

NATIONAL Assessment Centre Services.

[wef 1 Jan'05] **MA/18126001**

Date In: 28/9/18 - 14:52	Job description	Date & Time Completed	Done by
Ref No: NA/TM/1801368/24	SAS e-filing		
Veh No: JKR72924	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 27/9/18 - 14:50	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: JS5798M	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:	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury :

Date/Time	Actions

NA1806219	Invoice Preparation Checklist	Am't (\$) Est 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:-		
	QD*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments:-	*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	28/09/2018 14:52
Date Of Accident	27/09/2018 14:50
Exact Location Of Accident	KPE (MCE) BEFORE AIRPORT RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR7392Y
Insured/Policyholder	
Name Of Registered Owner	MS MAZNAH BTE ABDULLAH
NRIC No	S1583568J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85902150
Alternative Phone No	OFFICE-85902150

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY 2.4 AUTO ABS AIRBAG
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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	18-MU007259-R01
Cover Note Number	

Driver

Name of Driver	ALIFF ANUGERAH BIN HOOD
NRIC No	S9207650D
Date Of Birth	09/03/1992
Occupation	OUTDOOR
Date Of Driving Pass	17/02/2012
Driving Experience	6 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87505067
Fax Number	
Contact Number	OFFICE-87505067
E-Mail Address	NOEMAIL

Address	BLK 780 PASIR RIS STREET 71 #05-580
Postcode	510780
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own 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	4
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)	3
Passenger 1	NAME: : MAZNAH BTE ABDULLAH GENDER: : FEMALE
Passenger 2	NAME: : NUR AFIDA BINTE TALIB GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	EUNOS NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4439999 - FAX NO: 62444376
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180928/2077.

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	SJS7918M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	R STEPHEN

NRIC/Passport Number	S1804281I
Contact Number	91695967
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMA2466S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	90218446
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SLE4045B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	83212607
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	ALIFF ANUGERAH BIN HOOD
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SKR7392Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	MAZNAH BTE ABDULLAH
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SKR7392Y
Were seat belts worn?	YES

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 3

Name NUR AFIDA BINTE TALIB

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SKR7392Y

Were seat belts worn? YES

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:


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


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

SKETCH PLAN

Refer to attached sketch plan

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - T/20180928/2022.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

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

ARPORT
RD

27/9/2018
1449 PM



Staircase
Exit

KPE ENTRANCE

ACCIDENT STATEMENT

ACCIDENT DATE: (27/9/18) (DD/MM/YYYY), TIME: (14:50) (HH:MM)

LOCATION: kpe before airport rd exit.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 51K273921
b) INSURANCE COMPANY: IMZ
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: private use
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Maznah bte Abdullah (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S15835687 CONTACT: 51502590 85902150
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Aliff Amgerah Bin Houd (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S92076500 CONTACT: 87505067
c) ADDRESS: Bik 780 Pasir Ris Street 71 # 05-580 (510780)

- d) DATE OF BIRTH: (9/3/1992) (DD/MM/YYYY)
e) OCCUPATION: (INDOOR / OUTDOOR)
f) YEARS OF DRIVING EXPERIENCE: 12/2012

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) (NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: children

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO) driver - back,

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: 51S 7918M MODEL: _____
b) DRIVER'S NAME: R Stephan
c) NRIC/FIN/PASSPORT: S18042812 CONTACT: 91695967

9. THIRD PARTY VEHICLE

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

Email =

fax =

video =



SINGAPORE POLICE FORCE



T/20180928/2077

1 of 4

Report No. T/20180928/2077

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
28/09/2018 13:35

Vide Report No.:

Station Diary No.:
16

Informant's Particulars

Name of Informant:
ALIFF ANUGERAH BIN HOOD

Address:
APT BLK 780 PASIR RIS STREET 71 #05-580 SINGAPORE
510780

ID Type / ID No.:
NRIC NO / S9207650D

Contact No.:
Home/Office: Mobile: 87505067

Nationality:
SINGAPORE CITIZEN

Email:

Sex: Age: Date of Birth: Type of Informant:
Male 26 09/03/1992 Driver

Race: Language: Institution / School Name:
Indian English

Occupation: Driving Licence Information:
PART TIME SECURITY OFFICER Class: 3 Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/09/2018 14:50	Type of Location: Straight Road
Location: Along Road 1 KALLANG PAYA LEBAR EXPRESSWAY KPE TOWARDS PIE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
SJS7918M	Car	TOYOTA	CAMRY 2.0 AUTO ABS AIRBAG			0
SKR7392Y	Car	TOYOTA	CAMRY 2.4 AUTO ABS AIRBAG	Silver	Seriously Damaged	2



SINGAPORE POLICE FORCE

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999



T/20180928/2077

2 of 4

Report No. T/20180928/2077

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLE4045B	Car	KIA	CERATO FORTE 1.6SX AT ABS D/AB 2WD 4DR			0
SMA2466S	Car	LAND ROVER	DISCOVERY SPORT 2.0P 7 SEATER White 27			0

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ALIFF ANUGERAH BIN HOOD	ID No.	S9207650D
Related Vehicle	NIL	Contact No.	87505067
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 27th of September 2018, at around 1449hrs, I was travelling along KPE in my vehicle bearing registration no. SKR7392Y. All of a sudden, a vehicle bearing registration no. SMA2466S jam braked in front of. As a result, I managed to jam brake my vehicle and avoided collision with the vehicle in front. However, another vehicle bearing registration no. SJS7918M then collided onto the rear of my vehicle as well. The impact of the collision caused my vehicle to inch forward quite a bit and as a result, I collided onto the rear of the vehicle in front as well. It was a chain collision involving 4 vehicles. I had 2 passengers in my vehicle at that point of time and both were conveyed to the hospital. One of them was given an MC of 5 days as well. Traffic Police attended to the accident and I called for the ambulance. Subsequently, all 4 drivers exchanged contact numbers thereafter. I later learnt that the chain collision started with a motorbike, however, I do not have the details of the motorbike.

First car, SLE4045B (hp: 83212607)
Second car, SMA2466S (hp: 90218446)
Last car, SJS7918M (hp: 91695967)

I wish to state that my vehicle does not have an in-car camera.



**SINGAPORE
POLICE FORCE**



T/20180928/2077

Police Station Of Origin:

Eunos NPP

629 Bedok Reservoir Road #01-1620

SINGAPORE 470629

Tel No: 1800-4439999

3 of 4

Report No. T/20180928/2077

CONTINUATION OF REPORT



SINGAPORE POLICE FORCE



T/20180928/2077

Police Station Of Origin:

Eunos NPP

629 Bedok Reservoir Road #01-1620

SINGAPORE 470629

Tel No: 1800-4439999

4 of 4

Report No. T/20180928/2077

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:

G /

Sgt 2 ANDERITTE LIM JIN CUN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt NORAMEERA BINTE MOHAMED
HUSSEIN

Contact No.: 65476236

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:
28/09/2018 13:35

Classification Of Case:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9207650D



Name

ALIFF ANUGERAH BIN HOOD

اليف انوغره بن هود

Race

INDIAN

Date of birth

09-03-1992

Sex

M

Country of birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

S9207650D

ALIFF ANUGERAH BIN HOOD

Birth Date 09 Mar 1992

Valid Date 17 Feb 2012

002043600A

4016097



NRIC No. S9207650D

Date of issue
19-03-2007

Address

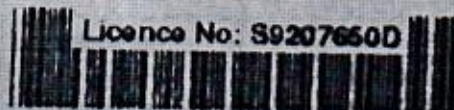
APT BLK 780 PASIR RIS STREET 71
#05-580
SINGAPORE 510780

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

EFFECTIVE DATE

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg 17 Feb 2012

NP 428A



Licence No: S9207650D



TOKIO MARINE
INSURANCE GROUP

FORM MX1

A member of the
Tokio Marine Group

Certificate of Insurance

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Policy No.: 18-MU007259-R01 (Private Motor Car)

1. Index Mark and Registration Number of Vehicle SKR7392Y Chassis No.: MR053BK4007027706
2. Name of Policyholder MS MAZNAH BTE ABDULLAH
3. Effective date of the Commencement of Insurance for the purposes of the Act 13/06/2018
4. Date of Expiry of Insurance 12/06/2019
5. Persons or Class of Persons entitled to drive*
- (a) The Policyholder.
- (b) Any other person who is driving on the Policyholder's order or with his permission.

* Provided that the Person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

6. Limitations as to use*

Use only for social domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover use for hire or reward, racing, pace-making, reliability trial, speed-testing or the carriage of goods (other than samples) in connection with any trade or business or use for any purpose in connection with the Motor Trade.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please refer to the Policy Schedule for full details, terms and conditions of the insurance.

IMPORTANT NOTICE

This Certificate is not transferable. During its currency, if the insurance is cancelled for whatsoever reason, you must return the Certificate to Tokio Marine Insurance Singapore Ltd. within 7 days thereof or, if the Certificate has been lost destroyed, you must make a statutory declaration to that effect. Failure to comply with this duty is an offence under Motor Vehicle (Third-Party Risks and Compensation) Act (Chapter 189).

ADDITIONAL INFORMATION

Account: 2388DDA

Insurance Plan: Third Party, Fire & Theft
Limit for total loss or theft: Prevailing Market Value
Financial Interest: GV CREDIT PTE LTD

Tokio Marine Insurance Singapore Ltd.

Authorised Signature