

NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

MNA4807475

Date In: 08/06/2018 18:38	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NBA/MICL8010518/Y			
Veh No: SLV 7023E	E-mail (within 8hrs, AIC 2hrs):		
D.O.A: 07/06/2018 19:30	i-Motor Claim Form	m7/0597924001	08/06/2018 18:53
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: SLE 6788R	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

<p>1803624</p> <p>Claimant's Particulars :-</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments :-</p> <p>Cat 1:</p> <p>Cat 2 / 3:</p>	Invoice Preparation Checklist		Amt (\$) 1st Bill	Amt (\$) Add Bill
	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100); INC (\$80)			
	3) TF: Towing Fee \$40/\$45			
	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:-			
ON:				
*N5: Courtesy Car / Tpt Allowance \$5				
*N6: Repair Co-ordination \$10				
*N7: Post Repair Inspection \$25				
*N8: DV / Collect Excess Coordination \$5				
TP (N11): TP (Non INC) against INC \$20				
9) N12: Idac Mobile 30				
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	08/06/2018 18:38
Date Of Accident	07/06/2018 19:30
Exact Location Of Accident	ALONG ORCHARD ROAD BEFORE TURNING TO HANDY ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV7023E
Insured/Policyholder	
Name Of Registered Owner	CERAMICA 28 INTERNATIONAL PTE LTD
Co Reg No	200512135N
Email Address	CER28CS@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90295408
Alternative Phone No	OFFICE-86939219

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	DRIVING GRAB
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	5097161277
Cover Note Number	

Driver

Name of Driver	ARRIOLA JOHN AUGUSTINE
NRIC No	S8525725J
Date Of Birth	13/09/1985
Occupation	OUTDOOR
Date Of Driving Pass	02/09/2015
Driving Experience	2 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90295408
Fax Number	
Contact Number	OTHERS-86939219
EMail Address	CER28CS@HOTMAIL.COM

Address	BLK 40 BEO CRESCENT #03-04
Postcode	160040
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	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)	3
Passenger 1	NAME: : PASSENGER GENDER: : FEMALE
Passenger 2	NAME: : PASSENGER GENDER: : MALE

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?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLE6788R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SONG PENG TENG
NRIC/Passport Number	S6925536A
Contact Number	97834761
Address	

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.
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.

BERNARD 28 INTERNATIONAL P. L.

.....
Authorised Signature

Policyholder's Signature

Date & Time:

8/6/2018 / 4.53 pm

.....
Driver's Signature

(If driver is not the policyholder)

Date & Time: 8/6/2018 4.53 pm

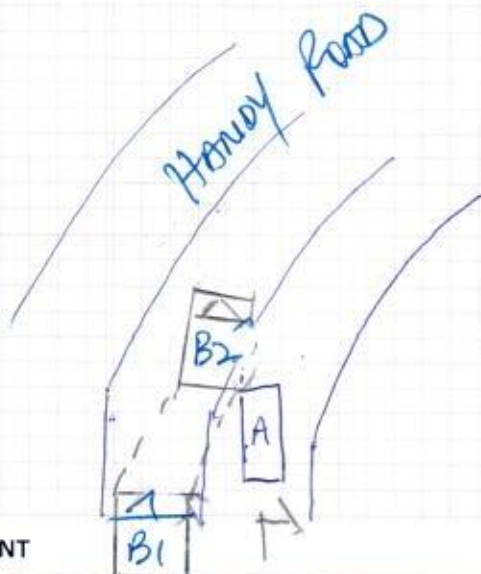
.....
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No:

SKETCH PLAN

OREBORO ROAD BEFORE TURNING 2. HONEY POOD



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was in the right turn lane when car B turn right and grazed my car on the front left.

DECLARATION

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

CERAMICA 28 INTERNATIONAL P. L.

Policyholder's Signature
Date & Time: 8/6/2018 4:53pm
Authorised Signature

Driver's Signature
(If driver is not the policyholder)
Date & Time: 8/6/2018 4:57pm

Reporting Centre Personnel's Signature
Name: Roshni U. Attor
NRIC/FIN No.: 28106/2018

Claim Handling

Accident MT/0997924

Policy No.	5097161277	Vehicle No.	SLV7023E	GST Registration No.	200512135N
Policyholder Name	CERAMICA 28 INTERNATIONAL PTE LTD			Policyholder NRIC	200512135N
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	90295408	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	Yes	TCA	Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

Accident Details

Report Date	08/06/2018 18:49	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	07/06/2018	Time of Accident hh:mm	19:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG ORCHARD ROAD BEFORE TURNING TO HANDY ROAD				

Benefits

Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

GST Registered Information

GST Registered	Yes	GST Registration Date	01/01/2015
GST Registration No.	200512135N	GST Status Verified	No
Modification History			

Policyholder Mailing Address

Address 1	19 JALAN MAT JAMBOL	Address 2	SINGAPORE 119501	Address 3	
Address 4		Address Type	Singapore address	Post Code	119501
Unit No.	01-1528	Related Policy Number	5097161277		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	ARRIOLA JOHN AUGUSTINE	Driver NRIC	S85257251	Driver DOB	13/09/1985
Register Date of Driver License	02/09/2015	Driver Age	32	Driving Experience	2
Contact No.(Mobile)	86939219	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 44 #03-04	Address 2	BEO CRESCENT	Address 3	THE BEO CRESCENT
Address 4	SINGAPORE 160044	Address Type	Foreign address	Post Code	160044
Unit No.	03-04				
Does he own a Singapore Registered car?	Yes	Driver Vehicle No.	SLV7023E	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes
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Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	CERAMICA 28 INTERNATIONAL	Insured NRIC	200512135N
Contact No.(Mobile)	90295408	Contact No.(Home)		Contact No.(Office)	64725788
Email Address		OT Vehicle Number	SLV7023E	TP Vehicle Number	SLE6788R
Claim Description	SLV7023E / SLE6788R ON 7 Jun 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	08/06/2018 18:53	Claim Close Date		Date Received	08/06/2018 00:00
Report Taken By	ROSLI WAHAB				

☐ Print AK letter

Save Submit

Attachment

Accident No.	MT/0997924	Claim No.	001
Last Doc. Received	Yes No	Upload Date	08/06/2018 18:53
Path *			
Choose File	No file chosen	Category *	Confidential Urgency *
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
Choose File	No file chosen	Clear Please Select	NO Normal
Message Read		Clear Please Select	NO Normal

Send Message Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 08 Jun 2018 18:53	Photos	Normal	Photos 2018-6-8		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 08 Jun 2018 18:53	Photos	Normal	Photos 2018-6-8		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 08 Jun 2018 18:53	Photos	Normal	Photos 2018-6-8		Edit

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 08 Jun 2018 18:53	Photos	Normal	Photos 2018-6-8	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 08 Jun 2018 18:53	Photos	Normal	Photos 2018-6-8	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 08 Jun 2018 18:53	Photos	Normal	Photos 2018-6-8	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 08 Jun 2018 18:53	Photos	Normal	Photos 2018-6-8	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 08 Jun 2018 18:53	Photos	Normal	Photos 2018-6-8	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 08 Jun 2018 18:53	Photos	Normal	Photos 2018-6-8	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 08 Jun 2018 18:53	SAS	Normal	SAS 2018-6-8	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 08 Jun 2018 18:53	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-8	Edit
Video List					
Uploaded By/Date	Folder Date	File Name		Source	Action
		Display in New Window	Scan and uploading		

ACCIDENT STATEMENT

ACCIDENT DATE: (7 / 6 / 2018) (DD/MM/YYYY), TIME: (19 : 30) (HH:MM)

LOCATION: Before turning to handy road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLV 7023E
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5097161277
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Toyota Wish
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: GRAB
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: CERAMICA 28 INTERNATIONAL PTE LTD (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 200512135N CONTACT: 90295408
c) ADDRESS: -

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Arriola John Augustine (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 585257255 CONTACT: 86939219
c) ADDRESS: 40 Bea Crescent #03-04 Singapore 160040

*d) DATE OF BIRTH: (13 / 09 / 1985) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 02 / 09 / 2015

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: SLE6788R MODEL: -
b) DRIVER'S NAME: Song Peng Teng
c) NRIC/FIN/PASSPORT: 56925576A CONTACT: 97874761

9. THIRD PARTY VEHICLE

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

Email = cer28cs@hotmail.com

Fax = 64725088

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8525725J



Name

ARRIOLA JOHN AUGUSTINE

Race

FILIPINO

Date of birth

13-09-1985

Country/Place of birth

SINGAPORE

Sex

M



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S8525725J

Name:

ARRIOLA JOHN AUGUSTINE

Birth Date: 13 Sep 1985

Issue Date: 02 Sep 2015



002468639B

SG
50

5619428



NRIC No. S8525725J



Date of issue

07-07-2016

Address

APT BLK 40 BEO CRESCENT
#03-04
SINGAPORE 160040

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) =< 3000kg 02 Sep 2015
< 7 passengers, exclusive of the driver; and
other motor vehicles without clutch pedals =< 2500kg



Licence No: S8525725J

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: 5097161277

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle

: SLV7023E

Chassis Number

: JTDER12W203000325

2. Name of Policyholder

: CERAMICA 28 INTERNATIONAL PTE LTD

3. Effective Date of Insurance

: 04 Jan 2018

4. Expiry Date of Insurance

: 03 Jan 2019

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 : ASSURE PTE. LTD. (00000572842)

Date of Issue : 04 Jan 2018 11:16 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive