#### 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 <u>truthful and accurate</u> 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

| aforesaid.   |   |
|--|---|
|  | ACCIDENT STATEMENT                          |
| Date Of Report   | 31/07/2018 12:46                            |
| Date Of Accident   | 31/07/2018 10:30                            |
| Exact Location Of Accident   | ALONG YIO CHU KANG RD BEFORE JUNC CACTUS RD |
| Country/State of Loss  | SINGAPORE                                   |
|  | DETAILS OF OWN VEHICLE                      |
| Vehicle Registration Number  | SJP8424E                                    |
| Insured/Policyholder   |   |
| Name Of Registered Owner   | SHIRLEY LIM XUE LI (LIN XUELI)              |
| NRIC No  | S8110305D                                   |
| Email Address  | NOEMAIL                                     |
| Mobile Phone No  | (LOCAL) +65-93299290                        |
| Alternative Phone No   | OFFICE-93299290                             |
| Vehicle Particulars  |   |
| Manufacturer   | HYUNDAI                                     |
| Model  | HD AVANTE 1.6 A                             |
| 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   | PRIVATE CAR                                 |
| Insurance Company  |   |
| Name of Insurance Company  | NTUC INCOME INSURANCE CO-OPERATIVE LTD      |
| Type Of Coverage   | COMPREHENSIVE                               |
| Fleet Policy   | NO  |
| Policy Number  | 5063345349-04                               |
| Cover Note Number  |   |
| Driver   |   |

Name of Driver LIM PENG KOON (LIN BINGKUN)

NRIC No S7834426A

Date Of Birth 18/11/1978

Occupation OUTDOOR

Date Of Driving Pass 16/12/2003

Driving Experience 14 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93299292

Fax Number

Contact Number OFFICE-93299292

EMail Address NOEMAIL

Address BLK 271A SENGKANG CENTRAL

#10-263

Postcode 541271

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle Vehicle

.

Insurance Company of Driver's Own Vehicle

-

**General Information of the Accident** 

Type Of Accident CHAIN 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?

NO

NO

3

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : SHIRLEY LIM XUE LI (LIN XUELI)

GENDER: : FEMALE

Passenger 2 NAME: : SHERZANNE LIM XUAN TING

GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name HOUGANG NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 60 HOUGANG AVE 9, POSTCODE: 538775, COUNTRY:

SINGAPORE

Police Station Contact TEL NO: 1800-4890999 - FAX NO: 63128989

Was notice of intended Prosecution given? NO

If Yes, against whom?

**Circumstances of Accident** 

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY ALONG LANE 2 YIO CHU KANG RD AS IT WAS

CONGESTED. SUDDENLY VEHICLE B HIT ONTO MY VEHICLE REAR PORTION. AFTER AN IMPACT, MY VEHICLE MOVED FORWARD AND HIT ONTO VEHICLE C REAR PORTION.

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 SMB3520G

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category BUS

Name of Driver LUO YONG
NRIC/Passport Number G2379074U

**Contact Number** 

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SKM2847L

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1 NAME: :

GENDER:

#### DETAILS OF INJURED PERSON 1

NO

2

Name LIM PENG KOON (LIN BINGKUN)

Approximate Age

Injuries Sustain HEAD & DIZZY
Injured person in which vehicle? SJP8424E

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

e?

Address Postcode

#### **DETAILS OF INJURED PERSON 2**

Name SHIRLEY LIM XUE LI (LIN XUELI)

Approximate Age

Injuries Sustain HEAD, NECK, BACK & ANKLE

Injured person in which vehicle? SJP8424E Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

#### **DETAILS OF INJURED PERSON 3**

Name SHERZANNE LIM XUAN TING

Approximate Age

Injuries Sustain HEAD
Injured person in which vehicle? SJP8424E
Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

#### **Accident Sketch Plan**

#### 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any willful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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 insurers) 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:
  - 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:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

#### **Accident Sketch Plan**

| SKETCH PLAN                                     |  |
|---|--|
| tog gar   | A: SP8424E<br>E: SM83520G  |
| 7:3 cha   | E: SMB3570G  C: SKM7847L   |
| neter to statemen                               | SOCIAL PROPERTY CONTRACTOR CONTRA |
|   |  |
|   |  |
|   |  |
|   |  |
| DECLARATION  I/We declare the foregoing particu | ilars are true in every respect  |
| Policyholder's Signature<br>Date & Time:        | Driver's Signature (If driver is not the policyholder) Date & Time:  Reporting Centre Pessanner's Signature Name: NRIC/FIN No.:  |





Police Station Of Origin:

Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

|                 | ı |
|-----------------|---|
| T/20180731/2116 |   |

1 of 4

Report No. T/20180731/2116

| REPORT   | OF A TRAFFI       | CACCIDENT |  |                           |  |  |  |
|--|-------------------|-----------|--|---------------------------|--|--|--|
| Date/Time Report Made: 31/07/2018 17:27        |                   |           | Vide Report No.:   | Station Diary No.:<br>121 |  |  |  |
| Informa  | nt's Partic       | ulars     |  |                           |  |  |  |
| Name of Informant:<br>LIM PENG KOON            |                   |           | Address:<br>APT BLK 271A SENGKANG CENTRAL #10-263 SINGAPOR<br>541271 |                           |  |  |  |
| ID Type / ID No.:<br>NRIC NO / S7834426A       |                   |           | Contact No.:<br>Home/Office: Mobile: 93299292                        |                           |  |  |  |
| Nationality:<br>SINGAPORE CITIZEN              |                   | EN        | Email:   |                           |  |  |  |
| Sex: Age: Date of Birth:<br>Male 39 18/11/1978 |                   |           | Type of Informant:<br>Driver   |                           |  |  |  |
| Race:<br>Chinese                               |                   |           | Language: Institution / School Name                                  |                           |  |  |  |
| Occupat<br>Interior I                          | tion:<br>Designer |           | Driving Licence Information: Class: 3,4 Date of Expiry:              |                           |  |  |  |

| Type of<br>Accident:   | Injury<br>Others | Drink<br>Drive:<br>No                   | Date/Time of<br>Accident:<br>31/07/2018 10:30 | Type of Location<br>Straight Road |  |
|------------------------|------------------|---|---|-----------------------------------|--|
|                        | NG ROAD          | Junction of Cactus Roa<br>Road Surface: |   | Road Speed Limit:                 |  |
| Weather:               |                  | Dry                                     |   | rodu opecu Linni.                 |  |
| Clear                  |                  |   |   | Traffic Volume:                   |  |
| Clear<br>Traffic Flow: |                  | Traffic Control:                        |   | Traffic Volume:                   |  |

|             | ehicle Involved | MODEL CONTRACTOR AND THE PARTY. | I Proportion |        | 0.00       | No. of the last of |
|-------------|-----------------|---------------------------------|--------------|--------|------------|--|
| Vehicle No. | Туре            | Make                            | Model        | Color  | Conclition | No of Passenger  |
| SJP8424E    | Car             | HYUNDAI                         |              | Black  |            | 2  |
| SKM2847L    | Car             | TOYOTA                          |              | Black  |            | 1  |
| SMB3520G    | Bus/Coach/Mi    | ALEXANDER<br>DENNIS             |              | Silver |            | 0  |

#### POLICE REPORT





T/20180731/2116

2 of 4

Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

Report No. T/20180731/2116

CONTINUATION OF REPORT

| Any Pedestrian I  | nvolved: No  |         |   |                |                                   |                                       |
|-------------------|--|---------|---|----------------|-----------------------------------|---------------------------------------|
| No. of Pedestriar |  |         | Use of Pe                                       | adactriar      | Cross                             | ing: NA                               |
| Passenger         | is injured. IVIL   |         | OSC OFF   | destrial       | Cioss                             | MIG. NA                               |
| Name              | SHIRLEY LIM XUE I  |         | ID No.  |                | S8110305D                         |                                       |
| Related Vehicle   | SJP8424E (Car)   |         | Conta   | ct No.         | NIL                               |                                       |
| Hospital/Clinic   | MOUNT ALVERNIA   | L       | Class of<br>Driving<br>Licence &<br>Expiry Date |                | Class: NIL<br>Date of Expiry: NIL |                                       |
| Date Treatment    | 31/07/2018   |         | Date Disc                                       |                | _                                 |                                       |
|                   | ted Medical Leave  | 05      | Degree o  |                |                                   | t                                     |
| Driver            | THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN |         |   |                | SHIP IN                           | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| Name              | LIM PENG KOON  |         |   | ID No          |                                   | S7834426A                             |
| Related Vehicle   | SJP8424E (Car)   |         | Contact No.                                     |                | 93299292                          |                                       |
| Hospital/Clinic   | MOUNT ALVERNIA   |         | Class<br>Drivin<br>Licent<br>Expiry             | g              | Class: 3,4<br>Date of Expiry: NIL |                                       |
| Date Treatment    | 31/07/2018   |         | Date Disc                                       | charge         | NIL                               |                                       |
| No. of Days grant | ed Medical Leave   | 05      | Degree o  |                | Slight                            |                                       |
| Passenger         |  | Halle ! | 11 2 2 2 2                                      | dissipation of | SHEET SHEET                       | THE PART NAMED IN COLUMN TWO          |
| Name              | LIM XUAN TING SHE  | RZANNE  |   | ID No.         |                                   | T1232059G                             |
| Related Vehicle   | SJP8424E (Car)   |         |   | Contact No.    |                                   | NIL                                   |
| Hospital/Clinic   | MOUNT ALVERNIA   |         | Class<br>Driving<br>Licence<br>Expiry           | g<br>e &       | Class: NIL<br>Date of Expiry: NIL |                                       |
| Date Treatment    | 31/07/2018   |         | Date Disc                                       |                | NIL                               |                                       |
|                   | ed Medical Leave   | 03      | Degree of                                       |                | Slight                            |                                       |

#### **POLICE REPORT**





Police Station Of Origin: Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

3 of 4 Report No. T/20180731/2116

| Driver           | <b>学生的发现的发现</b>              | 100000000000000000000000000000000000000 | HEAD TO BE A STATE OF THE STATE | 165,000                             | 917.1226       |                                       |
|------------------|------------------------------|---|--|-------------------------------------|----------------|---------------------------------------|
| Name             | LUO YONG                     |   |  |                                     | ).             | G2379074U                             |
| Related Vehicle  | SMB3520G (Bus/Coach/Minibus) |   |  | 520G (Bus/Coach/Minibus) Contac     |                | NIL                                   |
| Hospital/Clinic  | NIL                          |   |  | Class<br>Drivin<br>Licend<br>Expiry | g              | Class: 2B,3,4A<br>Date of Expiry: NIL |
| Date Treatment   | NIL                          | Date Disc                               | harge  | NIL                                 | and the second |                                       |
| No. of Days gran | ted Medical Leave            | NIL                                     | Degree o   |                                     | NIL            |                                       |

CONTINUATION OF REPORT

#### Brief Details.

On 31/07/2018 at about 1030hrs, I was travelling along Yio Chu Kang Road in vehicle SJP8424E and everything was intact and in order. Inside my vehicle, there were two passengers (my wife and my daughter).

I then came to a traffic light junction near Cactus Road. At that moment, the traffic light was red and all vehicles were stationary.

It was then I felt an impact from the rear portion of my vehicle. A SMRT BUS SM3520G collided into the rear portion of my vehicle, the impact caused my vehicle to move forward, colliding into the rear portion of SKM2847L. I was still conscious and alighted from my vehicle. All my passengers did not require immediate medical attention, as such no police or ambulance came to scene.

I then took down the particulars of the bus driver and subsequently, left the scene. I do not have any-in car CCTV installed inside my vehicle.

My passengers and I did not feel well and all of us proceeded to Mount Alvernia Hospital for treatment. Shirley Lim received 5 days of MC from 31/07/2018 to 04/08/2018 for my neck, back and leg injuries. Lim Xuan Ting Sherzanne received 3 days of MC from 31/07/2018 for her head discomfort. I received 5 days of MC from 31/07/2018 to 04/08/2018 for head and back injuries.





T/20180731/2116

4 of 4

Report No. T/20180731/2116

Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999 CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

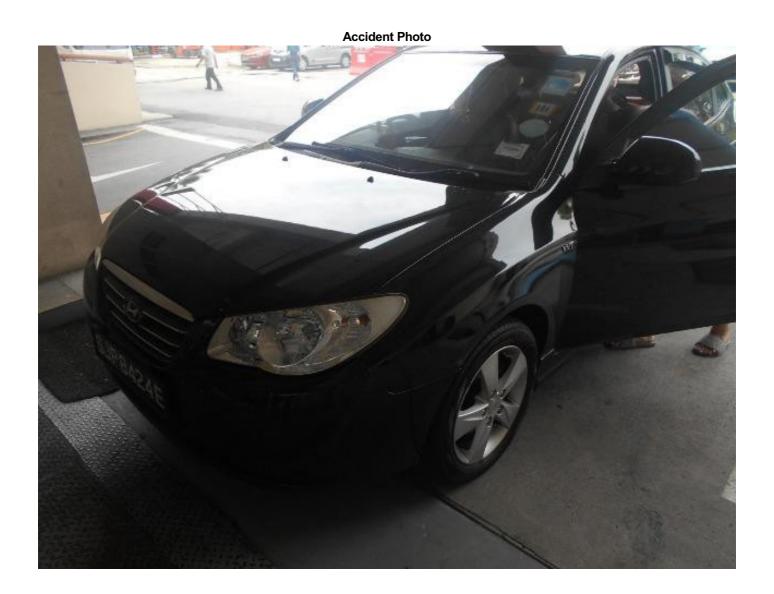
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the <u>report number</u> as reference.

| Signature Of Officer Recording The Report:<br>F /<br>Sgt 3 ASHLEY TOH                  | Signature Of Informant:        |
|--|--------------------------------|
| Signature Of Interpreter:<br>Not applicable  | Date/Time:<br>31/07/2018 17:27 |
| Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414 | Classification Of Case:        |
| Authentication Stamp NP168 Signature: Singapore Police Force                           |                                |





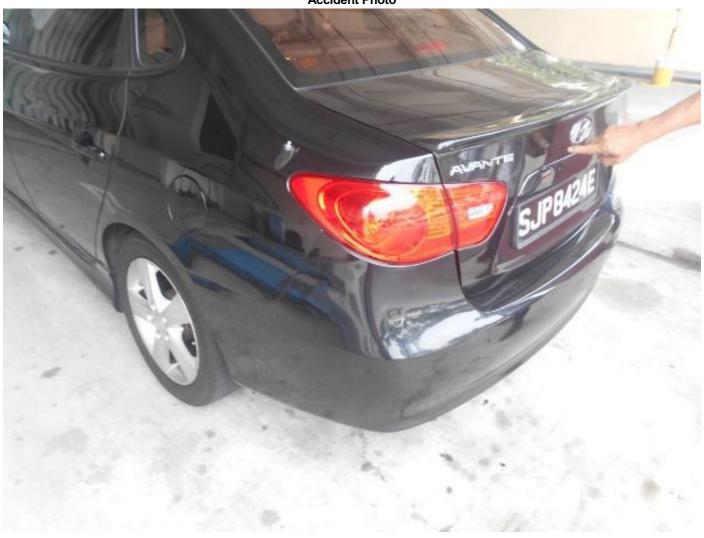










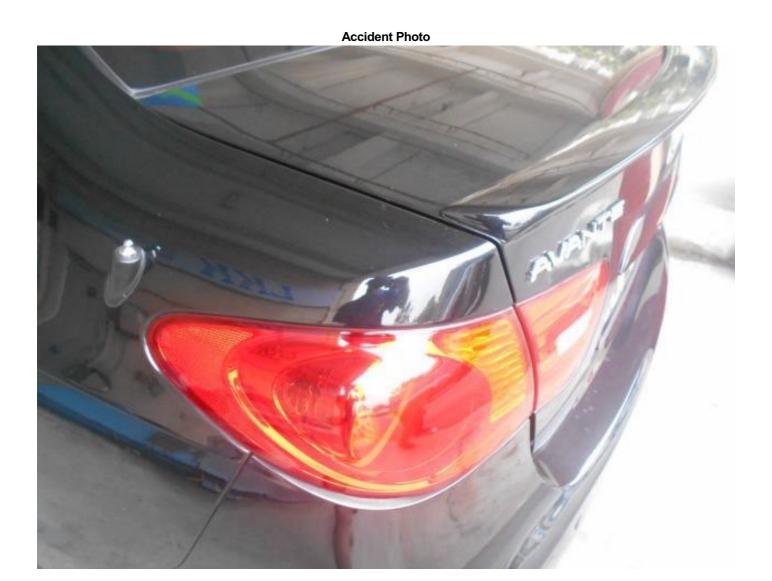






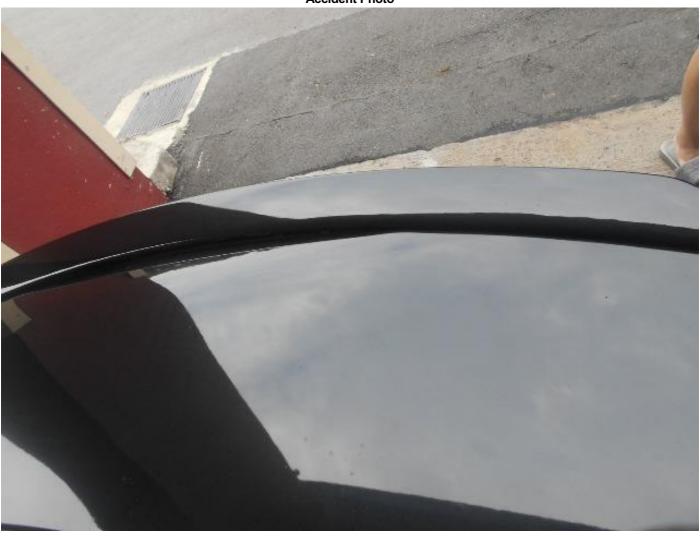










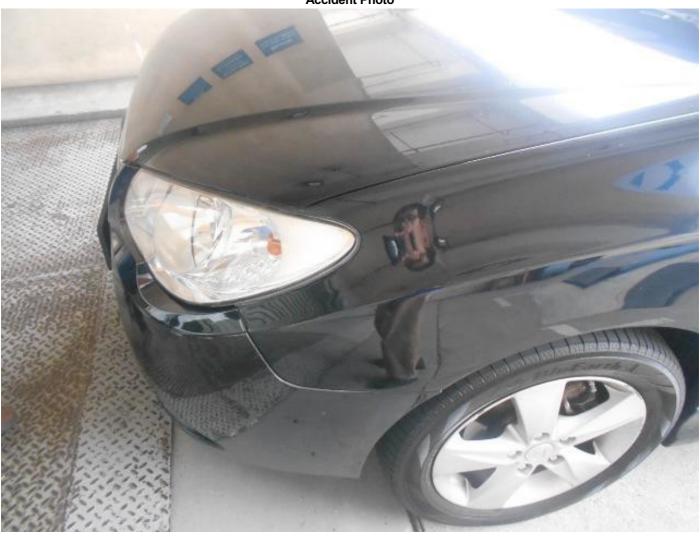












#### **Addendum Sheet**



Date:

#### GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 – 17:00 UEN: \$46550206 / GST Reg. No.: M400017735

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

# **ADDENDUM** (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No : MNA18098724 Vehicle Registration No: 578494E Penn Koun Chin Bingkun NRIC/FIN/Passport No : Name(as shownin NRIC) : hm (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate Singapore(341271) Address Mobile No.: Contact (Tel) **Email Address** Time of Accident: 10:20 Date of Accident Place of Accident Insurance Company: N70 (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: vehicle B- SMB35204 Policyholder / Driver's Signature Reporting Centre Personnel's Signature

Name: NRIC/FINNo.: Date:

#### **Addendum Sheet**



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE 6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 – 17:00
UEN: \$665500206 / GST Reg. No.: M400017735

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

|     |         |                   |          |         | ADDE   | NDUN                             | 1                   |                 |            |           |        |  |
|-----|---------|-------------------|----------|---------|--------|----------------------------------|---------------------|-----------------|------------|-----------|--------|--|
| (A) | PARTIC  | CULARS OF PER     | SONMA    | CINGTHE | MENDM  | ENTS:                            |                     |                 |            |           |        |  |
|     | Origina | al Report No :    | MMA      | 118098  | 7774-  | 74 - 01 Vehicle Registration No: |                     |                 |            | SJP 8424E |        |  |
|     |         |                   |          |         |        |                                  |                     |                 |            | 57834426A |        |  |
|     |         | cle Driver / Veh  |          |         |        |                                  |                     |                 | 87.        |           |        |  |
|     | Addres  | ss :              |          |         |        |                                  |                     |                 | Sir        | ngapore(  | )      |  |
|     | Contac  | ct (Tel)          |          |         |        |                                  | Mobile N            | No.: 93         | 299297     | 2.        |        |  |
|     | Email   | Address :         |          |         |        |                                  |                     |                 |            |           |        |  |
|     | Date o  | of Accident :     | 311      | 7118    |        | 1                                | ime of              | Accident :      | 11 0       | 10:30     |        |  |
|     |         | of Accident :     |          |         |        |                                  |                     |                 |            |           |        |  |
|     |         |                   |          |         |        |                                  |                     |                 |            | CHETTAS   | - ASPI |  |
|     | Insura  | nce Company :     |          | NTU     | С,     |                                  |                     |                 | _          | -         | _      |  |
| (B) | ADDIT   | IONALINFORM       | ATION /  | AMENDA  | IENTS: |                                  |                     |                 |            |           |        |  |
|     | make    | the following ar  |          |         | Pol    | ice.                             | Read                | rt              |            |           |        |  |
|     | -1      | mu cua            | 7100     | or 111  | 1211   |                                  | repo                | T.              |            |           | _      |  |
|     |         |                   |          |         |        |                                  |                     |                 |            |           |        |  |
|     |         |                   |          |         |        |                                  |                     |                 |            |           |        |  |
|     | _       |                   |          |         |        |                                  |                     |                 | -          | -         | _      |  |
|     |         |                   |          |         |        |                                  |                     |                 |            |           |        |  |
|     |         |                   |          |         |        |                                  |                     |                 |            |           |        |  |
|     |         |                   |          |         |        |                                  |                     |                 |            |           | _      |  |
|     |         |                   |          |         |        |                                  |                     |                 |            |           |        |  |
|     |         |                   |          |         |        |                                  |                     |                 |            |           |        |  |
|     | _       |                   |          |         |        |                                  |                     |                 | _          |           | _      |  |
|     |         |                   |          |         |        |                                  |                     |                 |            |           |        |  |
|     |         |                   |          |         |        |                                  |                     |                 |            |           |        |  |
|     |         |                   |          |         |        |                                  |                     |                 |            |           |        |  |
|     |         | 1.                |          |         |        |                                  |                     | /               | /          |           |        |  |
|     |         | The               |          |         |        |                                  |                     | Tr              | mp         |           |        |  |
|     | Policy  | holder / Driver's | Signatur | e       |        |                                  | 1 1 1 1 1 1 1 1 1 1 | rting Centre F  | ersonnel's | Signature |        |  |
|     | Date:   | 1 Ave >           | 810      |         |        |                                  | Name                | ::<br>/FIN No.: |            |           |        |  |
|     |         | )                 |          |         |        |                                  | Date:               |                 |            |           |        |  |