

NATIONAL Assessment Centre Services: [ver 1 Jan 08] **Shuf 22600002**

| | | | |
|-----------------------------------|--|-----------------------|---------|
| Date In: 26/06/2022 15:48 | Job description | Date & Time Completed | Done by |
| Ref No: X1381C7122006046/4 | SAS e-filing | | |
| Veh No: S5016336J | E-mail (within 8hrs, AIC 2hrs) | | |
| D.O.A: 19/06/2022 00:40 | I-Motor Claim Form | | |
| OD: (TP) / Reporting Only | I-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| | I-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| TP Insurer: | Ass't Report by Fax / Hand to Owner/WKSP | | |

Preferred Wksp / INC Assgn Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: **FBH 8201C** 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%; F: 80-100%)

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

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

General Remarks:

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

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

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

Remarks: (INC Hotline: 6788 6616)

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

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000]: ()

Injury: ()

| Date/Time | ACTIONS |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

NA2201743

Claimant's Particulars:

Driver/Owner: ()

Contact No: ()

Damaged Portion: ()

C Checked by (Engr-In-Charge): ()

Auditors Comments: ()

1.1: ()

1.2/3: ()

| Item | Amount (\$) | Remarks |
|---|-------------|---------|
| 1) AR: Accident Reporting (\$30) | | |
| 2) DA: Damage Assessment (\$100) | INC (\$80) | |
| 3) TF: Towing Fee | \$40/\$45 | |
| 4) FT: Follow-Through Survey | \$120 | |
| 5) PT: Follow-Through Survey (Resurvey) | \$30 | |
| For claiming against INC Only (ver 10 Jan 2009) | | |
| 6) TR: Re-inspection | \$75 | |
| 7) N1: Idao DA + SMRT Survey | \$160 | |
| 8) NTUC Additional Services: | | |
| OD* | | |
| *N3: Courtesy Car / Tpt Allowance | \$5 | |
| *N6: Repair Co-ordination | \$10 | |
| *N7: Post Repair Inspection | \$25 | |
| *N8: DV / Collect Excess Coordination | \$5 | |
| TP (N11): TP (Inc INC) against INC | \$20 | |
| 9) N12: Idao Mobile | \$0 | |
| 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 Submission | 24/06/2022 15:48 (SGT) |
| Reported by | Both |
| Date of Accident | 19/06/2022 00:40 (SGT) |
| Exact Location of Accident | Syed Alwi Rd, Singapore |
| Additional Location Information | BEFORE JUNCTION OF JALAN BESAR |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SJQ6336J |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|-------------------------------------|
| Is company? | No |
| Name Of Registered Owner | MUHAMMAD HAFIS SHARIZAL BIN AFFANDI |
| NRIC No | SXXXX095B |
| Email Address | akbbnb@gmail.com |
| Mobile Phone No | (Phone) +65-87094614 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Honda |
| Model | Civic |
| Variant | - |
| Exact purpose for which vehicle was being used at time of accident | Private use |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Claiming third party |
| Vehicle Category | Private car |
| Transmission | Auto |
| CC | 1595 |

INSURANCE COMPANY

| | |
|-----------------------------------|---|
| Name of Insurance Company | China Taiping Insurance (Singapore) Pte. Ltd. |
| Policy Number / Cover Note Number | DMPCSNW00122182201 |

DRIVER

| | |
|-----------------|-----------------------|
| Name of Driver | ISLAM MOHAMMAD SAIFUL |
| Passport No/FIN | GXXXX409W |
| Date Of Birth | 10/05/1991 |
| Occupation | Outdoor |

| | |
|--|-----------------------------|
| Date Of Driving Pass | 10/01/2020 |
| Driving experience | 2 YEARS AND 5 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-87094614 |
| Alt. Phone Number | - |
| Email Address | akbbnb@gmail.com |
| Address | 15 KAKI BUKIT ROAD 4 #01-36 |
| Address complement | - |
| Postcode | 415982 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Friend |
| 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

| | |
|--------------------------|-------------------------------|
| Type of Accident | Collision - Head on collision |
| Weather Conditions | Clear |
| Road Surface | Dry |

OTHER INFORMATION

| | |
|---|-----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 2 |
| Was anybody injured in the Accident? | Yes |
| Was any injured conveyed to hospital by ambulance? | No |
| Was any other vehicle or property damaged? | Yes |
| Number of Passengers (Including Driver) | 2 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |
| Translator's name | - |
| Translator's ID | - |
| Translator's phone number | - |
| Translator's email | - |
| Original language used in the statement | - |

PASSENGER 1

| | |
|--------------|------|
| Name | AZID |
| Gender | Male |

DETAILS OF POLICE ACTION

| | |
|---|----------------------------------|
| Was the accident reported to the police? | Yes |
| Police Station Name | Traffic Police |
| Police Station Phone No | (Phone) +65-65470000 |
| Alt. Police Station Phone No | (Fax) +65-65474900 |
| Police Station Address | 10 Ubi Avenue 3 Singapore 408865 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20220620/7013

ATTACHMENT(S)

| | |
|---|-----|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|---|----------------------|
| Vehicle Registration Number | FBH8241C |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Motorcycle |
| Name of Driver | MOHAMED HALID |
| NRIC No | SXXXX436E |
| Contact Number | (Phone) +65-96824714 |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | - |

INJURED PERSONS DETAILS

INJURED 1

| | |
|---|----------------------|
| Name of injured person | MOHAMED HALID |
| Gender | Male |
| Phone No | (Phone) +65-96824714 |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | SLIGHT INJURY |
| Injured person in which vehicle? | FBH8241C |
| Were seat belts worn? | - |
| Was this injured conveyed to hospital by ambulance? | No |

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 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)

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

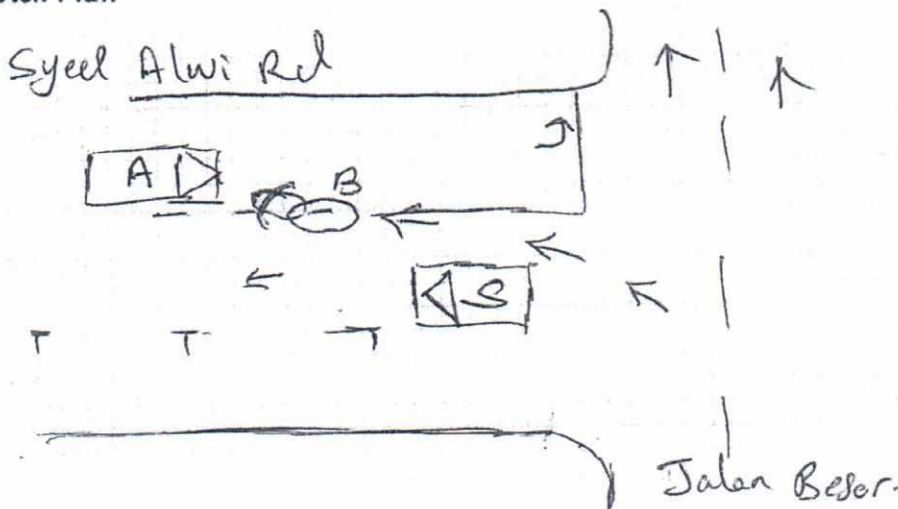
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

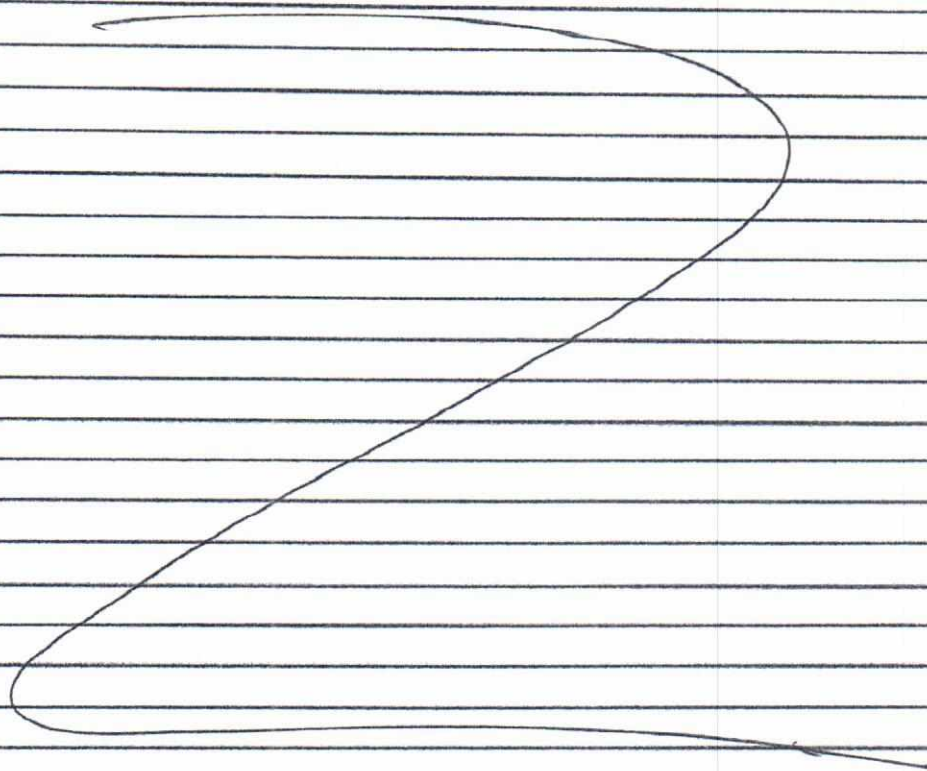
Sketch Plan



- ① S3Q 6336J
- ② FBH 8241C
- ③ stationary vehicle

Describe Circumstances of the Accident

Refer to police report no T/20220626/7013



Declaration

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

Witnessed by Reporting Centre Personnel

X *Gaiemf*

[Signature] 24/06/2022



SINGAPORE POLICE FORCE



T/20220620/7013

Police Station Of Origin:
Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 4

Report No. T/20220620/7013

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|---|------------|--|------------------------------|----------------------------|--|
| Date/Time Report Made: 20/06/2022 11:39 | | Vide Report No.: | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: ISLAM MOHAMMAD SAIFUL | | Address: | | | |
| ID Type / ID No.: FIN NO / G2049409W | | Contact No.: Home/Office: | | Mobile: 87094614 | |
| Nationality: BANGLADESHI | | Email: akbbnb@gmail.com | | | |
| Sex: Male | Age: 31 | Date of Birth: 10/05/1991 | Type of Informant: Driver | | |
| Race: Bangladeshi | | Language: English | | Institution / School Name: | |
| Occupation: | | Driving Licence Information: Class: 3 | | Date of Expiry: 09/01/2025 | |

| | | | | |
|---|------------------|------------------------------------|--|-------------------------------------|
| General Information of the Accident | | | | |
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 19/06/2022 00:40 | Type of Location: T-Junction |
| Location: SYED ALWI ROAD | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: Two Way | | Traffic Control: Not Controlled | | Traffic Volume: Light |
| Type of Collision: Between Moving Vehicles - Head On | | | | Anyone conveyed by ambulance: No |

| | | | | | | |
|------------------------------------|------------|----------|-------|--------|------------------|-------|
| Details of Vehicle Involved | | | | | | |
| Vehicle No. | Type | Make | Model | Color | Condition | No of |
| FBH8241C | Motorcycle | KAWASAKI | | Orange | Slightly Damaged | 0 |
| SJQ6336J | Car | HONDA | CIVIC | Silver | Slightly Damaged | 2 |



**SINGAPORE
POLICE FORCE**



T/20220620/7013

2 of 4

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

Report No. T/20220620/7013

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|--|------------------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SJQ6336J | CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. | DMPCSNW001221 82201 | 19/05/2022 | 18/05/2023 |

| Details of Person Involved | | | | |
|-----------------------------------|-----------------------|-----------------------------------|--|--|
| Any Pedestrian Involved: No | | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | | |
| Rider | | | | |
| Name | MOHAMED HALID | ID No. | S8771436E | |
| Related Vehicle | FBH8241C (Motorcycle) | Contact No. | 96824714 | |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry | Class: NIL Date of Expiry: NIL | |
| Date | NIL | Date | NIL | |
| No. of Days granted Medical Leave | NIL | Degree of | Slight | |
| Driver | | | | |
| Name | ISLAM MOHAMMAD SAIFUL | ID No. | G2049409W | |
| Related Vehicle | SJQ6336J (Car) | Contact No. | 87094614 | |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry | Class: 3 Date of Expiry: 09/01/2025 | |
| Date | NIL | Date | NIL | |
| No. of Days granted Medical Leave | NIL | Degree of | NIL | |

Brief Details.

ON 19/06/2022 AT ABOUT 0040HRS, I WAS TRAVELING ALONG SYED ALWI ROAD APPROACHING JUNCTION OF JALAN BESAR. IT WAS TWO WAY SINGLE CARRIAGE ROAD. SUDDENLY A MOTORCYCLE FBH8241C TURN RIGHT INTO SYED ALWI ROAD FROM JALAN BESAR AND COLLIDED ONTO MY VEHICLE (HEAD ON). THE MOTORCYCLE CROSS INTO THE OPPOSITE DIRECTION ROAD AS THERE IS A STATIONARY VEHICLE NEAR THE ENTRANCE OF SYED ALWI ROAD. AFTER THE COLLISION, I GOT DOWN FROM MY VEHICLE AND ASSIST THE RIDER AND I SAW THE RIDER WAS INJURED AS THERE IS SCAR WITH BLOOD ON HIS LEFT HAND. OUT OF GOODWILL, I WANTED TO SETTLE PRIVATELY WITH THE RIDER MOHAMED HALID / S8771436E / 96824714. DUE TO OUR REPAIR COST IS HIGH, WE DECIDED TO PROCEED WITH INSURANCE SETTLEMENT.



**SINGAPORE
POLICE FORCE**



T/20220620/7013

3 of 4

Report No. T/20220620/7013

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

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20220620/7013

4 of 4

Report No. T/20220620/7013

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

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
ANG YI TING, STEPHANIE
Contact No.: 65476414

NP168

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

Date/Time:
20/06/2022 11:39

Classification Of Case:

Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Date of Accident: 19/06/2022 (dd/mm/yy) Time of Accident: 00:40 hrs (24-HR-FORMAT)

Vehicle No.: SJQ 63367 Vehicle Make & Model / Engine (cc): Honda Civic Private Hire: (Y/N)

Exact location of Accident: Syed Alwi Rd Before Junction of Jalan Besar

Policyholder's Name / IC No.: Muhammad Hattis Sharizal B- Affend ROC/UEN (Company) 58802695B

Driver's Name / IC No.: Islam Mohammad Saiful / 620494094 (As Above) ☐

Driver's Contact No.: 87094614 Company Contact No / Owner Contact No: _____

Driver's Address: 15 Kaki Bukit Rd 4 #101-36 S (415982)

Owner Email address: akbbnb@gmail.com Insurance Company: _____

Driver Email address: _____ 10/05/1991 10/01/2020

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please **TICK** one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

☒ Private use / ☐ Work purpose

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

***No. of Passengers (Including Driver):** 2

*Passenger Name: Azid Gender: Male / Female x()

*Passenger Name: _____ Gender: Male / Female x()

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☐ No Remarks: _____

Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person's Name: Mohamed Haled

Injuries Sustain: unknown Injured Person in Which Vehicle: FBH 8241C

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: Mohamed Haled / 58771436E Vehicle No: FBH 8241C

Driver's Contact No: 96824714 Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____



Motor Private Car

MX1F

R SN

AN0605A

Cov. Type:C

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)

CERTIFICATE No.

DMPCSNW00122182201

Engine No.: R16A14001298

Chassis No.: JHMFD46209S200335

1. Index Mark and Registration
Number of Vehicle

SJQ6336J

AUTOSAFE

2. Name of Policy Holder

MUHAMMAD HAFFIS SHARIZAL BIN AFFANDI

3. Effective date of the Commencement of
insurance for the purposes of the Regulations,
Ordinance or Enactment

19/05/2022
(00:00:00)

Named Drivers Ex Sect. I

S\$500.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25

S\$3,000.00

Ex Sect. I - Age >= 26

S\$500.00

* Age as at date of accident

EX ON WINDSCREEN .

S\$100.00

5. Persons or Classes of Persons entitled to drive*

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his 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:-

Use for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover use for hire or reward tuition driving test racing pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled.

One time Waiver of Excess for the first S\$500 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.

HIRE PURCHASE CO.: MAYBANK SINGAPORE LIMITED

* 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.

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).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: TECK WEI CREDIT PTE LTD

Authorised Officer

Authorised Signatory

Vehicle Registration Details

| | | |
|-------------------------------------|--|--|
| Vehicle No. SJQ6336J | Make/ Model HONDA/CIVIC 1.6L 5AT | Vehicle Scheme - |
| Current Propellant Petrol | Chassis No. JHMFD46209S200335 | Vehicle Type Passenger Motor Car |

Owner's Details

1595CC

Owner Name:

MUHAMMAD HAFFIS SHARIZAL BIN AFFANDI

Owner ID Type:

Singapore NRIC

NRIC/Passport/Company Cert No.:

S8802095B

Registered Address

**APT BLK 551 CHOA CHU KANG STREET 52
#05-47 SINGAPORE 680551**

Mailing Address:

-

Birth Date

10 Jan 1988

Registration Details

Previous Vehicle No.:

-

Effective Date of Ownership:

20 Apr 2021

Original Registration Date:

19 May 2009

Registration Date:

19 May 2009

No. of Transfers:

3

IU Label No.:

1123074394

Vehicle Specifications

Engine No.:

R16A14001298

Chassis No.:

JHMFD46209S200335

Year of Manufacture:

2008

Primary Colour:

Silver

Secondary Colour:

Passenger Capacity: