

NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

NA18081663

Date In: 25/06/2018 15:46	Job description:	Date & Time Completed:	Done by:
Ref No: NA18081663/1501/1	SAS e-filing		
Veh No: 16/06/2018 22:20	E-mail (within 8hrs, AHC 2hrs)		
D.O.A:	i-Motor Claim Form		
OD: 1P 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: 800 82671	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

NA18081663	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
QC Checked by (Engi-In-Charge):	6) TR: Re-inspection \$75		
	7) N1: Idas DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*N3: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$3		
Auditors' Comments:-	TP (N11): TP (Non INC) against INC \$20		
Cat 1:	9) N12: Idas Mobile \$30		
Cat 2/3:	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	25/06/2018 15:08
Date Of Accident	16/06/2018 22:20
Exact Location Of Accident	ALONG BEDOK RESERVOIR RD B/F TELOK KURAU PRI SCH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH2120H
Insured/Policyholder	
Name Of Registered Owner	NICHOLAS LEE NAM AIK
NRIC No	S9600175D
Email Address	NICNAMAIAK@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82186868
Alternative Phone No	OTHERS-82186868

Vehicle Particulars

Manufacturer	YAMAHA
Model	FZ16-153CC (M)
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	MOTORCYCLE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MSD/VMS/18-380422-CA
Cover Note Number	

Driver

Name of Driver	NICHOLAS LEE NAM AIK
NRIC No	S9600175D
Date Of Birth	06/01/1996
Occupation	OUTDOOR
Date Of Driving Pass	28/12/2016
Driving Experience	1 YEAR AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82186868
Fax Number	
Contact Number	OTHERS-82186868
EMail Address	NICNAMAIAK@GMAIL.COM

Address	BLK 614 BEDOK RESERVOIR ROAD #06-1200
Postcode	470614
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	NO COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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)	2
Passenger 1	NAME: : LIZ CHEW (GIRLFRIEND) GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	EUNOS NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4439999 - FAX NO: 62444376
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	SKD8267T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ATI
NRIC/Passport Number	
Contact Number	83850387
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name NICHOLAS LEE NAM AIK

Approximate Age

Injuries Sustain SERIOUS INJURIES

Injured person in which vehicle? FBH2120H

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 2

Name LIZ CHEW

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBH2120H

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

SKETCH PLAN

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 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: 25/6/18

1300hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.

BRICK RESERVOIR ROAD

XXXXXX XXXX XXXX

A) FBT 2120H

B) SKD 8267T

NO IMPROV

XXXXXX XXXX XXXX

219 Refuse to Police Report
1/20180623/2059

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

Policyholder's Signature
Date & Time: 2/5/18 1305hrs

Driver's Signature

Reporting Centre Personnel's Signature



SINGAPORE POLICE FORCE



T/20180623/2059

1 of 3

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

Report No. T/20180623/2059

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/06/2018 12:48		Vide Report No.:		Station Diary No.: 11	
Informant's Particulars					
Name of Informant: NICHOLAS LEE NAM AIK			Address: APT BLK 614 BEDOK RESERVOIR ROAD #06-1200 SINGAPORE 470614		
ID Type / ID No.: NRIC NO / S9600175D			Contact No.: Home/Office: Mobile: 82186868		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 22	Date of Birth: 06/01/1996	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: Police officer			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 16/06/2018 22:20	Type of Location: Straight Road
Location: Along Road 1 BEDOK RESERVOIR ROAD ALONG BEDOK RESERVOIR ROAD BEFORE TELOK KURAU PRIMARY SCHOOL				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: SELF-SKID				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH2120H	Motorcycle	YAMAHA	FZ 16	Black	Seriously Damaged	2
SKD8267T	Car	HONDA	AIRWAVE 1.5M A	Purple	No Damage	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBH2120H	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDSMT18380422	30/03/2018	29/03/2019



**SINGAPORE
POLICE FORCE**



T/20180623/2059

2 of 3

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

Report No. T/20180623/2059

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	NICHOLAS LEE NAM AIK	ID No.	S9600175D
Related Vehicle	FBH2120H (Motorcycle)	Contact No.	82186868
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	16/06/2018	Date Discharge	22/06/2018
No. of Days granted Medical Leave	34	Degree of Injury	Serious
Pillion			
Name	LIZ CHEW	ID No.	S9601146F
Related Vehicle	FBH2120H (Motorcycle)	Contact No.	93663241
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	16/06/2018	Date Discharge	17/06/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 16/06/2018 at about 2220hrs, I was riding on the first lane along Bedok Reservoir Road headed towards Eunos Link. Upon approaching one minor road, a car suddenly turned out and wanted to make a right turn into the opposite side of the road. As such, I had to do a evasive action to prevent myself from colliding into his vehicle. I then dropped my bike causing myself to self-skid. The driver of the said vehicle then stopped at the opposite side of the road and came out to render assistance. My pillion and I was then conveyed by ambulance to Changi General Hospital. I wish to inform that I sustained a fractured right elbow and some abrasions on my right knee and right arm. My pillion also suffered abrasions on her right knee and right arm. I do not have any camera on my motorcycle.



**SINGAPORE
POLICE FORCE**



T/20180623/2059

3 of 3

Police Station Of Origin:

Eunos NPP

629 Bedok Reservoir Road #01-1620

SINGAPORE 470629

Tel No: 1800-4439999

Report No. T/20180623/2059

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:

G /

Sgt 2 CHOO YOU CHENG, EUGENE

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt SHAHRUL NIZAM BIN SAMARRI

Contact No.: 65476904

Signature Of Informant:

Date/Time:

23/06/2018 12:48

Classification Of Case:

Authentication Stamp

NP168



ACCIDENT STATEMENT

ACCIDENT DATE: 16 / 6 / 2018 (DD/MM/YYYY), TIME: 22:20 (HH:MM)

LOCATION: Bedok Reservoir Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBH2120H
 b) INSURANCE COMPANY: MSIG
 c) POLICY NUMBER: MSD/VMS/18-380422-CA
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Yamaha FZ16
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / (MOTORCYCLE) / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / (MOTORCYCLE))
 h) PURPOSE OF USING AT ACCIDENT TIME: _____
 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: NICHOLAS LEE NAM AIK (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S9600175D CONTACT: 82186868
 c) ADDRESS: BLK 64 Bedok Reservoir Road #06-1200 S(470044)

GIRLFRIEND

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: NICHOLAS LEE NAM AIK (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S9600175D CONTACT: 82186868
 c) ADDRESS: BLK 64 Bedok Reservoir Road #06-1200 S(470044)

No of passengers
(including driver)
(2)

*d) DATE OF BIRTH: 06 / 01 / 1996 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS: 28 Dec 2016

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: girlfriend

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: Traffic Police

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKD 866T MODEL: Honda AEW
 b) DRIVER'S NAME: Ah
 c) NRIC/FIN/PASSPORT: _____ CONTACT: 8335 0387

No of passengers
(including driver)
()

9. THIRD PARTY VEHICLE

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

No of passengers
(including driver)
()

Email = Nichnamaik@gmail.com

fax =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S9600175D**



Name

NICHOLAS LEE NAM AIK

李南億

Race

CHINESE

Date of birth

06-01-1996

Sex

M

Country/Place of birth

SINGAPORE



REPUBLIC OF SINGAPORE **DRIVING LICENCE**



Licence No. **S9600175D**

Name

NICHOLAS LEE NAM AIK

Birth Date: **06 Jan 1996**

Issue Date: **02 Apr 2016**



9467026

NRIC No. **S9600175D**



Nationality

MALAYSIAN

Date of issue

28-10-2017

Address

**APT BLK 814 BEDOK RESERVOIR ROAD
#06-1200
SINGAPORE 470614**

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

EFFECTIVE DATE

Class	Description	Effective Date
Class 2B	Motorcycles <= 200 cc	28 Dec 2016
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	12 Jun 2017

NP 428A



**MSIG****CA 503453**

MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200412213G)
 4 Shenton Way, # 21-01, SGX Centre2, Singapore 068807
 Tel +65 6827 7888, Fax +65 6827 7800
 msig.com.sg

CERTIFICATE OF INSURANCE

Road Transport Act, 1987 (Malaysia)
 The Motor Vehicles (Third Party Risks) Rules, 1959 (Federation of Malaysia)
 The Motor Vehicles (Third Party Risks and Compensation) Act (CAP. 189 of the Revised Edition) (Republic of Singapore)
 The Motor Vehicles (Third Party Risks and Compensation) Rules, 1996 Edition (Republic of Singapore)
 Or any Amendment, Act or Acts passed in substitution thereof.

CERTIFICATE NO : MSD/VMS/18-380422-CA A0074-001/10001

SUMINSURED : PMV

EXCESS : \$300(FIRE&THEFT) \$600(ENDT 2K)

1. Index mark and Registration Number of Vehicle : FBR2120H

YAMAHA

153 c.c.

2. Name of Policyholder : NICHOLAS LEE NAM AIK

3. Effective date of the Commencement of Insurance

for the purposes of the Act

1201AM 30/03/2018

4. Date of Expiry of Insurance

29/03/2019

5. Persons or Classes of Persons entitled to drive

a. The Policyholder.

b. AARON SIM YU HUI 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. And provided further that the Motor Vehicle is registered and licensed under the Road Traffic Act and its registration and licensing under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

6. Limitation as to Use

Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

7. The Policy does not cover:

1. Use for hire or reward.

2. Use for racing, pace-making, reliability trial or speed-testing.

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

4. Use for any purpose in connection with the Motor Trade.

* 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 the Road Transport Act, 1987 (Malaysia).

COMMERCIAL AGENCY PTE. LTD.

Underwriting Agent

For MSIG Insurance (Singapore) Pte. Ltd.

20/03/2018 (CG)
 CA/C1-03 (08/12)

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MAY48081663 Vehicle Registration No: FBH 2120H
Name (as shown in NRIC): NICOLAS Luke NAM Oik NRIC/FIN/Passport No: S9600175D
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 82186868
Email Address: _____
Date of Accident: 16/06/2018 Time of Accident: 22:20
Place of Accident: Along Beach Road near Raffles Hotel
Insurance Company: MSU

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

- ① To Insert T/P Vehicle Number SCD 8267T
- ② Survey Photos

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: [Signature]
NRIC/FIN No: [Signature]
Date: 25/06/2018