

# NATIONAL Assessment Centre Services (with 10000) MMA98045760

Date In: <b>06/09/2018</b> <b>09:33</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NBA/INC18006366/7</b>	S&S e-tiling		
Veh No: <b>FBF 72097</b>	E-mail (private then, AIO then)		
P.O.A: <b>05/09/2018</b> <b>08:00</b>	T-Motor Claim Form	<b>mt0989258</b>	<b>06/09/2018</b> <b>10:45</b>
OD / TP <b>Assessment Only</b>	T-Motor W/O (if/when so then, TP then)		
	T-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW1	Toll	Fax1
TP Particulars	Yell No: <b>FBF 7261L</b>	INC ( ) / Non-INC ( )
Owner / Driver (		Tel: ( )
Policy No: ( )	Period: ( )	Cover Type: ( )
Confirmed by: ( )	Date: ( )	Time: ( )
Insured/Driver Liability: ( )	%(Note: BSL Status (WO): NI 0.20%, PI 21.79%, P: 30-100%)	
Year of Registration: ( )	Warranty: YES ( ) / NO ( )	
Excess: (\$ )	Loading: \$1,000 ( ) / \$2,000 ( )	
General Remarks		
( ) Walk-In Customer: Customer's Information strictly Confidential & strictly NO later of repair.		
( ) Total Loss Case: To e-mail Insurer URGENTLY.		
Drive-In ( ) / Towed-In ( ) / Invoice: YES ( ) / NO ( ) / Towing Co: ( )		

Remarks	INC/Non-INC	DATE/TIME Completed	Done by
1) Apply for Transition Allowance ( ) / Courtesy Car ( )			
2) QC Check / Post Repair Inspection ( )			
3) Upload Recovery Photo (Repair Cost > \$3000) ( )			

Injury:	
Date/Time	Action

Incident Particulars	Invoice Preparation Checklist	Amount	Actual Bill
Driver/Owner	1) AR: Accident Reporting (\$20)		
Onset No:	2) DA: Damage Assessment (\$100)	INC (20)	
Assigned Person:	3) TP: Towing Fee	2400 (2)	
	4) PT: Follow Through Survey	215	
	5) RT: Follow Through Survey (Recovery)	215	
	For all items except INC Only (with 10/10/100)		
	6) TR: Recharge	215	
	7) NI: NI/DA + SMRT Survey	215	
	8) NTUC: Additional Survey		
	Q1:		
	NI: Courtesy Car / Tol Allowance	21	
	NI: Repairs Coordination	210	
	NI: Post Repair Inspection	215	
	NI: DY / Collision Update Coordination	21	
	TR (NI) / TP (Non-INC) status INC	210	
	9) NI: NI/DA: Mobile	21	
	Invoice total		
	Invoice total		

## 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	06/04/2018 09:33
Date Of Accident	05/04/2018 08:00
Exact Location Of Accident	BKE TOWARDS TUAS BEFORE KJE EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ7209T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHAI YEE PIN
NRIC No	S2693000F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92785355
Alternative Phone No	OTHERS-92785355

### Vehicle Particulars

Manufacturer	YAMAHA
Model	JUPITER MX-134CC HC
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY TO HOSPITAL
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	MOTORCYCLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5093715653
Cover Note Number	

### Driver

Name of Driver	CHAI YEE PIN
NRIC No	S2693000F
Date Of Birth	16/05/1967
Occupation	INDOOR
Date Of Driving Pass	15/08/1995
Driving Experience	22 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92785355
Fax Number	
Contact Number	OTHERS-92785355
Email Address	NOEMAIL



Address	BLK 770 WOODLANDS DRIVE 60 #12-146
Postcode	730770
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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	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	FBF7261L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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.
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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.
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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:

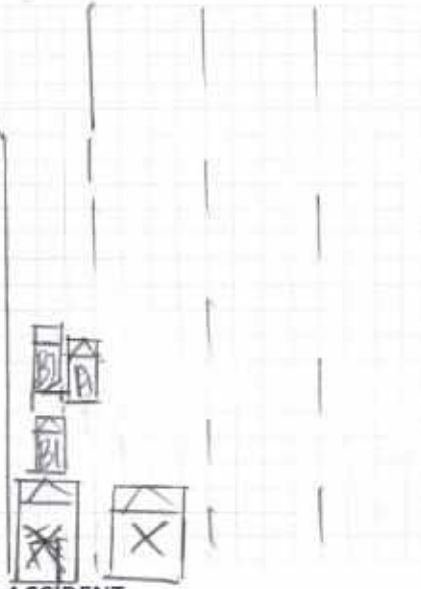
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

06/04/2018  
Resi Nathan

SKETCH PLAN

BIKE TOWARDS KJE THAS



A1FBJ 7209T  
B7FBF 7261L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 05/04/2018 AT ABOUT 07:45HRS I WAS TRAVELLING ALONG BIKE TOWARDS WOODLANDS & WANTED TO EXIT INTO KJE THAS. I WAS AT THE END OF THE SWITZERLAND LANE, SUDDENLY A MOTORCYCLE FBF 7261L FROM THE LEFT HIT MY LEFT ARM. & THE RIDER FELL DOWN. WE STOP & I HELP HIM TO BRING UP HIS BIKE MY BIKE GOT NO DAMAGE WE NEVER EXCHANGED THE BOOK & SO AM I & WE LEFT. THAT ALL

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:

 06/04/2018  
Reporting Centre Personnel's Signature  
Name: Reshika  
NRIC/FIN No.:



## Claim Handling

Accident MT/0989258

Policy No.	5093715653	Vehicle No.	FB17209T	GST Registration No.	
Policyholder Name	CHAI YEE PIN			Policyholder NRIC	S2693000F
Product Code	RCYCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	92785355	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	<a href="#">See</a>
WPA	= No / Yes	TCA	= No / Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private hire	No

## Accident Details

Report Date	06/04/2018 10:43	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	05/04/2018	Time of Accident (h:mm)	08:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BKE TOWARDS TUAS BEFORE KJE EXIT				

## Benefits

## Excess

Own Damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

## GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

## Policyholder Mailing Address

Address 1	BLK 770 #04-12-146	Address 2	WOODLANDS DRIVE 88	Address 3	SINGAPORE 730770
Address 4		Address Type	Singapore address	Post Code	730770
Unit No.	12-146	Related Policy Number	5093715653		

## OL Driver Info

Driver Name	CHAI YEE PIN	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S2693000F	Driver DOB	10/05/1967
Register Date of Driver License	15/08/1995	Driver Age	50	Driving Experience	22
Contact No.(Mobile)	92785355	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 770 #04-12-146	Address 2	WOODLANDS DRIVE 88	Address 3	SINGAPORE 730770
Address 4		Address Type	Singapore address	Post Code	730770
Unit No.	12-146				
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.	FB17209T	Driver Insurer Company	NTUC

## Declaration

Breathalyzer or Blood Test Reading?	0 mg	Atty Injury?	Yes = No
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## Modification History

Claim 001 [New](#)

Claim Type *	OD-MX	Insured Name	CHAI YEE PIN	Insured NRIC	S2693000F
Contact No.(Mobile)	92785355	Contact No.(Home)		Contact No.(Office)	
Email Address		OL Vehicle Number	FB17209T	TP Vehicle Number	FB17209T
Claim Description	FB17209T / FB17209T ON 5 Apr 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	06/04/2018 10:43	Claim Close Date		Date Received	06/04/2018 00:00
Report Taken By	ROSLI WAHAB				

Print AK letter

[Save](#) [Submit](#)

## Attachment

Up

Accident No.	MT/0989258	Claim No.	001
Last DGL Received	Yes / No	Upload Date	06/04/2018 10:45
Path *			
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen	Description *	
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Message Read			

[Send Message](#) [Upload](#)

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (COT)	Action
	NAC_BUKIT_MERAH_8006761 NATIONAL ASSESSMENT CENTRE SERVICES (R UKIT MERAH) on 06 Apr 2018 10:45	Photos	Normal	Photos 2018-4-6		<a href="#">Edit</a>
	NAC_BUKIT_MERAH_8006761 NATIONAL ASSESSMENT CENTRE SERVICES (R UKIT MERAH) on 06 Apr 2018 10:45	Photos	Normal	Photos 2018-4-6		<a href="#">Edit</a>
	NAC_BUKIT_MERAH_8006761 NATIONAL ASSESSMENT CENTRE SERVICES (R UKIT MERAH) on 06 Apr 2018 10:45	Photos	Normal	Photos 2018-4-6		<a href="#">Edit</a>

	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B-UKIT MERAH)) on 06 Apr 2018 10:44	Photos	Normal	Photos 2018-4-6	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B-UKIT MERAH)) on 06 Apr 2018 10:44	Photos	Normal	Photos 2018-4-6	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B-UKIT MERAH)) on 06 Apr 2018 10:44	Photos	Normal	Photos 2018-4-6	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B-UKIT MERAH)) on 06 Apr 2018 10:44	Photos	Normal	Photos 2018-4-6	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B-UKIT MERAH)) on 06 Apr 2018 10:44	Photos	Normal	Photos 2018-4-6	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B-UKIT MERAH)) on 06 Apr 2018 10:43	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-4-6	<a href="#">Edit</a>
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B-UKIT MERAH)) on 06 Apr 2018 10:43	SAS	Normal	SAS 2018-4-6	<a href="#">Edit</a>
<a href="#">Video List</a>					
Uploaded By/Date		Folder Date		File Name	Action
					Source
				<a href="#">Display in New Window</a>	<a href="#">Scan and uploading</a>

# ACCIDENT STATEMENT

ACCIDENT DATE: 05.05.2008 (DD/MM/YYYY), TIME: 08.00 (HH:MM)

LOCATION: BKE TAWARO KBR (TUAS)

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBJ 7209 T
- b) INSURANCE COMPANY: NAC
- c) POLICY NUMBER: SD93713653
- d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
- e) MAKE & MODEL: YAMAHA 135
- f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
- g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
- h) PURPOSE OF USING AT ACCIDENT TIME: AM 2000 TRAY 20 WESPITE
- 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: CHAI YAK PIN (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: 92693000 F CONTACT: 92785355
- c) ADDRESS: \_\_\_\_\_

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

# No of passenger  
(including driver)  
(1)

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

d) DATE OF BIRTH: 16.05.1967 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS: 15/08/1995

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) 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) 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)  
(1)

- a) VEHICLE NUMBER: FBF 7261 L MODEL: \_\_\_\_\_
- b) DRIVER'S NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_
- c) NRIC/FIN/PASSPORT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

# No of passenger  
(including driver)  
(1)

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

Email: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Video: \_\_\_\_\_



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S2693000F



Name  
CHAI YEE PIN

蔡裕彬

Race  
CHINESE

Date of birth  
16-05-1967

Country/Place of birth  
MALAYSIA

Sex  
M

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S2693000F



CHAI YEE PIN

Birth Date 16 May 1967

Issue Date 02 Dec 2011



9356205



NRIC No. S2693000F



Nationality  
MALAYSIAN  
Date of issue  
26-12-2014

Address

APT BLK 770 WOODLANDS DRIVE 60  
#12-14B  
SINGAPORE 730770

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

EFFECTIVE DATE

Class 2B	Motorcycles =< 200 cc	15 Aug 1995
Class 3	Motor Cars =< 3000kg with =< 7 passengers, exclusive of the driver, and other motor vehicles =< 2500kg	15 Aug 1995



NP 428A

**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 : 5093715653 Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle : FBJ7209T  
Chassis Number : MH350C006EK720899  
2. Name of Policyholder : CHAI YEE PIN  
3. Effective Date of Insurance : 25 Sep 2017  
4. Expiry Date of Insurance : 24 Sep 2018

5. Persons or Classes of Persons entitled to drive#

(a) Named Driver(s) Only.

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 business or profession.

This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use for the carriage of goods (other than samples) in connection with any trade or business.

(d) 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)	: N/A
EXCESS (SECTION 2)	: N/A
EXCESS (THEFT OUTSIDE SINGAPORE)	: PLEASE REFER OVERLEAF
INSURE WITH COE	: YES
NAMED DRIVER (1)	: CHAI YEE PIN
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: SOUTHERN WIND MOTOR CREDIT & TRADING PTE LTD
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 : ASSURE PTE. LTD. (00000572842)  
Date of Issue : 24 Aug 2017 12:34 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive