

NATIONAL Assessment Centre Services

(wef 1 Jan 2005) **MA118/00704**

Date In 04/08/2018 11:55	Job description	Date & Time Completed	Done by
Ref No NA/INC/801416514	SAS e-filing		
Veh No STV 6975M	E-mail (within 8hrs, AIC 2hrs)		
DOA 08/08/2018 14:00	i-Motor Claim Form	MT/1005132-002	04/08/2018
OD / TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		12:08
	i-Photo Uploaded		
TP Insurer	Assessment/Survey Report		
	Ass't Report by <u>Pax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: PC 5799R	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

NA1804889	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		
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR : Re-inspection \$75		
Cat. 2 / 3:	7) N1 : 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) N12: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	04/08/2018 11:34
Date Of Accident	08/02/2018 14:00
Exact Location Of Accident	SGH BLOCK 4 TAXI STAND
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV6975M
Insured/Policyholder	
Name Of Registered Owner	WONG LIANG CHIN ,JEFFREY
NRIC No	S6833160I
Email Address	JEFFWONGLC@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92953656
Alternative Phone No	OTHERS-92953656

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	BEETLE
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	5072842253-02
Cover Note Number	

Driver

Name of Driver	WONG LIANG CHIN ,JEFFREY
NRIC No	S6833160I
Date Of Birth	03/09/1968
Occupation	INDOOR
Date Of Driving Pass	10/07/1990
Driving Experience	27 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92953656
Fax Number	
Contact Number	OTHERS-92953656
Email Address	JEFFWONGLC@GMAIL.COM

Address	164 SARACA ROAD
Postcode	807425
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
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 (CAR WAS SOLD ON 03/04/2018 LETTER ATTACH)

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC5799R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	KAIRO
NRIC/Passport Number	
Contact Number	92449197
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.**
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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: 3/8/18

Driver's Signature

(If driver is not the policyholder)

Date & Time:



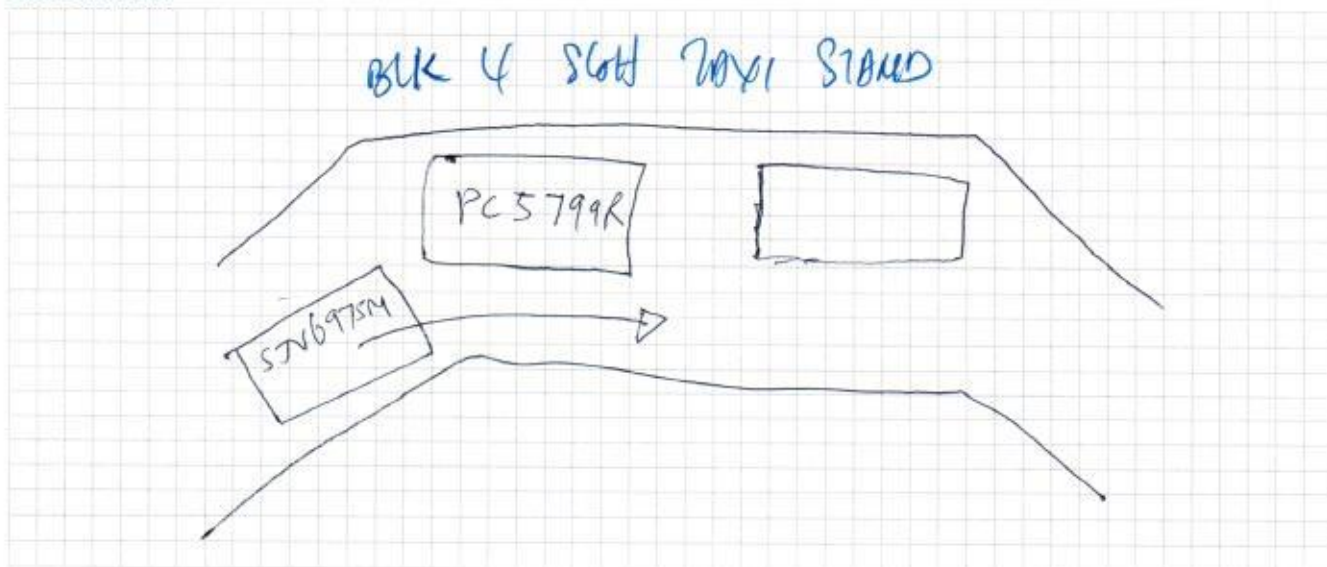
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No:

Rashid A. H. H. H.

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The mini bus was parked at the taxi stand.
 I tried to pass by the mini bus and as a result my left fender brushed against the corner of the mini bus.
 I managed the driver to say that I would like the repairs to be done at my cost at my workshop since it was only a very minor damage — there was no damage to the bumper of the mini bus; only the advertisement "wrap" ~~and~~ covering the bottom corner of the bus was scratched. The driver managed back to say his office representative would call me — see messages attached.
 The office representative called me the next day. I told her to let me know if they would like to send the bus to my workshop. I told her to let me know within 2 weeks. She said they needed more time and would let me know in about a month's time. I told her that if they decide to carry out the work at their own workshop, they have to let me know so that I can lodge with NTUC. However, I have not received any reply from them since then.

DECLARATION

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

Policyholder's Signature

Date & Time: 3/8/18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



Kairo

92 44 91 97



Text Message
Thu, 8 Feb, 2:12 PM

Hi Kairo,
Can U ask company
representative to contact me
BEFORE sending the bus to
take out the scratches. I would
like that to be done at my
workshop.
Jeffrey

Ok Sir I already give my office
your details later they will
contact u for further
discussions.

Alright Tks

an 04/08/2018



Text Message



10 Sin Ming Drive Singapore 575701
Tel: 1800-CALL LTA (1800-2255 582) Fax: (65) 6553 5329

03 Apr 2018

Our ref 0304180501N001994671

WONG LIANG CHIN, JEFFREY
164 SARACA ROAD
SINGAPORE 807425

Dear MR WONG LIANG CHIN, JEFFREY

NOTIFICATION ON TRANSFER OF OWNERSHIP FOR VEHICLE NO. SJV6975M

We are pleased to inform you that your application to transfer ownership of the above-mentioned vehicle has been approved. You are no longer the registered owner of the vehicle with effect from 03 Apr 2018. The details are as follows:

Vehicle No.	: SJV6975M
Application Date	: 03 Apr 2018
Effective Transfer of Ownership Date	: 03 Apr 2018
Vehicle Make	: VOLKSWAGEN
Vehicle Model	: NEW BEETLE 1.6 A 6SPD
Chassis No./Trailer Chassis No.	: WVVZZZ9CZAM007043 / -
Engine No./Motor No.	: BFS077064 / -

2. Please contact our customer service officers at tel: 1800-CALL LTA (1800-2255 582) should you require further assistance.
3. Thank you.

Yours sincerely

NG LAY CHOO (MS)
DEPUTY DIRECTOR, VRL SERVICE OPERATIONS
VEHICLE SERVICES GROUP
LAND TRANSPORT AUTHORITY

(This is a computer-generated notice that requires no signature.)

From 15 February 2017, you do not need to display road tax disc on the windscreen of your vehicle. LTA has stopped issuing physical road tax discs as part of our efforts to streamline our processes. Please ensure that your original motor insurance certificate is readily available in your vehicle at all times. If you are driving into Malaysia, you are advised to carry printed proof of the validity of your road tax in your vehicle.

Our Ref: MT/CA/TP/059/1005132-001/AL/VU

30 Jul 2018

WONG LIANG CHIN, JEFFREY
164 SARACA ROAD
SARACA GARDENS
SINGAPORE 807425

Dear Policyholder

CLAIM NUMBER: MT/1005132-001

ACCIDENT INVOLVING SJV6975M / PC5799R on 8 Feb 2018

We would like to inform you that a claim for S\$3,504.08 has been made against your motor policy.

We need to respond to this claim within seven days. We would appreciate it if you could provide us:

- a. additional evidence, if any, such as accident photographs, video clips or witnesses' statement
- b. information on whether you are making a claim against the other party

We wish to remind you that under this motor insurance policy, you are required to report the accident, whether there is damage or not, within 24 hours or the next working day after the accident at any of our reporting centres. If you have not done so, please report this accident to us immediately. Otherwise, we regret to inform you that we may not be able to handle the claim on your behalf.

You need not respond to us if you have already reported the accident and do not have any further information.

We wish to remind you not to admit liability, make offer or payment without informing us and getting our approval. If you are making a claim against another party or have instructed your workshop or lawyers to act on your behalf, please update us on the developments. This is important as any liability undertaken by you may have serious implication on the third party claim against you, and may result in us not being able to handle the claim for you.

If you have any queries, please contact our Customer Service Officers at 6788 6616 or email us at motor@income.com.sg.

Yours sincerely



Goh Peng Hong
Manager
Motor Insurance

1DAC

BLK 1007

Block Marsh Lane 3

#21-11

S(159721)

Tel: 68920055

Claim Handling

Accident MT/1005132

Policy No.	5072842253-02	Vehicle No.	SJV6975M	GST Registration No.
Certificate No.				
Policyholder Name	WONG LIANG CHIN, JEFFREY			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire
▼ Accident Details				
Report Date	30/07/2018 14:51	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	08/02/2018	Time of Accident hh:mm	14:00	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	AT SGH BLOCK 3			
▼ Benefits				
▼ Excess				
Own damage Excess	500.00	Additional Excess	0	Windscreen Excess
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00	
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	164 SARACA ROAD	Address 2	SARACA GARDENS	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5100046594	
▼ OI Driver Info				
Driver Name	WONG LIANG CHIN JEFFREY	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S6833160I	Driver DOB
Register Date of Driver License	10/07/1990	Driver Age	49	Driving Experience
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)
Address 1	164 SARACA ROAD	Address 2	SARACA GARDENS	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Com
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input type="radio"/> No	

Modification History

Claim 002 OD-MX

New

Claim Type *	OD-MX	Insured Name	WONG
Contact No.(Mobile)	92953656	Contact No. (Home)	645571
Email Address	jeffwonglc@gmail.com	OI Vehicle Number	SJV697
Claim Description	SJV6975M / PC5799R ON 8 Feb 2018		
Preferred Workshop	Insured Liability	Partially at Fault	
Workshop No.	Preferred	Preferred Workshop, Name unknown	GIA report
Finalisation	Yes	Repair Option	Received
Date Registered	04/08/2018 12:07	Claim Close Date	
Report Taken By	ROSLI WAHAB	Workshop Repairer	

☒ Print AK letter

Save Submit

Attachment

Accident No. MT/1005132 Claim No. 002

Last Doc. Received ☒ Yes ☐ No Upload Date 04/08/2018 12:08

Path * Category * Confidential

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

Choose File No file chosen

Message Read

Clear

Please Select

NO

Clear

Please Select

NO

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NO

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Des
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Aug 2018 12:08	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Aug 2018 12:08	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Aug 2018 12:08	NRIC/ Driving License	Normal	NRIC/ Driving

Video List

Uploaded By/Date	Folder Date	File Name
<div>Display in New Window Scan and uploading</div>		

Letter from owner

ACCIDENT STATEMENT

ACCIDENT DATE: 08/02/2018 (DD/MM/YYYY), TIME: 14:00 (HH:MM)

LOCATION: SGH Block 4

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: STV 6975 M
b) INSURANCE COMPANY: NTUC INCOME
c) POLICY NUMBER: _____
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: VOLKSWAGEN BEETLE
f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
h) PURPOSE OF USING AT ACCIDENT TIME: PERSONAL USE
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: WONG LIANG CHIN JEFFREY (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 6833160 I CONTACT: _____
c) ADDRESS: 164 SARACA ROAD
S(807425)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: WONG LIANG CHIN JEFFREY (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 56833160 I CONTACT: 92953656
c) ADDRESS: 164 SARACA ROAD
S(807425)

* d) DATE OF BIRTH: 03/09/1968 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS: 19/7/1990

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: PL5799R MODEL: _____
b) DRIVER'S NAME: KAIRO
c) NRIC/FIN/PASSPORT: _____ CONTACT: 92449197

9. THIRD PARTY VEHICLE

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

email = jeffwong10@gmail.com

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S68331601



WONG LIANG CHIN, JEFFREY

黄良军

Race
CHINESE

Date of Birth 03-09-1968 Sex M

Country of Birth
SINGAPORE

S68331601

REPUBLIC OF SINGAPORE DRIVING LICENCE

Personal Number S68331601

Name
WONG LIANG CHIN, JEFFREY

Birth Date: 03 Sep 1968
Issue Date: 07 Jun 2003



000532215H

0056988



NRIC No: S68331601



Blood Group B+ Date of issue 24-08-1991

Address
164 SARACA ROAD
SINGAPORE 807425

NRIC No: S68331601 Date: 04/07/2014

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 3

502 hsa-jwang/Jeffrey 2

Ebay xxxxxxxxmay/Anthxxxx

PP gmail / 4Jeffxxxx

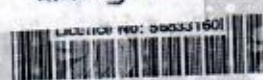
VPost gmail / 4Jeffxxxx

Google Anthony III

PASS DATE
10 Jul 1990

EXPIRY NO: S68331601

NP 428A



Hello, NAC_BUKIT_MERAH_800676

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="08/02/2018 12:25"/>
Vehicle No.(For Motor)	<input type="text" value="SJV6975M"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5072842253-02		WONG LIANG CHIN, JEFFREY	S68331601	GPC	drivo CLASSIC	SJV6975M	SJV6975M	05/08/2017	04/08/2018

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 : MNA118100704 Vehicle Registration No: SDV 6975M
Name(as shown in NRIC) : Wong Lian Ching, JAFFRAY NRIC/FIN/Passport No : S6833160 I
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 92953656
Email Address : _____
Date of Accident : 08/02/2018 Time of Accident : 14:00
Place of Accident : 86H BLOCK 4 TAXI STAND
Insurance Company : NMC

(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:

DATE OF ACCIDENT to 08/02/2018

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Paul L. Wong
NRIC/FIN No.:
Date: 04/02/2018