

Hsiao Tong (LKKAuto)

From: Claims Department <claims@jewmotors.com>
Sent: Thursday, 16 March 2023 3:32 PM
To: Hsiao Tong (LKKAuto); Olivia Lau (LKKAuto)
Subject: LOD SUBMISSION: OUR REF: SJT 7133 E ; YOUR REF: AG/CIV/MISC/MID/2022/3 21706 MID ; DOA: 24/06/2022
Attachments: SJT 7133 E - TOWING RECEIPT.jpeg; SJT 7133 E - RENTAL INVOICE.pdf; SJT 7133 E - PROFORMA INVOICE.pdf; SJT 7133 E - LOA.pdf; SJT 7133 E - GIA.pdf

WITHOUT PREJUDICE

Our Ref : **SJT7133E**
Your Ref : **AG/CIV/MISC/MID/2022/3 21706MID**

16/03/2023
Attorney-General's Chambers
1 Upper Pickering St, Singapore 058288

Attention: Motor Claims Department

Dear Sir/Mdm.

Accident on 24/06/2022 along WOODLANDS AVE 12 TWDS SLE involving vehicles SJT 7133 E and 21706 MID

We refer to the above-mentioned accident.

-

We are claiming as per below:-

1.	Repair Cost	\$5,100.00
2.	Loss of Rental for 13 Days x \$120/- per day	\$1,560.00
3.	Towing fee	\$ 150.00
	TOTAL	\$6,810.00

Enclosed herewith a copy of relevant GIA report, Proforma Tax invoice, Rental Agreement/Tax invoice, Towing Fee and letter of Authorization for your attention. Kindly let us have your reply within the next 14 days upon receipt of this letter.

If you have any enquiries, please email us at claims@jewmotors.com .

Yours faithfully,
Ivie
J.E.W. MOTORS PTE. LTD.

-

NOTE: # Please note that the Loss of Use will be paid based on negotiation and on the NIMA Protocol (Court Guideline).

The contents of this document apply to vehicle damages only. All personal injuries and damages arising therefrom are excluded from the ambit and application of this document.

This is a computer generated letter and does not need a signature.

J.E.W MOTORS PTE. LTD.

Co. Reg. No. : 202136089E

LETTER OF AUTHORISATION

Accident on 24/06/22 along WOODLANDS AVE 12 TWDS SLE
involving vehicles SJT 7133E & 21706 MID

In consideration of **J.E.W Motors Pte Ltd, 6001 Beach Road #22-01, Golden Mile Tower Singapore 199589**, repairing my/our motor vehicle no SJT 7133E at my request, I/We, MUTHUSAMY ANUREKA ("the claimant") of 149J (address) bearing NRIC No 149J the owner of motor vehicle no SJT 7133E, hereby authorize them to demand claim, settle and receive whatever amount settle payable by the insurance company or third party or commence legal proceeding for cost of repairs, loss of use and etc to any of their appointed solicitors to act for me/us in respect of the said accident/claim and all the amount claimed or settled shall belong and make payable to them absolutely by the insurance company of the third party. I/We further authorized them to give an absolute discharge on my/our behalf and to sign discharge voucher(s) and any other documents necessary or incidentals to the conduct and disposal of my/our above claims.

I/We further agree to fully co-operate and attend all court hearings that are necessary to prosecute the claims maintained by **J.E.W Motors Pte Ltd**.

I/We further agree and undertake to indemnify them against my/our claim for costs which arise therewith.

In the event that my/our claim is unsuccessful, I/we undertake to pay to **J.E.W Motors Pte Ltd** the cost of repairs to my/our vehicle.

In the event that settlement cheque were to be drawn in my/our favour, I/we hereby give my/our instructions to clear the said cheque on my/our behalf by presenting the same for payment directly into **J.E.W Motors Pte Ltd** account. Upon clearance of the said cheque, I/we further authorize **J.E.W Motors Pte Ltd** and/or their appointed law firm to utilize the monies to pay their charges without further reference to me. I confirm that the payment to **J.E.W Motors Pte Ltd** shall amount to a good discharge of **J.E.W Motors Pte Ltd** and/or their appointed law firm's obligation to me in respect of the settlement monies.

Dated this 24 day of 06 (month) 20 22 (year)



Signed by "the claimant"

Name: MUTHUSAMY ANUREKA

NRIC No: 149J



Signed by J.E.W Motors Pte Ltd

Name: ELF

DISCHARGE VOUCHER AND INDEMNITY

Claimant Ref: **SJT7133E**

IOD No: **CY 22/MID21706/240622/0023**

I / We, the undersigned **MUTHUSAMY ANUREKA** DO HEREBY AGREE that payment by the Government of the Republic of Singapore as represented by the Ministry of Defence (hereinafter referred to as the "Government") of the sum of **SGD FIVE THOUSAND NINE HUNDRED FIFTY ONLY (S\$5,950.00)** shall be the full and final settlement of all claims (other than Personal Injury Claims) howsoever arising out of or in connection with the damages caused to my/our vehicle no. **SJT7133E**, in an accident involving Government vehicle no. **MID21706** on **24/06/2022** at/ along **WOODLANDS AVE 12.**

I/ We hereby authorize you to make payment in favour of J.E.W. MOTORS PTE. LTD.

I/ We agree that the payment is made without any admission of liability on the part of the Government or any agent or servant of the Government, I/We declare that I/We have no further claim whatsoever against the Government or any agent or servant of the Government in respect of the abovementioned incident and hereby give the Government a full and final discharge in respect of any liability or liabilities (Excluding Personal Injury Claims) which may arise out of the aforesaid accident.

I/We also declare that I am/We are the person entitled to receive the above compensation and hereby undertake to indemnify the Government against any claim made or which may be made by any person in connection with this matter.

Date: 27/06/2023

Signature of Claimant (with company stamp if applicable):



Name of Claimant: **MUTHUSAMY ANUREKA**

If the Claimant is a Company or Firm, Name and Designation

Of the person signing on behalf of the Company or Firm.

my execution of this Discharge Voucher is only for my claim for property damage and not prejudicial to any other claims arising from the same accident.

Signature of Witness:



Name and Designation of Witness: **YANG YA CHEN , ADMIN**

Co. Reg. No. : 202136089E

Attorney-General's Chambers
1 Upper Pickering St, Singapore 058288

Inv. No. :	BA.JM.202306003
Inv. Date :	19-06-2023
Ref :	SJT7133E
Terms :	14 Days
Veh. No. :	SJT7133E
Make & Model	HYUNDAI AVANTE
:	

#	Description	Qty	Rate	Total	Tax
	REPAIR COSTS	1.0	\$5,100.00	\$5,100.00	\$0.00

Subtotal for invoice	:	S\$5,100.00
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Total : S\$5,100.00

On behalf of **J.E.W. MOTORS PTE. LTD.**

K. Menzies
(Authorised Signature)

Please **PayNow** via **UEN 202136089E** or direct bank transfer to **DBS Bank Current Account 072-483-495-0**. Thank you for your business.

The contents of this document apply to vehicle damages only. All personal injuries and damages arising therefrom are excluded from the ambit and application of this document.

GST at 7% is charged where applicable

**Revolution Automotive Pte Ltd**

No.8 Kaki Bukit Ave 4, Premier @ Kaki Bukit, #01-49 Singapore 415875

Tel: +65 6452 4457 | Fax: +65 6452 4584

Co. Reg. No.: 201907652D

KANDASAMY SIVAKUMAR

Contact: 9003 4057

Rental Invoice

Invoice No. : L22070004
Date : 06/07/2022
Ref No. : SJT 7133 E
Currency : SGD
Terms : COD
RA No. : -
Veh No. : SLF 8734 P

#	Rental Period	No	Rate	Disc	Amt
1.	Rental (24/06/2022 1100hrs to 06/07/2022 1700hrs)	13	\$ 120.00	0.00	1560.00

Total : \$ 1,560.00
Amount Due: \$ 1,560.00

For Revolution Automotive Pte Ltd



(Authorised Signature)



8 Kaki Bukit Ave 4 Premier @ Kaki Bukit
 #01-49 Singapore 415875
 Tel: 6452 4457 Fax: 6452 4584
 Email: enquiry@revoauto.com.sg
 Co. Reg. No.: 201907652D

RENTAL AGREEMENT

R00030

HIRER'S PARTICULAR		Veh. No/Model: <u>GT 7133E / HYUNDAI AVANTE</u>																															
Name: <u>KANDASAMY SIVAKUMAR</u>		Rental Veh. No/Model: <u>SLF 8734P / TOYOTA AXIO</u>																															
NRIC/Passport No: <u>S7064818J</u>		Date/Time Out: <u>24/06/22 / 110 HRS</u>																															
Address: <u>496B ADMIRALTY DR #06-75 S752496</u>		Date/Time In: <u>06/07/22 / 1700 HRS</u>																															
Tel: <u>90034057</u>																																	
Driving license No: _____ Exp: _____																																	
ADDITIONAL DRIVER'S PARTICULAR		Milage: _____ Milage: _____																															
Name: _____		Rental Charges																															
NRIC/Passport No: _____		<table border="1"> <thead> <tr> <th></th> <th>Hours @</th> <th>S\$</th> <th>per hour</th> <th>S\$</th> </tr> </thead> <tbody> <tr> <td><u>13</u></td> <td>Days @</td> <td><u>120</u></td> <td>per day</td> <td><u>1560</u></td> </tr> <tr> <td></td> <td>Weeks @</td> <td></td> <td>per week</td> <td></td> </tr> <tr> <td></td> <td>Months @</td> <td></td> <td>per month</td> <td></td> </tr> <tr> <td colspan="4">Subtotal</td> <td></td> </tr> <tr> <td colspan="4"></td> <td>GST @ 7%</td> </tr> </tbody> </table>			Hours @	S\$	per hour	S\$	<u>13</u>	Days @	<u>120</u>	per day	<u>1560</u>		Weeks @		per week			Months @		per month		Subtotal									GST @ 7%
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Subtotal																																	
				GST @ 7%																													
Address: _____		Others																															
Tel: _____		TOTAL CHARGES																															
Driving license No: _____ Exp: _____																																	
(A) - ACCIDENTS (D) - DENTS (S) - SCRATCHES																																	
		Mode of Payment:																															
		<table border="1"> <tr> <td colspan="2">Cash/Nets/Cheque/Credit Card:</td> <td></td> </tr> <tr> <td>Deposit</td> <td>Deposit</td> <td></td> </tr> <tr> <td>Amount</td> <td>Refunded</td> <td></td> </tr> <tr> <td colspan="2">Remarks:</td> <td>Received by</td> </tr> </table>		Cash/Nets/Cheque/Credit Card:			Deposit	Deposit		Amount	Refunded		Remarks:		Received by																		
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Physical Damage Excess <table border="1"> <tr> <td>Singapore - Own Damage</td> <td>S\$5,000</td> </tr> <tr> <td>Singapore - 3rd Party Damage</td> <td>S\$5,000</td> </tr> <tr> <td>Malaysia (if applicable)</td> <td>S\$10,000</td> </tr> <tr> <td>or Driver aged < 27 or above 65 and/or less than 2 yrs driving experience regardless of age</td> <td>S\$3,000 (Additional)</td> </tr> </table>		Singapore - Own Damage	S\$5,000	Singapore - 3rd Party Damage	S\$5,000	Malaysia (if applicable)	S\$10,000	or Driver aged < 27 or above 65 and/or less than 2 yrs driving experience regardless of age	S\$3,000 (Additional)	Acknowledgement 																							
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IMPORTANT NOTE: . ONLY PERSONS ABOVE 22 YEARS OF AGE, HOLDING A VALID SINGAPORE LICENCE FOR MORE THAN 2 YEARS, AUTHORISED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE. . Vehicle is strictly for use in Singapore only and may not be driven out of Singapore without the prior written consent of Revolution Automotive Pte Ltd. . Use of vehicle for illegal purposes (e.g. in connection with theft, drug peddling or trafficking, smuggling) is strictly prohibited. . In case of accident, the hirer shall report to Revolution Automotive Pte Ltd immediately.		Hirer Signature/Date _____ for Revolution Automotive Pte Ltd Owner Signature/Date _____																															



TEL: 9729 7337

T ZONE TOWING SERVICES

Ang Mo Kio Central Post Office, PO Box 708

Singapore 915607

Email: t-zonetowing@live.com.sg

Reg. No. 53418325E

WORK ORDER / CASH SALES

No. S 15905

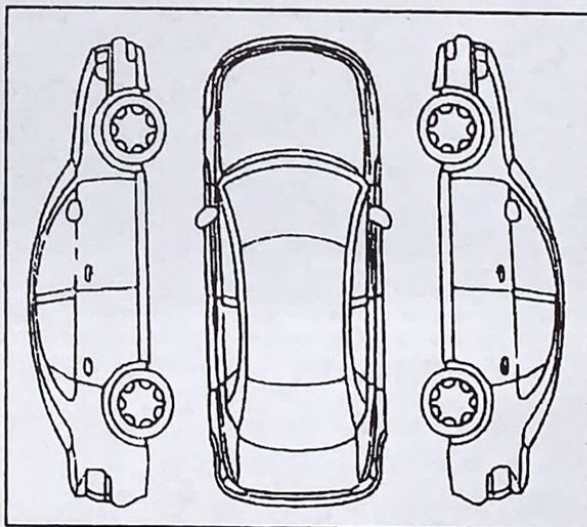
Svc Date 24/6/2022
Member's Name Jew
M'ship / NRIC No. —
Member's Contact No. —
Car Regr. No. SJT 7133 E
Car Make / Model Hyundai Avante
Remarks (if any) —

Time Received —
Time Arrived 1130
Time Completed 1230
From Woodlands Ave 12
To Revo (Premier G1-4a)
Tow Truck No. GR 5566 Z
Amount \$150

ADDITIONAL CHARGES

- | | |
|--------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Dolly Wheels / Flat bed | <input type="checkbox"/> Patch Tyre |
| <input type="checkbox"/> Basement / Multi-storey | <input type="checkbox"/> Change Spare Tyre |
| <input type="checkbox"/> Crane up / Bugged | <input type="checkbox"/> Change Battery |
| <input type="checkbox"/> Causeway / 2nd Link | Size: - - - - - |
| <input type="checkbox"/> Jump Start | |
| <input type="checkbox"/> Collection of Key | |
| <input type="checkbox"/> ERP / Carpark | |

BODY & PAINT CONDITION RECORD



*please remove any valuables or personal belongings in the car

Tow Driver's Name & Signature

bizSAFE₃

Member's Signature

Note: Vehicle is towed at owner's risk. The company accepts no responsibility for damages or other misdemeanour to your vehicle whilst being towed.

For Payment - Paynow UEN: 53418325E

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 15:11 (SGT)
Reported by	Both
Date of Accident	24/06/2022 10:40 (SGT)
Exact Location of Accident	Woodlands Ave 12, Singapore
Additional Location Information	TOWARDS SLE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT7133E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MUTHUSAMY ANUREKA
NRIC No	SXXXX149J
Email Address	siva_anu71@yahoo.com.sg
Mobile Phone No	(Phone) +65-84090667
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
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	1591

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00129462100

DRIVER

Name of Driver	KANDASAMY SIVAKUMAR
NRIC No	SXXXX818J
Date Of Birth	01/06/1970
Occupation	Outdoor

Date Of Driving Pass	06/09/2011
Driving experience	10 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90034057
Alt. Phone Number	-
Email Address	siva_anu71@yahoo.com.sg
Address	BLK 469A ADMIRALTY DRIVE #06-75
Address complement	-
Postcode	752469
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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 - Change/cross lane
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
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	-

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 SKETCH PLAN AND POLICE REPORT T/20220624/7027

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	-
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	Green
Vehicle Category	Government
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	21706 MID
No. Of Passenger (Including Driver)	2

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 willful 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

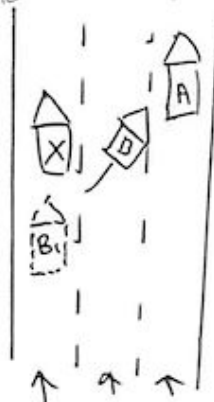
Sketch Plan

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

Witnessed by Reporting Centre Personnel

WOODLAND AVE 12 TOWARDS SLE

Vehicle A = SGT 7133E
Vehicle B = 21706 MID.



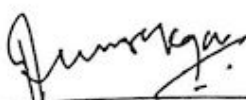
Describe Circumstances of the Accident

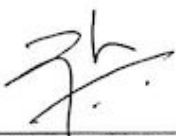
Vehicle A was travelling straight on lane 1 of the parked van. As
Vehicle X was stationary on lane 3, vehicle B did a lane switch from lane
3 to lane 1 and collided into my vehicle rear left hand position

POLICE REPORT 7/20220634/7027

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




















**SINGAPORE
POLICE FORCE**

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



T/20220624/7027

1 of 3

Report No. T/20220624/7027

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/06/2022 13:19		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: KANDASAMY SIVAKUMAR			Address: 469B ADMIRALTY DRIVE #06-75 SINGAPORE 752469		
ID Type / ID No.: NRIC NO / S7064818J			Contact No.: Home/Office: Mobile: 90034057		
Nationality: SINGAPORE CITIZEN			Email: SIVA_ANU71@YAHOO.COM.SG		
Sex: Male	Age: 52	Date of Birth: 01/06/1970	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 24/06/2022 10:40	Type of Location: Straight Road
Location: WOODLANDS AVENUE 12				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
21706MID	Military vehicle			Green		2
SJT7133E	Car					0

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



**SINGAPORE
POLICE FORCE**



T/20220624/7027

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

2 of 3

Report No. T/20220624/7027

CONTINUATION OF REPORT

Driver			
Name	KANDASAMY SIVAKUMAR	ID No.	S7064818J
Related Vehicle	SJT7133E (Car)	Contact No.	90034057
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	NIL

Brief Details.

I vehicle A was travelling straight on lane 1 of the stated venue. As vehicle X was stationary on lane 3, vehicle B did a lane switch from lane 3 to lane 1 and collided into my vehicle rear left hand portion.



SINGAPORE POLICE FORCE

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



T/20220624/7027

3 of 3

Report No. T/20220624/7027

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 /
TAN JEOK LENG
Contact No.: 65476151

NP168

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

Date/Time:
24/06/2022 13:19

Classification Of Case: