NATIONAL Assessment Cen	Jeb description	- 15	Date & Time Comp	Ipted	Doue pi.
Ref No: NA 1 777 2100 38211	SAS e-filing	1940	i		
Vch No: GBH 5768 U.	E-mail (within 8hr	rs, AIC 2hrs)			
D.O.A: 24/3/21 12:13	i-Motor Claim	Form	6		
	i-Motor W/O	Within: OD 2hr	, TP 4hrs)		
OD : (TP)! Reporting Only	i-Photo Upload	led .			
	Assessment/Surr	vey Report	<u> </u>		
TP Insurer:	Ass't Report by	Fax/Hand	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No:	SKM 8841M.	. INC()	1
Owner / Driver: (Tel:	·	-'\ -
Policy No: ()	Period: ()	Cover Type: (<u> </u>
Confirmed by : (Date:	Time:		,
Insured/Driver Liability: (%) [Note-Est. Status (W	O): N: 0-2	0%; IP: 21-79%.	P: 30-100%	
Year of Registration: ()	Warranty: YES ()/NO()		
Excess: (\$ ') Loading: \$	31,000 ()/\$2,000 ()		CAME SAVE	in a second
				A 100 1000	8
General Remarks	CARA CAMERANA	Edection & C	The second secon	the state of the s	
() Walk-In Customer : Customer's	information strictly Con	ndential & S		·	
() Total Loss Case : to e-mail In		•		· ·	
	\ / NI	01):	Towing Co: (عد ويوافيوه
Drive-In ()/ Towed-In (); Inv	oice: YES () / No	0(),		7	
Dillo III ()		J (),		de 34	Done
Remarks: (INC hotline: 6788 6610		,	Dite&Time Com	4 34	Doneb
Remarks: (INC shotline: 6788 6610		,		plet 5d 1	Done
Remarks: (INC hoffine: 6788 6616				ple:54* 54*	(Done b
Remarks: (INC shotline: 6788 6610 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection) / Courtesy Car ()			piersof	Doneb
Remarks: (INC hoffine: 6788 6616) / Courtesy Car ()			ple od	Done
Remarks: (INC shotline: 6788 6610 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection) / Courtesy Car ()			Die 3d	Doneb
Remarks: (INC shotline: 6788 6610 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury:) / Courtesy Car ()			Die 34	Done b
Remarks: (INC shotline: 6788 6610 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost:) / Courtesy Car ()			piet ad	Doneb
Remarks: (INC shotline: 6788 6610 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury:) / Courtesy Car ()	•		Die 3d	Doneb
Remarks: (INC shotline: 6788 6610 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury:) / Courtesy Car ()			Die 34	Doneb
Remarks: (INC shotline: 6788 6610 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury: Date Time: Actions) / Courtesy Car ()			ple 34	Doneb
Remarks: (INC shotline: 6788 6610 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury: Date Time: Actions) / Courtesy Car ()			Die 3d	Doneb
Remarks: (INC shotline: 6788 6610 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury: Date Time: Actions) / Courtesy Car ()			pie 3d	Part of the second
Remarks: (INC shotline: 6788 6610 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury: Date/Time: Actions) / Courtesy Car ()		Date& Jame Com		Auc (s)
Remarks: (INC hotline: 6788 6610 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury: Date Time: Actions	() > \$3000] ()	Invoice Pi	Date&Tame Com		Anc(CS)
Remarks: (INC hotline: 6788 6610 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury: Date/Time Actions) / Courtesy Car ()	Invoice Ri	pate & Time Com		Auc (s)
Remarks: (INC hotline: 6788 6610 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury: Date Time: Actions	() > \$3000] ()	Invoice Pr 1) AR: Accide 2) DA: Dame	Date & Tame Com	INC (580) \$40/\$45	Anc(CS)
Remarks: (INC hotline: 6788 6610 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury: Date/Time: Actions M. Claimant's Particulars:	() > \$3000] ()	Invoice Pr 1) AR: Accide 2) DA: Darin 3) TF: Towin	paration Gheckli int Reporting (\$30); is Assessment (\$100); is Fee	INC (580) \$40/\$45 \$120	Anc(CS)
Remarks: (INC hotline: 6788 6610 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury: Date/Time Actions M Claimant's Particulars:	() > \$3000] ()	Invoice Pr 1) AR: Accide 2) DA: Dama 3) TF: Towin 4) FT: Follow	cparation Checklint Reporting (330); Fee Assessment (5100); Fee Through Survey (Resurv	INC (\$80) \$40/\$45 \$120 ey) \$30	Anc(CS)
Remarks: (INC hotline: 6788 6610 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury: Date/Time: Actions M. Claimant's Particulars:	() > \$3000] ()	Invoice Pi 1) AR: Accide 2) DA: Dama 3) TF: Towin 4) FT: Follow For claimin	cparation Checklint Reporting (\$30); re Assessment (\$100); Fee Through Survey (Resurve against INC Only (wef	INC (580) \$40/545 \$120 ey) \$30 10 Jon 2005) \$75	Ant (s)
Remarks: (INC hotline: 6788 6610 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury: Date/Time: Actions M. Claimant's Particulars: Driver/Owner: Contact No:	() > \$3000] ()	Invoice Pi 1) AR: Accide 2) DA: Dama 3) TF: Towin 4) FT: Follow For claimin 6) TR: Re-ius 7) N1: Idae D	Date & Tame Compensation Gheckling (\$30); reasessment (\$100); Fee Through Survey (Resurve against UNC Only (wef pection A + SMRT Survey	INC (\$30) \$40/\$45 \$1120 ey) \$30 10 Jan 2005)	Ant (s)
Remarks: (INC hotline: 6788 6610 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury: Date/Time Actions M Claimant's Particulars:	() > \$3000] ()	Invoice Pr 1) AR: Accide 2) DA: Dama 3) TF: Towin 4) FT: Follow For claimin 6) TR: Re-ins 7) N1: Idao D 8) NTUC Add	paration Ghecklint Reporting (330); reasessment (3100); Fee Through Survey (Resurve against NC Only (wef pection	INC (580) \$40/\$45 \$120 ey) \$30 10 Jon 2005) \$75	Ant (s)
Remarks: (INC hotline: 6788 6610 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury: Date/Time: Actions M. Claumant's Particulars: Driver/Owner: Contact No: Damaged Portion:	() > \$3000] ()	Invoice Ri 1) AR: Accide 2) DA: Dama 3) TF: Towin 4) FT: Follow For claimin 6) TR: Re-ins 7) N1: Idao D 8) NTUC Add	paration Girckli mt Reporting (330); ge Assessment (5100); ge Fee Through Survey (Resurve against INC Only (wef pection A + SMRT Survey litional Services:-	INC (580) \$40/\$45 \$120 ey) \$30 10 Jon 2005) \$75	Amic(s)
Remarks: (INC hotline: 6788 6610 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury: Date/Time: Actions M. Claimant's Particulars: Driver/Owner: Contact No:	() > \$3000] ()	Invoice Pi 1) AR: Accide 2) DA: Dama 3) TF: Towin 4) FT: Follow For claimin 6) TR: Re-ius 7) N1: Idao D 8) NTUC Add OIL* *N5: Court *N6: Renai	Date & Tame Compared to the co	INC (\$80) \$40/\$45 \$120 ey) \$30 10 Jan 2005) \$75 \$160	And (S)
Remarks: (INC hotline: 6788 6610 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury: Date/Time: Actions M. Claumant's Particulars: Driver/Owner: Contact No: Damaged Portion:	() > \$3000] ()	Invoice Pr 1) AR: Accide 2) DA: Dama 3) TF: Towin 4) FT: Follow For claimin 6) TR: Re-ins 7) N1: Idao D 8) NTUC Add OD.* *N5: Court *N6: Repair *N7: Post I	paration Girckli intraporting (330); ge Assessment (3100); ge Asse	INC (\$80) \$40/\$45 \$120 ey) \$30 10 Jon 2005) \$75 \$160 \$55 \$510	Ancies)
Remarks: (INC hotline: 6788 6610 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury: Date Time: Actions M. Claimant's Particulars: Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge):	() > \$3000] ()	Invoice Pr 1) AR: Accide 2) DA: Dairs 3) TF: Towin 4) FT: Follow For claimin 6) TR: Re-ins 7) N1: Idae D 8) NTUC Add OD.* *N5: Court *N6: Repsi *N7: Fost I *N8: DV /	paration Gheckli introporting (330); ge Assessment (3100); ge Canding Survey (Resurve assess as a survey (Resurve as a survey (Resurve as a survey (3100 and 3100 and 31	INC (\$80) \$40/\$45 \$120 ey) \$30 10 Jon 2005) \$75 \$160 \$55 \$510 \$525	Anit (S)
Remarks: (INC hotline: 6788 6610 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury: Date Time: Actions M. Claimant's Particulars: Driver/Owner: Contact No: Damaged Portion:	() > \$3000] ()	Invoice Pr 1) AR: Accide 2) DA: Dairs 3) TF: Towin 4) FT: Follow For claimin 6) TR: Re-ins 7) N1: Idae D 8) NTUC Add OD.* *N5: Court *N6: Repsi *N7: Fost I *N8: DV /	Eparation Girckli intraporting (330); is Assessment (5100); is Fee Through Survey (Resurve a against INC Only (wef pection A + SMRT Survey litional Services: cry Car/Tpt Allowance r Co-ordination Repair Inspection Contest Excess Coordination TP (Non INC) against IN Mobile	INC (\$80) \$40/\$45 \$120 ey) \$30 10 Jon 2005) \$75 \$160 \$55 \$510 \$525	Aut (s)

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

- 3. Information provided intast be as water with the second process.

 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 Submission	25/03/2021 09:39 (SGT)
Date of Accident	24/03/2021 12:13 (SGT)
Exact Location of Accident	Eunos Link, Singapore
Additional Location Information	······································
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number		GBH5768U	
-----------------------------	--	----------	--

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner	Yes STARHUB LTD
Company Reg No	
Email Address	HUAHONG.TAN@STARHUB.COM (Phone) +65-68256129
Mobile Phone No Alternative Phone No	+65-68256129

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
Variant	
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? Vehicle Category	Employment No - Claiming third party Commercial vehicle
Vehicle Category Transmission	Manual
CC	1600

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd Comprehensive
Type of Coverage	
Fleet Policy	No
Policy Number	D19MFL0000105_02
Cover Note Number	8 7 8

DRIVER

Name of Driver	TAN HUA HONG
NRIC No	SXXXX660D

10/03/1989 Date Of Birth Outdoor Occupation 20/10/2011 Date Of Driving Pass 9 YEARS AND 5 MONTHS Driving experience Gender (Phone) +65-83326341 Mobile Number Alt. Phone Number HUAHONG.TAN@STARHUB.COM Email Address BLK 352 HOUGANG AVE 7 #11-739 Address Address complement 530352 Postcode No Is the driver the policyholder? If No, Relationship of the Driver with the Insured Employee Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Collision - Head to Rear Type of Accident Weather Conditions Raining Wet Road Surface OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident No Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No DETAILS OF POLICE ACTION Was the accident reported to the police? No 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 Was there any video captured by Car Camera? WITH DRIVER Reasons for not uploading a video of the accident Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

 Vehicle Registration Number
 SKM8841M

 Vehicle Manufacturer

 Vehicle Model

 Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Private car

 Name of Driver
 ROY TAN NGIAP KIANG

 NRIC No
 SXXXX382C

 Contact Number
 (Phone) +65-81183889



Address		
Address complement	-	
Postcode		
Insurance Company Name		
Nature Of Damage		
Details of property damaged in accident	100	
No. Of Passenger (Including Driver)	-	

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. 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>.
- 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)

Lunderstand, 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' law yers/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 hourers' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

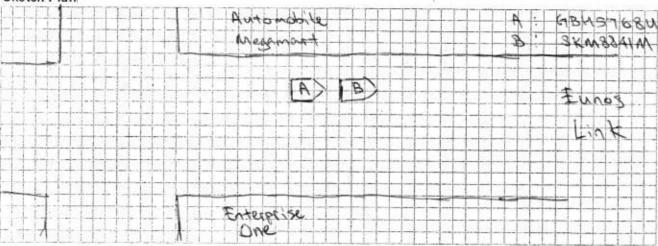
W 24/21

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



I was	trovell; v	y word	Ednos	-nx	towns	+	the me	NAI	HVE	
Dailes a	2 22 40	2341 W.	WAS	+cave)	no en	the	Some	direc	tion	
00 1000	4.	he was	-	2011	traina	40	2:Her	40	lane	S
carres	I VAS	00 . 3	L Glasi	ned n	y high	peace	mark	tiple	41000	a.
a= +4	Veze 140	3 +00	11.44/6	space.	Once	ME	was in	grand	+ 5×	
me,	he imm	redbately	·ym	brake	even +	nough	there	15 9	1114	_
SPACE	and no	need to	, 'um	the b	rate					
			A							
										_
*:										_
						-				-
										_
										_
										_
										_
										_
							10,500			-

Declaration

I/We declare the foregoing particulars are true in every respect,

N 24/3/21

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 198703792k | GST. Reg. No. M2-0078806-X 64 | Cecil Street | #04 | #05 | #06-02 | IOB Building | Singapore 049711

COVER: Comprehensive

Office (65) 63476100 Email insure@iti.com.sg Website www.iii.com.sg Fax (65) 62244174

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)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

CERTIFICATE NO.: D19MFL0000105 02

: GBH5768U

1. Index Mark and Registration Number of Vehicle

VSKYBAM20Z0158414

Chassis No

STARHUB LTD

Name of Policyholder Effective date of Insurance

01 Jan 2021

4. Expiry date of Insurance

31 Dec 2021

5. Persons or Classes 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

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 Policyholder's business.

(3) Use for social, domestic and pleasure purposes.

(1) Use for hire or reward or for racing, pace-making, reliability trial, or speed-testing.

N.A

(2) 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.

500 00 SGD Excess Section I SGD 500.00 Excess Section II SGD 100.00 Windscreen Excess

Hire Purchase Company

FOR DRIVERS BELOW 21 YEARS OR ABOVE 65 YEARS OF AGE &/OR LESS THAN 1 YEAR DRIVING EXPERIENCE, EXCESS OF S\$1000/- ON SECTION I & S\$1500/- ON SECTION II WILL BE APPLICABLE.

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 (Malaysia).

: B000018/COMFORTDELGRO INSURANCE BROKERS PTE LTD Agent/Broker

: 02/12/2020 16:03:51 Date of Issue

M.Z. 300C - GOODS CARRYING(Company's use)

For India International Insurance Pte Ltd

Authorised Signatory

ACCIDENT STATEMENT

	ACCI	DENT DATE:	DA 03 20	21)(DD/I	MM/YYYY)	TIME:(\?	13/1	H:MM)
	1000	TION:	Euros	Link				- 10
	6		***	et en	200		0000	
	1.	a) VEHICLE		GBUS	768 W			
92		100			-			
	- 3	***************************************	ICE COMPANY:	DIAMEL		ation I	ourma	
		c)POUCY						******
			YPE: (COMPRE	HENSIVE / I		Y / THIRD P	ARTY FIRE &	(IHEFI)
		e)MAKE &	VIOUCE,			/ MOTOPO	VCIE / OTL	JED91
		alvehicle	OON / COUPE /	IVATE / CC	MMERCIA	I / MOTOR	CYCLE	ickoj .
			OF USING AT A			WORK		
			ČLAIMING UND					
			ASE STATE (THIR	DRARIYG	LAIM / REP	ORTING O	NLY)	
	2.,		OLICY HOLDER	KHUB 1	70			
		A) NAME:		rung 1	70		AALE / FEMA	5 6129
		c) ADDRESS	/PASSPORT:	Whi	Ave 1	_CONTAC	L 408942	
9 9	02	CINDUNGS				- 1.2 //		
42 27		* CONTINUE	TO 3.d IF DRIV	ER ALSO PO	DLICY HOL	DER	81	
Ano of ba	issan az	DRIVER		ha Vane	20			
Clinduding		a)NAME:	37.00	589081	2	-	(ADE / FEMA	
CIJ	,		PASSPORT:	2 YOUGA		_CONTAC	11: 138	374
		c/ADDRESS:	Sirca		552	- 1		
		d)DATE OF	BIRTH: (LO /	03/1980)(DD/M	M/YYYY)	8	
	880	e)OCCUPA	TION: (INDOOR	OUTDO	PR)	135	100	•
			DRIVING EXPRE		10			.0
	4.		R AN EMPLOY					, NO)
	-		ATIONSHIP OF CONDITION: (C					
	5.		RFACE: (DRY / V			HERS		
	6.		DY INJURED (Y					
	7.		TO POLICE (YE			60		
			ASE STATE WHIC	H POUCE				
4 Wr of no-	8.	a) VEHICL	VEHICLE	Admax	2 KIL	8841M.	CIVI	
Charles	eneger N	b) DRIVER	S NAME:	RON T	in Ngi	_MODEL:_ np Kion o		
200 YW 100	clover,	c) NRIC/FI	N/PASSPORT:			_CONTAC	T: 8118	3889
(7)	9.	THIRD PARTY	VEHICLE					
the of pa	change-		NUMBER:	165-25-00		_MODEL:		
(Induding		e) DRIVER'						• •
Cinciacian	"CIVIVA)	f) NRIC/FI	N/PASSPORT:			_CONTAC	: <u>·-</u>	 .
(')				*				
	1.88	0.85		92			i	
							13.63	
38			Cinail	= huc	hong.	tan @	stor hub	s. Com
		2.0	· ·		V			
	**	37	fax	= .			100	
			*1 *2			\$2		
			MORO	- V				