined under section 90 of the Road Traffic Act and that at the date of the examination the prescribed statutory requirements were complied with in relation to the vehicle.

VICOM
INSPECTION CENTRE PTE LTD



Authorised signatory

24/Jun/2020

Date of issue

KEEP THIS CERTIFICATE SAFELY

CHECK carefully that the particulars specified above are correct. A test certificate showing any alteration should not be issued or accepted as this may delay the renewal of a vehicle licence.

For the purpose of renewing road tax, this Certificate must be presented within **3 MONTHS** from the date of issue.

A test certificate should not be accepted as evidence of the satisfactory mechanical condition of a vehicle offered for sale.



VICOM (Sin Ming)
385 Sin Ming Drive
Singapore 575718
Tel: 6458 4555

VICOM (Changi)
20 Changi North Crescent
Singapore 499613
Tel: 6545 4808

VICOM (Bt Batok)
511 Bt Batok Street 23
Singapore 659545
Tel: 6567 7111

VICOM (Yishun)
501 Yishun Industrial Park A
Singapore 768732
Tel: 6755 9028

VICOM (Kaki Bukit)
23 Kaki Bukit Ave 4
Singapore 415933
Tel: 6749 5422



Vehicle Details For Inspection

Make	mitsubishi
Model	CANTER FEB21ER4SDEN (CBU)
Vehicle Description	GOODS (OPEN) LORRY (METAL BODY) / PICKUP
Additional Attachment 1	NO ATTACHMENT
Additional Attachment 2	-
Additional Attachment 3	-
Original Registration Date	03 JUL 2019
Chassis No.	FEB21EA30187
Engine No./Motor No.	4P10D74574 / -
Propellant	DIESEL
Engine Capacity (cc) /Power Rating (kW)	2998 / -
Maximum Power Output (kW/bhp)	- / -
Unladen Weight/Max Laden Weight (kg)	2220 / 5000
Passenger Capacity	2
No. Of Axles	2
Tyre Size (Front/Rear)	195/85R15 (S) / 195/85R15 (D)
IN Vehicle Unit No.	1511015653
No. Plate Seal No. (Front/Rear)	- / -
Sidemarking	NOT REQUIRED