

NATIONAL Assessment Centre Services			
Date In: 26/06/2018 17:17	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: N80120080116504	E-mail (within 3hrs, A/C 2hrs)		
Veh No: SSG 3540H	I-Motor Claim Form	nr11000406002	27/06/2018
D.O.A: 25/06/2018 20:05	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		13:58
OD: <u>TR</u> Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksj		

Preferred Wksp / INC Assign Wksp / QW: ()		Tel: ()	Fax: ()
TP Particulars:	Veh No: SLW 1558M	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

Claimant's Particulars:- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments:-	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:-			
OTI*				
*N5: Courtesy Car / Tpt Allowance \$5				
*N6: Repair Co-ordination \$10				
*N7: Post Repair Inspection \$25				
*N8: DV / Collect Excess Coordination \$5				
TE (N11): TP (N-in INC) against INC \$20				
9) N12: Idac Mobile \$0				
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	26/06/2018 17:17
Date Of Accident	25/06/2018 20:05
Exact Location Of Accident	ALONG WOODLANDS AVENUE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJG3540H
Insured/Policyholder	
Name Of Registered Owner	HENG CHUAN SUE, VEVIAN
NRIC No	S8817247G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96995504
Alternative Phone No	OTHERS-96995504

Vehicle Particulars

Manufacturer	HONDA
Model	JAZZ
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5101395069
Cover Note Number	

Driver

Name of Driver	HENG CHUAN SUE, VEVIAN
NRIC No	S8817247G
Date Of Birth	20/05/1988
Occupation	INDOOR
Date Of Driving Pass	09/06/2008
Driving Experience	10 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96995504
Fax Number	
Contact Number	OTHERS-96995504
Email Address	NOEMAIL

Address	BLK 517 WOODLANDS DRIVE 14 #11-233
Postcode	730317
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	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	SLW1558M
Vehicle Make/Model/Colour	TOYOTA WISH
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE CHIN FONG
NRIC/Passport Number	S7810627A
Contact Number	81261690
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

Veh A: SJG 3540H

Veh B: SLW1558 M

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.
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: 26/6/18 @ 09:00 AM

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

26/6/2018

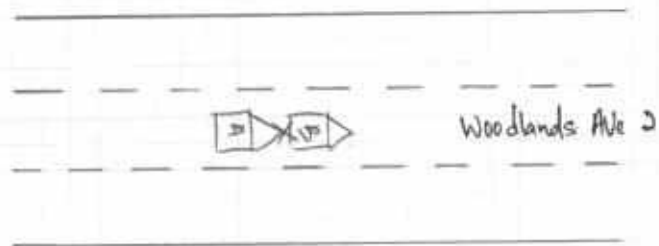
9084 WADHOS

SKETCH PLAN

Veh A: SJG 3540 H

Exit BKE

Veh B: SLW 1558 M



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Heavy traffic and the car sudden brake. Could not stop in time and hit slightly hit on the back of the car bumper.

DECLARATION

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

Policyholder's Signature

Date & Time: 26/11/18 @ 0930h

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

26/11/2018
Rafi Wathani

Claim Handling

The premium on this policy has not been collected.

Accident MY/1000406

Policy No.	5101395069	Vehicle No.	SGJ3540H	GST Registration No.	
Policyholder Name	HENG CHUAN SUE, VEYIAN	Cover Type	drive CLASSIC	Policyholder NRIC	S8817247G
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Leading	0
Contact No.(Mobile)	NA	Special Remark		Contact No.(Home)	
Email Address		TCA	+ No Yes	eCode	No *
KFK	+ No Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	Not available

Accident Details

Report Date	26/06/2018 17:23	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	25/06/2018	Time of Accident hh:mm	20:00	Country of Accident	Singapore
Reporting Centre	administrator	Orange Force	No	ICM No.	
Accident Location	WOODLANDS AVE 2				

Benefits

Excess

Own damage Excess	500.00	Additional Excess	0.00	Windscreen Excess	100.00
Uninsured Driver Excess	0.00	Outside Singapore OD Excess	500.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

GST Registered Information

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

Policyholder Mailing Address

Address 1	BLK 517 #11-233	Address 2	WOODLANDS DRIVE 14	Address 3	FRAGRANT WOODS
Address 4	SINGAPORE 730517	Address Type	Singapore address	Post Code	730517
Unit No.	11-233	Related Policy Number	5101395069		

O1 Driver Info

Driver Name	Heng Chuan Sue, Veyian	Driver Type	Main Driver	Driver DOB	20/05/1988
Unnamed driver Name		Driver NRIC	S8817247G	Driving Experience	10
Register Date of Driver License	01/01/2008	Driver Age	30	Contact No.(Office)	
Contact No.(Mobile)	96995504	Contact No.(Home)		Address 3	FRAGRANT WOODS
Address 1	BLK 517 #11-233	Address 2	WOODLANDS DRIVE 14	Post Code	730517
Address 4	SINGAPORE 730517	Address Type	Singapore address		
Unit No.	11-233				
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.		Driver Insurer Company	

Declaration			
Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes - No

Modification History

Claim 002 OD-MX

New

Claim Type *	OD-MX	Insured Name	HENG CHUAN SUE, VEYIAN	Insured NRIC	S8817247G
Contact No.(Mobile)	96995504	Contact No.(Home)	87088810	Contact No.(Office)	
Email Address	veiyianheng@gmail.com	O1 Vehicle Number	SGJ3540H	TP Vehicle Number	SLW1558M
Claim Description	SGJ3540H / SLW1558M ON 25 Jun 2018				
Preferred Workshop Contact No.		Insured Liability *	Fully at fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	27/06/2018 13:57	Claim Close Date		Date Received	27/06/2018 00:00
Report Taken By	ROSLE WAHAB	Workshop Repairer		Total Loss Not Reported	

Print & K letter

Save Submit

Attachment

Accident No.	MT/1000406	Claim No.	002
Last Doc. Received	Yes No	Upload Date	27/06/2018 13:58
Path *		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			

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 27 Jun 2018 13:58	Photos	Normal	Photos 2018-6-27		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 27 Jun 2018 13:58	Photos	Normal	Photos 2018-6-27		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 27 Jun 2018 13:58	Photos	Normal	Photos 2018-6-27		Edit

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 27 Jun 2018 13:58	Photos	Normal	Photos 2018-6-27	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 27 Jun 2018 13:57	Photos	Normal	Photos 2018-6-27	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 27 Jun 2018 13:57	Photos	Normal	Photos 2018-6-27	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 27 Jun 2018 13:57	Photos	Normal	Photos 2018-6-27	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 27 Jun 2018 13:57	Photos	Normal	Photos 2018-6-27	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 27 Jun 2018 13:58	Photos	Normal	Photos 2018-6-27	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 27 Jun 2018 13:58	Photos	Normal	Photos 2018-6-27	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 27 Jun 2018 13:58	Photos	Normal	Photos 2018-6-27	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 27 Jun 2018 13:58	Photos	Normal	Photos 2018-6-27	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 27 Jun 2018 13:58	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-27	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 27 Jun 2018 13:58	SAS	Normal	SAS 2018-6-27	Edit

[Video List](#)

Uploaded By/Date	Folder Date	File Name	Source	Action
		Display in New Window Scan and uploading		

Accord Auto Services Pte Ltd

Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: avclaims@mycarworkshop.com

Particular Of Insured/Driver & Details Of The Accident

Motor Accident Report

*Date of Accident: 25/6/2018 (Ex't BKE) *Time of Accident: 2005 hrs
*Accident Location: Woodlands Ave 2

Vehicle Details

*Vehicle Number: SJG 3540 H *Make & Model: Honda Jazz

Insured / Policyholder

*Owner Name: Heng Chuan Sue Venan *NRIC: S8817247 G
*Address: 517 Woodlands Dr 14 #11-233 S(730517)
*Email: venanheng@gmail.com *HP: 96995509
*Occupation: Nannies Officer (Indoor / Outdoor) *Tel / H / Other: _____

Driver (✓) same as above

*Driver Name: _____ *NRIC: _____
*Address: _____
*Date of Birth: _____ *Driving Pass Date: _____ *HP: _____
*Email: _____ *Gender: Male / Female
*Occupation: _____ (Indoor / Outdoor) *Tel / H / Other: _____
*Driver an employee: Yes / No (*If no, what is relationship with the policyholder: _____)

Passengers Details

*P/Name: _____ (Male/Female) *P/Name: _____ (Male/Female)
*P/Name: _____ (Male/Female) *P/Name: _____ (Male/Female)

Insurance Company

*Insurer: _____ *Coverage: C / TPFT / TPO *Policy No: _____

Detail of other vehicle / Property 1

Vehicle No.: SLW 1558 M
Make & Model: Toyota Wish
Vehicle Category: _____
Name of Driver: Lee Chin Fong
NRIC : S7810627 A
HP : 81261690
No. of Passengers (Including Driver): 1

Detail of other vehicle / Property 2

Vehicle No.: _____
Make & Model: _____
Vehicle Category: _____
Name of Driver: _____
NRIC : _____
HP : _____
No. of Passengers (Including Driver): _____

For Official Use Only

*Claiming against Own Ins.: Yes / No (If No, Reporting Only / TP Claims)

General Information of the accident

*Type of accident: Head-Rear / Side swipe / others: _____
*Weather conditions: Clear / Raining / others: _____ *Any video cam: Yes / No
*Road Surface: Dry / Wet / others: _____
*Witness: Yes / No (Name: _____ NRIC: _____ HP: _____)
*Accident reported to police: Yes / No *Summon against whom: _____
*Injured party: Yes / No *No. of passengers (include driver): _____
-I/Name: _____ *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No
-I/Name: _____ *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No

REPUBLIC OF SINGAPORE DRIVING LICENCE



Medium Number: **S8817247G**
Name:

HENG CHUAN SUE, VEIAN

Birth Date: **20 May 1988**
Issue Date: **09 Jun 2008**



001612290C

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8817247G**



HENG CHUAN SUE, VEIAN

王 莊 淑

Race:

CHINESE

Date of Birth:

20-05-1988

Sex:

F

Country of Birth:

SINGAPORE

S8817247G

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

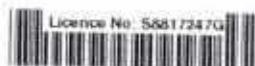
Class 2B Motorcycles <= 200 CC
Class 2 Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg

PASS DATE

15 Jul 2009
09 Jun 2008

S8817247G

S / No: 9000100670



Licence No: S8817247G



3351491



NRIC No: **S8817247G**

Blood Group:

Date of issue:

27-05-2003

Address:

**APT BLK 517 WOODLANDS DRIVE 14
#11-233
SINGAPORE 730517**

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: 5101395069

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SJG3540H**
Chassis Number : **JHMGD18508S212812**
2. Name of Policyholder : **HENG CHUAN SUE, VEVIAN**
3. Effective Date of Insurance : **18 Jun 2018**
4. Expiry Date of Insurance : **17 Jun 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 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)	: S\$600
EXCESS (SECTION 2)	: N/A
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	: HENG CHUAN SUE, VEVIAN
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: HONG LEONG FINANCE 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 : INSUREMYCAR.COM.SG (00000615275)
Date of Issue : 14 Jun 2018 14:08 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive