

PTE/YK2077L/20180831/DS-CL  
15/04/2019

M/s EQ Insurance Company Limited  
5 Maxwell Road #17-00  
Tower Block MND Complex  
Singapore 069110  
Attn: Motor Claims Department

WITHOUT PREJUDICE

Dear Sirs

ACCIDENT ON 31/08/2018 INVOLVING YK2077L & YP5372M  
ALONG 21 CHANGI NORTH

We are the authorised repair workshop for the owner of vehicle, YK2077L, which was involved in the captioned accident with your insured's vehicle. The vehicle owner has requested and authorised us to assist him/her in presenting his claim against the party responsible for the damage to the vehicle.

As the accident was caused by the negligent act of your insured, YP5372M, we are submitting these claims for your consideration on behalf of the owner/driver/claimant.

1. Cost of Repairs	2,835.50
2. Car Rental	-
3. 8.0 days Loss of Use @ \$200	1,600.00
4. Surveyor Fee	-
5. LTA Fee	-
6. TP/GIA Fee	2.00
7. Medical	-
8. Others	-
	-----
(E&OE)	4,437.50

We enclose the following documents to support the claims: -

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Repair/Excess Bill   | <input checked="" type="checkbox"/> Insurance Certificate |
| <input type="checkbox"/> Surveyor Report                 | <input checked="" type="checkbox"/> Power of Attorney     |
| <input type="checkbox"/> Coloured Photographs            | <input type="checkbox"/> Car Rental Bill                  |
| <input checked="" type="checkbox"/> GIA/Police Report(s) | <input type="checkbox"/> Medical Bill                     |
| <input checked="" type="checkbox"/> GIA/TP Search        | <input type="checkbox"/> Witness Statement                |
| <input type="checkbox"/> Others: _____                   |   |

Kindly look into the matter and let us hear from you on the settlement of our client's claim as soon as possible.

Please note that it is a condition of any settlement reached that it shall be without prejudice to any personal injury claim (if any) of the owner/driver/claimant.

Yours faithfully

Cecilia Lee

CDGE Claims Department

59 Loyang Drive S(508969)

DID: 6214 8354 FAX: 6214 1843

Email: cecilialee@sparkcarcare.com



ComfortDelGro Engineering

ComfortDelGro Engineering Pte Ltd

Corporate Office

205 Braddell Road Singapore 579701

Mainline +65 6383 6280

Facsimile +65 6280 9755

Company Registration No: 199506048W

Car Care Centres

Braddell

205 Braddell Road

Singapore 579701

Tel 6383 8110

Loyang

59 Loyang Drive

Singapore 508969

Tel 6214 8300

Pandan

45 Pandan Road

Singapore 609286

Tel 6338 8778

Senoko

24 Senoko Loop

Singapore 758156

Tel 6757 8760

Sin Ming

383 Sin Ming Drive

Singapore 575717

Tel 6553 0400

Sungei Kadut

7 Sungei Kadut Way

Singapore 728791

Tel 6369 7369

Ubi

320 Ubi Road 3

Singapore 408649

Tel 6848 5721

www.SPARKcarcare.com

A member of

COMFORTDELGRO



ISO 9001  
OHSAS 18001

**ComfortDelGro Engineering Pte Ltd**

**Corporate Office**  
 205 Braddell Road  
 Singapore 579701  
 Mainline + 65 6383 6280  
 Facsimile + 65 6280 9755  
 www.cedge.com.sg

**Car Care Centres**  
 205 Braddell Road Singapore 579701  
 59 Loyang Drive Singapore 508969  
 45 Pandan Road Singapore 609286  
 383 Sin Ming Drive Singapore 575717  
 7 Sungei Kadut Way Singapore 728791  
 320 Ubi Road 3 Singapore 408649  
 www.SPARKcarcare.com

Tel: 6383 8110  
 Tel: 6214 8300  
 Tel: 6338 8778  
 Tel: 6553 0400  
 Tel: 6369 7369  
 Tel: 6848 5721



COMPANY REG. NO. 199506048W

Page: 1

GST REG. NO. M2-8921817

**TAX INVOICE**

8010325

EO INSURANCE COMPANY LIMITED

5 MAXWELL ROAD TOWER BLOCK #17-00  
 SINGAPORE 069110

CONTACT NO: 62239433

VEHICLE NO  
 YK 2077L

MAKE  
 HINO

MODEL  
 XZU710R-HKFMS3

DATE OF REG  
 15.11.2016

CHASSIS CODE  
 JHHUCS3H60K018316

NO/DATE  
 91437519 10.04.2019

JOB NO.  
 305234315

ODOMETER READING

JOB TYPE

Description : TP - OBE - EO

**Invoice for Lump Sum Repair**

Total Lump Sum Repair Amt		2,650.00
Add GST @ 7.000 %		185.50
<b>Total Invoice amount</b>		<b>2,835.50</b>

Issued by : STEWHWA 10.04.2019 16:21:24  
 Repair Type : CESO/52/HT  
 Payment Type/Term : /

- 1) WHILST TAKING ALL REASONABLE PRECAUTIONS AGAINST FIRE, THEFT OR ACCIDENTAL DAMAGE, THE COMPANY ACCEPTS RESPONSIBILITY FOR CARS OR OTHER PROPERTIES BELONGING TO CUSTOMERS AND VEHICLES ARE DRIVEN AND TESTED OWNERS' RISK.
- 2) CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SHALL WITHIN 7 DAYS FROM SUCH DELIVERY (NOTICE IN WRITING TO THE COMPANY OF ANY COMPLAINTS. OTHERWISE, THE VEHICLES WILL BE DEEMED TO HAVE BEEN ACCEPTED IN GOOD ORDER.
- 3) INTEREST OF 1% PER MONTH WILL BE CHARGED ON A DAY TO DAY BASIS IN RESPECT OF ANY AMOUNT DUE AND OWING TO COMPANY BY THE CUSTOMER AND NOT PAID ON THE DUE DATE OF PAYMENT (I.E. AFTER 30 DAYS FROM THE INVOICE) FOR PERIOD OF DEFAULT.
- 4) PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON RECEIPT AND ADVISE THE COMPANY OF ANY ERRORS OR DISCREPANCY WITHIN 14 DAYS OF RECEIPT. IF THE COMPANY DOES NOT HEAR FROM THE CUSTOMER, THE COMPANY WILL TREAT THIS INVOICE CORRECT AND BINDING.

**ComfortDelGro Engineering Pte Ltd**

A member of COMFORTDELGRO

Head Office:  
 205 Braddell Road  
 Blk C Ext 1 Level 2  
 Singapore 579701

Attn: Finance Department

Kindly note that no receipt shall be issued unless requested.

**CUSTOMER'S COPY**

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ No.

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

6 Raffles Quay #18-00, Singapore 048580  
Phone: +65 6224 0010 Fax: +65 6224 0030  
Operating Hours: Monday to Friday 9am to 5pm  
GST Registration No: M400017735

**Third Party Insurer Enquiry**

Our Ref No: GR-18-137688

Date of Request: 06/09/2018

Your Ref No: Online Purchase

ComfortDelGro Engineering Pte Ltd  
205 Braddell Road  
Singapore 579701

Dear Sir/Madam,

Enquiry Date 06/09/2018  
Enquiry By Kristy Tay Siew Hwa  
TP Vehicle No. YP5372M  
Accident Date 31/08/2018

**Enquiry Result**

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
YP5372M	EQ Insurance Company Ltd	18/01/2018-17/01/2019	6223 9433

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

This is a computer generated document and requires no signature.

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

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Phone: +65 6224 0010 Fax: +65 6224 0030  
Operating Hours: Monday to Friday 9am to 5pm  
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**TAX INVOICE**

Our Ref No: GR-18-137688

Date of Request: 06/09/2018

Your Ref No: Online Purchase

ComfortDelGro Engineering Pte Ltd  
205 Braddell Road  
Singapore 579701

Dear Sir/Madam,

Enquiry Date 06/09/2018  
Enquiry By Kristy Tay Siew Hwa  
TP Vehicle No. YP5372M  
Accident Date 31/08/2018

DESCRIPTION	AMOUNT (S\$)
TP Insurer Enquiry	1.87
GST Amount	0.13
Total Amount Due (GST Inclusive)	2.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ [X] GIRO ☐ [ ] Cash ☐ [ ] Cheque



## 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	01/09/2018 10:00
Date Of Accident	31/08/2018 15:20
Exact Location Of Accident	21 CHANGI NORTH
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YK2077L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PETER'S ENVIRONMENTAL PRODUCTS & SERVICES PTE LTD
Co Reg No	199204312N
Email Address	SALES@PETERS.SG
Mobile Phone No	
Alternative Phone No	OFFICE-85718272

### Vehicle Particulars

Manufacturer	HINO
Model	XZU710R-HKFMS3-4.0 D (M)

Exact Purpose for which vehicle was being used at time of accident

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 COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	QBE INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	8-V0016213-MVA
Cover Note Number	

### Driver

Name of Driver	KALIYAMOORTHY EZHILARASAN
NRIC No	G6610753T
Date Of Birth	10/12/1986
Occupation	OUTDOOR
Date Of Driving Pass	18/07/2014
Driving Experience	4 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-85718272
Fax Number	
Contact Number	
Email Address	EZHIL-DME@YAHOO.CO.IN

Address BLK 197B BOON LAY DRIVE #17-97  
 Postcode 640197  
 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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED  
 Weather Conditions LIGHT RAINS  
 Road Surface WET

#### 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) 0

#### 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

REFER TO STATEMENT

#### 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 YP5372M  
 Vehicle Make/Model/Colour FUSO  
 Details Of Properties  
 Vehicle Category COMMERCIAL VEHICLE  
 Name of Driver QUEK SIOW KIAK  
 NRIC/Passport Number S1761674I  
 Contact Number 90275330  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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

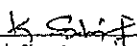
I understand, acknowledge, agree and consent that:


- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



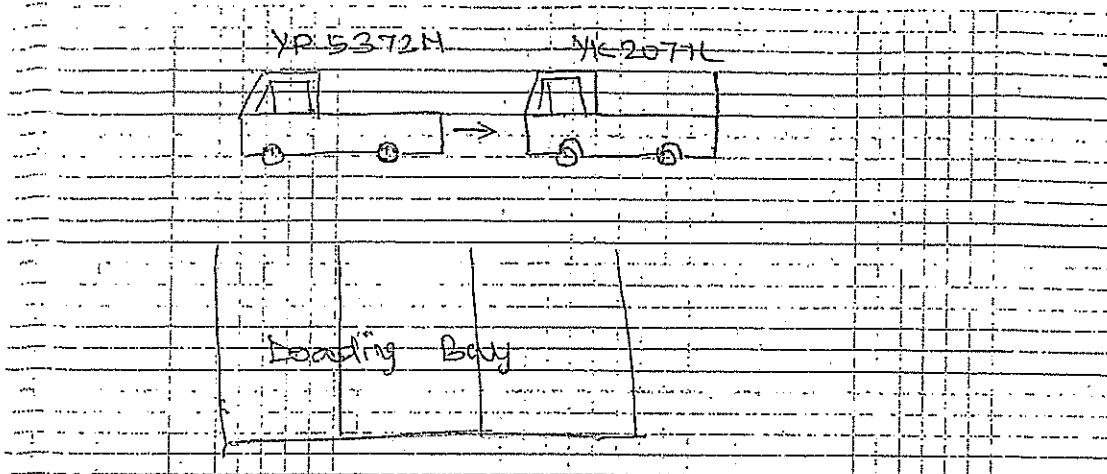
Peter's Environmental Products & Services Pte Ltd  
2 Buroh Crescent  
#03-18 Ace@Buroh  
Singapore 627546  
Tel: 6863-3060 Fax: 6863-2576  
Website: www.peters.sg

Policyholder's Signature  
Date & Time:

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 1/9/18 - 10AM

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

When i go to collect goods from PAN ASIA LOGISTICS @ CHANGI NORTH. I parked my lorry at beside of loading bay level-2 Behind of lorry YP 5372M. After collect goods i came to lorry. A guy let me know that he hit my lorry by reversing. He never check that my lorry parking behind of his lorry.

DATE - 31/08/2018

TIME - 15:20 PM.

PLACE - 2, CHANGI NORTH  
PAN ASIA LOGISTICS  
(LOADING BAY @ LEVEL-2)



Peter's Environmental Products & Services Pte Ltd

2 Borch Crescent  
Singapore 627546

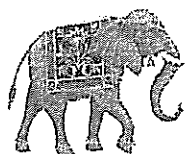
Tel: 6863-3060 Fax: 6863-2576  
Website: www.peters.sg

Policyholder's Signature  
Date & Time:

Driver's Signature *K. Sahap* 01/09/2018 10 AM.  
(If driver is not the policyholder)  
Date & Time:

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





**PETER'S**

Environmental Products & Services Pte Ltd

2 Buroh Crescent  
#03-18 ACE@BURIH  
Singapore 627546  
Co. Reg: 199204312N  
GST 19-9204312-N  
Phone: 65-6863-3060  
Fax: 65-6863-2576  
Email: sales@peters.sg  
Web: www.peters.sg

*biSAFE<sub>3</sub>*

31 Aug 2018

COMFORTDELGRO ENGINEERING PTE LTD  
205 Braddell Road  
Singapore 579701

TO WHOM IT MAY CONCERN

LETTER OF AUTHORIZATION TO LODGE A GIA REPORT

We hereby authorize our staff, Mr KALIYAMOORTHY EZHILARASAN

S Pass No 0 34864187

to have lodge a GIA report at your workshop for our company vehicle no YK 2077L.

Should you have any clarifications, you can contact Ms Patsy Leong, Finance Manager at 98180779 or Mr Lawrence Sng, Director at 98173512.

Best Regards



Peter's Environmental Products & Services Pte Ltd

**QBE Insurance (Singapore) Pte Ltd**

A member of the worldwide QBE Insurance Group - Unique Entity No. 199401363C

1 Raffles Quay, #29-10 South Tower, Singapore 048583

Tel: 65-6224 6633 Fax: 65-6533 3270

GST Registration No.: M200644018

www.qbe.com.sg



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Date of issue 13/10/2017

# **COMMERCIAL VEHICLE POLICY SCHEDULE**

## **New Business**

PETER'S ENVIRONMENTAL PRODUCTS &amp; SERVICES PTE LTD

2 BUROH CRESCENT

#03-18, ACE@BUROH

SINGAPORE 627546

**Policy Number**  
8-V0016213-MVA

**Period of Insurance**  
15/11/2017 to 14/11/2018  
(Both Dates Inclusive)

**Account Number**  
05L00003  
**SIMANG SERVICES PRIVATE LIMITED**

This policy is issued/renewed from information you have disclosed. If there are any material changes during the period of this cover, please inform us.

**The Insured :** PETER'S ENVIRONMENTAL PRODUCTS & SERVICES PTE LTD

Risk Details		Commercial Vehicle		Risk No 0001	
Sum Insured		Market Value	Cover	Comprehensive	
Make & Model		Registration No.		YK2077L	
Type of Body		Lorry	Chassis No.	JHHUCS3H60K018316	
Year of Manufacture		2016	Engine No.	N04CUS29020	
Tonnage		1.77			
Excess	SGD	1,000	Authorised Employee		
		1,500	Authorised Driver		

**Additional Benefits** **Limit in SGD**  
THIRD PARTY WORKING RISKS

### Other Information

VEHICLE ATTACHMENT : WITH POWER TAILBOARD

EXCESS : S\$1,000.00 IN RESPECT OF CLAIMS ARISING OUT OF TPWR

M2 EXCESS OWN DAMAGE CLAIMS (NOT APPLICABLE TO YOUNG AND INEXPERIENCED DRIVER EXCESS)

EZ93A YOUNG AND INEXPERIENCED DRIVER EXCESS - ALL CLAIMS (EXCESS : S\$3,500.00)

M15 HIRE PURCHASE

M41 INCLUSION OF THIRD PARTY WORKING RISK WHERE TOOL OF TRADE IS USED ONLY FOR WORK PERFORMED IN OR UPON THE MOTOR VEHICLE OR TRAILER

### Clauses Applicable

EJ96 NON-CANCELLATION CLAUSE

THE INSURANCE COMPANY UNDERTAKES TO ADVISE THE INTERESTED PARTY MENTIONED IN THE SCHEDULE PRIOR TO THE CANCELLATION OF THE POLICY IF INSTRUCTIONS HAVE BEEN RECEIVED FOR THE CANCELLATION OF THE POLICY AND ALSO TO ADVISE THE INTERESTED PARTY MENTIONED IN THE SCHEDULE AS SOON AS

SGPROG

Policy Number 8-V0016213-MVA  
Page 2 of 2

Date of Issue 13/10/2017



POSSIBLE OF ANY OTHER MATERIAL CHANGES WHICH ARE PROPOSED TO BE MADE IN THE TERMS OF THE INSURANCE.

SUBJECT OTHERWISE TO THE TERMS, CONDITIONS AND EXCLUSIONS OF THIS POLICY.

**Interested Parties**

MALAYAN BANKING BERHAD

Signed for and on behalf of the company

A handwritten signature in black ink, appearing to be "DP" followed by a flourish.

Authorised Signature  
QBE Insurance (Singapore) Pte Ltd

Premium (SGD)  
GST @ 7.00 %

2,881.63 Total Due SGD  
201.71

3,083.34
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SGPROG



## POWER OF ATTORNEY

ACCIDENT INVOLVING (Owner's Vehicle No.) YK2077L along 21, Changi North and (Third Party's Vehicle No.)YK5372M on 31/08/2018Policy Nos: 8-V0016213-MVABY THIS POWER OF ATTORNEY, I/We, Peter's Environmental Products & Services Pte Ltd, NRIC/Passport No. 199204312N (Address)\* 2 Burch Crescent #03-18 Aec@Burch S.pore 637546

/ a company

incorporate in Singapore and having its registered office at (Address)\*

owner of Vehicle Registered No. YK2077Lhereby irrevocably appoint ComfortDelGro Engineering Pte Ltd (CDGE), a company incorporated in Singapore and having its registered office at 205, Braddell Road

its agents or any person authorized by CDGE to be my/our Attorney and in my/our name(s) and on my/our behalf to do all or any of the following:

1. To submit, resolve and make any claim(s) (including the commencement of legal proceedings) which I/we may have against the other party/parties to the Accident and under the insurance policy/policies taken up by such party/parties or alternatively under Insurance Policy No. 8-V0016213-MVA taken up by me/us in respect of the cost of repairs, loss of use and at all other costs and expenses, etc. suffered by me/us arising from the Accident (loss and damage).

2. For the purpose of such claim(s) as aforesaid, to appoint solicitors on my/our behalf as my/our Attorney shall in his absolute discretion, deem fit.

3. To collect payment(s) due in respect of any such claim(s) for the loss and damage, such payment to be made by way of cheque in favor of ComfortDelGro Engineering Pte Ltd, CDGE and to give a valid receipt and discharge therefor.

4. For any of the purposes aforesaid, to execute, sign, seal and deliver all documents whatsoever in relation thereto. Generally do all such acts as it shall deem necessary for the purpose of settling such claim(s) and

6. To agree to any settlement at the absolute discretion of CDGE.

I/We hereby declare that all acts, instruments and documents done by virtue of this Power of Attorney on my/our behalf by the Attorney, its agents or any person authorized by CDGE in that behalf shall be as good valid and effectual to all intents and purposes whatsoever as if the same had been done or executed by me/us in my/our own proper person(s) and I/We hereby ratify and confirm, all acts, instruments and documents done or executed by virtue of the authority and powers hereby conferred.

I/We hereby further declare that the powers and authority hereby conferred shall remain irrevocable. I/We further confirm that the acceptance by CDGE of the settlement amount in respect of such constitute the full discharge of my/our claim(s) in respect of such loss and damage.

IN WITNESS WHEREOF, I/We have hereunto to set my/our hand and seal this day 10 of the month of November, Year Two Thousand - (2018)

Signed, Sealed &amp; Delivered By

Customer's Name:

NRIC No.:

Co's rubber Stamp

