ASS. REC. BY: Tauflin REF:	PC.
ASSI	GNMENT
From: Date:	Veh No: GKK 4395 Cyr Regn: 2020 July
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Nan / Lorry / Taxi / Prime Mover /
OD / TPTWS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	Make: Nissan NV350. c.c 7488
at Workshop m/s	Colour White A/C: Insured / Std / NI / NA
of	Sp.Reading 708 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	CINO: JUI MC 2E26Z003/66,
Claims No.	Gen. Cond: Good Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Ni / S/Rim / STD A/Rim cr
	Tyre Size: F: 195/R15
(Policy Condition)	R: 4/4
Remark: The veh had commenced its N/S O/S	BS / QUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	ΤΟΥΌΤΥΟΚΟ or
Sal. or Market Value:	Front C Rear 6
IDAC Accident Rport: Consistent? : Yes or No	R/Bal mm R/Bal mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal rnm
Est. Repairs: days Res.: Yes or No Lum Sum: % 3 Val.: Yes or No	D.O.A. 27 W/20
-\ \ \ D'	Survey held at ETUS BR
CA / REV / REP. / 24 HRS Vehicle: IN / OUT	Des. of Damages : Frt / Rear / O/S / N/S U/C / Rooftop or
Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	The structure affected due to collision.
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
) : Final Report	Populari Na Cara
2)	· Transportation:

Add Fee:

Personner:

Lump Sum [1.B.]: (%

: Site Insp (\$

:Interview (\$

: Tech. Invs (\$

Weellend (\$

_S + RS.__SI

Photos

Others

ETHOZ

PLEASE ARRANGE TO SURVEY VEHICLE AT 30 BUKIT BATOK **CRESCENT (S 658075)**

Lee Chen Sin

CLAIM DEPARTMENT

DID: 66547520

FAX:

Date To

: 22/10/2020

LONPAC INSURANCE BHD.

ESTIMATION

Attn

: Motor Claim Department

FAX:

Owner

ETHOZ Group Ltd

SOMPO INSURANCE SINGAPORE PTE. LTD.

Certificate No

D20MTHCVE001720

Accident Date

16/10/2020

Vehicle No

GBK-4395-C

Make & Model

NISSAN NV350 PANEL VAN 2.5 DIESEL G (A)

ESTIMATED REPAIR COST DETAILS

Excess

: 0.00

DESCRIPTION	REPAIRER AMT (\$) SURVEYOR APP.
ltem .	
HEADLAMP LH	353.00
FRT BUMPER	353.00
FRT BUMPER CLIPS	571.90
FRT BUMPER SIDE BRACKET LH	50.00 🗶
"A" PILLAR LH	RESTORE 164.50
SIDE MIRROR LH	
FRT DOOR LH	478.80
FRT DOOR HINGE LH (UPPER)	1,071.80 /
	68.50
,	68.50 F4
	HEADLAMP LH FRT BUMPER FRT BUMPER CLIPS FRT BUMPER SIDE BRACKET LH "A" PILLAR LH SIDE MIRROR LH



Date

: 22/10/2020

To

LONPAC INSURANCE BHD.

ESTIMATION

Attn

Motor Claim Department

FAX:

Owner

ETHOZ Group Ltd

SOMPO INSURANCE SINGAPORE PTE. LTD.

Certificate No

D20MTHCVE001720

Accident Date : 16/10/2020

Vehicle No

GBK-4395-C

Make & Model : NISSAN NV350 PANEL VAN 2.5 DIESEL G (A)

ESTIMATED REPAIR COST DETAILS

:

Excess

: 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$) SURVEYOR APP.
1	FRT DOOR CHECKER LH	48.90 🖈
1	FRT DOOR GLASS OUTER MLDG LH	157.50 🗶
1	FRT DOOR GLASS REGULATOR LH	155.30
1	FRT DOOR GLASS REGULATOR MOTOR LH	568.40 }
1	FRT DOOR LOCK LH	172.80 🗴
1	FRT DOOR TRIMBOARD LH	504.60
1	SIDE STEP GARNISH LH	47.90
1	CENTRE PILLAR LH	1,386.50 R
1	SLIDING DOOR LH	1,325.40 64
1	REAR FENDER LH	RESTORE
		1

ETHOŹ

Date

: 22/10/2020

To

1.0

LONPAC INSURANCE BHD.

ESTIMATION

Attn

: Motor Claim Department

FAX:

Owner

: ETHOZ Group Ltd

SOMPO INSURANCE SINGAPORE PTE. LTD.

Certificate No

D20MTHCVE001720

Accident Date

: 16/10/2020

Vehicle No

GBK-4395-C

Make & Model

NISSAN NV350 PANEL VAN 2.5 DIESEL G (A)

ESTIMATED REPAIR COST DETAILS

Excess

0.00

Add Excess : 0.00

QTY DESCRIPTION REPAIRER AMT (\$) SURVEYOR APP. 1 TAIL LAMP LH 224.80 3 TAIL LAMP CLIPS 30.00 1 REAR BUMPER RESTORE 1 FRT SHOCK ABSORBER LH 140.20 🗶 1 FRT UPPER ARM LH 377.50 × 1 FRT KNUCKLE ARM LH 351.50 1 FRT WHEEL BEARING LH 231.00 1 FRT LOWER ARM LH 228.70 × 1 FRT STEEL RIM LH 361.70 1 FRT STEEL RIM CAP LH

ETHOŻ.

Date

22/10/2020

To

LONPAC INSURANCE BHD.

ESTIMATION

Attn

Motor Claim Department

FAX:

Owner

: ETHOZ Group Ltd

SOMPO INSURANCE SINGAPORE PTE. LTD.

Certificate No

D20MTHCVE001720

Accident Date

: 16/10/2020

Vehicle No

GBK-4395-C

Make & Model

NISSAN NV350 PANEL VAN 2.5 DIESEL G (/

ESTIMATED REPAIR COST DETAILS

Excess

: 0.00

	Add Lacess . 0.00
QTY DESCRIPTION	REPAIRER AMT (\$) SURVEYOR APP.
Sub Total Discount 10% On Parts Special Nett Item	9321.00 (932.10)
1 FRT DOOR ADV STICKER LH 1 ROC STICKER (LH) 1 SLIDING DOOR ADV STICKER LH 1 REAR FENDER ADV STICKER LH 1 REAR BUMPER ADV STICKER 1 TOWING FEE	150.00 ray 100 10.00 al 200 250.00 re, 200 450.00 art 400 450.00 art 400 60.00 Trupt

ETHOŻ

Date

22/10/2020

To

LONPAC INSURANCE BHD.

ESTIMATION

Attn

Motor Claim Department

FAX:

Owner

ETHOZ Group Ltd

SOMPO INSURANCE SINGAPORE PTE. LTD.

Certificate No

D20MTHCVE001720

Accident Date : 16/10/2020

Vehicle No

GBK-4395-C

Make & Model : NISSAN NV350 PANEL VAN 2.5 DIESEL G (A)

ESTIMATED REPAIR COST DETAILS

Excess

: 0.00

QTY DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP
Sub Total	1370.00	
Labour & Misc		
LABOUR TO FACILIATE REPAIR	1,200.00	200.
TO CHECK AND RECONNECT ALL NECCESSARY WIRINGS	35.00	33.
TO SPRAY PAINT ON AFFECTED AREAS	1,600.00	1000.
SPRAY RUST PROOF ON AFFECTED AREA	60.00	40.
TO REMOVE & INSTALL ALL L/H/F DOOR COMPONENTS TO FACILIATE REPAIR	150.00	60
TO REMOVE & INSTALL ALL L/H/R DOOR COMPONENTS TO FACILIATE REPAIR	150.00	60

Date

22/10/2020

To

LONPAC INSURANCE BHD.

ESTIMATION

Attn

Motor Claim Department

FAX:

Owner

ETHOZ Group Ltd

SOMPO INSURANCE SINGAPORE PTE. LTD.

D20MTHCVE001720

Accident Date

16/10/2020

Certificate No Vehicle No

GBK-4395-C

Make & Model

NISSAN NV350 PANEL VAN 2.5 DIESEL G (A)

ESTIMATED REPAIR COST DETAILS

Excess

0.00

Add Excess : 0.00

QTY DESCRIPTION			REPAI	RER AMT (\$)	SURVEYOR APP.
	EFIT ALL NECCESSARY TRIM BOAR T, FLOOR MATS & SEAT	RDS,		150.00	60.
TO REMOVE & RI PARTS TO ASSIST	ENEW ALL L/H/F UNDERCARRIAGE REPAIR			250.00	150? plush
TO CONDUCT AL ALIGNMENT	L WHEEL COMPUTERISED WHEEL			100.00	80.
Sub Total	LKK Auto Consultants hence notify the Repairer of the following: • To resurvey before/after spray painting • To display damaged part(s) during resurv • Parts prices are subject to confirmation • Third party survey is on a "Without Prejuce" • No illegal modification(s) is allowed • Supplementary item(s) must be resurvey.	ey dice" basis ed and		3695.00	
Remarks:	is subject to final approval from Insurance Acknowledged by Repairer	e Company		13,453.90	
	Signature: Date:	SUB	TOTAL		
	Larg.		7.0 %	941.77	
		TOT	AL	14,395.67	

Surveyor's name:

Principal's name:

Tanflin 97495749

ETHOZ Group Ltd

27/20/20 C 4/5 pm fauflin (Marban.

27/20/20 C 4/5 pm fauflin (Marban.

P/ Resurvey before price

P// Resurvey before price

ETHOZ GROUP LTD 30 Bulkit Batok Crescent, Singapore 658075 | Tel: 6319 8000 | Fax: 6654 7543 | www.ethozproup.com

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Owner ID:

Vehicle Details

Vehicle No.:

Vehicle to be Exported:

Intended Deregistration Date:

Venicle Make:

Vehicle Model:

Primary Colour:

Manufacturing Year:

Engine No.:

Chassis No.:

Maximum Power Output:

Open Market Value:

Original Registration Date:

First Registration Date:

Transfer Count:

Actual ARF Paid:

Intended PARF Rebate Details

PARF Eligibility:

PARF Eligibility Expiry Date:

PARF Rebate Amount:

Intended COE Rebate Details

COE Expiry Date:

COE Category:

COE Period(Years):

QP Paid:

COE Rebate Amount:

Total Rebate Amount:

The information contained herein is correct as at 19 Oct 2020

Company

943G

GBK4395C

Yes

31 Dec 2020

NISSAN

NV350 PANEL VAN 5DR 2.5 5AT

White

2019

YD25056143B

JN1MC2E26Z0031661

\$26,544.00

420,0 1 1.00

28 Jul 2020

28 Jul 2020

0

\$1,328.00

No

\$0.00

27 Jul 2030

C - Goods Vehicle & Bus

10

\$23,888.00

\$19,110.00

\$19,110.00

OK

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 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.
- 5. 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

;	A	C	CI	D	E	N	T	8	T.	T	Ξ	M	ľ	d)	ä

Date Of Report

A THE TAX PROPERTY OF THE PARTY Section of the second

19/10/2020 09:51

Date Of Accident

16/10/2020 20:00

Exact Location Of Accident

CTE TOWARDS CITY BEFORE PIE EXIT

Country/State of Loss

SINGAPORE

DETAILS OF OWN VEHICLE 1

Vehicle Registration Number

GBK4395C

'nsured/Policyholder

Name Of Registered Owner

ETHOZ GROUP LTD

Co Reg No

1XXXXX531H

Email Address

NOEMAIL

Mobile Phone No

Alternative Phone No.

OFFICE-66547777

Vehicle Particulars

Manufacturer

NISSAN

Model

NV350 PANEL VAN 2.5 DIESEL G (A) EURO 6

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

COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company

SOMPO INSURANCE SINGAPORE PTE. LTD.

Type Of Coverage

THIRD PARTY

Fleet Policy

YES

Policy Number

D20MTHCVE001720

Cover Note Number

Driver

Name of Driver

MOHAMMAD NORMAN SAH BIN ABU BAKAR

NRIC No

SXXXX168H

Date Of Birth

06/02/1976

Occupation

Date Of Driving Pass

OUTDOOR

Driving Experience

15/04/2015

5 YEARS AND 6 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-91870414

Fax Number

Contact Number

EMail Address

NOEMAIL

Address

BLK 753 YISHUN ST 72 #03-492

Postcode

760753

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

Ceneral Information of the Accident

Type Of Accident

COLLISION - CHANGE/CROSS LANE

Weather Conditions

Road Surface

CLEAR 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

Vas 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?

YES

If Yes, Please state which Police Station

Police Station Name

YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 31 YISHUN CENTRAL, POSTCODE: 768827, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-8529999 - FAX NO: 68522299

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

KINDLY REFER TO ATTACH POLICE REPORT & SKETCH PLAN.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

II DETAILS OF OTHER VEHICLE PROPERTY : 總

Vehicle Registration Number

GBC1252T

Vehicle Make/Model/Colour

NISSAN URVAN

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

KARRI VENKATESWARA REDDY

NRIC/Passport Number

GXXXX821L

Contact Number

90353583

Address

Postcode

Insurance Company Name

Nature Of Damage

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:

- 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)
 - (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
- (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:

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personi

Name:

NRIC/FIN No .:

CTE Towards	7.75	
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Pls refer to police report	x - Dangged barts	4 18 K 4395 C
mportant: You have been advised by the workshop that in the event that you wish to laim against your own policy (OD CLAIM), There is a FOURTEEN (14) PAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame		- Reporting Only - Claim OD
ECLARATION	~	- Claim TP - Claim OD/ TP at other workshop
WE declare the foregoing particulars are true in every respect.		

Policyholder's signature Date & Time

Driver Signature

(if driver not the policyholder)

Date & Time

Reporting Centre Personnel's Signature

Name:

Nric/Fin No.





1 of 3

→ Report No. T/20201017/2004

Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999

Date/Time Report Made: 17/10/2020 00:48			Vide R	eport No.:				Station Diary No.: 12	
Informant	's Partic	cula	irs						
Name of Ir	nforman	t:		Addres					
MOHAMM	AD NO	RMA	N SAH BIN	APT B	LK 753 YIS	HUN STREE	ET 72 #03	3-492	SINGAPORE
ABU BAKA				760753					
ID Type / ID No.:			Contac			1570 14 24			
NRIC NO / S7606168H			Home/	Office:		Mobile:	9187	70414	
Nationality SINGAPO		ZEN	١	Email:					
Sex:	Age:	$\neg \tau$	Date of Birth:	Type o	f Informant				
Male	44		06/02/1976	Driver					
Race: Malay			Langua	age:		Institutio	on / S	School Name:	
Occupation	n:			Driving	Licence In	formation:			
PEST CONTROL							f Expiry:		
	NTROL			Class:	3		Date of	Expir	ry:
General Inf Type of Accident:		on o Inju Oth		Class:	Drink Drive: No	Date/Tim Accident: 16/10/20	e of	Expir	
PEST COM General Inf Type of	ormatio	Inju Oth	iry iers	Class:	Drink Drive:	Accident	e of	Expir	Type of Location:
General Inf Type of Accident: Location:	ormatio	Inju Oth	iry iers		Drink Drive:	Accident	e of 20 20:00	100 000	Type of Location Straight Road
General Inf Type of Accident: Location: CENTRAL	ormatio	Inju Oth	iry iers		Drink Drive: No	Accident	e of 20 20:00	100 000	Type of Location:
PEST CON General Inf Type of Accident: Location: CENTRAL Weather:	EXPRE	Inju Oth	iry iers	Road S Dry	Drink Drive: No	Accident	e of 20 20:00	Road	Type of Location Straight Road d Speed Limit:

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBC1252T	Van			1 00.01	Contaction	7
GBK4395C	Van	NISSAN	NV350 PANEL		Seriously Damaged	

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Podostrian Crassing, NA
	Use of Pedestrian Crossing: NA





T/20201017/2004

2 of 3

Report No. T/20201017/2004

Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999

CONTINUATION OF REPORT

Driver						
Name	MOHAMMAD NORMAN SAH BIN ABU BAKAR).	S7606168H
Related Vehicle	GBK4395C (Van)				ct No.	91870414
Hospital/Clinic	CENTRAL 24-HR CI	-INIC (YISH	UN)	Class Drivin Licend Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	16/10/2020		Date Disc	harge	16/10	/2020
No. of Days gran	ted Medical Leave	03	Degree of		NIL	
Driver				- 11	Si Serieseni i	
Name	KARRI VENKATESV	VARA REDE	Υ	ID No.		G7352821L
Related Vehicle	NIL			Conta	ct No.	90353583
Hospital/Clinic	NIL			Class Driving Licence Expiry	e &	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discl	harge	NIL	
No. of Days grant	ed Medical Leave	NIL	Degree of		NIL	

Brief Details.

On 16/10/20 at about 2000hrs, I was driving my vehicle(GBK4395C) along CTE toward CTY on the third lane. Out of sudden, I felt and heard an impact on my front left passenger seat. I stopped and exited my vehicle and discovered GBC1252T had hit onto my vehicle. Subsequently AETOS came and we shifted our vehicle to settle the matter. The driver inform me he was driving on the fourth lane when the vehicle infront of him jammed break as such he turn his vehicle to my lane to avoid the collision with the car infront of him. No government property was damaged, no ambulance came and no traffic police came to scene. We exchanged particulars and left scene. I am lodging this report as at about 2300hrs I went to CENTRAL 24-HR CLINIC in Yishun as I felt some pains on my leg due to the accident. I was given 3 days Medical Certificate(MC NO.: 0000376228). I do have an in-car camera installed infront of my car.





3 of 3 Report No. T/20201017/2004

Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999

CONTINUATION OF REPORT

S	ke	tr	h	D	2	n
-	VC	w			a	п

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 <u>report number</u> as reference.

Signature Of Officer Recording The Report: L / Sgt 2 MUHAMMAD RAIHAN BIN ROSLAN	Signature Of Informant:
Signature Of Interpreter:	
Not applicable	Date/Time:
	17/10/2020 00:48
Officer In Charge Of Case:	Classification Of Case:
ACCIO HIDEMAN	Case.
SSI 2 JUREMAH BINTE AHMAD	
SN 083	1 1
Authentication Sta	
Authentication Stamp NP168	
Singapora Police Force	



Victory Recovery (Business Reg No.: 53096358B) 65 Teban Gardens Rd #23-617. Singapore 600065.

Mobile: 9618 0311 Fax: 6267 8996

CASH/ W.O. No.108132

TOW JOB WORKS ORDER

M Endoz Svc Date 16/10/20 GBY Open Asset As	
· · · · · · · · · · · · · · · · · · ·	
Time - Rec'd 2015 Arrived Completed	
Amount Charge S\$ 60 Tow Truck NoY86835	
Destination (from) LOR CAUGO (to) ETHOZ (BB)	
Remark (if any) UEHT	
Tow Driver's Signature Member's Signature Member's Signature	
☐ Change Tyres & Towing ☐ Using King Dolley ☐ Use Car Carrier ☐ Basement / Multi Carpark ☐ Low Spolier / Low Oil Sump ☐ Release Brake / Shaft ☐ Causeway / 2nd Link ☐ Accident / Over-turn ☐ Loaded	

Note: The owner or his representative is required to follow along to the towing destination, failing which the tow operator shall not accepts no responsibility for any damages to the owner's vehicle whilst being towed.