

Date In: <b>20/03/2018 18:48</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NBA 180178905218/1</b>	SAS e-illing		
Veh No: <b>STP4765</b>	E-mail (with a doc, AOC 2018)		
D.O.A: <b>20/03/2018 09:35</b>	1-Motor Claim Form	<b>20/03/2018 19:07</b>	<b>19:07</b>
OD <b>TP</b> Reporting Only	1-Motor W/O (with a doc, AOC 2018)		
	1-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass'l Report by Fax/Hand to Owner/Whsp		

Preferred Wksp / INC Assign Wksp / QW1: Toll: Fax:

TP Particulars: **Yell No: PC 235TP** INC ( ) / Non-INC ( )

Owner / Driver: Toll:

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 rate of repair.

( ) Total Loss Case: 1 to e-mail Insurer URGENTLY.

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

Removals: **INC hotline 6788 0016** Data Time Completed: Done by:

1) Apply for Transition Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo (Repair Cost > \$3000) ( )

Injury:

Date/Time	Action

**NA 1801789**

Customer / Owner	Invoice Preparation Checklist	Amount	Notes
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Policy No:	2) DA: Damage Assessment (\$100)	INC (\$40)	
Emergency Portion:	3) TP: Towing Fee	\$10/15	
	4) PT: Follow-Through Survey	\$150	
	5) PT: Follow-Through Survey (Resurvey)	\$10	
	Particulars apply INC Only (wef 10 Jan 2018)		
	6) TR: Reproduction	\$35	
	7) NI: 144 DA + SMAT Survey	\$140	
	8) NTUC Additional Survey		
	9) NI: Courtesy Car / Tpl Allowance	\$1	
	10) NI: Repairs Coordination	\$10	
	11) NI: Post Repair Inspection	\$15	
	12) NI: DY / Collateral Usage Coordination	\$1	
	13) NI: 144 TP (Non-INC) against INC	\$10	
	14) NI: 144 TP (Non-INC)	\$10	
	Invoice Total		
	Invoice Paid		

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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 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	20/03/2018 18:48
Date Of Accident	20/03/2018 09:35
Exact Location Of Accident	OUTSIDE MACALISTER MSCP
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ4176S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SZE GEE LACK
Co Reg No	53343798M
Email Address	KENNETH.SZE@OUTLOOK.COM
Mobile Phone No	(LOCAL) +65-96442983
Alternative Phone No	OFFICE-92300016

### Vehicle Particulars

Manufacturer	VOLVO
Model	S60-2.0 T (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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5093677925
Cover Note Number	

### Driver

Name of Driver	SZE WAI SIONG (SHI WEIXIONG)
NRIC No	S8229605J
Date Of Birth	30/08/1982
Occupation	INDOOR
Date Of Driving Pass	20/11/2002
Driving Experience	15 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92300016
Fax Number	
Contact Number	OTHERS-96442983
Email Address	KENNETH.SZE@OUTLOOK.COM



Address	BLK 308A PUNGGOL WALK #07-442
Postcode	821308
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	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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

#### 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	PC2327P
Vehicle Make/Model/Colour	FUSO BUS
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	TAN SWEE CHUANG
NRIC/Passport Number	S1228109I
Contact Number	98779244
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## SKETCH PLAN

### IMPORTANT NOTICE

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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.

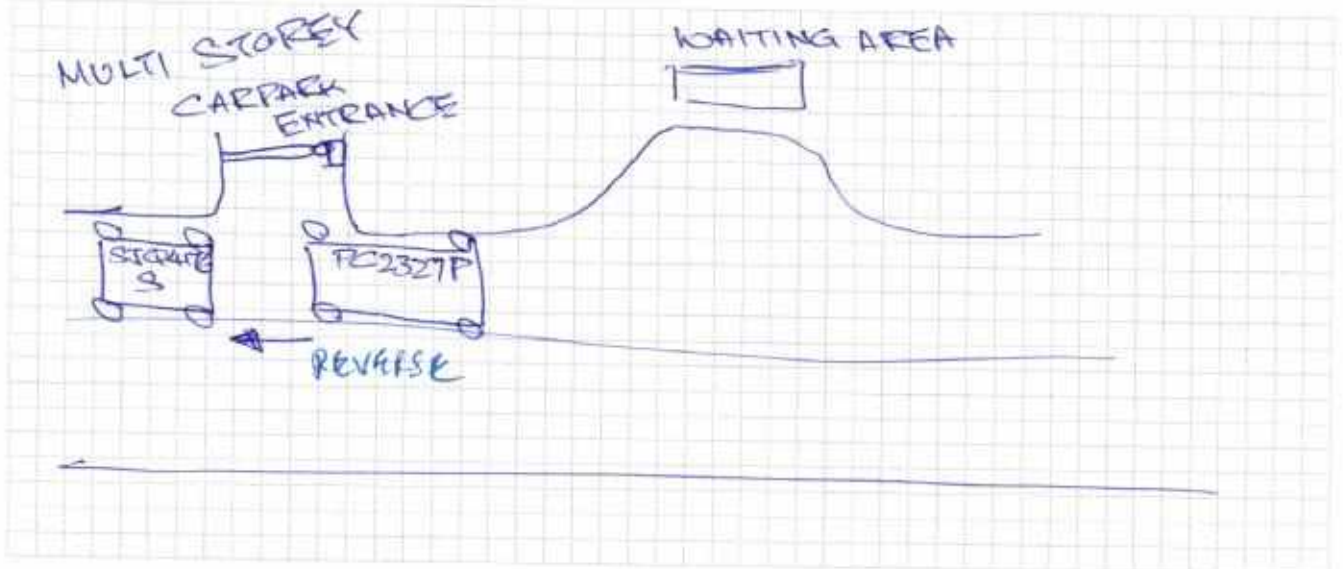
Policyholder's Signature  
Date & Time:

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

20/03/2018, MORNING 9.35AM SIG4176S TURNING INTO MACALISTER MULTI STOREY CARPARK. WAITING FOR MY TURN TO LEFT TURN IN. PC 2327P WAS IN FRONT. MY HEADLIGHT WAS ON WITH DIM LIGHT. MY CAR IS STOPPED STATIONARY. SUDDENLY, PC 2327P ENGAGED REVERSE GEAR AND I IMMEDIATELY HORN HIM. PC 2327P CONTINUE TO REVERSE AND BANG ONTO MY CAR.

## 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:

20/03/18  
1305

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

## Claim Handling

Accident MT/0986934

Policy No.	5093677925	Vehicle No.	SJQ41765	GST Registration No.	
Policyholder Name	SZE GEE LACK			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	
Contact No.(Mobile)	96442963	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

Report Date

20/03/2018 19:02

Accident Report Within 24 hrs

Yes

Accident Type

Collision - Head

Date of Accident

20/03/2018

Time of Accident hh:mm

09:35

Country of Accident

Singapore

Reporting Centre

Orange Force

Accident Location

OUTSIDE MACALISTER MSP

ICM No.

Benefits

Excess

GST Registered Information

Policyholder Mailing Address

OI Driver Info

Declaration

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	SZE GEE LACK	Insured NRIC	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SJQ41765	TP Vehicle Number	
Claim Description	SJQ41765 / PC2327P ON 20 Mar 2018				
Preferred Workshop Contact No.		Name of Preferred Workshop			
Require Finalisation	Yes	Insured Liability *	Not at Fault	GIA report	
Date Registered	20/03/2018 19:06	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	
Report Taken By	RDSLI WAHAB	Claim Close Date			
<input type="checkbox"/> Print A4 letter					

Save Submit

## Attachment

Accident No.	MT/0986934	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	20/03/2018 19:07
Path *	Category *		
	Browse	Clear	Please Select
			Confidential Urgency
			No Normal

<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼	100	▼	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼	100	▼	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼	100	▼	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼	100	▼	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼	100	▼	Normal

#### Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Mar 2018 19:07	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Mar 2018 19:07	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Mar 2018 19:07	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Mar 2018 19:07	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Mar 2018 19:07	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Mar 2018 19:07	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Mar 2018 19:07	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Mar 2018 19:07	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Mar 2018 19:07	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Mar 2018 19:07	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Mar 2018 19:07	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Mar 2018 19:07	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Mar 2018 19:07	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Mar 2018 19:06	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Mar 2018 19:06	NRIC/ Driving License	Normal	NRIC/ Driving

#### Video List

Uploaded By/Date	Folder Date	File Name	Source
		<input type="button" value="Display in New Window"/>	<input type="button" value="Scan and uploading"/>



# ACCIDENT STATEMENT

ACCIDENT DATE: 20/03/2008 (DD/MM/YYYY), TIME: 09:35 (HH:MM)

LOCATION: Outside MacAlister Multi Storey Carpark

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJA 41768  
 b) INSURANCE COMPANY: NTUC INCOME  
 c) POLICY NUMBER: 8093677925  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: VOLVO S60 2.0T  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: SZE GEE LACK (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 81281308 CONTACT: 96442983  
 c) ADDRESS: BLK 183 JELAPU RD #21-46  
81670183

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

# No of passenger  
(including driver)  
( )

- DRIVER  
 a) NAME: SZE WAI SIENG (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 88229605 CONTACT: 92300010  
 c) ADDRESS: BLK 308A PUNGGUT WALK #07-442  
81821308

\* d) DATE OF BIRTH: 30/08/1982 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 28/11/2002

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SON

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

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

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

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

IF YES, PLEASE STATE WHICH POLICE STATION:

## 8. THIRD PARTY VEHICLE

# No of passenger  
(including driver)  
( )

- a) VEHICLE NUMBER: PC2327P MODEL: FUSO BUS  
 b) DRIVER'S NAME: TAN SWEE CHUAN  
 c) NRIC/FIN/PASSPORT: 812281092 CONTACT: 98779244

## 9. THIRD PARTY VEHICLE

# No of passenger  
(including driver)  
( )

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

Email: Kenneth.Sze@outlook.com

Fax: \_\_\_\_\_

Video \_\_\_\_\_



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8229605J



Name

SZE WAI SIONG  
(SHI WEIXIONG)

施伟雄

Race

CHINESE

Date of birth

30-08-1982

Country/Place of birth

SINGAPORE

Sex

M

S8229605J

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8229605J

SZE WAI SIONG (SHI  
WEIXIONG)

Birth Date 30 Aug 1982

Valid Until 25 Feb 2003



5210097



NRIC No: S8229605J

Date of issue

27-08-2013

APT BLK 308A PUNGGOL WALK #07-442  
SINGAPORE 021308

NRIC No: S8229605J

Date: 17/01/2010

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

Class	Description	Valid Until
Class 2B	Motorcycles not exceeding 200 cc	12 Mar 2001
Class 2A	Motorcycles between 201 cc and 400 cc	02 Jul 2002
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	20 Nov 2002

PASS DATE

12 Mar 2001

02 Jul 2002

20 Nov 2002



NP 425A

## 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 Number:** 5093677925

**Cover :** drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SIQ4176S**  
 Chassis Number : YV1RS494982695607
2. Name of Policyholder : SZE GEE LACK
3. Effective Date of Insurance : 24 Aug 2017
4. Expiry Date of Insurance : 29 Apr 2018
5. Persons or Classes of Persons entitled to drive#  
 (a) The Policyholder.  
 (b) Any other person who is driving on the Policyholder's order or with his/her 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.
6. Limitations as to Use#  
 (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

**This Policy does not cover**

- (a) Use for racing, pace-making, reliability trial or speed-testing.
  - (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
  - (c) Use for any purpose in connection with the Motor Trade.
- # Limitations rendered inoperative by Section 8 of the Motor Vehicle (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.

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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)

Agency : AUTOSHIELD PTE. LTD. (00000573469)  
 Date of Issue : 23 Aug 2017 15:48 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive