NATIONAL Assessment Centre Services [illegible] ANAA418051589

Date In: 18/04/2018 10:42	Job description	Date & Time Completed	Done by
Ref No: NBA/MC18007149/Y	SAS e-filing		
Veh No: YN5032E	E-mail (vehicle shot, AIG/others)		
D.O.A.: 17/04/2018 16:40	I-Motor Claim Form	M1069908SS-001	18/04/2018
OD / TP (Reporting Only)	I-Motor W/O (vehicle OD only, TP only)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp (INC Assign Wksp / OW): ( ) Tel: Fax: ( )

TP Particulars: Veh No: GBG9589Z, INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel: ( )

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

Confirmed by: (Date: Time:)

Insured/Driver Liability: (%) (Note: B/L 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 0018	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	Action

NA1802446

Enhanced Particulars

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Engineer's Comments

Invoice Preparation Checklist		Bill	Waived Bill
1) AR: Accident Reporting ($30)			
2) DA: Damage Assessment ($100)	INC (AD)		
3) TF: Towing Fee			
4) FT: Follow-Through Survey			
5) FT: Follow-Through Survey (Resurvey)			
Entertainment [illegible] INC Only			
6) TR: Re-Inspection			
7) N: [illegible] DA + SMART Survey			
8) NTUC Additional Services:			
QIII			
NI: Courtesy Car / Tpt Allowance			
NI: Repair Coordination			
NI: Post Repair Inspection			
NI: DY / Collect/Deliver Coordination			
ZE(NI): TP (Non INC) against INC			
9) NI: [illegible]			
Invoice dated	Net Charge		
Invoice Fwd	[illegible]		

MNA418051239 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 18/04/2018 10:42
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

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 witholding 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	18/04/2018 10:42
Date Of Accident	17/04/2018 16:40
Exact Location Of Accident	BLK 15 PASIR PANJANG WHOLESALE CENTRE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	YN5032E
Insured/Policyholder	
Name Of Registered Owner	CHIA & THAI FOOD SUPPLIES PTE LTD
Co Reg No	200100024K
Email Address	TUNTHETAUNG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97107922
Alternative Phone No	OFFICE-67787862
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	FUSO
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5093214599
Cover Note Number	
Driver	
Name of Driver	TUN THET AUNG
Passport No/FIN	G6119055X
Date Of Birth	15/05/1976
Occupation	OUTDOOR
Date Of Driving Pass	01/12/2009
Driving Experience	8 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97107922
Fax Number	
Contact Number	OFFICE-67787862
EMail Address	TUNTHETAUNG@GMAIL.COM

Address	BLK 14 WHOLESALE CENTRE #01-29
Postcode	110014
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	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	GBG9589Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	JACK NG YIAN KIAM
NRIC/Passport Number	S1438922I
Contact Number	97308734
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

IMPORTANT NOTICE

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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**.
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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

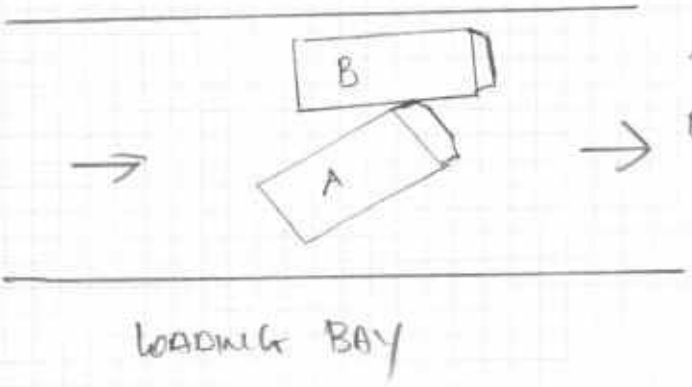
   (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

16.4.2018
Driver's Signature
(If driver is not the policyholder)
Date & Time:

18/04/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN BLK 15 PASIR PANJANG WHOLESALE CENTRE



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

17.04.2018 About 16:40 pm I was reverseing packing my lorry into the loading Bay. Suddenly the other lorry GBG 9589Z drive through my left and hit my lorry YN.5032E front left portion. we stop change the particular.

DECLARATION

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

Policyholder's Signature
Date & Time:

15.4.2018
Driver's Signature
(If driver is not the policyholder)
Date & Time:

18/04/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Exit

Claim Handling

Accident MT/0990858

Policy No.	5093214599	Vehicle No.	YN5032E	GST Registration No.	200100024K
Policyholder Name	CHIA & THAI FOOD SUPPLIES PTE LTD			Policyholder NRIC	200100024K
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Preferred Workshop Plan	Loading	0
Contact No.(Mobile)	97107922	Contact No.(Office)	97787863	Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFX	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

Accident Details

Report Date	18/04/2018 11:09	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	17/04/2018	Time of Accident hh:mm	16:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 15 PASIR PANJANG WHOLESALE CENTRE				

Benefits

Excess

Own damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

GST Registered Information

GST Registered	Yes	GST Registration Date	02/02/2001
GST Registration No.	200100024K	GST Status Verified	Yes

Modification History

Policyholder Mailing Address

Address 1	BLK 14 #01-29	Address 2	WHOLESALE CENTRE	Address 3	SINGAPORE 110014
Address 4		Address Type	Singapore address	Post Code	110014
Unit No.	01-29	Related Policy Number	5088496602		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	TUN THET AUNG	Driver NRIC	G8119058X	Driver DOB	15/05/1976
Register Date of Driver License	01/12/2009	Driver Age	41	Driving Experience	8
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 14 #01-29	Address 2	WHOLESALE CENTRE	Address 3	PASIR PANJANG WHOLESALE CE
Address 4	SINGAPORE 110014	Address Type	Foreign address	Post Code	110014
Unit No.	01-29				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	YN5032E	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	CHIA & THAI FOOD SUPPLIES P	Insured NRIC	200100024K
Contact No.(Mobile)		Contact No.(Home)	67787862	Contact No.(Office)	64117052
Email Address		OI Vehicle Number	YN5032E	TP Vehicle Number	GBG9589Z
Claim Description	YN5032E / GBG9589Z ON 17 Apr 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	18/04/2018 11:12	Claim Close Date		Date Received	18/04/2018 00:00
Report Taken By	ROSLI WAHAB				

Print Ak letter

Save Submit

Attachment

Accident No.	MT/0990858	Claim No.	001
Last Doc. Received	Yes No	Upload Date	18/04/2018 11:13

Path *		Category *	Confidential	Urgency *	Description *
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	
Choose File No file chosen	Clear	Please Select	NO	Normal	

Message Read

Send Message Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)	Action
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 18 Apr 2018 11:13	Photos	Normal	Photos 2018-4-18		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 18 Apr 2018 11:13	Photos	Normal	Photos 2018-4-18		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 18 Apr 2018 11:13	Photos	Normal	Photos 2018-4-18		Edit

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 18 Apr 2018 11:13	Photos	Normal	Photos 2018-4-18	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 18 Apr 2018 11:13	Photos	Normal	Photos 2018-4-18	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 18 Apr 2018 11:13	Photos	Normal	Photos 2018-4-18	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 18 Apr 2018 11:13	Photos	Normal	Photos 2018-4-18	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 18 Apr 2018 11:13	Photos	Normal	Photos 2018-4-18	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 18 Apr 2018 11:12	Photos	Normal	Photos 2018-4-18	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 18 Apr 2018 11:12	Photos	Normal	Photos 2018-4-18	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 18 Apr 2018 11:12	Photos	Normal	Photos 2018-4-18	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 18 Apr 2018 11:12	Photos	Normal	Photos 2018-4-18	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 18 Apr 2018 11:12	Photos	Normal	Photos 2018-4-18	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 18 Apr 2018 11:12	Photos	Normal	Photos 2018-4-18	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 18 Apr 2018 11:12	SAS	Normal	SAS 2018-4-18	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 18 Apr 2018 11:12	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-4-18	Edit

Video List

Uploaded By/Date	Folder Date	File Name		Source	Action

Display in New Window | Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (17/04/2018) (DD/MM/YYYY), TIME: (16:40) (HH:MM)

LOCATION: BLK. 15 PASIR PANJANG WHOLESALE CENTRE.

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: YAI. 5032E
   b) INSURANCE COMPANY: NTUC INCOME
   c) POLICY NUMBER: 5093214599
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
   e) MAKE & MODEL: MITSUBISHI FUSO
   f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
   g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
   h) PURPOSE OF USING AT ACCIDENT TIME: 16:40
   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: CHIA & THAI. FOODSUPPLIES (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: _____ CONTACT: 67787862
   c) ADDRESS: BLK-14 #01-29 WHOLESALE CENTRE
   SINGAPORE. 110014.
   * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

* No of passenger (including driver) (1)

3. DRIVER
   a) NAME: TUAI THET AUNG (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: G.6149055X CONTACT: 97107922.
   c) ADDRESS: BLK-14 #01-29 WHOLESALE CENTRE
   SINGAPORE. 110014.
   *d) DATE OF BIRTH: (15/05/1976) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) DATE OF DRIVING PASS 1.12.2009
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

* No of passenger (including driver) (1)

   a) VEHICLE NUMBER: GBG 9589 Z MODEL: _____
   b) DRIVER'S NAME: JACK NG YIAN KIAM.
   c) NRIC/FIN/PASSPORT: S.1438922I CONTACT: 97308734.
9. THIRD PARTY VEHICLE

* No of passenger (including driver) (___)

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

email = tanthetaung@gmail.com.

fax =

VIDEO =

S PASS

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

Employer
CHIA & THAI FOOD SUPPLIES PTE LTD

Sector SERVICE

Name
TUN THET AUNG

Occupation
SALES EXECUTIVE

S Pass No
0 92260534

Date of Application
12-10-2015

Date of Issue
19-10-2015

Date of Expiry
19-10-2018

L6156542

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number G6119055X

Name
TUN THET AUNG

Birth Date 15 May 1976

Issue Date 20 Nov 2014

Valid Till 30 Nov 2019

0023676104

VISIT PASS

Immigration Regulations

Name
TUN THET AUNG

Date of Birth
15-05-1976

Sex
M

Nationality
MYANMAR

FIN
G8119055X

Date of Issue
19-10-2015

Date of Expiry
19-10-2018

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 3	Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	01 Dec 2009

Licence No: G6119055X

NP 428A

income

THE SCHEDULE

Commercial Vehicle Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Insured named in the schedule to this Policy).
The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract.
We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.
The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.
GST Reg No. M4-0003030-8

Policy Number	:	5093214599
The Policyholder	:	CHIA & THAI FOOD SUPPLIES PTE LTD BLK 14 #01-29 WHOLESALE CENTRE SINGAPORE 110014
Period of Insurance	:	01 Sep 2017 To 31 Aug 2018
Sum Insured	:	Market Value of Insured Vehicle at Time of Loss
Premium (Inclusive GST)	:	S$1,754.03

Interest Insured

Cover Type	:	Preferred Workshop Plan			
Make/Model	:	MITSUBISHI/CANTER			
Capacity	:	4.20 ton(s)	Number of Seater	:	2
Registration Number	:	YN5032E	Registration Date	:	17 Apr 2014
Chassis Number	:	FEB71EA00069	Insure with COE	:	Yes
Excess (Section 1)	:	S$600	NCD Entitlement	:	20%
Excess (Section 2)	:	N/A	Loyalty Discount	:	5%
Hire Purchase Company	:	MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE LTD			

Memo A : N/A

Endorsement Operative : M7

Agency	:	ELITE (L&G) ASSOCIATES (00000572855)
Date of Issue	:	04 Aug 2017 16:43 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors

Chief Executive