

# 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 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 ..... 12/10/2022 15:54 (SGT)  
Reported by ..... Owner  
Date of Accident ..... 01/04/2022 06:20 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... LOK YANG WAY  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... PA7907T

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... GOLDEN FRIENDLY CONTRACTORS  
Company Reg No ..... 09123200K  
Email Address ..... ENQUIRIES@GOLDENFRIENDLY.COM.SG  
Mobile Phone No ..... (Phone) +65-97395411  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Mitsubishi  
Model ..... RM117NSRDEB  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Bus  
Transmission ..... Manual  
CC ..... 4900

### INSURANCE COMPANY

Name of Insurance Company ..... Income Insurance Limited  
Policy Number / Cover Note Number ..... 5109098012-03

### DRIVER

Name of Driver ..... NG LIAN ANN  
NRIC No ..... S0735760E  
Date Of Birth ..... 12/07/1949  
Occupation ..... Indoor

|  |                                       |
|--|---------------------------------------|
| Date Of Driving Pass .....   | 22/03/1972                            |
| Driving experience .....   | 50 YEARS AND 1 MONTH                  |
| Gender .....   | Male                                  |
| Mobile Number .....  | (Phone) +65-97395411                  |
| Alt. Phone Number .....  | -                                     |
| Email Address .....  | ENQUIRIES@GOLDENFRIENDLY.COM.SG       |
| Address .....  | BLK 312 JURONG EAST STREET 32 #10-307 |
| Address complement .....   | -                                     |
| Postcode .....   | 600312                                |
| Is the driver the policyholder? .....                              | No                                    |
| If No, Relationship of the Driver with the Insured .....           | Paid Driver                           |
| 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 - Cross Junction |
| 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? .....  | Yes |
| 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 .....                       | Clementi Neighbourhood Police Post                 |
| Police Station Phone No .....                   | (Phone) +65-18007759999                            |
| Alt. Police Station Phone No .....              | (Fax) +65-67764246                                 |
| Police Station Address .....                    | Blk 427 Clementi Avenue 3 #01-456 Singapore 120427 |
| Was notice of intended Prosecution given? ..... | No   |
| If yes, against whom? .....                     | -  |

#### CIRCUMSTANCES OF ACCIDENT

##### REFER TO POLICE REPORT

**\*\* ACCORDING TO PH OWNER, SHE WAS TOLD BY THE AUTHORITY THAT HER VEHICLE (PA7907T) WAS TRAVELLING ON THE MAIN ROAD AND MAKING A RIGHT TURN INTO MINOR ROAD WHEN VEHICLE (PC9002E) CAME OUT FROM A MINOR ROAD AND COLLIDED ONTO HIS VEHICLE.**

#### 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 ..... | PC9002E |
|-----------------------------------|---------|

|   |     |
|---|-----|
| Vehicle Manufacturer .....                    | -   |
| Vehicle Model .....                           | -   |
| Vehicle Variant .....                         | -   |
| Vehicle Colour .....                          | -   |
| Vehicle Category .....                        | Bus |
| 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) .....     | -   |

## INJURED PERSONS DETAILS

### INJURED 1

|   |                            |
|---|----------------------------|
| Name of injured person .....                              | NG LIAN ANN                |
| Gender .....  | Male                       |
| Phone No .....  | -                          |
| Address .....   | -                          |
| Address Complement .....                                  | -                          |
| Post Code .....   | -                          |
| Approximate Age Years Old .....                           | 74                         |
| Injuries Sustained .....                                  | SERIOUS INJURY, FATAL CASE |
| Injured person in which vehicle? .....                    | PA7907T                    |
| Were seat belts worn? .....                               | Yes                        |
| 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 Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

金发承包商  
GOLDEN FRIENDLY CONTRACTORS

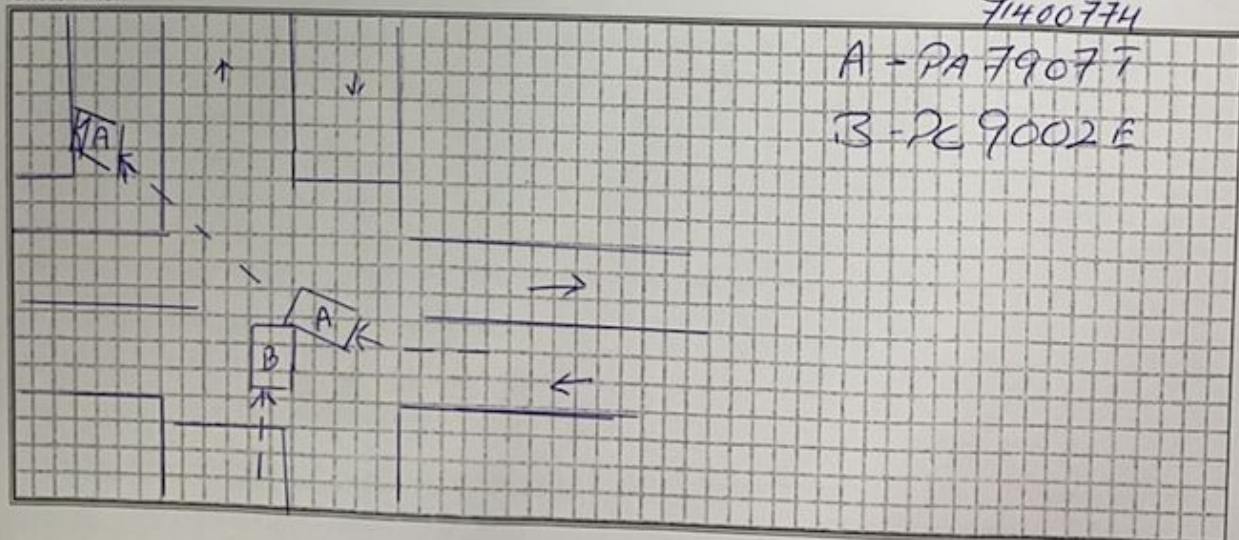
Policyholder's Signature / Date & Time

12/10/2022  
Sketch Plan

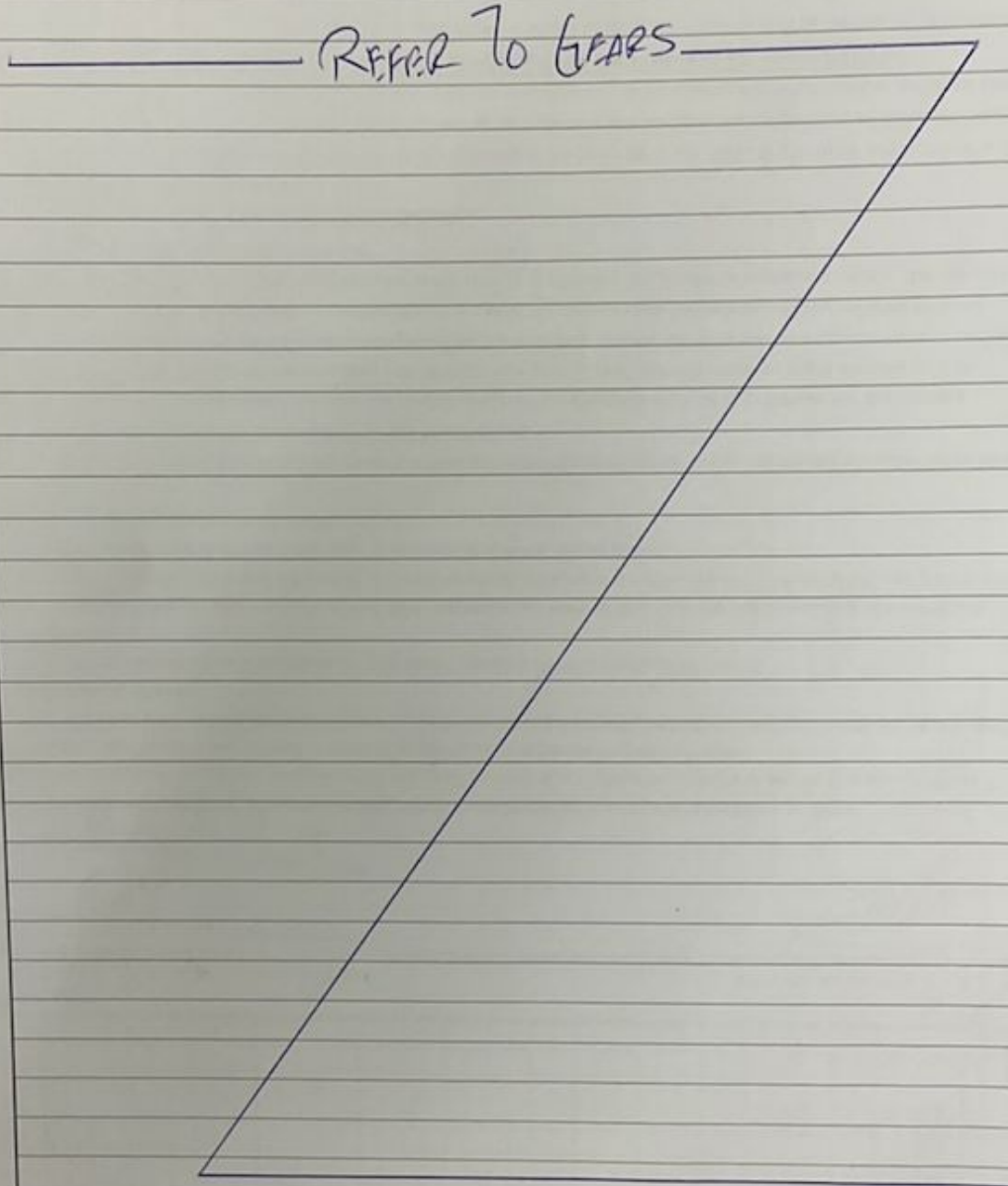
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

LOO HAN HO  
71400774



Describe Circumstance of the Accident



Declaration

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

金友承包商  
GOLDEN FRIENDLY CONTRACTORS

Policyholder's Signature / *Dupont*  
12/10/2022

Witness's Signature (if different from the policyholder) / Date & Time

*[Signature]*  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)  
LEO HAN HO  
S7140077H











































**SINGAPORE  
POLICE FORCE**



T/20220401/2043

1 of 3

Police Station Of Origin:  
Clementi NPP  
427 Clementi Avenue 3 #01-456  
SINGAPORE 120427  
Tel No: 1800-7759999

Report No. T/20220401/2043

**REPORT OF A TRAFFIC ACCIDENT**

|  |                                     |                          |
|--|-------------------------------------|--------------------------|
| Date/Time Report Made:<br>01/04/2022 14:59 | Vide Report No.:<br>J/20220401/0044 | Station Diary No.:<br>18 |
|--|-------------------------------------|--------------------------|

**Informant's Particulars**

|   |            |                              |   |                            |
|---|------------|------------------------------|---|----------------------------|
| Name of Informant:<br>OW YONG JEE           |            |                              | Address:<br>APT BLK 413 COMMONWEALTH AVENUE WEST #10-3023<br>SINGAPORE 120413 |                            |
| ID Type / ID No.:<br>NRIC NO / S0244216G    |            |                              | Contact No.:<br>Home/Office: Mobile: 97395411                                 |                            |
| Nationality:<br>SINGAPORE CITIZEN           |            |                              | Email:<br>goldenfriendlycont@yahoo.com.sg                                     |                            |
| Sex:<br>Female                              | Age:<br>75 | Date of Birth:<br>16/01/1947 | Type of Informant:<br>Vehicle Owner   |                            |
| Race:<br>Chinese                            |            |                              | Language:   | Institution / School Name: |
| Occupation:<br>Transport operations manager |            |                              | Driving Licence Information:<br>Class: Date of Expiry:                        |                            |

**General Information of the Accident**

|  |                             |                                    |  |                                     |
|--|-----------------------------|------------------------------------|--|-------------------------------------|
| Type of Accident:  | Fatal<br>Attended by Police | Drink Drive:<br>No                 | Date/Time of Accident:<br>01/04/2022 06:20 | Type of Location:<br>X-Junction     |
| Location:<br><br>LOK YANG WAY                                |                             |                                    |  |                                     |
| Weather:<br>Clear  |                             | Road Surface:<br>Dry               |  | Road Speed Limit:                   |
| Traffic Flow:<br>Two Way                                     |                             | Traffic Control:<br>Not Controlled |  | Traffic Volume:<br>Light            |
| Type of Collision:<br>Between Moving Vehicles - Head To Side |                             |                                    |  | Anyone conveyed by ambulance:<br>No |

**Details of Vehicle Involved**

| Vehicle No. | Type                  | Make       | Model           | Color | Condition            | No of Passenger |
|-------------|-----------------------|------------|-----------------|-------|----------------------|-----------------|
| PA7907T     | Bus/Coach/Mi<br>nibus | MITSUBISHI | RM117NSR<br>DEB | Blue  | Seriously<br>Damaged | 0               |
| PC9002E     | Bus/Coach/Mi<br>nibus | VOLVO      | B7R AUTO        | Red   | Seriously<br>Damaged | 0               |

**Details of Vehicle Insurance**

| Vehicle No. | Insurance Company                             | Insurance No             | Effective  | Expiry Date |
|-------------|---|--------------------------|------------|-------------|
| PA7907T     | NTUC Income Insurance Co-Operative<br>Limited | 5109098012-02-<br>000002 | 24/04/2021 | 23/04/2022  |



**SINGAPORE  
POLICE FORCE**



T/20220401/2043

2 of 3

Report No. T/20220401/2043

Police Station Of Origin:  
Clementi NPP  
427 Clementi Avenue 3 #01-456  
SINGAPORE 120427  
Tel No: 1800-7759999

**CONTINUATION OF REPORT**

| Details of Person Involved        |                             |  |                                   |
|-----------------------------------|-----------------------------|--|-----------------------------------|
| Any Pedestrian Involved: No       |                             |  |                                   |
| No. of Pedestrians Injured: NIL   |                             | Use of Pedestrian Crossing: NA         |                                   |
| Vehicle Owner                     |                             |  |                                   |
| Name                              | OW YONG JEE                 | ID No.                                 | S0244216G                         |
| Related Vehicle                   | PA7907T (Bus/Coach/Minibus) | Contact No.                            | 97395411                          |
| Hospital/Clinic                   | NIL                         | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                         | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | NIL                         | Degree of Injury                       | NIL                               |
| Driver                            |                             |  |                                   |
| Name                              | NG LIAN ANN                 | ID No.                                 | S0735760E                         |
| Related Vehicle                   | PA7907T (Bus/Coach/Minibus) | Contact No.                            | 93213869                          |
| Hospital/Clinic                   | NIL                         | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                         | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | NIL                         | Degree of Injury                       | Fatal                             |

**Brief Details.**

On the above mentioned date, time and location and accident had occurred between 2 buses (PA7907T) & (PC9002E) at the corss junction of Lok Yang Way and 1st Lok Yang Road. I am the owner of the bus that was driven. I received a phone call at about 0640hrs by another driver who informed me of the accident.

Follow which i went down to the scene to verify the identity of my driver Ng Lian Ann. He had suffered fatal injuries and was covered in a white sheet. After establishing ourselves as the owner of the vehicle the investigation officer spoke to us.

Subsequently we decided to lodge a police report regarding the accident that had taken place for our personal records as well as for insurance purposes.





**SINGAPORE  
POLICE FORCE**



T/20220401/2043

Police Station Of Origin:  
Clementi NPP  
427 Clementi Avenue 3 #01-456  
SINGAPORE 120427  
Tel No: 1800-7759999

3 of 3

Report No. T/20220401/2043

**CONTINUATION OF REPORT**

**Sketch Plan**

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 **report number** as reference.

Signature of Officer Recording The Report:

D /  
SGT 2 ABDUL HAFIZ BIN  
SHAHUL HAMEED

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

01/04/2022 14:59

Officer In Charge Of Case:

TP / FAIT /  
SI MOHAMED YAZID BIN MOHAMED YUSOFF  
Contact No.: 65472075

Classification Of Case:

NP168



**SINGAPORE  
POLICE FORCE**

SN 40

SIGNATURE



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SN0722AC000D Vehicle Registration No: PA7907T  
 Name (as shown in NRIC): NG LIAN ANN NRIC/FIN/Passport No: S0735760E  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: BLK 431 COMMONWEALTH AVENUE WEST #10-3023 Singapore (120413 )  
 Contact (Tel): 9739 5411 Mobile No.: 9739 5411  
 Email Address: ENQUIRIES@GOLDENFRIENDLY.COM.SG  
 Date of Accident: 01/04/2022 Time of Accident: 0620H  
 Place of Accident: LOK YANG WAY  
 Insurance Company: Income Insurance Limited

**(B) ADDITIONAL INFORMATION /AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

TO AMEND THE STATUS OF GENDER TO FEMALE AND  
 DELETE THE STATEMENT OF THE DRIVER'S LICENSE

---

---

---

---

---

---

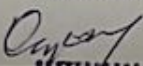
---


---

---

---

金友承包商  
 GOLDEN FRIENDLY CONTRACTORS

  
 Policyholder / Driver's Signature  
 Date: 12/10/2022

  
 Reporting Centre Personnel's Signature  
 Name: Steve Loo  
 NRIC/FIN No.: S7140077H  
 Date: 12/10/2022



REPUBLIC OF SINGAPORE  
CERTIFICATE OF REGISTRATION OF DEATH

DEATH REGISTRATION NO

361651G

|                              |  |  |  |  |      |       |  |
|------------------------------|--|--|--|--|------|-------|--|
| DECEASED                     | Death registered at FORENSIC MEDICINE DIV, HEALTH SCIENCES AUTHORITY   |  |  |  |      |       |  |
|                              | Full name of deceased NG LIAN ANN  |  |  |  |      |       |  |
|                              | NRIC/Identification Document No. S0735760E   | Sex MALE   | Date of birth 12/07/1949   |  |      |       |  |
|                              | Race/Dialect Group CHINESE/HOKKIEN   | Nationality/Citizenship SINGAPORE CITIZEN              | Country/Place of birth SINGAPORE   |  |      |       |  |
|                              | Home Address APT BLK 312 JURONG EAST STREET J2 #10-307 SINGAPORE 600312  |  | Date and hour of death 01/04/2022 0703                                   |  |      |       |  |
|                              | Place or Address where death occurred FIRST LOK YANG ROAD X LOK YANG WAY   |  | Approximate interval between onset and death                             |  |      |       |  |
| CAUSE OF DEATH BY CERTIFIER  | I Disease or Condition leading to death  |  | Years  | Months   | Days | Hours |  |
|                              | (a) CERVICAL SPINE INJURIES  |  |  |  |      |       |  |
|                              | (b)  |  |  |  |      |       |  |
|                              | Antecedent Causes  |  |  |  |      |       |  |
|                              | (c)  |  |  |  |      |       |  |
|                              | II Other Significant conditions  |  |  |  |      |       |  |
|                              | Name and official status of person certifying cause of death DR LEE CHIN THYE, CONSULTANT FORENSIC PATHOLOGIST   |  | Certificate of Cause of Death Reference No.: 22001402CR Date: 02/04/2022 |  |      |       |  |
|                              | INFORMANT  | Name NG WEI MENG (HUANG WEIMING)                       |  | I certify that the above information given by me is correct. |      |       |  |
|                              |  | Address APT BLK 90 DAWSON ROAD #14-16 SINGAPORE 142090 |  | 02 APR 2022  |      |       |  |
|                              |  | NRIC/Identification Document No. S7525588H             |  | Informant's Signature/Thumb impression                       |      |       |  |
| Relationship SON             |  | Date   |  |  |      |       |  |
| REGISTRATION OFFICER         | Name of Registration Officer LACSON CARLITO I LAGMAN   |  | for Registrar of Births and Deaths                                       |  |      |       |  |
|                              | Designation REGISTRATION OFFICER   |  |  |  |      |       |  |
| DISPOSITION                  | PERMIT TO BURY/CREMATE BODY [The Environment Public Health Act (Chapter 95)]   |  |  |  |      |       |  |
|                              | Place of Burial or Place of Cremation MANDAI CREMATORIUM   |  | Religious type TAOIST  |  |      |       |  |
| INFORMANT MAKING APPLICATION | I NG WEI MENG  |  | 02 APR 2022  |  |      |       |  |
|                              | NRIC/Identification Document No S7525588H apply for a permit to <input type="checkbox"/> bury + <input checked="" type="checkbox"/> cremate + the deceased referred to in the Death Certificate No. 361651G<br><input checked="" type="checkbox"/> For cremation to cremate only<br>I certify that to the best of my knowledge, the deceased has no written direction that he/she should not be cremated + |  | Informant's Signature/Thumb impression                                   |  |      |       |  |
| OFFICER                      | The Certificate of Cause of Death certified that there is<br><input checked="" type="checkbox"/> No evidence of pacemaker in the body of the deceased +<br><input type="checkbox"/> Evidence of pacemaker/device removed from the body of the deceased +<br>Permit is approved.  |  | 02 APR 2022  |  |      |       |  |
|                              | Date   |  | for Commissioner of Public Health  |  |      |       |  |





**SINGAPORE  
POLICE FORCE**

Traffic Police  
10 Ubi Avenue 3  
Singapore 408865  
Tel +65 6547 6246  
[www.police.gov.sg](http://www.police.gov.sg)

Our Ref : TP/IP/07242/2022  
Date : 11/10/2022

Golden Friendly Contractors  
(Via Email)

Sir/Madam

**CASE OF FATAL ROAD TRAFFIC ACCIDENT ALONG FIRST LOK YANG ROAD X LOK YANG WAY ON 01 APRIL 2022**

**NOTICE FOR VEHICLE PA7907T COLLECTION**

Please collect the above vehicle which is registered under your company, at **Traffic Police Vehicle Pound** located at **517 Airport Road, Singapore 539942** **within 30 working days** from the date of this notice. The Duty Officer at **Traffic Police Vehicle Pound** can be contacted at **6280 7841**. The collection hours are:

| Day of week       | Operational hours                        |
|-------------------|--|
| Monday            | 2.00 pm to 4.00 pm                       |
| Tuesday to Friday | 9.00 am to 12.00pm<br>2.00 pm to 4.00 pm |

2 You have to make your own arrangements to remove your vehicle at your own cost. If you are authorising someone else to collect the vehicle on your behalf, please ensure that he / she produces his / her NRIC / Passport for verification. Please fill up the letter of authorization at Annex 'A'.

3 Take note that the vehicle must be collected **within 30 working days** from the date of this notice or storage fee will be levied as follows:

| Type of vehicle    | Storage fee per day |
|--------------------|---------------------|
| Motorcycle/Scooter | \$20/-              |
| Motorcar           | \$40/-              |
| Others             | \$80/-              |

4 Traffic Police will proceed to dispose the vehicle if it remains unclaimed **after 30 working days** from the date of this notice. Should you require further clarification, please contact the undersigned at telephone number **6547 6174** or via email at **Adrian\_Lim@spf.gov.sg**.

Yours faithfully,

ADRIAN LIM  
SENIOR INVESTIGATION OFFICER  
TRAFFIC POLICE





**SINGAPORE  
POLICE FORCE**

Traffic Police  
10 Ubi Avenue 3  
Singapore 408865  
Tel +65 6547 6246  
www.police.gov.sg

Reference: TP/IP/07242/2022

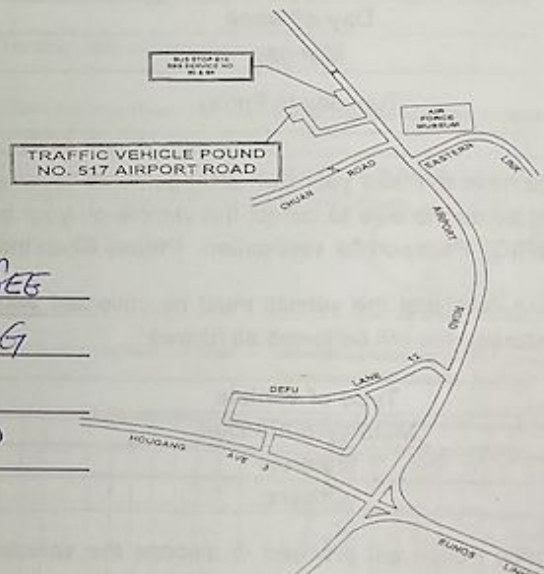
**ANNEX A: LETTER OF AUTHORISATION FOR VEHICLE COLLECTION**

I, TAN ON SEE of NRIC / ~~FIN~~ / Passport Number:  
S10534609 hereby authorise \_\_\_\_\_ of NRIC / FIN / Passport  
Number: \_\_\_\_\_ to collect the vehicle bearing registration number PA7907T on  
my behalf from Traffic Police.

金友承包商  
GOLDEN FRIENDLY CONTRACTORS

(Signature)

**LOCATION MAP FOR TRAFFIC VEHICLE POUND**



Name : TAN ON SEE  
NRIC No. : S10534609  
Contact Number : 97465186  
Date : (97395411)

**Note: NRIC, FIN CARD OR PASSPORT MUST BE PRODUCED FOR VERIFICATION TOGETHER  
WITH THE NOTICE FOR VEHICLE COLLECTION.**

A FORCE FOR THE NATION