ASS. REC. BY: REF: CS ICS 2	2009355 Dwy3
	GNMENT (OB OU 2025
The state of the s	Veh No: 8+1A 7803 D Yr Regn: 0 ch 12017
From: Date:	
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / (axi) / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	Make: ToyAz Prius c.c 1798
at Workshop m/s	Colour A/C: Insured / Std / NI / NA
of	Sp.Reading 645312 T/Radio: Insured / Std / NI / NA
insured:	Eng/No: 22R \$080843
Policy No.	C/No: JTDKB3FU203568909
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: Nil / S/Rim / STD A/Rim or
	Tyre Size: F: 195 65 7.15
(Policy Condition)	R; — 1
Remark: The veh-had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO/YOKO or Westleke
Bal. or Market Value:	Front Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. S mm R/Bal. S mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. S mm L/Bal. S mm
Est. Repairs: Of days Res.: Yes or No	D.O.A. 20 09 2072 D.O.I. 23 09 2022
Lum Sum: >0 % · 3 Val.: Yes or No	Survey held at 3 Trust Sin Ming
Company of the Compan	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS Vehicle: IN / OUT	
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
Ecics SJB 8560 T	
14/2/2023 proport 2/5 18,900/- with	10 days of ay (Red \$ 19,738.58 51°6)
142/2013 / 1/5 18,900 - 50	
	
Date/Time, File Pass to? : Preli. Report	Days Of Repair: 10
III (0) 70) J. Final Benort	Resurvey No. of Trip: Survey Fee:
1) Typist Date/Time, File Return to?	Transportation:
Add Fe	e: : Site Insp (\$)_s+Rss
	: Interview (\$) Photos
Report Format : TP	: Tech. Invs (\$) Others
Lump Sum / I.B.I: (\$ L \\$\\$,900.00	: Weekend (\$)
	TOTAL

BIFROST AUTO PTE LTD

REPAIR ESTIMATE

22-Sep-22

INSURANCE: ECICS

DATE:

MODEL:

TOYOTA PRIUS

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

VEHICLE NO.: SHA 7803 D		L	Signature: Date:
DESCRIPTION	QTY	LIST PRICE	AMOUNT
PANEL SUB-ASSY, FRONT DOOR, RH Dent	1	\$1,264.00	\$1,264.00
FRONT DOOR HINGE UPPER 156	1	\$91.20	\$91.20
FRONT DOOR HINGE LOWER	1	\$91.20	\$91.20 1
FRONT DOOR CHECK SAL	1	\$153.52	\$153.52
FRONT DOOR OUTER MOULDING	1	\$188.60	\$199.60 °
FRONT DOOR WHETHER STRIP SAV	1	\$457.90	\$457.00
FRONT DOOR RUBBER SEAL SVL	1	\$257.00	\$257.00
MOTOR ASSY, POWER WINDOW FRT, RH	1	\$941.80	\$257.00 \$941.80 \$228.40
REGULATOR, FRONT DOOR WINDOW FRT, RH	1	\$228.40	\$228.40
MIRROR ASSY, OUTER REAR VIEW, RH	1	\$1,728.70	\$1,728.70
FRONT DOOR ADVERTISEMENT LOGO Has	1	\$100.00	\$100.00 \$
FRONT DOOR COMFORT LOGO Hec	1	\$75.00	\$75.00 9
Rocker Panel Outer Garnish	1	\$576.00	\$576.00
Rocker Panel Outer HN	1	\$519.80	Ø540.00
Rocker Panel Step Garnish (Front) (RH)	1	\$ 156.50	\$519.80
BONNET HH	1	\$1,117.93	\$1,117.93
INSULATOR, HOOD HA	1	\$398.10	4000 10
INSULATOR CLIPS 10 PCS HIM	1	\$36.80	200.00
BONNET RUBBER HW	1	\$35.50	\$36.80
FRONT BUMPER COVER Cut	1	\$591.75	\$504.75
FT BUMPER LOWER REINFORCEMENT BRACKET LH/RH	2	\$330.00	\$660.00
FRONT SIDE MEMBER SIDE COVER HH	2	\$ 172.50	0045.00
LAMP ASSY, FOG, RH	1	\$920.00	\$345.00
LAMP ASSY, FOG, LH wany broken	1	\$920.00	\$920.00
FRONT BUMPER SIDE RETAINER When I many could	2	\$77.00	\$154.00
UNIT ASSY, HEADLAMP, RH (LED) month cosic	1	\$3,455.00	\$3,455.00
UNIT ASSY, HEADLAMP, LH (LED) work conto	1	\$3,455.00	CO 45500
FENDER SUB-ASSY, FRONT LH/RH Dand (1890-60		\$1,111.93	\$2,222,00
FRONT FENDER SHIELD TOWN	2	\$255.00	\$510.00
FRONT FENDER SHIELD CLIP H	2	\$14.90	\$29.80
FRONT FENDER HYBRID EMBLEM, LH/RH	2	\$86.50	\$173.00
BRACKET, FRONT SIDE PANEL, RH	1	\$86.30	000.00
EXTENSION, FRONT FENDER, RH	1	\$47.20	\$47.20
PROTECTOR, FRONT FENDER SIDE PANEL, RH	1	\$113.90	C112.00
SEAL, FRONT FENDER TO COWL SIDE, RH	1	\$15.20	0.45.00
GUSSET, FRONT FENDER APRON, LOWER RH	1	\$34.90	\$15.20 \$34.90
EXTENSION, FRONT FENDER APRON, FRONT RH	1	\$23.20	\$23.20
MEMBER, FRONT APRON TO COWL SIDE, UPPER RH	1	\$138.40	\$138.40
FRONT APRON TO COWL SIDE, LOWER FRT RH	1	\$82.30	\$82.30
WIPER SPARE TANK ASSY	1	\$486.70	\$486.70
WIPER TANK NECK MH	1	\$89.40	\$89.40

-2637.60 - 2637.60 -2-223.86

ESTIMATE TOTAL			\$36,613.22	
1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
TOTAL LABOUR			\$5,030.00	
				2290-00
Diagnostic & Resetting To Erase Fault Code	1	\$550.00	\$550.00	No. 1
Remove/Refix Undercarriage (Frt)	1	\$400.00	\$400.00	
Four Wheel Alignment	1	\$120.00	\$120.00	
Re-set Frt Power Window System	1	\$200.00	\$200.00	
Transfer of Door Mechanism FRONT	1	\$80.00	\$80.00	
Towing Charge	1	\$80.00	\$80.00	
Tuff Kote	1	\$100.00	\$1.00.00	
Wiring Charge	1	\$100.00	\$100.00	
Spray Painting Charge	1	\$1,600.00	\$1,600.00	
Panel Beating	1	\$1,800.00	\$1,800.00	9001-
Labour Charge				ex.
			Ţ30 <u>2</u> •	483.00
SUB TOTAL			\$632.00	402.00
		\$2,10.00	\$102.00	2.52 2.52
FRONT TYRE (LH/RH) & 6 5 HM H S CUA SN	2	\$216.00	\$432.00	108,402
FRONT FENDER ADVERTISEMENT LOGO (LH/RH) SN	2	\$100.00	\$200.00	1
DISCOURTED TO THE			400,001.22	<i>'</i>
DISCOUNTED TOTAL			\$30,951.22	10110170
LESS 20% >5%			\$7,737.80	18,961.38
SUB TOTAL			\$38,689.02	25,281.85
ENGINE ONDER GOVER		Ψ-107.20	Ψ101.20	25 201 25
ENGINE UNDER COVER	1	\$457.20	\$457.20	×
END SUB-ASSY, TIE ROD, RH AND	1	\$159.30	\$159.30	
END SUB-ASSY, TIE ROD, RH	1	\$159.30	\$159.30	
JOINT ASSY, LOWER BALL, FRONT (LH/RH)	2	\$199.98	\$399.96	×
KNUCKLE, STEERING, RH 44 Str	1	\$580.80	\$580.80	
LINK ASSY, FRONT STABILIZER, LH	1	\$580.80	\$580.80	1.0
BAR, STABILIZER A STABILIZER	1	\$360.00 \$199.00	\$199.00	11601.4
RACK & PINION ASSY	1	\$1,634.90	\$1,634.90 \$360.00	
FRONT DRIVE SHAFT (RH)	1	\$1,764.00	\$1,764.00	
FRONT DRIVE SHAFT (LH) HH	1	\$1,764.00	\$1,764.00	×
ABSORBER TOP MOUNTING 4A	2	\$196.20	\$392.40	×
FRONT SHOCK ABSORBER (RH)	1	\$401.80	\$401.80	<u></u>
FRONT SHOCK ABSORBER (LH) distroy	1	\$401.80	\$401.80	1
FRONT SUSPENSION LOWER ARM (LH) CHSturul	1	\$637.50	\$637.50	
FRONT SUSPENSION LOWER ARM (RH) distury	1	\$637.50	\$637.50	
FRONT WHEEL HUB AND BEARING	2	\$763.80	\$1,527.60	
FRONT WHEEL RIM CAP HE	2	\$189.60	\$379.20	- A.
FRONT WHEEL RIM (🗻	2	\$1,570.55	\$3,141.10	

This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company. Please send your book value request to: claims_ltr@bifrostauto.com

23/09/2022 e 1700 10 days.

23, 633.15

2/518,900/-

BIFROST AUTO PTE LTD

SUPPLEMENTARY

D^{Λ}	١т	-=

11-Oct-22

INSURANCE:

ELICS

MODEL:

TOYOTA PRIUS

VEHICLE NO .:

SHA 7803 D (S)

DESCRIPTION	QTY	LIST PRICE	AMOUNT
ENGINE CROSS MEMBER district	1	\$2,531.70	\$2,531.70
SUB TOTAL			\$2,531.70
LESS 20% >6%			\$506.34
DISCOUNTED TOTAL			\$2,025.36
ESTIMATE TOTAL			\$2,025.36

1898.77

This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company. Please send your book value request to: claims_ltr@bifrostauto.com

JKK And

Customer:

LIM TAN

Company:

01-42

License NO: Odometer: U1-42

SHA 7803D

Date:

9/26/2022 3:26 PM .

VIN

Technician:

Order NO:

VEHICLE ALIGNMENT REPORT

TOYOTA, PRIUS PHV ZVW52, 17-17 (Customized)

Primary	Angles		Initial	Specifi Min.	cations Max.	Final
	Caster	Left	6°40'	6°35'	8°05' 8°05'	6°48' 7°12'
	Camber	Right Left	6°54' -2°36'	-0°55'	0°35'	(2°36)
Front	Camber	Right	-2°48'	-0°55'	0°35'	(-2°42')
	Toe	Left	0°39'	-0°03'	0°08'	0°42
		Right	0°09'	-0°03'	0°08'	0°12''
		Total	0°48'	-0°05'	0°16'	0°54'
	Camber	Left	-1°48'	-2°00'	-0°30'	-1°42'
		Right	-2°00'	-2°00'	-0°30'	-1°54'
Rear	Toe	Left	0°03'	0°03'	0°14'	0°03'
Real	(A)	Right	0°09'	0.03,	0°14'	0.09,
	17.	Total	0°12'	0°05'	0°27'	0°12'
	Thrust Angle		-0°03'			-0°03'
Second	ary Angles		Initial	Specifi Min.	ications Max.	Final
SAI		Left	14°03'	13°20'	13°20'	14°03'
		Right	13°46'	13°20'	13°20'	13°46'
Included Angle		Left	11°27'			. 11°27'
		Right	10°58'			11°04'
Toe Out On Turns		Left				
		Right				
Max Turn Inside		Left				
		Right				
Toe Curve Change		Left				
	II.	Right				
Setback		Front	-9mm			-9mm
		Rear	2mm			2mm
Track Widt Wheel Bas			3mm -11mm			3mm -11mm
Front Ride Height		Left	—	——		
		Right				
Rear Ride I	Height	Left				
		Right				
Frame Ang	jle					

ONE STOP AUTOMOTIVE SOLUTION

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID: Vehicle Details	821R
Vehicle No.:	SHA7803D
Vehicle to be Exported:	Yes
Intended Deregistration Date:	30 Sep 2022
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS HYBRID 1.8 CVT
Primary Colour:	Blue
Manufacturing Year:	2017
Engine No.:	2ZRS080843
Chassis No.:	JTDKB3FU203568909
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$29,007.00
Original Registration Date:	06 Oct 2017
First Registration Date:	06 Oct 2017
Transfer Count:	0
Actual ARF Paid: Intended PARF Rebate Details	\$5,000.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	05 Oct 2025
PARF Rebate Amount: Intended COE Rebate Details	\$3,750.00
COE Expiry Date:	05 Oct 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$34,052.00
COE Rebate Amount:	\$12,826.00
Total Rebate Amount: Message	\$16,576.00

Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 21 Sep 2022

SJ0G229L0014-02 / JP Knights Pte Ltd ENTRY DATE & TIME: 21/09/2022 18:17 (SGT) SUBMITTED BY: Weine Chieng VERSION: 3 (22/09/2022 11:56 (SGT))



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 Actual 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.

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 Reported by Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

21/09/2022 18:17 (SGT) 20/09/2022 15:45 (SGT) PIE. Singapore **TOWARDS TUAS** Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SHA7803D

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No **Email Address**

Mobile Phone No

Alternative Phone No

Yes

COMFORT TRANSPORTATION PTE LTD

1XXXXX821R

fleetsafety@cdgtaxi.com.sg (Phone) +65-96861730

(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to

your vehicle?

CC

Vehicle Category

Transmission

Private hire

Toyota

Prius

No - Claiming third party

Taxi

Auto 1798

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

AXA Insurance Pte Ltd VFX/P2419138

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

HAH LEE KUAN SXXXX802E 05/02/1949 Outdoor

Date Of Driving Pass Driving experience

Gender Mobile Number

Alt. Phone Number Email Address

Address

Address complement

Postcode

Is the driver the policyholder?

If No. Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

Number of vehicles involved in the accident Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other vehicle or property damaged? Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

Translator's name Translator's ID

Translator's phone number

Translator's email

Original language used in the statement

PASSENGER 1

Name

Gender

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Police Station Name Police Station Phone No. Alt. Police Station Phone No. Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REOORT NO T/20220921/2001

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident

Yes

FILE IS NOT SUITABLE

DETAILS OF OTHER VEHICLE PROPERTY 1

17/12/1969

52 YEARS AND 9 MONTHS

Male

(Phone) +65-96861730

fleetsafety@cdgtaxi.com.sg

BLK 55 CHAI CHEE DRIVE #08-210

460055

No

Hirer

No

Chain Collision

Clear

Dry

No

5 Yes

Yes Yes

No

UNKNOWN

Male

Bedok South Neighbourhood Police Centre

(Phone) +65-18002448999 (Fax) +65-62446558

20 Chai Chee Drive Singapore 469045

No

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

Name of Driver

Contact Number

Address

Address complement

Postcode

Insurance Company Name

Nature Of Damage

Details of property damaged in accident

No. Of Passenger (Including Driver)

SJB8560T

Toyota

CAMRY HYBRID 2.5 ASCENT SPORT CVT

Private car

UNKNOWN

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

Name of Driver

NRIC No

Contact Number

Address

Address complement

Postcode

Insurance Company Name

Nature Of Damage

Details of property damaged in accident

No. Of Passenger (Including Driver)

PA7172X

Nissan

Urvan

Bus

LIM TIAN SOO

SXXXX297D

(Phone) +65-82255622

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

Name of Driver

NRIC No Contact Number

Address

Address complement

Postcode

Insurance Company Name

Nature Of Damage

Details of property damaged in accident No. Of Passenger (Including Driver)

Private car

SNB3577G

BMW

AU CHIN GOA

318I ADPT LED HL

SXXXX982J

(Phone) +65-97738318

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

Name of Driver Contact Number UNKNOWN

Motorcycle

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 **PASSENGER** Gender Female Phone No. Address Address Complement Post Code Approximate Age Years Old Injuries Sustained 4DAYS MC Injured person in which vehicle? SHA7803D Were seat belts worn? Was this injured conveyed to hospital by ambulance?

INJURED 2 Name of injured person HAH LEE KUAN Gender Male Phone No (Phone) +65-96861730 Address BLK 55 CHAI CHEE DRIVE #08-210 Address Complement Post Code 460055 Approximate Age Years Old 73 Injuries Sustained NECK AND LOWER BACK PAIN 6 DAYS MC Injured person in which vehicle? SHA7803D Were seat belts worn? Yes Was this injured conveyed to hospital by ambulance? No **INJURED 3**

Name of injured person RIDER Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? UNKNOWN Were seat belts worn? Was this injured conveyed to hospital by ambulance? Yes

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)

funderstand, acknowledge, agree and consent that

- (a) My insurer , my w orkshop 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;
- (i) investigating the accident and/or my claims;
- (ii) 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

FLASH ACCIDENT REPORTING OFFICER
FRO ZIKRUL

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 21/09/22 1700HRS

Witnessed by Reporting Centre Personnel

Sketch Plan

