

Date In:	16/01/2018 17:36	Job description	Date & Time Completed	Done by
Ref No:	NBA/161800094/KY	SAS e-Milling		
Vehicle No:	SKA 6897D	E-mill (within 3hrs, A/C 3hrs)		
D.O.A :	15/01/2018 08:50	E-Motor Claim Form		
OD / TP / Reporting Only		E-Motor W/O (within 30 days, 30 days)		
		E-Photo Uploaded		
		Assessment/Survey Report		
TP Insured:		Ass't Report by <u>Rax / Hand to Owner/Whsp</u>		

T 913

Fax:

Owner / Driver: (

Tel:

Policy No: () Period: () Cover Type: ()

Confirmed by a (

Date: _____

Times

Insured/Driver Liability: (%) (Note: ESL Status (WO): N: 0-20%; P: 21-79%; P: 80-100%)

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

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

General Remarks:

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

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

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

Remarks	UNC Do. line 6788 00167	Date and Time Completed	Done by
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1) Apply for Transition Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection	()
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3) Upload Resurvey Photo (Repair Cost > \$3000) ()

Injury:

[illegible]

NA1800500

Human's Portcullis

river/Owner:

Contact No:

damaged Portion: 100%

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

11/16/01's Comments

4.1.2

1. 2/3:

Invoice Preparation Checklist

1) AR: Accident Reporting (330)

2) DA: Damage Assessment (310)

2) TP, Towing P

3) WT: Yellow, Through Survey

For claims against NC Only (w/af 12)

6) TR: No dispersion

7) NTUC Additional Security

9112

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466
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ING: Repel/Co-ordination

*N/A Post Repair Inspection

$$TP(N_{11}) + TP(N_{20} | NC)$$

9) Nihilidae Nobili

Invoice desc.	
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1. *Principles of Mathematics*

five Charges

File Name:

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 ability.
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 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 Report	16/01/2018 17:36
Date Of Accident	15/01/2018 08:50
Exact Location Of Accident	JUNC OF QUEEN ASTRID PARK & 6TH AVE JUNC
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA6897D
Insured/Policyholder	
Name Of Registered Owner	LIANAWATTI TJIWI
Work Permit No	F1958141K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85227670
Alternative Phone No	OTHERS-85227670

Vehicle Particulars

Manufacturer	TOYOTA
Model	-
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100252531-06000
Cover Note Number	

Driver

Name of Driver	DOLLY OEI
NRIC No	S7582310Z
Date Of Birth	20/01/1975
Occupation	INDOOR
Date Of Driving Pass	29/05/2002
Driving Experience	15 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-85227670
Fax Number	
Contact Number	OTHERS-85227670
EEmail Address	NOEMAIL

Address	44 CORONATION ROAD WEST #02-02
Postcode	269260
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GY8646U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN


IMPORTANT NOTICE

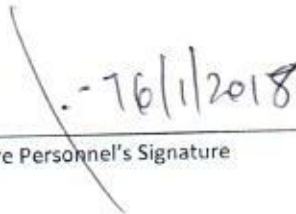
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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 lodgment 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:

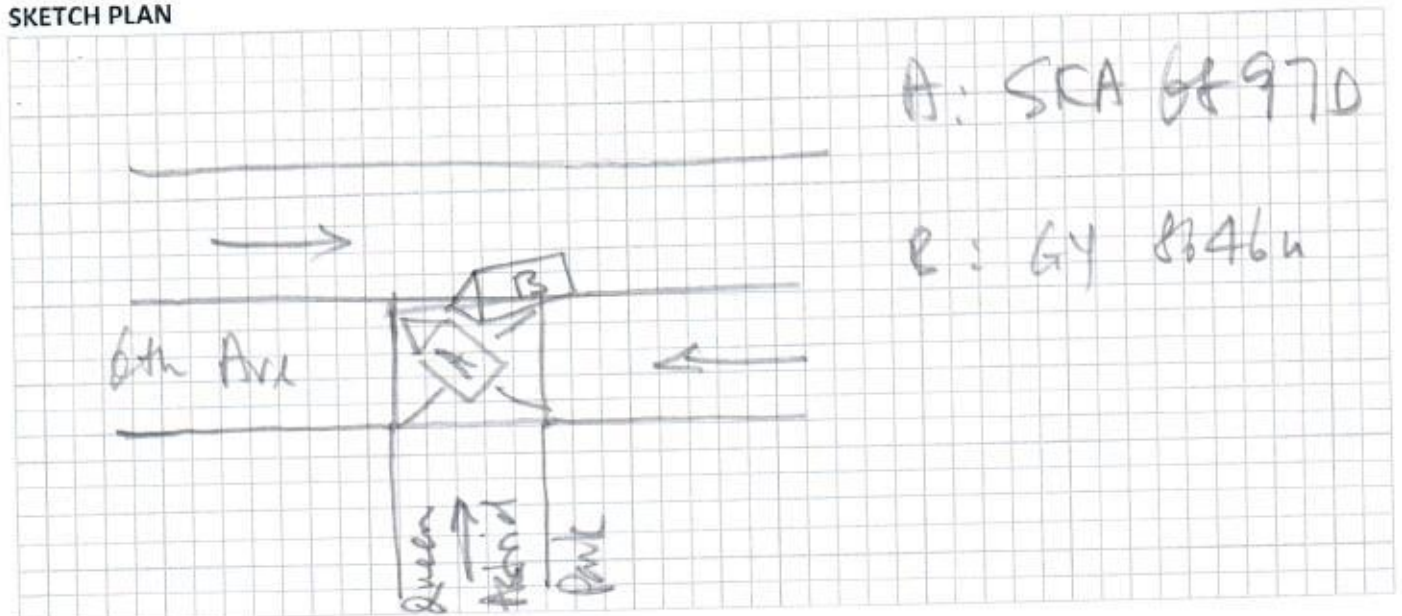
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


Policyholder's Signature
Date & Time:


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


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 15/1/18 I was at the yellow box junction of Queen Astrid Park and 6th Ave. My vehicle was at stationary when suddenly the van (GY 83464) cut in from my right and hit the right front of my car.

DECLARATION

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

[Signature]
Policyholder's Signature
Date & Time:

[Signature]
Driver's Signature
(If driver is not the policyholder)
Date & Time:

[Signature] 16/1/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Foreign Identification Number

Owner ID: 8141K

Vehicle Details

Vehicle No.: SKA6897D

Vehicle to be Exported: Yes

Intended De-registration Date: 15 Jan 2018

Vehicle Make: TOYOTA

Vehicle Model: LEXUS CT200H AUTO PREMIUM

Primary Colour: Brown

Manufacturing Year: 2011

Engine No.: 2ZRR273270

Chassis No.: JTHKD5BH402017027

Maximum Power Output: 73.0 kW (97 bhp)

Open Market Value: \$41,506.00

Original Registration Date: 25 Mar 2011

First Registration Date: 25 Mar 2011

Transfer Count: 0

Actual ARF Paid: \$24,904.00

Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 24 Mar 2021

PARF Rebate Amount: \$16,187.00

Intended COE Rebate Details

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 15/1/18	TIME: 0850	(hh:mm) 24 hrs Format
LOCATION: Green Atrium Park & 6th Ave Junction		
VEHICLE NUMBER: SEA 6897D		
INSURED NAME: Lianawatti Tjauwi		
NRIC / FIN: F1958141K	CONTACT:	
MAKE: Lexus	MODEL: CT200h hybrid	
Are you claiming under your own insurance policy for repair to your vehicle?		
() Yes, If No, Pls Select: (/) Third Party () Reporting Only		
INSURANCE COMPANY: MG		
TYPE OF POLICY (/) COMPREHENSIVE () THIRD PARTY () TPFT		
POLICY NUMBER: 2100252531-06000		
NAME DRIVER: Dolly Oei () SAME AS INSURED		
NRIC / FIN: 575823102	CONTACT: 85227670	
DATE OF BIRTH: 20/1/75		
DRIVING PASS DATE: 29/5/02		
OCCUPATION: (/) INDOOR () OUTDOOR		
GENDER: () MALE (/) FEMALE		
EMAIL ADDRESS: (/) NO EMAIL		
ADDRESS OF DRIVER: 44 Coronation Rd West #02-02 (269260)		
Number Of Passenger Include Driver: 1 driver Only		
Was driver an employee of the Insured's Company? () YES (/) NO		
If No, Relationship Of The Driver With The Insured		
() Owner () Spouse () Friend () Relative (/) Children () Sibling () Others		
Does The Driver Own Any Other Vehicle?: () YES (/) NO		
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:		
Insurance Company Of Driver's Own Vehicle		
Weather Conditions: (/) Clear () Raining () Drizzling () Others		
Road Surface: (/) Dry () Wet () Others		
Was Any Foreign Vehicle Involved In This Accident? () YES (/) NO		
Was Anybody Injured In The Accident? () YES (/) NO		
If YES, Injured details:		
Convey By Ambulance: () YES (/) NO		
Was There Any Video Capture By Car Camera? () YES (/) NO		
Was There Accident Reported To The Police? () YES (/) NO If Yes Attach Police Report		
Police Report Number (if any)		
Details Of 3rd Party Name / NRIC Contact		
Veh B: GY 8646U		
Veh C:		
Veh D:		
Veh E:		
Veh F:		
Veh G:		

OWNER

REPUBLIC OF SINGAPORE

FIN F1958141K



Name

LIANAWATTI TJIAWI

Date of Birth

08-05-1955

Sex

F

Nationality

INDONESIAN

F1958141K

FA1636185

VISIT PASS

Immigration Regulations



FIN F1958141K

MULTIPLE JOURNEY VISA ISSUED

Date of Issue
21-04-2016

Date of Expiry
21-04-2021



YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU

DRIVER

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7582310Z



Name

DOLLY OEI

Race

CHINESE

Date of birth

20-01-1975

Country/Place of birth

INDONESIA

Sex

F



5807530



NRIC No. S7582310Z



Date of issue

29-09-2017

Address

44 CORONATION ROAD WEST
#02-02
SINGAPORE 269260

DRIVER

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S7582310Z**

Name: **DOLLY OEI**

Birth Date: **20 Jan 1975**
Issue Date: **20 Sep 2017**

002725668H

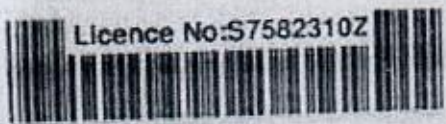


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

		EFFECTIVE DATE
Class 3	Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$	29 May 2002

NP 428A

Licence No: **S7582310Z**



CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.X.1

LEXUS AUTO PROTECTOR

CERTIFICATE NO. 2100252531-06000

(The below excess is subject to GST)

OWN DAMAGE EXCESS S\$800.00 (1)

WINDSCREEN EXCESS S\$100.00

(Windscreen Excess is waived if the repair is done at Bonnet Motor's Workshop.)

SUM INSURED Market Value

INSURING WITH COE/PARF Yes

SKA6897D

1) VEHICLE REGISTRATION NO.

2) NAME OF INSURED

Lianawatti Tjiawli

3) EFFECTIVE DATE OF THE COMMENCEMENT
OF INSURANCE FOR THE PURPOSES OF THE ACT

25 Mar 2017

4) DATE OF EXPIRY OF INSURANCE

24 Mar 2018

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*

SUBJECT TO AGE CONDITION: All Age Condition

a) The Insured.

b) Any other person who is driving on the Insured's order or with his permission.

This policy will indemnify the insured or any authorised driver only if he/she meets the age conditions.

A Young and/or Inexperienced Driver Excess ("YIDR") of S\$3,000.00, in addition to the

Policy Excess, applies to You and any Authorised Driver (named or unnamed) if You are or the said

Authorised Driver is below the age of 23 and/or has less than 2 years' driving experience.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6) LIMITATION AS TO USE*

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

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

APPROVED REPORTING CENTRES / LEXUS AUTHORISED REPAIRERS

1. Bonnet Motors (S) Pte Ltd - 2 Pandan Crescent (Tel: 6631-1386)

APPROVED REPORTING CENTRES / AIG AUTHORISED REPAIRERS (FOR CLAIMS-RELATED REPAIRS)

2. ComfortDesign Engng - 205 Brasel Rd (Tel: 63837114) 3. DPS Body & Paint Workshop - 209 Pandan Gardens (Tel: 65644501)

4. Ekhiz - 30 Bukit Batok Crest (Tel: 66547777) 5. Gissa-Fix - 52 Ubi Ave 3 (Tel: 62760667) - For windscreen only

6. Kan Fook Sing Motor - 61 Defu Lane 12 (Tel: 67418500) 7. Lai Hui (Meng Kee) Motor - 21 Sri Ming Ind (Tel: 64539110)

8. Mawa Automotive - 1009 Bukit Merah Canal 3 (Tel: 62722802) 9. Progressive Automotive - 3022A Ubi Rd 1 (Tel: 67412356)

10. SME Motor - 1 Kaki Bukit Ave 5 Bld D (Tel: 67479106)

LOSS OF USE Loss of Use 15 Days (1800 - 2000cc) - Refer to policy wordings for details

* NAMED DRIVER NA

HIRE PURCHASE COMPANY OCBC Bank Ltd
EMPLOYER'S LOAN

*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I / We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued in Singapore 21 Mar 2017

AIG Asia Pacific Insurance Pte. Ltd.

030211-318
AIG - AUTO DIRECT
75 SHENTON WAY
#07-16 AIG BUILDING
SINGAPORE 079120

AUTHORISED REPRESENTATIVE

ORIGINAL

SPESL