

NATIONAL Assessment Centre Services (Ref: JAV04) **MNAIC 8082965**

Date In: 27/06/2018 15:01	Job description	Date & Time Completed	Done by
Ref No: NBAIC/80/191314	SAS e-filing		
Veh No: SKA 2322Y	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 26/06/2018 13:55	i-Motor Claim Form	M/1000574001	27/06/2018
OD: <u>TR Reporting Only</u>	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		15:45
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: SHC 7554 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 :-	Invoice Preparation Checklist	
	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)	
Damaged Portion:	3) TF: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120	
Auditors' Comments :-	5) RT: Follow-Through Survey (Resurvey) \$30	
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)	
Cat. 2/3:	6) TR: Re-inspection \$75	
	7) NI: Idac DA + SMRT Survey \$160	
	8) NTUC Additional Services:-	
	OD*:	
	*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) NI2: 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	27/06/2018 15:01
Date Of Accident	26/06/2018 13:55
Exact Location Of Accident	ALONG WHITLEY ROAD TOWARDS STEVENS ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA2322Y
Insured/Policyholder	
Name Of Registered Owner	DBS BANK LIMITED
Co Reg No	196800306E
Email Address	LIMINPEARLISA@DBS.COM
Mobile Phone No	(LOCAL) +65-92960941
Alternative Phone No	OFFICE-92960941

Vehicle Particulars

Manufacturer	JAGUAR
Model	XJL-5.0 V8 (A)
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	5088556759-01
Cover Note Number	

Driver

Name of Driver	MOHD FARRIS BIN PADILLAH
NRIC No	S1782836C
Date Of Birth	06/11/1966
Occupation	OUTDOOR
Date Of Driving Pass	16/12/1988
Driving Experience	29 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92960941
Fax Number	
Contact Number	OTHERS-92960941
Email Address	LIMINPEARLISA@DBS.COM

Address	BLK 182 ANG MO KIO AVENUE 5 #02-2892
Postcode	560182
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	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

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?	YES
If Yes, Please state which Police Station	
Police Station Name	MARINA BAY NPC
Police Station Address	ROAD: 70 MARINA VIEW , POSTCODE: 018962 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
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

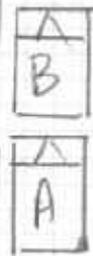
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC755U
Vehicle Make/Model/Colour	HYUNDAI I40
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

SKETCH PLAN

ALONG WHITELY ROAD TOWARDS STEVEN ROAD

A) SKA 2322Y
B) SHC 755U



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 26-06-2018 AT ABOUT 1355HRS, I WAS AT WHITELY ROAD DRIVING TOWARDS STEVEN RD. STOP AT THE TRAFFIC LIGHT JUNCTION AS THE SIGNAL LIGHT WAS RED I STOP MY VEHICLE SKA 2322Y. AS THE LIGHT TURNS GREEN I RELEASE MY BRAKE AND MY VEHICLE HIT THE BUMPER OF THE FRONT VEHICLE SHC 755U. DUE TO THE HIT SHC 755U HAD A SLIGHT SCATCH ON THE BUMPER. MY VEHICLE HAD A MINOR SCATCH AT THE FRONT BUMPER. THE CONDITION OF THE ROAD IS WET DUE TO RAINING. ROAD CONDITION IS SLIGHTLY HEAVY.

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: 1450
27-06-2018

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

NOTICE OF REPORTING

This is to confirm that Mohd Farris Bin Padillah, NRIC/FIN S1782836C, Apt Blk 182 Ang Mo Kio Ave 5 #02-2892, has reported to the Police a non-injury traffic accident which occurred at Whitley Rd towards Steven Rd on 26/06/2018 at 0155 am/pm involving the following vehicles:

- 1) SHC755U Yellow City Cab
- 2) SKA2322Y Jaguar

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: Sgt Joey *JOEY*

Date: 26/06/2018 Time: 1540hrs

S/D Ref: #13

Police Post/Unit : Marina Bay NPC



Original - to be issued to informant
Duplicate - to be submitted to Traffic Police

Claim Handling

The premium on this policy has not been collected.

Accident MY/1000574

Policy No.	508556759-01	Vehicle No.	SKA2322Y	GST Registration No.	MR55001803
Policyholder Name	DBS BANK LIMITED			Policyholder NRIC	19680306E
Product Code	PRIVATE CAR INSURANCE	Cover Type	Drive PREMIUM	Loading	0
Contact No.(Mobile)	92660943	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	+ No Yes	TCA	+ No Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	27/06/2018 15:39	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	26/06/2018	Time of Accident hh:mm	13:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG WHITLEY ROAD TOWARDS STEVENS ROAD				

Benefit

Coverage	Sum Insured				
Accessory	3000				
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	0.00	Outside Singapore TP Excess	0.00		

GST Registered Information

GST Registered	Yes	GST Registration Date	01/01/2015
GST Registration No.	MR55001803	GST Status Verified	No
Modification History			

Policyholder Mailing Address

Address 1	2 CHANGI BUSINESS PARK CRE	Address 2	#05-09 DBS ASIA HUB LOBBY A	Address 3	SINGAPORE 486029
Address 4		Address Type	Singapore address	Post Code	486029
Unit No.		Related Policy Number	508556759-01		

DI Driver Info

Driver Name	MUHD FARRIS BIN PADILLAH	Driver Type	Named Driver	Driver DOB	06/11/1966
Unnamed driver Name		Driver NRIC	S1782836C	Driving Experience	31
Register Date of Driver License	01/01/1987	Driver Age	51	Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 1	
Address 1		Address 2		Address 2	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.	SKA2322Y	Driver Insurer Company	NTUC

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes + No
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Modification History

Claim 001 New

Claim Type *	OD-IX	Insured Name	DBS BANK LIMITED	Insured NRIC	19680306E
Contact No.(Mobile)		Contact No.(Home)	92789088	Contact No.(Office)	66820664
Email Address	eleannrsnh@db.com	DI Vehicle Number	SKA2322Y	TP Vehicle Number	SHC755U
Claim Description	SKA2322Y / SHC755U Drv 26 Jun 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	27/06/2018 00:00
Date Registered	27/06/2018 15:44	Claim Close Date			
Report Taken By	BOSLI WAHAB				
<input checked="" type="checkbox"/> Print AX letter					

Attachment

Accident No.	MY/1000574	Claim No.	001
Last Doc. Received	Yes No	Upload Date	27/06/2018 15:45

Path *	Category *	Confidential	Urgency *	Description *
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	
<input type="button" value="Message Read"/>				<input type="button" value="Send Message"/> <input type="button" value="Upload"/>

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CO)	Action
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UNIT MERAH)) on 27 Jun 2018 15:45	Photos	Normal	Photos 2018-6-27		<input type="button" value="Edit"/>
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UNIT MERAH)) on 27 Jun 2018 15:45	Photos	Normal	Photos 2018-6-27		<input type="button" value="Edit"/>



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 27 Jun 2018 15:44	Photos	Normal	Photos 2018-6-27	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 27 Jun 2018 15:44	Photos	Normal	Photos 2018-6-27	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 27 Jun 2018 15:44	Photos	Normal	Photos 2018-6-27	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 27 Jun 2018 15:44	Photos	Normal	Photos 2018-6-27	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 27 Jun 2018 15:44	Photos	Normal	Photos 2018-6-27	Edit
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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 27 Jun 2018 15:44	Photos	Normal	Photos 2018-6-27	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 27 Jun 2018 15:44	Photos	Normal	Photos 2018-6-27	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 27 Jun 2018 15:44	Photos	Normal	Photos 2018-6-27	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 27 Jun 2018 15:44	Photos	Normal	Photos 2018-6-27	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 27 Jun 2018 15:44	SAS	Normal	SAS 2018-6-27	Edit
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 27 Jun 2018 15:44	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-6-27	Edit

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
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[Display in New Window](#) [Scan and uploading](#)

ACCIDENT STATEMENT

ACCIDENT DATE: (26/06/2018) (DD/MM/YYYY), TIME: (13:55) (HH:MM)

LOCATION: WHITLEY ROAD TOWARDS STEVEN ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKA 23224
b) INSURANCE COMPANY: INCOME
c) POLICY NUMBER: 5086556759-01
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: JAGUAR XJL
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
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: DBS BANK (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: MOHD FARRIS BIN PADILAH (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: C1762836 CONTACT: 92960941
c) ADDRESS: BLK 182 #02-2892 AND 110 KIO AVENUE SE 520182

*d) DATE OF BIRTH: (06/11/1964) (DD / MM / YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 01091988

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: SHC 755 U MODEL: HYUNDAI 140
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

Email = liminpearlisa@dbc.com

Fax = _____

No of passengers
(including driver)
(1)

No of passengers
(including driver)
()

No of passengers
(including driver)
()

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1782836C



Name

MOHD FARRIS BIN PADILLAH



Race

MALAY

Date of Birth

Sex

06-11-1966

M

Country of Birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S1782836C

Name

MOHD FARRIS BIN PADILLAH

Birth Date 06 Nov 1966

Issue Date 22 Oct 2003



0786528

NRIC No. S1782836C



Blood Group Date of issue

AB+

04-07-1994

APT BLK 182 ANG MO KIO AVENUE 5 #02-2882
SINGAPORE 560182

NRIC No. S1782836C

Date: 10-10-2003

No: 4721740

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

Class 2B Motorcycles not exceeding 200 cc
Class 2A Motorcycles between 201 cc and 400 cc
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 3500 kilograms

PASS DATE

01 Sep 1988

01 Sep 1988

16 Dec 1986



License No: S1782836C

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:** 5088556759-01 **Cover :** drive PREMIUM
1. Index mark and Registration Number of Vehicle : **SKA2322Y**
Chassis Number : SAJAC28G9CMV27512
 2. Name of Policyholder : DBS BANK LIMITED
 3. Effective Date of Insurance : 10 May 2018
 4. Expiry Date of Insurance : 09 May 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\$2,000
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	: YES
INSURE WITH COE	: YES
NCD PROTECTION	: YES
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: LIM SIM SENG
NAMED DRIVER (1)	: MOHD FARRIS BIN PADILLAH
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

(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 : AON SINGAPORE PTE LTD (00000690339)
Date of Issue : 23 Apr 2018 10:31 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive