

NATIONAL Assessment Centre Services		[Ref: 1 Jan 03]		MA18418121668	
Date In: 19/09/2018 15:45	Job description	Date & Time Completed	Done by		
Ref No: XBA/GA1/8017086/4	SAS e-filing				
Veh No: FV 8512	E-mail (within 8hrs, AIC 2hrs)				
D.O.A: 20/08/2018 17:55	i-Motor Claim Form				
(OD) TP: Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)				
	i-Photo Uploaded				
TP Insurer:	Assessment/Survey Report				
	Ass't Report by Fax / Hand to Owner/Wksp				

Preferred Wksp / INC Assign Wksp / QW: (Tel:		Fax:	
TP Particulars:	Veh No: GBF 7697M	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

NA1805964	Invoice Preparation Checklist		Am't (\$) Inc Bill	Am't (\$) 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			
	5) FT : Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR : Re-inspection \$75			
	7) N1 : Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	ON*			
	*N5: Courtesy Car / Tpf 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			
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged		
	Invoice dated	Fee Charged		
Auditors' Comments :-				
Cat. 1:				
Cat. 2 / 3:				

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 willful 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	19/09/2018 15:45
Date Of Accident	20/08/2018 17:55
Exact Location Of Accident	ALONG BUKIT BATOK ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FV851Z
Insured/Policyholder	
Name Of Registered Owner	MOHAMED FIRMAN BIN MOHAMED MOTALI
NRIC No	S8601277D
Email Address	FIRMANFIDAH3310@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82824627
Alternative Phone No	OTHERS-82824627

Vehicle Particulars

Manufacturer	HONDA
Model	CB400SFYJ-399CC
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?	YES
If No, Please state action to be taken	
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	
Cover Note Number	MT2017TR01948

Driver

Name of Driver	MOHAMED FIRMAN BIN MOHAMED MOTALI
NRIC No	S8601277D
Date Of Birth	08/01/1986
Occupation	OUTDOOR
Date Of Driving Pass	15/11/2013
Driving Experience	4 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82824627
Fax Number	
Contact Number	OTHERS-82824627
Email Address	FIRMANFIDAH3310@GMAIL.COM

Address	BLK 809B CHOA CHU KANG AVENUE 1 #08-648
Postcode	682809
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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	CHOA CHU KANG NPC
Police Station Address	ROAD: 20 CHOA CHU KANG ST 52 #01-02 , POSTCODE: 689286 , 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 POLICE REPORT T/20180828/2072

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 Witness 1

Name	FAZLI
Phone Number	96647094
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBF7697M
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

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

DETAILS OF INJURED PERSON 1

Name MOHAMED FIRMAN BIN MOHAMED MOTALI
Approximate Age
Injuries Sustain SERIOUS INJURY
Injured person in which vehicle? FV851Z
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

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.

Policyholder's Signature
Date & Time: 19/09/18

Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN

TRAFFIC LIGHT

BUKIT BAROK ROAD

BUKIT BAROK

A) FY 851 Z
B) GBT 7617 M
X) UNKNOWN WREY

PLS REFER TO P-111K KAKO? 7/20180828/2072

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

Date & Time: 19/01/20 14:15 hrs

(If driver is not the policyholder)

Reporting Centre Personnel's Signature

NRIC/FIN No.:



Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/08/2018 14:49		Vide Report No.:		Station Diary No.: 51	
Informant's Particulars					
Name of Informant: MOHAMED FIRMAN BIN MOHAMED MOTALI			Address: APT BLK 809B CHOA CHU KANG AVENUE 1 #08-648 SINGAPORE 682809		
ID Type / ID No.: NRIC NO / S8601277D			Contact No.: Home/Office: Mobile: 82824627		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 32	Date of Birth: 08/01/1986	Type of Informant: Rider		
Race: Indian			Language:		Institution / School Name:
Occupation: PRIME MOVER DRIVER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 20/08/2018 17:55	Type of Location: Straight Road
Location: Along Road 1 BUKIT BATOK ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FV851Z	Motorcycle	HONDA	CB400SF2J	Blue		0
GBF7697M	Van	TOYOTA	HIACE DX 3.0 AUTO		Seriously Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FV851Z	GREAT AMERICAN INSURANCE COMPANY	MT2017TR01948	18/12/2017	17/12/2018



**SINGAPORE
POLICE FORCE**



T/20180828/2072

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Report No. T/20180828/2072

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHAMED FIRMAN BIN MOHAMED MOTALI	ID No.	S8601277D
Related Vehicle	FV851Z (Motorcycle)	Contact No.	82824627
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	20/08/2018	Date Discharge	22/08/2018
No. of Days granted Medical Leave	26	Degree of Injury	Serious

Brief Details.

On 20/8/2018 at about 1758hrs, I was riding my motorbike, FV851Z, on Bukit Batok Road towards Choa Chu Kang. There was a Union Gas lorry, which I do not have the plate number, he was at the opposite road, making a U-turn, he saw me on second lane, however he still made the U-turn to the third lane and onto my lane. I swerve to my left in order to avoid collision, however, I hit onto the right rear of a van, GBF7697M, in front of me. I flung forward after hitting the van, I did not manage to see the damages on my bike. One of the passerby called for the ambulance and I was conveyed to NUH. A witness, Fazli HP 96647094, send me a picture and I saw that the van, GBF7697M, suffered broken glass on the rear windscreen and a dent on the right rear near to the signal light and van plate.

I managed to see the driver of the Union gas Lorry before the accident. He is Chinese, about 40-55years old and balding. these are the description I can provide but if I am needed to identify him when I see him, I am able to do so.



**SINGAPORE
POLICE FORCE**



T/20180828/2072

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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Report No. T/20180828/2072

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 **report number** as reference.

Signature Of Officer Recording The Report:

J /
Sgt 2 EDWINA CHEW HUI LING

Signature Of Interpreter:

Not applicable

Signature Of Informant:

Date/Time:

28/08/2018 14:49

Classification Of Case:

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt IRMAN BIN MOHAMAD SAID

Contact No.: 65476365

Authentication Stamp

NP168

National University Hospital (Singapore) Pte Ltd

5 Lower Kent Ridge Road, Singapore 119074

TEL: (65) 6779 5555

Business Registration No: 198500843R



MEDICAL CERTIFICATE

REPRINT

NUH18217083

NAME: MOHAMED FIRMAN BIN MOHAMED MOTALI

NRIC: S8601277D

Type of Medical Leave granted : HOSPITALIZATION LEAVE

The above named is unfit for duty for a period of 26 day(s) from 20-Aug-2018 to 14-Sep-2018 inclusive

The certificate is not valid for absence from court attendance.

The above named attended for Examination/Treatment from 20-Aug-2018 18:38 to 22-Aug-2018 14:00

22-Aug-2018

Date

A member of the NUHS

TAY KAI YANG XAVIER (P0513I)

Issued by

NW6A

Location

Signature

aw 19/09/2018

MEDICAL CERTIFICATE

ORIGINAL

NUH18240165

NAME: MOHAMED FIRMAN BIN MOHAMED MOTALI

NRIC: S8601277D

Type of Medical Leave granted: HOSPITALIZATION LEAVE

The above named is unfit for duty for a period of **10** day(s) from **15-Sep-2018** to **24-Sep-2018** inclusive

The certificate is not valid for absence from court attendance.

The above named attended for Examination/Treatment from **17-Sep-2018 10:31** to **17-Sep-2018 11:00**

Assoc Prof Lim Thiam Chye
MBBS(Mal), FRCS(Ed.), AM(Mal),
FICS, FAMS (Plastic Surgery)
Head & Senior Consultant
Division of Plastic, Reconstructive & Aesthetic Surgeon
University Surgical Cluster
National University Hospital

17-Sep-2018

Date

A member of the NUHs

LIM THIAM CHYE (D4343E)

Issued by

APS Centre

Location

Signature

aw 19/09/2018

ACCIDENT STATEMENT

ACCIDENT DATE: 20 / 08 / 18 (DD/MM/YYYY), TIME: 17 : 58 (HH:MM)

LOCATION: BUKIT BATOK RD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FV851Z
 b) INSURANCE COMPANY: GREAT AMERICA
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: HONDA CR400 SF
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: _____
 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: MUHAMMAD FIRMAN BIN MUHAMMAD MOTALI (MALE / FEMALE)
 B) NRIC/FIN/PASSPORT: S86013710 CONTACT: 82824637
 C) ADDRESS: BK 807B CHIA CHAI KANG AVE 1 #08-678
SPICE 652809

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: 08 / 01 / 1986 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 31/08/2012

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 CLEAR)
 b) ROAD SURFACE: (DRY / WET / OTHERS DRY)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: CHIA CHAI KANG NDC

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GBF76HM MODEL: VAN TOYOTA

- 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 = firmanfidah3310@gmail.com

VIDEO =

WITNESS: Fariz 96647094

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8601277D



Name

MOHAMED FIRMAN BIN MOHAMED
MOTALI

محمد فيرمين بن محمد موتالي

Race

INDIAN

Date of birth

08-01-1986

Sex

M

Country/Place of birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S8601277D

MOHAMED FIRMAN BIN
MOHAMED MOTALI

Birth Date: 08 Jan 1986

Issue Date: 31 Aug 2012



5566039



NRIC No. S8601277D



Date of issue

25-02-2016

Address

APT BLK B09B CHOA CHU KANG AVENUE 1
#08-648
SINGAPORE 682809

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

EFFECTIVE DATE

Class 2B	Motorcycles <= 200 CC	21 Aug 2012
Class 2A	Motorcycles between 201 CC and 400 CC	15 Nov 2012
Class 2	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg	18 Dec 2012
Class 4	Heavy motor cars and motor tractors > 2500 kg	23 Jul 2014

S8601277D

S / No. 9000207376



NP 428A



GREAT AMERICAN INSURANCE COMPANY
 UEN: T18PC00386 GST REG. NO: M80370081T
 3 TEMASEK AVENUE, #18-01 CENTENNIAL TOWER
 SINGAPORE 039193
 TEL: +65 6554 6500
 FAX: +65 6235 2518

MOTOR COVER NOTE: MT2017TR01948

The Insured mentioned in this Covernote, having proposed for insurance in respect of the Motor Vehicle described, is hereby **HELD COVERED** under the terms of the Insurer's usual form of Motor Policy applicable thereto for the period mentioned unless the cover be terminated by the insurer by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium payable for such insurance will be charged for the time the Company has been on risk.

The Insurer	: GREAT AMERICAN INSURANCE COMPANY
The Insured	: MOHAMED FIRMAN BIN MOHAMED MOTALI
Insured NRIC/Passport No/ Roc	: S8601277D
Named Rider	: N.A
Policy Coverage	: THIRD PARTY ONLY
Make And Description Of Vehicle	: HONDA / CB400SF2J
Vehicle Registration No.	: FV851Z
Year Of Manufacture	: 2002
Engine No.	: NC23E2031857
Chassis No.	: NC391031850
Engine Capacity	: 395
Hire Purchase	: SOUTHERN WIND MOTOR CREDIT & TRADING PTE LTD
Value (S\$)	: AS PER MARKET VALUE (FOR COMPREHENSIVE/TPFT)
Period Of Insurance	: FROM: 18/12/2017 TO: 17/12/2018
Excess (S\$)	: Section I N.A
Optional Benefits	: N.A
Authorised Workshop	: DE XING MOTOR PTE LTD

IWE HEREBY CERTIFY THAT POLICY TO WHICH THIS CERTIFICATE RELATES IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) ACT (CHAPTER 189) AND PART IV OF THE ROAD TRANSPORT ACT 1987 (MALAYSIA)

For and on behalf of Great American Insurance Company

Great American Insurance Company
Authorised Signatory

Date of Issue : 05/12/2017

Intermediary : TENA RISK SOLUTIONS PTE LTD
MTR/COVERNOTE/V01/15