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# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

**EMail Address** 

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 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.

atoresaid,	
the state of the s	ACCIDENT STATEMENT
Date Of Report	07/10/2020 09:49
Date Of Accident	06/10/2020 08:45
Exact Location Of Accident	PIE EXIT PAYA LEBAR RD
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GBE4784U
Insured/Policyholder	
Name Of Registered Owner	EITA SERVICES PTE LTD
Co Reg No	
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68443482
Vehicle Particulars	
Manufacturer	KIA
Model	K2500
Exact Purpose for which vehicle was being used at time of accident	WORK
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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	19-MH001737-R03
Cover Note Number	
Driver	
Name of Driver	ISLAM SHARIFUL
NRIC No	GXXXX724M
Date Of Birth	20/07/1993
Occupation	OUTDOOR
Date Of Driving Pass	09/03/2017
Driving Experience	3 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	+65-84324709
Fax Number	
Contact Number	

NOEMAIL

Address 11 REDHILL CLOSE #01-120

Postcode 151011

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

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

2

NO

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1 NAME: : UNKNOWN

> GENDER: : MALE

Passenger 2 NAME: : UNKNOWN

> GENDER: : MALE

Passenger 3 NAME: : UNKNOWN

> GENDER: : MALE

**Details of Police Action** 

Was the accident reported to the police? NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment? YES NO Was there any video captured by Car Camera?

NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKC6341E

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR Name of Driver YAP SIEW LENG NRIC/Passport Number SXXXX278E

Contact Number

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

### SKETCH PLAN

### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
  Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
  interested parties.
- By the 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:
  - 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.

EITA SERVICES PTE. LTD. Blk. 28 Defu Lane 10, #01-144 Singapore 539209

Tel: 2867606 (3 Lines)

Date & Time:

Driver's Signature

(If driver is not the policyholder)

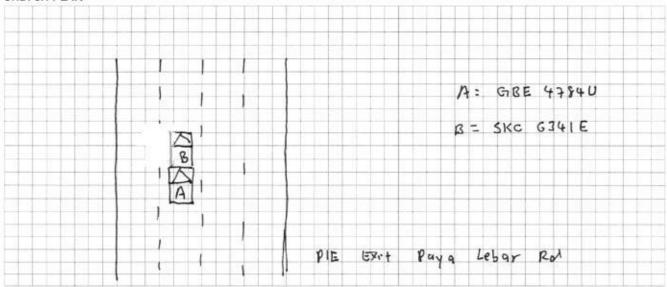
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

# SKETCH PLAN



# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on the third lane. Veh B from Extreme left lane clints my lane and suddenly Stop. I managed to Stop but cannot Stop in time and hit onto Veh B rear partion.	I h	ias	tro	velli	19	along	PIE	Exit	t.	Paya	Lebo	er Rol
but cannot Stop in time and hit onto Veh 13 rear	+4	e	thered	lane	, .	Veh	B fro	m E	xtreme	e 1eft	lane	cut
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DECLARATION

I/We deplace the foregoing particulars are true in every respect.

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602665 and aguing

Bik. 28 Defu Lane 10, #01-144 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 .:



### GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 - 17:00

UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre

# with whom you submitted the Original Report. ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: MNA120087389 Vehicle Registration No: GBE4784U Name(as shown in NRIC) : EITA SERVICES PTE LTD NRIC/FIN/Passport No : (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate Address \_Singapore( : \_\_\_\_\_Mobile No.: 84324709 Contact (Tel) Email Address Date of Accident : 06/10/2020 \_\_\_\_Time of Accident: 08:45 Place of Accident : PIE EXIT PAYA LEBAR RD Tokio Marine Insurance Insurance Company: (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: I WISH TO ADD IN MORE INFORMATION FOR THE ACCIDENT STATEMET. VEH B ONLY SUFFER DAMAGE ON THE RIGHT BOOTLID AND RIGHT BUMPER, PLEASE REFER THE SCENE **PHOTO**

Policyholder / Driver's Signature Date:

A ... 25 Defu Lane 10, #01-144 Singapore 539209

Name:

Singapore 539209 Tel: 2867606 (3 Lines)

Fax: 2867605

Reporting Centre Personnel's Signature

NRIC/FIN No .: Date:

GIARMC addendumform\_V3 Tel: 2867606 (3 Lines)

Fax: 2867605

# Tokio Marine Insurance Singapore Ltd.

(Company Reg. No.: 192300014M) (GST Reg No.: M2-0000023-4). 20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046

T: (65) 6221 6111 F: (65) 6221 4355 / (65) 6224 0895 E: tmis@tokiomarine.com.sg W: www.tokiomarine.com

A member of the Tokio Marine Group



# 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) Policy No.: 19-MH001737-R03 (Comm Vehicle Carry Own Goods)

Index Mark and Registration Number

GBE4784U

Chassis No.: KNCSJX76LG7023729

of Vehicle

2. Name of Policyholder

EITA SERVICES PTE LTD

3. Effective date of the Commencement of Insurance for the purposes of the Act

14/12/2019

4. Date of Expiry of Insurance

13/12/2020

### 5. Persons or Class of Persons entitled to drive\*

Any person who is driving on the policyholder's order or with their 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. 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.

### 6. Limitations as to use\*

- 1) Use in connection with the policyholder's business.
- 2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholders' business.
- 3) Use for social domestic and pleasure purposes.

The policy does not cover:-

- 1) Use for hire or reward or for racing, pace-making, reliability trial or speed-testing.
- Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
- \* 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.

We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please refer to the Policy Schedule for full details, terms and conditions of the insurance.

### IMPORTANT NOTICE

This Certificate is not transferable. During its currency, if the insurance is cancelled for whatsoever reason, you must return the Certificate to Tokio Marine Insurance Singapore Ltd. within 7 days thereof or, if the Certificate has been lost destroyed, you must make a statutory declaration to that effect. Failure to comply with this duty is an offence under Motor Vehicle (Third-Party Risks and Compensation) Act (Chapter 189).

ADDITIONAL INFORMATION

Comprehensive Approved Workshop Plan

Limit for total loss or theft:

Prevailing Market Value

Insurance Plan: Policy Excess:

Excess - All Claims

SGD 750 SGD 100

Financial Interest:

Windscreen Excess UNITED OVERSEAS BANK LIMITED

Tokio Marine Insurance Singapore Ltd.

Account: 0456DDA

Authorised Signature

User Name: Saenah Bte Mohd Pamli- M

Printed 04/12/2019

# ACCIDENT STATEMENT

e)OCCUPATION: (INDOOR / OUTDOOR)  f)YEARS OF DRIVING EXPRERIENCE:  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  b)ROAD SURFACE: (DRY / WET / OTHERS  6. WAS ANYBODY INJURED (YES / NO)  7. a)REPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  (Including driver)  b) DRIVER'S NAME: SKC 6341 E MODEL:  C) NRIC/FIN/PASSPORT: SKO 5279E CONTACT:  9. THIRD PARTY VEHICLE  WHO OF PASSENGER DIVERTING MODEL:  MODEL:  MODEL:	AC	CIDENT DATE: 6./	10/20	(DD/MM/YYY	Y), TIME:(_ &	45)(HH:MM)
1. DETAILS OF VEHICLE  a) VEHICLE NUMBER:  b) INSURANCE COMPANY:  c) FOLICY NUMBER:  d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  e) MAKE & MODEL:  K'A  f) TYPE: (SALOON / COUPE / MPV / VAN/ LORRY / MOTORCYCLE / OTHERS)  g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE / OTHERS)  g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE /  h) PURPOSE OF USING AT ACCIDENT TIME:  WY K  i) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES/NO)  IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  2. INSURED / POUCY HOLDER  A) NAME:  E14 a Services Pte Ltd (MALE / FEMALE)  b) NRIC/FIN/PASSPORT:  CONTACT:  CONTACT:  G & 44 3 4 8  c) ADDRESS:  11 YEARMILE CLOSE # 122  d) NAME:  15 a m Shartful (MALE / FEMALE)  b) NRIC/FIN/PASSPORT:  CONTACT:  CONTACT:  S432 47 99.  c) ADDRESS:  11 YEARMILE CLOSE # 122  d) NAME:  15 a m Shartful (MALE / FEMALE)  b) NRIC/FIN/PASSPORT:  CONTACT:  S432 47 99.  c) ADDRESS:  11 YEARMILE CLOSE # 122  d) LIDD/MM/YYYY)  e) OCCUPATION: (INDOOR / OUTDOOR)  f) YEARS OF DRIVING EXPRERIENCE:  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  5. O) WEATHER CONDITION: (CLEAR / RAINING / OTHERS  b) ROAD SURFACE: (DRY / WET / OTHERS  b) CONTACT:  THIRD PARTY VEHICLE  O) VEHICLE NUMBER:  SKC 63 L1 E MODEL:  NODEL:  NODEL:	Loc	ATION:PIE	Exet	Paya Lebas	r Rd.	
SIMAKE & MODEL: KIG  f)TYPE:(SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  g)VEHICLE CATEGORY: [PRIVATE / COMMERCIAL / MOTORCYCLE)  h) PURPOSE OF USING AT ACCIDENT TIME: WOYK  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: Esta Services Pte Ltd (MALE / FEMALE)  b) NRIC/FIN/PASSPORT: CONTACT: 6844 34 8  C) ADDRESS:  CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER  RIVER  O)NAME: 151 am Sharrful (MALE / FEMALE)  b) NRIC/FIN/PASSPORT: CONTACT: 543247 99.  C) ADDRESS: 11 YEACHNU CLOSE # # ##D  "d)DATE OF BIRTH: / / / / J(DD/MM/YYYY)  e) OCCUPATION: (INDOOR / OUTDOOR)  f) YEARS OF DRIVING EXPRERIENCE:  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  5. G) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  b) ROAD SURPACE: (DRY / WET / OTHERS)  6. WAS ANYBODY INJURED (YES / NO)  7. G) REPORTED TO POLICE (YES / NO)  1F YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  C) VEHICLE NUMBER: SYC (341 E MODEL:  b) DRIVER'S NAME: YOP SIEW LONG  O) NRIC/FIN/PASSPORT: SGS 577 C CONTACT:  THIRD PARTY VEHICLE  d) VEHICLE NUMBER: MODEL:  THIRD PARTY VEHICLE  d) VEHICLE NUMBER: MODEL:		a) VEHICLE NUMB b) INSURANCE CO c) POLICY NUMBER	LE	5BE 4784 (	)	N s
f)TYPE:(SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) g)VEHICLE CATEGORY: [PRIVATE / COMMERCIAL / MOTORCYCLE) h)PURPOSE OF USING AT A CCIDENT TIME: WOY K 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: Ett Services Pte Ltd (MALE / FEMALE) b)NRIC/FIN/PASSPORT: CONTACT: 6844 348  C)ADDRESS:  CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  (Including diviar) (Including d	4	a)POLICY TYPE: (C	OMPREHENSI	VE / THIRD PAI	RTY / THÍRD PAR	TY FIRE &THEFT)
A)NAME: Ett a Services Pte Ltd (MALE/FEMALE) b)NRIC/FIN/PASSPORT: CONTACT: 6844 348 c)ADDRESS:  **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  d)NAME: IS 1 am Sharrful (MALE/FEMALE) b)NRIC/FIN/PASSPORT: CONTACT: \$4324709.  c)ADDRESS: 11 reachest close # a 220 c)ADDRESS: 12 contact: 12 c	2.	f)TYPE:(SALOON / g)VEHICLE CATEGO h)PURPOSE OF USIN i) ARE YOU CLAIMIN IF NO, PLEASE STA	COUPE / MPV ORY: (PRIVATE NG AT ACCID NG UNDER YO TE (THIRD PAR	/ COMMERCI ENT TIME: UP OWN INSU	IAL / MOTORCY Work  RANCE (YES/NO	(CLE)
CINCLUDING CIVER  (Including driver)  (I)  (I)  (I)  (I)  (I)  (I)  (I)  (		A)NAME: E b)NRIC/FIN/PASSPC	it a Serv	ices Pte	L+d [MAI _CONTACT:_	E / FEMALE) 6844 34 8
CINCLUDING CIVER  (Including driver)  (I)  (I)  (I)  (I)  (I)  (I)  (I)  (	193 (8)	<u> </u>			4 4	70 10
(1) Cladding driver)  (4) Cladding driver)  (4) Cladding driver)  (5) ADDRESS: 11 redhill close # 9 20 21 20 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	AND of person 3	* CONTINUE TO 3.d	IF DRIVER ALS	O POLICY HO	LDER	1/
*d)DATE OF BIRTH: (	(Including driver)	b)NRIC/FIN/PASSPC	ORT:		CONTACT	
e)OCCUPATION: (INDOOR / OUTDOOR)  f)YEARS OF DRIVING EXPRERIENCE:  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  b)ROAD SURFACE: (DRY / WET / OTHERS  6. WAS ANYBODY INJURED (YES / NO)  7. a)REPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  (Including driver)  b) DRIVER'S NAME: SKC 6341 E MODEL:  C) NRIC/FIN/PASSPORT: SKO 5279E CONTACT:  9. THIRD PARTY VEHICLE  WODEL:  MODEL:  MODEL:	M-11K	* 115		9	# 01-1120	
b) ROAD SURFACE: (DRY / WET / OTHERS	<u> </u>	e)OCCUPATION: (IN f)YEARS OF DRIVING WAS DRIVER AN EI	DOOR / OUT EXPRERIENCI MPLOYEE OF	DOOR) E: THE INSURE	D'S COMPANY	? (YES / NO)
6. WAS ANYBODY INJURED (YES / NO) 7. a) REPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  (Including driver) b) DRIVER'S NAME: Yap Siew Leng  (Including driver) b) DRIVER'S NAME	5.	g) WEATHER CONDIT	ION: (CLEAR	ORIVER WITH	INSURED:	74 Tue *c #6
6. WAS ANYBODY INJURED (YES / NO) 7. a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  (Including driver) b) DRIVER'S NAME: Yap Siew Leng () NRIC/FIN/PASSPORT: SG80 5278E CONTACT:  9. THIRD PARTY VEHICLE  (NO of passanger d) VEHICLE NUMBER: MODEL:		D)ROAD SURFACE: (I	DRY / WET / C	THERS	THERS	
8. THIRD PARTY VEHICLE  HIC of passenger a) VEHICLE NUMBER: SKC 6341 E MODEL:  (Including driver) b) DRIVER'S NAME: Yap Siew leng  () NRIC/FIN/PASSPORT: SG80 5278E CONTACT:  9. THIRD PARTY VEHICLE  HIO of passenger d) VEHICLE NUMBER: MODEL:	6. 7.	a) REPORTED TO POL	RED (YES / NO	)		
(_) ONRIC/FIN/PASSPORT: SG80 5278E CONTACT:  9. THIRD PARTY VEHICLE  NO of passanger d) VEHICLE NUMBER:MODEL:	8.	THIRD DA BELL LINES				
(	the of passenger	a) VEHICLE NUMBER	R:SKC	6341E	MODEL:	
No of passanger d) VEHICLE NUMBER:MODEL:	(Including driver)	b) DRIVER'S NAME:	Yap Sie	w leng	700 X 0000000	
No of passanger d) VEHICLE NUMBER:MODEL:	- 9.	C) NRIC/FIN/PASSPO THIRD PARTY VEHICLE	ORT: 'SG8	5278€	_CONTACT:	
(Induding driver) f) DRIVER'S NAME:	* No of pascenger	d) VEHICLE NUMBER	8:		_MODEL:	7.0
() NRIC/FIN/PASSPORT:CONTACT:	(Induding deliver)	e) DRIVER'S NAME:				
	( )	t) NRIC/FIN/PASSPC	DRT:		CONTACT:	
	(—)	* *	89			

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