

ASS. REC. BY:

REF:

LIP / 22 01 2633 / Key3

C

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SNE 4525J

Yr Regn:

03, 22

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Toyota Noah

C.C

1797

Colour

M. Silver

A/C:

Insured / Std / NI / NA

Sp. Reading

91075

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

ZWRP

0519195

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or

Tyre Size:

F: 175

195/65R15

R: Yoko

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front

Rear

R/Bal.

9

mm

R/Bal.

7

mm

L/Bal.

9

mm

L/Bal.

7

mm

D.O.A.

13/12/22

D.O.A.

19/12/2022

Survey held at

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

28/12 11PM @ 13, 100. Cash 21/123 (Red \$ 22975.76, 642)

MV:\$218K(est); LTA:\$89797; NV:\$128203

Date/Time, File Pass to?

1) 6/3 12PM

Date/Time, File Return to?

2)

☐

: Prell. Report

☐

: Final Report

Days Of Repair:

12

Resurvey No. of Trip:

2

Survey Fee:

Transportation:

S - RS - SI

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format :

TP

Lump Sum / I.B.A. (\$

13100



MY CAR CONSULTANT PTE LTD

Reg no.: 201605878Z

Address: 60 JALAN LAM HUAT, CARROS CENTRE #05-68 S737896

HP: 98888885

Estimation

Date:

19/12/2022

Vehicle:

SNE4525J

Make / Model:

TOYOTA NOAH

INSURANCE

LIBERTY

Not Authorized
11/12/2022 813,100h
Penny After Paint
12 days

| No. | Description | Unit | Unit Price | Amount |
|--------------------|---|-------------|-------------|-------------|
| Parts Replacement: | | | | |
| 1 | REAR BUMPER | Bu 1 | \$ 798.20 | \$ 798.20 |
| 2 | REAR BUMPER REFLECTOR | n/s/cm 2 | \$ 83.20 | \$ 166.40 |
| 3 | REAR BUMPER SIDE RETAINER | n/s/diy 2 | \$ 171.45 | \$ 324.40 |
| 4 | REAR BUMPER TOWING COVER | n/s 1 | \$ 45.00 | \$ 45.00 |
| 5 | REAR BUMPER SENSOR WIRE HARNESS | Bu 1 | \$ 387.00 | \$ 387.00 |
| 6 | TAILGATE | Bu 1 | \$ 2,110.25 | \$ 2,110.25 |
| 7 | TAILGATE INNER TRIM | Bu 1 | \$ 589.00 | \$ 589.00 |
| 8 | TAILGATE "HYBRID SYNERGY DRIVE LOGO" | Bu 1 | \$ 141.10 | \$ 141.10 |
| 9 | TAILGATE OUTER CHROME MOULDING C/W SENSOR | Warp 1 | \$ 741.00 | \$ 741.00 |
| 10 | TAILGATE WEATHERSTRIPE | n/d/km 1 | \$ 391.05 | \$ 391.05 |
| 11 | TAILGATE NUMBER PLATE LAMP | Bu 2 | \$ 45.00 | \$ 90.00 |
| 12 | TAILGATE OUTER LOCK HANDLE SWITCH | Bu 1 | \$ 354.00 | \$ 354.00 |
| 13 | TAILGATE LOCK | Tu 1 | \$ 512.00 | \$ 512.00 |
| 14 | TAILGATE LOCK CATCH | Bu 1 | \$ 42.30 | \$ 42.30 |
| 15 | TAILGATE INNER SIDE GARNISH | Bu 2/1 | \$ 159.00 | \$ 318.00 |
| 16 | TAILGATE WINDSCREEN GLASS | Shatter 1 | \$ 1,359.00 | \$ 1,359.00 |
| 17 | TAILGATE WINDSCREEN MOULDING (SET) | Warp 1 | \$ 387.00 | \$ 387.00 |
| 18 | TAILGATE DETECTOR | CM 1 | \$ 287.00 | \$ 287.00 |
| 19 | TAILGATE BUZZER | CM 1 | \$ 198.00 | \$ 198.00 |
| 22 | TAILAMP @ 722.60 | CM/km 2 | \$ 1,015.00 | \$ 2,030.00 |
| 23 | TAILAMP LOWER PANEL (OUTER) | n/s/cm 2 | \$ 458.00 | \$ 916.00 |
| 24 | TAILAMP LOWER PANEL (INNER) | Bu 2 | \$ 312.00 | \$ 624.00 |
| 25 | TAILAMP LOWER GARNISH | n/s/cm 2 | \$ 398.00 | \$ 796.00 |
| 26 | REAR FENDER LH | Bu 1 | \$ 1,258.00 | \$ 1,258.00 |
| 27 | @ 781.00 REAR FENDER INNER TRIM | Bu/nd 2 | \$ 1,124.00 | \$ 2,248.00 |
| 28 | REAR FENDER INNER TRIM TOP | n/s/cm 2 | \$ 312.00 | \$ 624.00 |
| 29 | REAR FENDER COWLING | Bu 2 | \$ 214.00 | \$ 428.00 |
| 30 | REAR FENDER AIR VANT LH | Bu 1 | \$ 68.00 | \$ 68.00 |
| | REAR QUARTER GLASS C/W MOULDING LH | n/d/1 | \$ 658.00 | \$ 658.00 |
| 31 | REAR AIRCON BLOWER | Bu 1 | \$ 2,258.00 | \$ 2,258.00 |
| 32 | SLIDING DOOR RAILING TOP GARNISH | Bu 2 | \$ 312.00 | \$ 624.00 |
| 33 | REAR END PANEL (OUTER) | 689.20 Bu 1 | \$ 689.20 | \$ 689.20 |
| 34 | REAR END PANEL (INNER) | 562.40 Bu 1 | \$ 685.00 | \$ 685.00 |
| 35 | REAR END PANEL TOP GARNISH | 188.20 CM 1 | \$ 391.45 | \$ 391.45 |
| 36 | REAR FLOOR PANEL | Bu 1 | \$ 2,489.00 | \$ 2,489.00 |
| 37 | 791.60 REAR FLOOR PANEL TOP BOARD SET | CM 1 | \$ 1,241.00 | \$ 1,241.00 |
| 38 | REAR FLOOR PANEL TOP TOOLS GARNISH | CM 1 | \$ 412.00 | \$ 412.00 |
| 39 | REAR EXHAUST PIPE | Bu 1 | \$ 1,359.00 | \$ 1,359.00 |
| 40 | REAR EXHAUST PIPE HEAT SHIELD | Bu 1 | \$ 321.00 | \$ 321.00 |

| | | | | | |
|--------------------------|---|------|--------------|--------------|----------|
| 41 | REAR SPARE TYRE BOLT | Ph 1 | \$ 32.00 | \$ 32.00 | X |
| 42 | REAR BATTERY TRAY | Ph 1 | \$ 214.00 | \$ 214.00 | X |
| 43 | REAR BATTERY | Ph 1 | \$ 450.00 | \$ 450.00 | X |
| 44 | REAR SEAT ASSY SET | R 1 | \$ 4,857.00 | \$ 4,857.00 | X |
| 45 | REAR CHASSIS EXTENSION LH | R 1 | \$ 387.00 | \$ 387.00 | X |
| | TOTAL PART | | | \$ 35,300.35 | |
| | LIST DOWN | 25% | | \$ 8,825.09 | |
| | AFTER LIST DOWN | | | \$ 26,475.26 | |
| | S/N | | | | |
| 1 | REAR NUMBER PLATE | CM 1 | \$ 50.00 | \$ 50.00 | 45m |
| 2 | TAILAMP CLIP SET | M 1 | \$ 30.00 | \$ 30.00 | ✓ |
| 3 | REAR BUMPER REVERSE SENSOR | Ph 1 | \$ 220.00 | \$ 220.00 | 200m |
| | INTERIOR CAMERA | Ph 1 | \$ 350.00 | \$ 350.00 | X |
| 4 | REVERSE CAMERA | Ph 1 | \$ 350.00 | \$ 350.00 | X |
| 5 | REAR BUMPER CLIP | M 1 | \$ 50.00 | \$ 50.00 | ✓ |
| 6 | TAILGTE WINDSCREEN SEALANT | M 1 | \$ 80.00 | \$ 80.00 | 40m |
| 7 | TAILGTE WINDSCREEN INNER SEAL | M 1 | \$ 80.00 | \$ 80.00 | 30m |
| 8 | REAR WINDSCREEN TINTED | M 1 | \$ 200.00 | \$ 200.00 | X |
| 9 | TAILGATE OUTER MOULDING CLIPS SET | M 1 | \$ 30.00 | \$ 30.00 | X |
| 10 | TAILGATE INNER TRIM BOARD CLIPS SET | M 1 | \$ 50.00 | \$ 50.00 | ✓ |
| 11 | REAR FENDER INNER TRIM BOARD CLIP SET | M 2 | \$ 50.00 | \$ 100.00 | 2✓ |
| 12 | REAR FENDER INNER COWLING CLIPS SET | M 2 | \$ 50.00 | \$ 100.00 | X |
| 13 | REAR END PANEL SEALANT | M 1 | \$ 120.00 | \$ 120.00 | 30m |
| 14 | REAR END PANEL TOP GARNISH CLIP | M 1 | \$ 30.00 | \$ 30.00 | ✓ |
| 15 | REAR FLOOR PANEL SEALANT | M 1 | \$ 150.00 | \$ 150.00 | X |
| 16 | REAR FENDER GLASS SEALANT | M 1 | \$ 80.00 | \$ 80.00 | 40m |
| 17 | REAR BATTERY | Ph 1 | \$ 200.00 | \$ 200.00 | X |
| 18 | TOOLS SET | Ph 1 | \$ 200.00 | \$ 200.00 | X |
| 19 | REAR TOP MAT | Ph 1 | \$ 300.00 | \$ 300.00 | X |
| | TOTAL SPECIAL NETT | | | \$ 2,770.00 | |
| | Labour to: REAR | | | | |
| 1 | REMOVE AND REFIX REAR WINDSCREEN GLASS | 1 | \$ 300.00 | \$ 300.00 | 120l |
| 2 | CHECK AND RESET FAULT CODE LIGHT ON HYBRID BATTER | 1 | \$ 500.00 | \$ M 500.00 | X |
| 3 | REMOVE AND REFIT REAR WINDSCREEN GLASS | 1 | \$ 150.00 | \$ 150.00 | Repair X |
| 4 | REMOVE AND REFIT REAR SEAT ,UPHOLTERY | 1 | \$ 300.00 | \$ 300.00 | 120l |
| 5 | REMOVE AND REFIT REAR AIRCON BLOWER | 1 | \$ 150.00 | \$ M 150.00 | X |
| 6 | REMOVE AND REFIT REAR REVERSE SENSOR | 1 | \$ 120.00 | \$ 120.00 | 50l |
| 7 | REMOVE AND REFIT REAR FENDER GLASS | 2 | \$ 80.00 | \$ 160.00 | 80l |
| 8 | REMOVE AND REFIT REAR EXHAUST SYSTEM | 1 | \$ 150.00 | \$ M 150.00 | X |
| 9 | REMOVE AND REFIT TAILGATE MECHANISM | 1 | \$ 150.00 | \$ 150.00 | 60l |
| 10 | TO CHECK ELECTRICAL WIRING | 1 | \$ 200.00 | \$ 200.00 | 30l |
| 11 | TO COATING EFFECTED BODY AREAS | 1 | \$ 300.00 | \$ 300.00 | 90l |
| 12 | REAR CHASSIS REALIGNMENT | M 1 | \$ 200.00 | \$ 200.00 | X |
| 13 | PANEL BEATING ON AFFECTED AREA | 1 | \$ 2,200.00 | \$ 2,200.00 | 1500l |
| 14 | SPRAY ON AFFECTED AREA | 1 | \$ 1,800.00 | \$ 1,800.00 | 1400l |
| 15 | TOWING SEVICE (Bill) | 1 | \$ 150.00 | \$ 150.00 | 80l |
| | | | | \$ 6,830.00 | |
| Parts Replacement Amount | | | \$ 29,245.26 | | |

| | | |
|--|-------------------------|--------------|
| | Total Amount for Labour | \$ 6,830.00 |
| | Total Amount | \$ 36,075.26 |

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:

Date:

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 | 14/12/2022 12:03 (SGT) |
| Reported by | Driver |
| Date of Accident | 13/12/2022 19:10 (SGT) |
| Exact Location of Accident | CTE, Singapore |
| Additional Location Information | BEFORE ANG MO KIO AVENUE 3 EXIT |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------|
| Vehicle Registration Number | SNE4525J |
| INSURED/POLICYHOLDER | |
| Is company? | Yes |
| Name Of Registered Owner | LUMENS AUTO PTE LTD |
| Company Reg No | 2XXXXX961K |
| Email Address | kokhow.tay@lumens.sg |
| Mobile Phone No | (Phone) +65-90296238 |
| Alternative Phone No | (Office) +65-87781765 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Toyota |
| Model | Noah |
| Variant | HYBRID |
| Exact purpose for which vehicle was being used at time of accident | Private hire |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Claiming third party |
| Vehicle Category | Private hire |
| Transmission | Auto |
| CC | 1797 |

INSURANCE COMPANY

| | |
|-----------------------------------|--------------------------------------|
| Name of Insurance Company | Tokio Marine Insurance Singapore Ltd |
| Policy Number / Cover Note Number | 22-MN000847-R00 |

DRIVER

| | |
|----------------|----------------------------------|
| Name of Driver | CHIO KENG HIANG (JIANG JINGXIAN) |
| NRIC No | SXXXX836G |
| Date Of Birth | 24/12/1973 |
| Occupation | Outdoor |

| | |
|--|-----------------------------------|
| Date Of Driving Pass | 15/07/1992 |
| Driving experience | 30 YEARS AND 5 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-90296238 |
| Alt. Phone Number | - |
| Email Address | kokhow.tay@lumens.sg |
| Address | BLK 858 TAMPINES AVENUE 5 #04-537 |
| Address complement | - |
| Postcode | 520858 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Hirer |
| 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 | Chain Collision |
| Weather Conditions | Raining |
| Road Surface | Wet |

OTHER INFORMATION

| | |
|---|-----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 3 |
| 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 | UNKNOWN |
| Gender | Female |

DETAILS OF POLICE ACTION

| | |
|---|----|
| Was the accident reported to the police? | No |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

ON 13/12/2022 AT AROUND 1910HRS, I WAS DRIVING VEHICLE A (SNE4525J) ALONG CTE (TPE/SLE) EXPRESSWAY BEFORE ANG MO KIO AVENUE 3 EXIT. WHILE CRUISING , VEHICLE B (SLN4626C) SUDDENLY REAR ENDED VEHICLE A AND THEN VEHICLE B SWERVED AND COLLIDED ONTO VEHICLE C (SME7383T)

VEHICLE B WAS INJURED WITH HEAD INJURIES BUT WASNT CONVEYED TO THE HOSPITAL AND NO OTHER VEHICLES INVOLVED.

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 | SLN4626C |
| Vehicle Manufacturer | Toyota |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | MR ANG |
| Contact Number | (Phone) +65-87823821 |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | 1 |

DETAILS OF OTHER VEHICLE PROPERTY 2

| | |
|---|----------------------|
| Vehicle Registration Number | SME7383T |
| Vehicle Manufacturer | Toyota |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | - |
| Contact Number | (Phone) +65-94239147 |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | 1 |

INJURED PERSONS DETAILS

INJURED 1

| | |
|---|----------------------|
| Name of injured person | MR ANG |
| Gender | Male |
| Phone No | (Phone) +65-87823821 |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | HEAD INJURY |
| Injured person in which vehicle? | SLN4626C |
| 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 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

Sketch Plan

A - SNE4525J
B - SLN4626C
C - SME7383T

CTE(TPE/SLE) BEFORE
ANG MO KIO AVENUE 3
EXIT

[Signature]

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

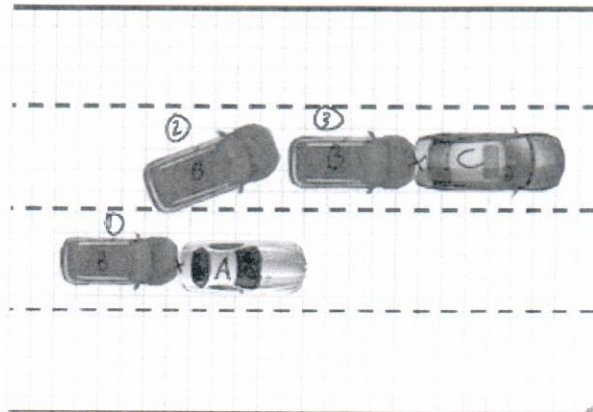
13/12/2022 0945HRS

**FLASH ACCIDENT
REPORTING OFFICER**

FRO SUFIYAN



Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

ON 13/12/2022 AT AROUND 1910HRS, I WAS DRIVING VEHICLE A (SNE4525J) ALONG CTE (TPE/SLE) EXPRESSWAY BEFORE ANG MO KIO AVENUE 3 EXIT. WHILE CRUISING, VEHICLE B (SLN4626C) SUDDENLY REAR ENDED VEHICLE A AND THEN VEHICLE B SWERVED AND COLLIDED ONTO VEHICLE C (SME7383T)

VEHICLE B WAS INJURED WITH HEAD INJURIES BUT WASNT CONVEYED TO THE HOSPITAL AND NO OTHER VEHICLES INVOLVED.

Declaration

I/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

13/12/2022 0945HRS

FLASH ACCIDENT
REPORTING OFFICER

FRO SUFIYAN



Witnessed by Reporting Centre
Personnel