

# NATIONAL Assessment Centre Services

Date In: 06/02/2018 10:05	Job description	Date & Time Completed	Done by
Ref No: NA/CTJ18002311/14	SAS e-filing		
Veh No: GBD 1782A	E-mail (within 8hrs, AIC 2hrs)		
P.O.A: 23/01/2018 14:40	i-Motor Claim Form		
OD TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: GBD 80P	INC ( ) / Non-INC ( )
Owner / Driver: (	Tel:	( )
Policy No: ( )	Period: ( )	Cover Type: ( )
Confirmed by: (	Date:	Time: ( )
Insured/Driver Liability: ( )	[Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 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 repairer.

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

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

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

**Injury:** \_\_\_\_\_

Date/Time	Actions

NA1800818	<b>Invoice Preparation Checklist</b>		Amt (\$)	Amt (\$)
			1st Bill	Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);			
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF: Towing Fee \$40/\$45			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	OD*			
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpl Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
Auditors' Comments:-	TP (N11): TP (Non INC) against INC \$20			
Cat. 1:	9) N12: Idac Mobile \$30			
Cat. 2 / 3:	Invoice dated	Fee Charged		
	Invoice dated	Fee Charged		



## 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 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	06/02/2018 10:05
Date Of Accident	23/01/2018 14:40
Exact Location Of Accident	18KAKI BUKIT RD 3 (ENTREPRENEUR BUSINESS CENTRE )
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD1782A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ASHIKA RESTAURANT & CATERING SERVICES
Co Reg No	-
Email Address	ONETWOKUMARK@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-83151750
Alternative Phone No	OFFICE-83151750

### Vehicle Particulars

Manufacturer	NISSAN
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN3060111700
Cover Note Number	

### Driver

Name of Driver	RAMALINGAM PRABAAKARAN
Passport No/FIN	G2480623K
Date Of Birth	01/01/1990
Occupation	INDOOR
Date Of Driving Pass	05/03/2015
Driving Experience	2 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83151750
Fax Number	
Contact Number	OTHERS-83151750
Email Address	ONETWOKUMARK@YAHOO.COM.SG

Address	AR LEE ENGINEERING & CONSTRUCTIONS PTE LTD
Postcode	
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

#### 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	SGD80P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	98180303
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



## SKETCH PLAN

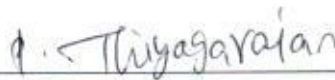
### IMPORTANT NOTICE

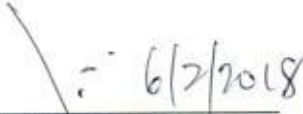
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material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

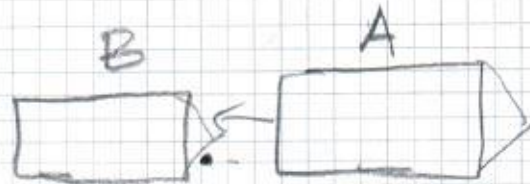
  
Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN

KAKI Bukit Road 3



Entrepreneur  
Business centre  
16 Kaki Bukit Road 3

CAR PARK

A - GBD1782A  
B - SGD8P

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A was at Kaki Bukit Road 3  
(Entrepreneur Business centre 16 Kaki Bukit Road 3)  
Vehicle A while reversing slightly hit on  
Vehicle B front portion. At that time it  
was Heavy raining.

The Driver went inside the office but  
another Driver just move and reverse  
the Vehicle A. Inside the Vehicle A as  
cement packs.

## DECLARATION

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

☒ Policyholder's Signature  
Date & Time:

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

- 6/2/2018  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:





中国太平  
CHINA TAIPING

中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

3 Anson Road #16-00 Springleaf Tower Singapore 079909  
Tel: 6389 6111 Fax: 6222 1033  
Website: [www.sg.cntaiping.com](http://www.sg.cntaiping.com)  
Co Reg No: 200208384E

Our Reference: **SNM18D00460**

Date : **25 JANUARY 2018**

**ASHIKA RESTAURANT & CATERING SERVICES**  
**BLK 36B CUFF ROAD**  
**#01-01**  
**SINGAPORE 209745**

Dear Sir/Madam

**RE: ACCIDENT INVOLVING YOUR VEHICLE NOS. GBD1782A & SGD80P ON 23 JANUARY 2018**  
**POLICY: DMCVSN3060111700**

We refer to the above-mentioned accident.

Please be informed that you or your driver has not filed an accident report within 24 hours as per Motor Claims Framework.

We would urge you to comply with the condition to file your accident report with your vehicle (whether damaged or not) to us **IMMEDIATELY** through our designated Accident Reporting Centres, which are also our authorised workshops. You may log onto our website **[www.sg.cntaiping.com](http://www.sg.cntaiping.com)** for location of the respective centres/workshops.

Please take note that your **NO CLAIM DISCOUNT** will be penalized upon renewal of your policy if you fail to comply with this condition.

Regards

This is an auto-generated letter from the Motor Division of Claims Department.

CC : (AN0613A)  
AUTO WORLD PTE LTD  
33, UBI AVE 3  
VERTEX #07-02  
SINGAPORE 408868



中国太平  
CHINA TAIPING

中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

3 Anson Road #16-00 Springleaf Tower Singapore 079909  
Tel: 6389 6111 Fax: 6222 1033  
Website: www.sg.cntaiping.com  
Co. Reg. No. 200206384E

YOUR REF : SGD80P  
OUR CLAIM NO : SNM18D00460

DATE : 25 JAN 2018

BY FAX / MAIL

M/S JACK CARS ENTERPRISE PTE LTD  
3007 UBI ROAD 1  
#01-450  
SINGAPORE 480701

WITHOUT PREJUDICE  
SAVE AS TO COSTS

Dear Sir(s),

Accident Involving **GBD1782A AND SGD80P ON 23.01.2018**

- \* We refer to your letter/facsimile/email message of **25/01/2018**.
  - \* Our insured has not reported the above-mentioned accident and we shall revert upon receiving the accident report.
  - \* Without prejudice and admission of liability, we have instructed the surveyor below to survey your/your client's vehicle.
- Surveyor : **LBS AUTO CONSULTANTS PTE LTD**

- \* Please be informed that the Officer-in-charge of your case is :-  
Name : SHARON HAN  
Dept : CLAIMS DEPARTMENT  
Email : claimsdept@sg.cntaiping.com  
Fax No: 6224 7478 / 6224 7175

**THIS IS A COMPUTER GENERATED DOCUMENT AND NO SIGNATURE IS REQUIRED.**

CC : 1. AN0613A - AUTO WORLD PTE LTD  
2. ASHIKA RESTAURANT & CATERING SERVICES  
BLK 36B CUFF ROAD  
#01-01  
SINGAPORE 209745

Reported on 5/2/2018  
@ 10 45 AM

## ACCIDENT STATEMENT

ACCIDENT DATE: (23/01/2018) (DD/MM/YYYY), TIME: (14:40) (HH:MM) <sup>H12S.</sup>

LOCATION: Kaki Bukit Road 3 (Entrepreneur Business Centre 18 Kaki Bukit Road 3)

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBD1782A  
b) INSURANCE COMPANY: \_\_\_\_\_  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: \_\_\_\_\_  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: \_\_\_\_\_  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

### 2. INSURED / POLICY HOLDER

- A) NAME: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 83151750  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: (\_\_\_\_/\_\_\_\_/\_\_\_\_) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

### 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

### 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

### 6. WAS ANYBODY INJURED (YES / NO)

### 7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SGD 80P MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 98180303

### 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

Email = one two kumark @ Yahoo.com.sg ✓

fax =

Waiting for Certificate and  
Company Chop? ✓



Driver who drive the Vehicle  
at that time

**WORK PERMIT**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer  
**AR LEE ENGINEERING & CONSTRUCTIONS PTE. LTD.**

Sector: **CONSTRUCTION**

Name  
**PANDIYAN THIYAGARAJAN**

Occupation  
**CONSTRUCTION WORKER**

Work Permit No.  
**0 35281916**

Date of Application  
**16-09-2016**

Date of Issue  
**13-10-2016**

Date of Expiry  
**21-09-2018**

**L7316349**

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

License Number **G6882750M**

Name  
**PANDIYAN THIYAGARAJAN**

Birth Date: **29 Jul 1992**

Issue Date: **21 Aug 2017**

Valid Till **20/08/2022**

**002716005E**

**VISIT PASS**  
Immigration Regulations

Name  
**PANDIYAN THIYAGARAJAN**

Date of Birth: **29-07-1992** Sex: **M** Nationality: **INDIAN**

Pin: **G6882750M** Date of Issue: **13-10-2016** Date of Expiry: **21-09-2018**

**MULTIPLE JOURNEY VISA ISSUED**

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

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

EFFECTIVE DATE		
Class 2B	Motorcycles <= 200 cc	21 Aug 2017
Class 3C	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver	21 Aug 2017


NP 428A



Actual Driver

**WORK PERMIT**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore


Employer  
**AR LEE ENGINEERING & CONSTRUCTIONS PTE. LTD.**



Name  
**RAMALINGAM PRABAAKARAN**

Work Permit No.  
**0 36526858**

Sector  
**CONSTRUCTION**



**K0088852**

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

License Number **G2480623K**

Name  
**RAMALINGAM PRABAAKARAN**

Birth Date: **01 Jan 1990**

Issue Date: **05 Mar 2015**

Valid Till: **04 Mar 2020**







**VISIT PASS**  
Immigration Regulations

Name  
**RAMALINGAM PRABAAKARAN**

Download SGWorkPass App to check status

FIN  
**G2480623K**

Date of Birth  
**01-01-1990**

Sex  
**M**

Nationality  
**INDIAN**





**MULTIPLE JOURNEY VISA ISSUED**

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



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

EFFECTIVE DATE

Class 2B Motorcycles  $\leq 200$  cc 05 Mar 2015

Class 3 Motor Cars  $\leq 3000$ kg with  $\leq 7$  passengers, exclusive of the driver; and other motor vehicles  $\leq 2500$ kg 05 Mar 2015



NP 428A





中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

M2300/CE SN  
AN0613A  
Cov.Type: C  
AUTOSAFE

### CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1980  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.	DMCVSN3060111700	Engine No : 2D30340217K Chassis No: JN1SC2F2420856029
1. Index Mark and Registration Number of Vehicle	GBD1782A	
2. Name of Policy Holder	ASHIKA RESTAURANT & CATERING SERVICES	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	27 JULY 2017 (15:13 HOURS)	EXCESS SECT I .....S\$500.00 EX ON WINDSCREEN .....S\$100.00
4. Date of Expiry of Insurance	18 JULY 2018	
5. Persons or Classes of Persons entitled to drive *	<p>ANY PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH THEIR PERMISSION.</p> <p>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.</p>	
6. Limitations as to use: *	<p>(1) USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.</p> <p>(2) USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARD) IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.</p> <p>(3) USE FOR SOCIAL, DOMESTIC OR PLEASURE PURPOSES.</p> <p>THE POLICY DOES NOT COVER.</p> <p>(1) USE FOR HIRE OR REWARD OR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED TESTING.</p> <p>(2) USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.</p>	
<p>HIRE PURCHASE CO. : MAYBANK AS HP OWNER</p> <p>* 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.</p>		

**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).  
Please see reverse



Countersigned By:

Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory

3 Anson Road #16-00 Springleaf Tower Singapore 079909 Tel: 6389 6111 Fax: 6225 3592 Website: www.sg.cntaiping.com