

NATIONAL Assessment Centre Services

(Part 1 of 2)

NA180022302

Date In: 13/02/2018 17:04

Ref No: NBA/LIP18002939/Y

Veh No: PC 29834

D.O.A: 29/01/2018 18:35

OD: (TP) Reporting Only

TP Insurer:

Job description

Date & Time Completed

Done by

SAS e-filing

E-mail (within 2hrs, AIC only)

I-Motor Claim Form

I-Motor W/O (within 20 hrs, TP only)

I-Photo Uploaded

Assessment/Survey Report

Ass'l Report by Fax/Hand to Owner/Wksp

Preferred Wksp / INC Assign Wksp / OW: (

Tel:

Fax:

TP Particulars:

Veh No: SJC 5906R

INC () / Non-INC ()

Owner / Drivers: (

Tel:

Policy No: (

Period: (

Cover Type: (

Confirmed by: (

Date:

Time:

Insured/Driver Liability: (

%) (Note: Est. Status (WO): NI: 0-20%; PI: 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 repeller.

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

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

Remarks: (INC doc. No. 6788 GG15)

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:

Other Things:

NA1800955

Customer's Particulars:

Driver/Owner:

Contact No:

Assessed Portion:

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

Comments:

L 1:

L 2/3:

Invoice Preparation Checklist:

1) AR: Accident Reporting (\$20)

2) DA: Damage Assessment (\$100) INC (\$40)

3) TP: Towing Fee \$40/\$40

4) PT: Follow-Through Survey \$10

5) XT: Follow-Through Survey (Resurvey) \$10

Excludes against INC Only (wef 10 Jan 2018)

6) TR: Re-inspection \$10

7) NI: (w/ DA + SMRT Survey) \$10

8) NTUC Additional Services:

Q11:

NI: Courtesy Car / Tpl Allowance \$1

NI: Repairs Coordination \$10

NI: Post Repair Inspection \$10

NI: DY / Collect Excess Coordination \$1

TE (NI) / TP (NI) / INC (against INC) \$10

NI: Mobile \$10

Invoice dated

File Charged

Invoice dated

File Charged

NA1800955

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	13/02/2018 17:04
Date Of Accident	29/01/2018 18:35
Exact Location Of Accident	ALONG BKE TOWARDS MANDAI ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC2983U
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91252379
Alternative Phone No	OFFICE-91252379

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE-3.0 COMMUTER GL (A)
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD18V00031/VBZ/R03
Cover Note Number	

Driver

Name of Driver	ANWAR BIN ABU BAKAR
NRIC No	S1480774H
Date Of Birth	12/06/1961
Occupation	OUTDOOR
Date Of Driving Pass	10/07/1981
Driving Experience	36 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91252379
Fax Number	
Contact Number	OTHERS-91252379
EMail Address	NOEMAIL

Address	BLK 450 CHOA CHU KANG AVENUE 4 #12-167
Postcode	680450
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180129/2168

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FRONT VIEW(NOT GIVEN)
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJC5916R
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHANDRA S/O GOVINDASAMY KRISHNAN
NRIC/Passport Number	S1220372A
Contact Number	92379642
Address	
Postcode	
Insurance Company Name	

SKETCH PLAN

IMPORTANT NOTICE

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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.

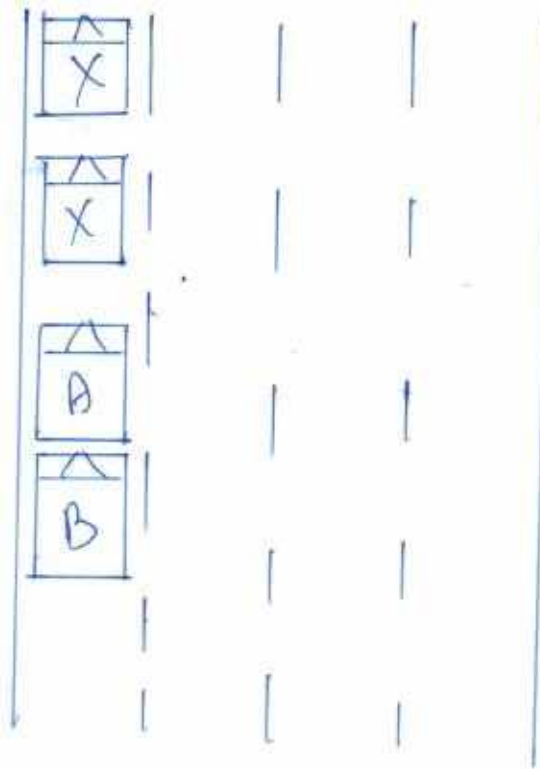

Policyholder's Signature
Date & Time:

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


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

SKETCH PLAN

A) PC 2983U
B) SJC 5916R



Along Bck
Tombas Mandol Rd.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*Pls refer to Police Report
1/20180129/2168*

DECLARATION

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

[Signature]
Policyholder's Signature

Date & Time:

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

[Signature] 13/01/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

[Signature]



**SINGAPORE
POLICE FORCE**



T/20180129/2168

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

1 of 3

Report No. T/20180129/2168

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/01/2018 21:10	Vide Report No.:	Station Diary No.: 155
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Informant's Particulars			
Name of Informant: ANWAR BIN ABU BAKAR		Address: APT BLK 450 CHOA CHU KANG AVENUE 4 #12-167 SINGAPORE 680450	
ID Type / ID No.: NRIC NO / S1480774H		Contact No.: Home/Office: Mobile: 9125 2379	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 56	Date of Birth: 12/06/1961	Type of Informant: Driver
Race: Malay		Language: English	Institution / School Name:
Occupation: DRIVER		Driving Licence Information: Class: 3,4,5 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 29/01/2018 18:35	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 BUKIT TIMAH EXPRESSWAY MANDAI ROAD Along BKE towards Mandai Road				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC2983U	Van				Slightly Damaged	0
SJC5916R	Car					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20180129/2168

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20180129/2168

CONTINUATION OF REPORT

Driver				
Name	ANWAR BIN ABU BAKAR		ID No.	S1480774H
Related Vehicle	PC2983U (Van)		Contact No.	9125 2379
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	CHANDRAN S/O GOVINDASAMY KRISHNAN		ID No.	S1220372A
Related Vehicle	SJC5916R (Car)		Contact No.	92379642
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

On 29/01/2018 at about 1835hrs, I was driving my van, bearing registration plate number PC2983U, along BKE towards Mandai Road. I was on the most left lane as I was exiting towards Mandai Road. The traffic was heavy and slow. The car in front of me then stopped and I managed to brake on time to avoid collision. However, all of a sudden, I heard a bang from behind. There was an impact at the back of my van. I discovered a van, bearing registration plate number SJC5916R, which was behind, has hit onto the rear of my vehicle. There were scratches and dents on the rear of my van. There were no injuries on me or the other party but we were all in a state of shock. The car driver is Chandran S/O Govindasamy Krishnan, NRIC: S1220372A. No Traffic Police or ambulance came to scene. There is a camera installed in my van but the camera can only record footages from the front view.



**SINGAPORE
POLICE FORCE**



T/20180129/2168

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No. 1800-8529999

3 of 3

Report No. T/20180129/2168

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:
F /
Sgt 3 MARDIANA BINTI ABDUL MANAN

Signature Of Interpreter:
Not applicable



Officer In Charge Of Case:
TP / GIA /
Staff Sgt TANG SIEW PING
Contact No.: 65476430

Authentication Stamp
NP168

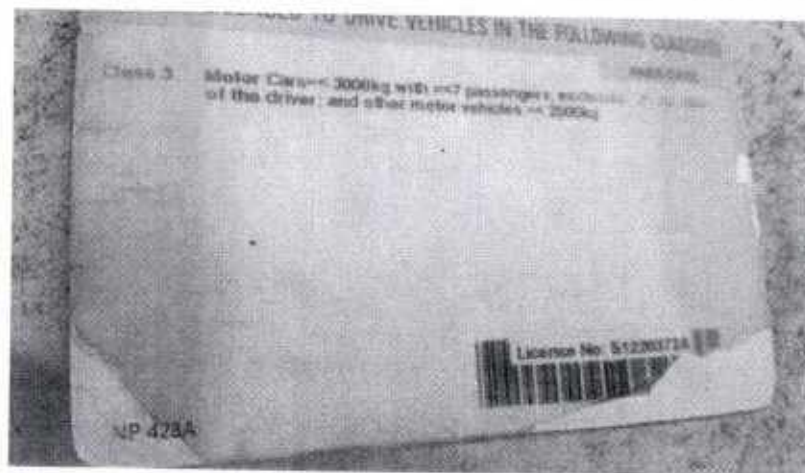
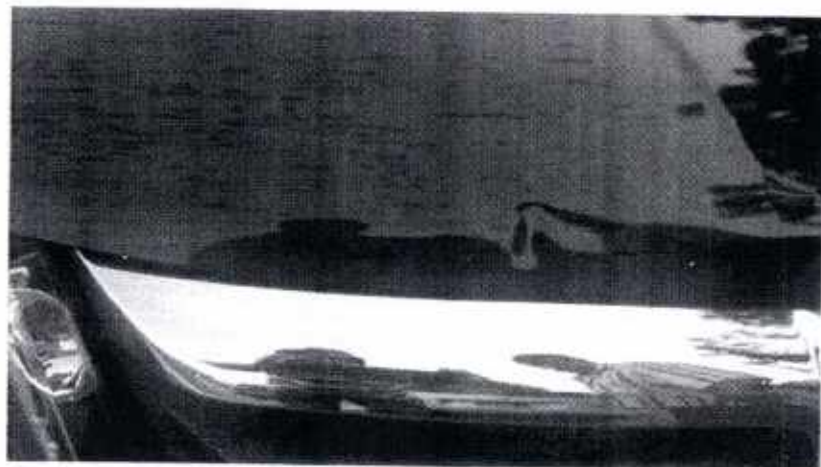
Signature Of Informant:

Date/Time:
29/01/2018 21:10

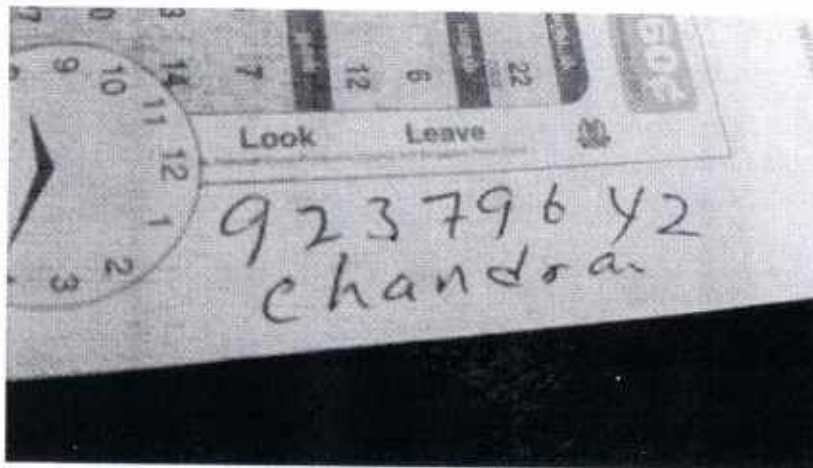
Classification Of Case:

 Signature 
Singapore Police Force

SN 005



an
13/02/2018



13/02/2018

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this form to the Authorised Reporting Centre ("ARC") for filing.
2. Please report correctly the details of the accident to speed up the claims process.
3. This Form must be completed by the Policyholder and/or the Authorised Driver.
4. 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.
5. The insurance and acceptance of this Form by insurance companies is an admission of the policy liability on the part of the insurance companies.
6. Any false reporting may be referred to the Traffic Police Department for investigation.

ACCIDENT STATEMENT

Date and Time of Accident	#	Date: 29/01/2018	Time: 1835HRS
Exact Location of Accident	#	ALONG ROAD 1 TRAVELLING TOWARD ROAD 2 BUKIT TIMAH	
DETAILS OF OWN VEHICLE			
Vehicle Registration Number	#	PC 2923U	
INSURED / POLICYHOLDER (OWN VEHICLE)			
Name of Registered Owner (See Insurance Cert.)			
Personal Identification - NRIC (Singaporean/PR)			
- FIN/Passport Number			
- Not Applicable			
VEHICLE PARTICULARS (OWN VEHICLE)			
Vehicle Make / Model		Manufacturer:	Model:
Type of Vehicle		<input type="radio"/> Saloon <input type="radio"/> MPV <input type="radio"/> CRV <input type="radio"/> Van <input type="radio"/> Lorry <input type="radio"/> Bus <input type="radio"/> M/cycle <input type="radio"/> Others	
Exact Purpose for which vehicle was being used at time of accident	#	PC 2923U	
Are you claiming under own insurance policy for repair to your vehicle?		<input type="radio"/> Yes <input type="radio"/> No (If No, Pls select <input checked="" type="radio"/> Third Party <input type="radio"/> Reporting)	
INSURANCE COMPANY (OWN VEHICLE)			
Name of Insurance Company			
Type of Policy		<input type="radio"/> Comprehensive <input type="radio"/> Third Party Fire & Theft <input type="radio"/> TP Only	
Fleet Policy		<input type="radio"/> Yes <input type="radio"/> No	
Policy Number			
Motor CI			
DRIVER			
Name of Driver	#	<input type="radio"/> Same as Insured above	
Personal Identification - NRIC (Singaporean/PR)	#	SINGAPOREAN	
FIN/Passport Number	#	SINGAPOREAN	
Date of Birth	#	/dd 12 /mm 06 /yy 1968	
Driving Date Pass	#	/dd 10 /mm 07 /yy 1981	
Year of Driving Experience	#	34 Year(s) Month(s) Month(s)	
Occupation	#	PASSENGER DRIVER <input type="radio"/> Indoor <input type="radio"/> Outdoor	
Gender	#	<input checked="" type="radio"/> Male <input type="radio"/> Female	
Contact Number / Mobile Phone / Fax No.	#	91252399	

Address of Driver	BLK 450 CHOA CHU KANG AVE 4 #12-167 SINGAPORE 680450
Email Address	
Was Driver An Employee of the Insured's Company?	<input type="radio"/> Yes <input type="radio"/> No
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own	<input type="radio"/> Yes <input type="radio"/> No
Vehicle Registration Number of Driver's Own Vehicle (if applicable)	
Insurance Company of Driver's Own Vehicle (if applicable)	
GENERAL INFORMATION OF THE ACCIDENT	
Type of Collision (Eg. Chain Collision, Head-On Collision, Side Swipe, Front to Rear)	FRONT TO REAR
Weather Conditions	<input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others
Road Surface	<input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Others
OTHER INFORMATION	
a. Was anybody injured in the accident?	<input type="radio"/> Yes <input type="radio"/> No
b. Was any other vehicle or property damaged? (Including Witness)	<input type="radio"/> Yes <input type="radio"/> No
DETAILS OF POLICE ACTION	
Was the Accident reported to the Police?	<input checked="" type="radio"/> Yes <input type="radio"/> No (If Yes, please state which Police Station.)
Police Station Name	YISAN NORTH N.P.C
Police Station Address	31 YISAN CENTRAL SINGAPORE 768527
Police Station Contact	Tel No. 1800-8529999 Fax No.
Was notice of intended Prosecution given?	<input type="radio"/> Yes <input type="radio"/> No (If Yes, against whom?)
DETAILS OF OTHER VEHICLE / PROPERTY 1	
Vehicle Registration Number	PC 29835
Vehicle Make/ Model/ Colour	
Details of Properties	
Name of Driver	
Personal Identification - NRIC (Singaporean/PR)	
- FIN/Passport Number	
Contact Number	
Vehicle Make/ Model/ Colour	
Address of Driver	
Name of Insurance Company	
No. of Passenger (Including Driver)	
[Note - Please use page 6 if you need to add more vehicles]	

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1480774H



Name

ANWAR BIN ABU BAKAR

عنور بن ابو بكر

Race

MALAY

Date of birth

12-06-1961

Sex

M

S1480774H

Country of birth

SINGAPORE



4102647



NRIC No. S1480774H

Date of issue

19-09-2007

Address

APT BLK 450 CHOA CHU KANG AVENUE 4
#12-157
SINGAPORE 680450

REPUBLIC OF SINGAPORE DRIVING LICENCE


 Licence Number: S1480774H
 Name: ANWAR BIN ABU BAKAR
 Birth Date: 12 Jun 1961
 Issue Date: 07 Jun 2003

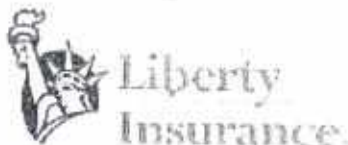
10005480820

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

		PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	10 Jul 1981
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	16 May 1984
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	22 Aug 1994

SP-428A

Licence No: S1480774H



Liberty Insurance Pte Ltd
Registration no. 199002791D
51 Club Street
#03-00 Liberty House
Singapore 069428
Tel: (65) 6221 8611 Fax: (65) 6225 6890
Website: <http://www.libertyinsurance.com.sg>

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)

Certificate No	SD18V00031 /VBZ /R03
Form	MZ603A
Date Of Issue	26-DEC-2017
1.Index Mark and Registration No. of Vehicle:	PC2983U
2.Chassis number of Vehicle:	JTFJT02P400001696
3.Name of Policyholder:	GOLDBELL CAR RENTAL PTE LTD
4.Effective date of Commencement of Insurance for the purpose of the Act:	01-JAN-2018 00:00 AM
5.Date of Expiry of Insurance:	31-DEC-2018 23:59 PM
6.Persons or Classes of Persons entitled to drive*:	
Any person provided he is in the Policyholder's employ and is driving on their order or with their permission. 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. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.	
7.Limitations as to use*:	
A) Use only for the carriage of passengers or goods in connection with the Policyholder's business. B) Use only in the Republic of Singapore.	
8.Policy does not cover:	
A) Use for racing, pace-making, reliability trials or speed-testing. B) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.	
*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)	
For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers  _____ Authorised Signature	
For Information only:	
COVERAGE :	Comprehensive, Airside of Singapore Changi Airport, Personal Accident Benefit, Third Party Property Damage, Unlimited Windscreen
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	Section I S\$2250, Additional Excess for Young & Inexperienced Drivers S\$3000, Windscreen Excess S\$100
FINANCE COMPANY:	SING INVESTMENTS & FINANCE LTD
PRODUCER NAME:	ACORN INTERNATIONAL NETWORK PTE LTD

PLAS1/26-DEC-17

S1_CI_T1_T3_OE_Template2-Ver1

26-DEC-17