

NATIONAL Assessment Centre Services		Date: 16/10/2018	
Date In: 17/10/2018 16:22	Job description	Date & Time Completed	Done by:
Ref No: NBT/GA/18018572/4	SAS e-filing		
Veh No: FBE 705E	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 11/10/2018 20:10	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: 8HB 6226X	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

Claimant's Particulars :- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments :- Cat. 1: Cat. 2 / 3:	Invoice Preparation Checklist		Ant (\$) 1st Bill	Ant (\$) Add. Bill
	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100); INC (\$80)			
	3) TF: Towing Fee \$40/\$45			
	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:-			
OP: *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 \$0				
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 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. 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	12/10/2018 16:22
Date Of Accident	11/10/2018 20:10
Exact Location Of Accident	ALONG CLEMENCEAU AVENUE TOWARDS OXLEY RISE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE7205E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ARIFFADHILAH BIN MUHAMMAD
NRIC No	S9822200F
Email Address	DANIALHAZIQQQ@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87497721
Alternative Phone No	OTHERS-83330219

### Vehicle Particulars

Manufacturer	YAMAHA
Model	YZF-R15-150CC (M)
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	MOTORCYCLE

### Insurance Company

Name of Insurance Company	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	MOMVM000001577-01-000
Cover Note Number	

### Driver

Name of Driver	DANIAL HAZIQ BIN AZMAN
NRIC No	S9519938J
Date Of Birth	11/06/1995
Occupation	INDOOR
Date Of Driving Pass	02/04/2018
Driving Experience	0 YEAR AND 6 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-83330219
Fax Number	
Contact Number	OTHERS-87497721
Email Address	DANIALHAZIQQQ@GMAIL.COM

Address	BLK 613 CHOA CHU KANG STREET 62 #03-211
Postcode	680613
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	WET

#### 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)	2
Passenger 1	NAME: : AFIQAH FATIN BINTE ABDUL RAZAK GENDER: : FEMALE

#### 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/20181012/2041(TYPE OF COLLISION IS HEAD TO SIDE)

#### 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	SHB6226X
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	TAXI
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 DANIAL HAZIQ BIN AZMAN

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBE7205E

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

#### DETAILS OF INJURED PERSON 2

Name AFIQAH FATIN BINTE ABDUL RAZAK

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBE7205E

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:

Driver's Signature

(If driver is not the policyholder)

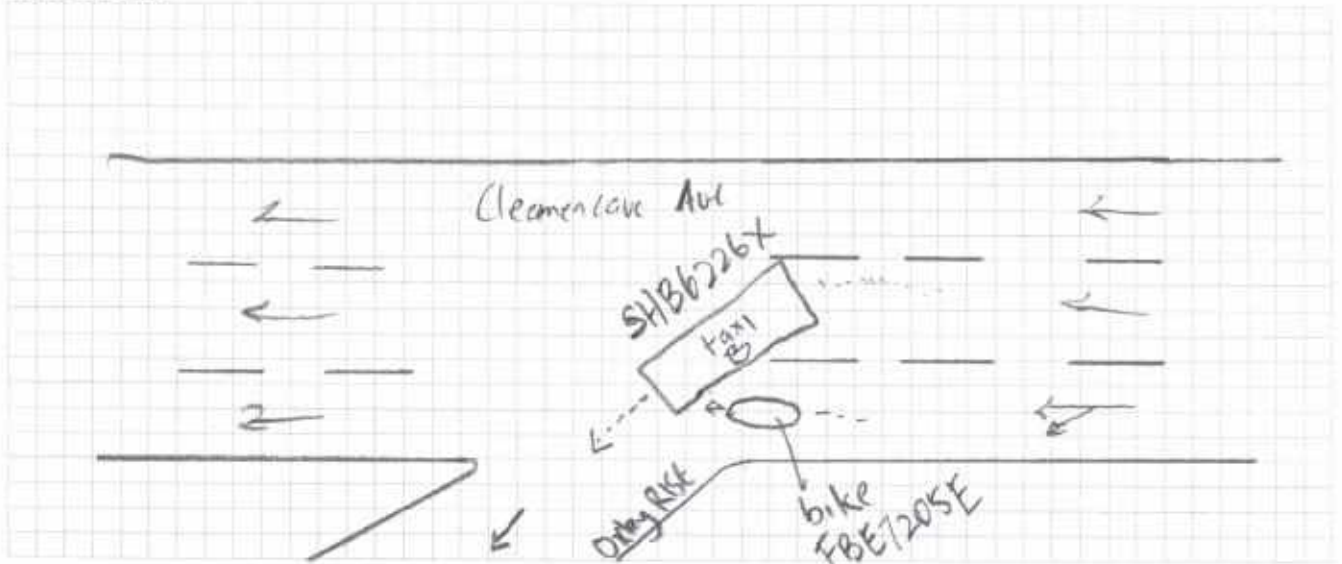
Date & Time: 12/10/18  
1548 hrs

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS Refer to Police Report  
7/2018/1012/2041

## 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: 12/10/18  
1548hrs.

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



# SINGAPORE POLICE FORCE



T/20181012/2041

1 of 3

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 No. T/20181012/2041

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 12/10/2018 11:35	Vide Report No.: E/20181011/0152	Station Diary No.: 30
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**Informant's Particulars**

Name of Informant: DANIAL HAZIQ BIN AZMAN			Address: APT BLK 613 CHOA CHU KANG STREET 62 #03-211 SINGAPORE 680613		
ID Type / ID No.: NRIC NO / S9519938J			Contact No.: Home/Office: Mobile: 83330219		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 23	Date of Birth: 11/06/1995	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: TECHNICIAN			Driving Licence Information: Class: 2B,3A Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 11/10/2018 20:10	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 CLEMENCEAU AVENUE OXLEY RISE				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE7205E	Motorcycle	YAMAHA	YZF-R15	Yellow	Slightly Damaged	1
SHB6226X	Car	HYUNDAI	AE IONIQ HEV 1.6 DCT	Blue	Slightly Damaged	1

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20181012/2041

2 of 3

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 No. T/20181012/2041

**CONTINUATION OF REPORT**

<b>Rider</b>			
Name	DANIAL HAZIQ BIN AZMAN	ID No.	S9519938J
Related Vehicle	FBE7205E (Motorcycle)	Contact No.	83330219
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3A Date of Expiry: NIL
Date Treatment	11/10/2018	Date Discharge	11/10/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight
<b>Pillion</b>			
Name	AFIQAH FATIN BINTE ABDUL RAZAK	ID No.	S9240888D
Related Vehicle	FBE7205E (Motorcycle)	Contact No.	96640143
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	11/10/2018	Date Discharge	11/10/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight

**Brief Details.**

On 11/10/2018 at about 2010, while I was riding, FBE7205E, a pillion was with me and I met with an accident with a taxi, SHB6226X. I was riding on the third lane of Clemenceau Ave and suddenly, the taxi just turned left on the second lane towards Oxley Rise. I did not have enough time to brake and avoid the taxi, hence my bike hit onto the taxi. Both myself and my pillion fell off the bike. The pillion suffered abrasion on her whole right leg and palm. I have abrasion on right elbow, hip and legs and pains on some parts of my body. My bike has lots of scratches from the accident and the brake lever is broken. The taxi driver called for the police and ambulance. My pillion was conveyed to the hospital.



**SINGAPORE  
POLICE FORCE**



T/20181012/2041

3 of 3

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 No. T/20181012/2041

**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

Officer In Charge Of Case:

TP / GIT /

Staff Sgt LEE GUANG HUI

Contact No.: 65476138

Signature Of Informant:

Date/Time:

12/10/2018 11:35

Classification Of Case:

Authentication Stamp

NP168

ORIGINAL

**MEDICAL CERTIFICATE**

**EMD2018385683**

Name <b>DANIAL HAZIQ BIN AZMAN</b>		NRIC No. <b>S9519938J</b>
This is to certify that the above-named is unfit for duty for a period of <u>5</u> days from <u>11-Oct-2018</u> to <u>15-Oct-2018</u> inclusive.		
Type of medical leave granted :		
<input type="checkbox"/> Hospitalization Leave	<input checked="" type="checkbox"/> Outpatient Sick Leave	
Admitted on : _____	<input type="checkbox"/> Maternity Leave	Delivered on : _____
Discharged on : _____	<input type="checkbox"/> Sterilization Leave	Operated on : _____
This certificate is not valid for absence from court attendance.		
Diagnosis	Surgical Operation (if applicable)	
Fit for light duty from <u>N.A.</u> to <u>N.A.</u>		
Comments :		
The above-named patient attended my clinic at <u>N.A.</u> and left at <u>N.A.</u> No medical leave is necessary.		
Hospital/Clinic  Emergency Medicine  Singapore General Hospital	Ward No. Emergency Department Date 11-Oct-2018	Signature, Name (in BLOCK LETTERS) and Designation/MCR No.  <b>HUANG HUILING . 62984G</b>



# ACCIDENT STATEMENT

ACCIDENT DATE: (11 / 10 / 2018) (DD/MM/YYYY). TIME: (20 : 10) (HH:MM)

LOCATION: Clemenceau Ave & Oakley Rise

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBE 7205 E  
 b) INSURANCE COMPANY: Great American  
 c) POLICY NUMBER: MONUM 00001577-01-070  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: YAMAHA R15  
 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)  
 IF NO, PLEASE STATE THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: Affiqah Binti Muhammad (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S9822200F CONTACT: 8749 7721  
 c) ADDRESS: BLK 569B CHAMPIONS WAY #10-394 Spore 6 732569

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: DANIAL HAZIQ BIN AZMAN (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S9519938J CONTACT: 8333 0219  
 c) ADDRESS: BLK 613 CHOA CHU KANG ST 62 #03-211  
SPOKE 660613

\* d) DATE OF BIRTH: (11 / 06 / 1995) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 02104/18

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

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: YEW TEE CC

## 8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SHB 6226 X MODEL: HYUNDAI

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 = DANIALHAZIQ@GMAIL.COM

VIDEO =

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9519938J



Name

DANIAL HAZIQ BIN AZMAN

Race

MALAY

Date of birth

11-06-1995

Sex

M

Country of birth

SINGAPORE



S9519938J

REPUBLIC OF SINGAPORE DRIVING LICENCE

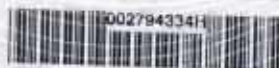
S9519938J



DANIAL HAZIQ BIN AZMAN

Birth Date: 11 Jun 1995

Issue Date: 18 Apr 2018



4812838



NRIC No: S9519938J

Date of issue

30-07-2010

Address

APT BLK 613 CHOA CHU KANG STREET 62  
#03-211  
SINGAPORE 680613

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 2B  
Class 3A

Motorcycles <= 200 CC

Motor cars without clutch pedals <= 2000 kg with <= 7

passengers, exclusive of the driver, and motor tractors/vehicles  
without clutch pedals <= 2500 kg

82 Apr 2018

12 Apr 2015

5

S9519938J

S / No. 9000314088

NF 428A



## 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, 1958 (Malaysia)

### Policy Details

Certificate Number	: MOMVM000001577-01-000	Cover	: Motor Cycle (Third Party Only)
Policyholder Name	: Ariffadhilah Bin Muhammad	Chassis Number	: ME120P022A2005755
NCD Entitlement	: 10% No Claim Discount	Engine Number	: 20P1026827
Hire Purchase	: SOUTHERN WIND MOTOR CREDIT & TRADING PTE	Registration Number	: FBE7205E
Period of Insurance	: From 13/07/2018 (00:00) To 12/07/2019 (23:59) (Both Dates Inclusive)		

### Persons or Classes of Persons entitled to Drive

a) The Primary Rider

b) Any Named Rider as stated in the policy

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor or so has been Vehicle 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

### Limitations as to Use

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

This Policy does not cover:

- a) Use for Hire and Reward
- b) Use for racing, pace making, reliability trial or speed testing
- c) Use for carriage of goods (other than samples) in connection with any trade of business
- d) Use for any purpose in connection with 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

Excess (Section 1) : N/A

Excess (Section 2) : N/A

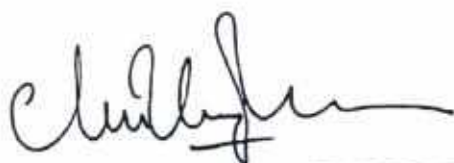
### Driver Details

Primary Rider	: Ariffadhilah Bin Muhammad
Named Rider 1	: Danial Haziq Bin Azman
Named Rider 2	: N/A
Name of Intermediary	: Tena Risk Solutions Pte Ltd
Date of Issue	: 04/09/2018

I/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)

Signed for and on behalf of

**Great American Insurance Company**



Authorised Signatory

gaw