

NATIONAL Assessment Centre Services. [ver 1 Jan 2005]

Date In: 31/10/18	Job description	Date & Time Completed	Done by
Ref No: NA/AIG 18019799/13	SAS e-filing		
Veh No: SLN8351T	E-mail (within 8hrs, AIC 2hrs)		
DOA: 30/10/18 1455	I-Motor Claim Form		
OD: (TP) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (VISION AUTOWORK Tel: Fax:)

TP Particulars: Vch No: PRN0495 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%. P: 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
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

NA/1807/180	Invoice Preparation Checklist	Amr (\$)	Amr (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: 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)		
Ref 1:	6) TR: Re-inspection \$75		
Ref 2/3:	7) N1: Idao 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 (N-in INC) against INC \$20		
	9) N12: Idao 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 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	31/10/2018 11:47
Date Of Accident	30/10/2018 14:55
Exact Location Of Accident	CTE TWDS CITY B4 ANG MO KIO AVE 1 EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLN8351T
Insured/Policyholder	
Name Of Registered Owner	GUAN XINPEI
NRIC No	S8287220E
Email Address	OMIGUAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87810269
Alternative Phone No	OTHERS-87810269
Vehicle Particulars	
Manufacturer	SUBARU
Model	FORESTER
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1700004944-01
Cover Note Number	
Driver	
Name of Driver	GUAN XINPEI
NRIC No	S8287220E
Date Of Birth	04/09/1982
Occupation	INDOOR
Date Of Driving Pass	19/06/2017
Driving Experience	1 YEAR AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-87810269
Fax Number	
Contact Number	OTHERS-87810269
Email Address	OMIGUAN@GMAIL.COM

Address	85 COMPASSVALE BOW #06-16
Postcode	544685
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	RAINING
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?	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: : CHONG RUI XI ALEXA GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BISHAN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5529999 - FAX NO: 65561905
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20181030/2122

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	POLICE AT SCENE TOOK THE SD CARD
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBN449S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name UNKNOWN

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? FBN449S

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 2

Name UNKNOWN

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? FBN449S

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode


SKETCH PLAN

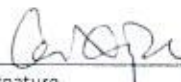
IMPORTANT NOTICE

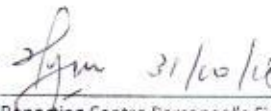
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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:

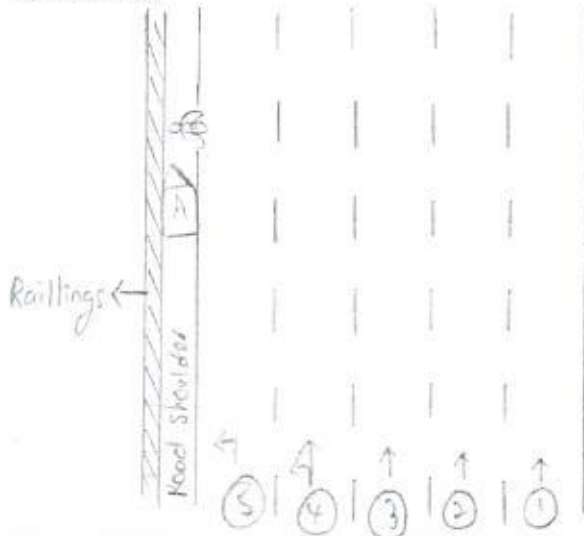
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

 31/10/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



A = SLN 8351 T

B = FBN 4495

CTE towards City

(Before Any Mo Kio Ave 1 Exit)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

1/2018, 1030 / 2122

DECLARATION

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

Gundapu
Policyholder's Signature
Date & Time:

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

31/10/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20181030/2122

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

1 of 4

Report No. T/20181030/2122

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/10/2018 17:29			Vide Report No.:		Station Diary No.: 109
Informant's Particulars					
Name of Informant: GUAN XINPEI			Address: 85 COMPASSVALE BOW #06-16 SINGAPORE 544685		
ID Type / ID No.: FIN NO / G1556624N			Contact No.: Home/Office: Mobile: 87810269		
Nationality: CHINESE			Email:		
Sex: Female	Age: 36	Date of Birth: 04/09/1982	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Housewife			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/10/2018 14:55	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY				
Towards city before Ang Mo Kio Ave 1 exit				
Weather: Heavy rain		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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
FBN449S	Motorcycle				Slightly Damaged	1
SLN8351T	Car	SUBARU	FORESTER 2.0XT CVT AWD SR	Brown	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLN8351T	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1700004944-01	19/05/2018	18/05/2019



Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Pillion			
Name	Unknown Pillion	ID No.	NIL
Related Vehicle	FBN449S (Motorcycle)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Rider			
Name	Unknown Rider	ID No.	NIL
Related Vehicle	FBN449S (Motorcycle)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	GUAN XINPEI	ID No.	G1556624N
Related Vehicle	SLN8351T (Car)	Contact No.	87810269
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 30/10/2018 at about 1455hrs, I was driving my vehicle (SLN8351T) on the extreme left lane along CTE towards City before Ang Mo Kio Ave 1 exit as I was going to exit via Ang Mo Kio Ave 1

Suddenly, a motorcycle (FBN449S) from the third left lane, made a left lane change to the extreme left lane abruptly. As the motorcyclist made a sudden lane change, I was unable to stop my vehicle in time. Due to that, the motorcyclist collided onto my vehicle which subsequently causing both rider and pillion to fall down from their motorcycle. After that, I immediately called police and ambulance regarding this accident. I did not notice if there is any injuries on both the rider and pillion. Later, ambulance and police



**SINGAPORE
POLICE FORCE**



T/20181030/2122

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

3 of 4

Report No. T/20181030/2122

CONTINUATION OF REPORT

was at scene. Both the riders and pillion was then conveyed to the hospital. I wish to inform that I do have an in-car CCTV that records the whole accident however, the police who was at scene has already took the SD Card of the CCTV for evidence. I also wish to state that I do not have any injuries on myself and I only have the pillion's contact number (96213249). The police report number as follows:
F/20181030/0159.

I am lodging this report as police advised me to do so.



**SINGAPORE
POLICE FORCE**



T/20181030/2122

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

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Report No. T/20181030/2122

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:

E /

Sgt 2 PANG XIU KANG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sgt 2 LEE MING CAI

Contact No.: 65476960

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

30/10/2018 17:29

Classification Of Case:



SINGAPORE
POLICE FORCE

SN 061

SIGNATURE

Officer- In -Charge
Investigation Section
Traffic Police Department
10 Ubi Avenue 3
Singapore 408865

Name: Guan Xinpei
NRIC No: G1556624N
Add: 85 Compassvale Bow #06-16
Hp: 87810269

Dear Sir/Mdm,

**Report of an accident involving SLN8351T and FBN449S along CTE towards City
before Ang Mo Kio Ave 1 exit on 30/10/2018 at 1455hrs**


On 30/10/2018 (date) at 1729 hrs (time), I lodged a traffic accident report vide:
T/20181030/2122

I wish to add in the brief details as follows:

During the accident, the motorcycle hit onto the right side of the vehicle causing my
vehicle to hit onto the left railings.

Yours faithfully,


Signature

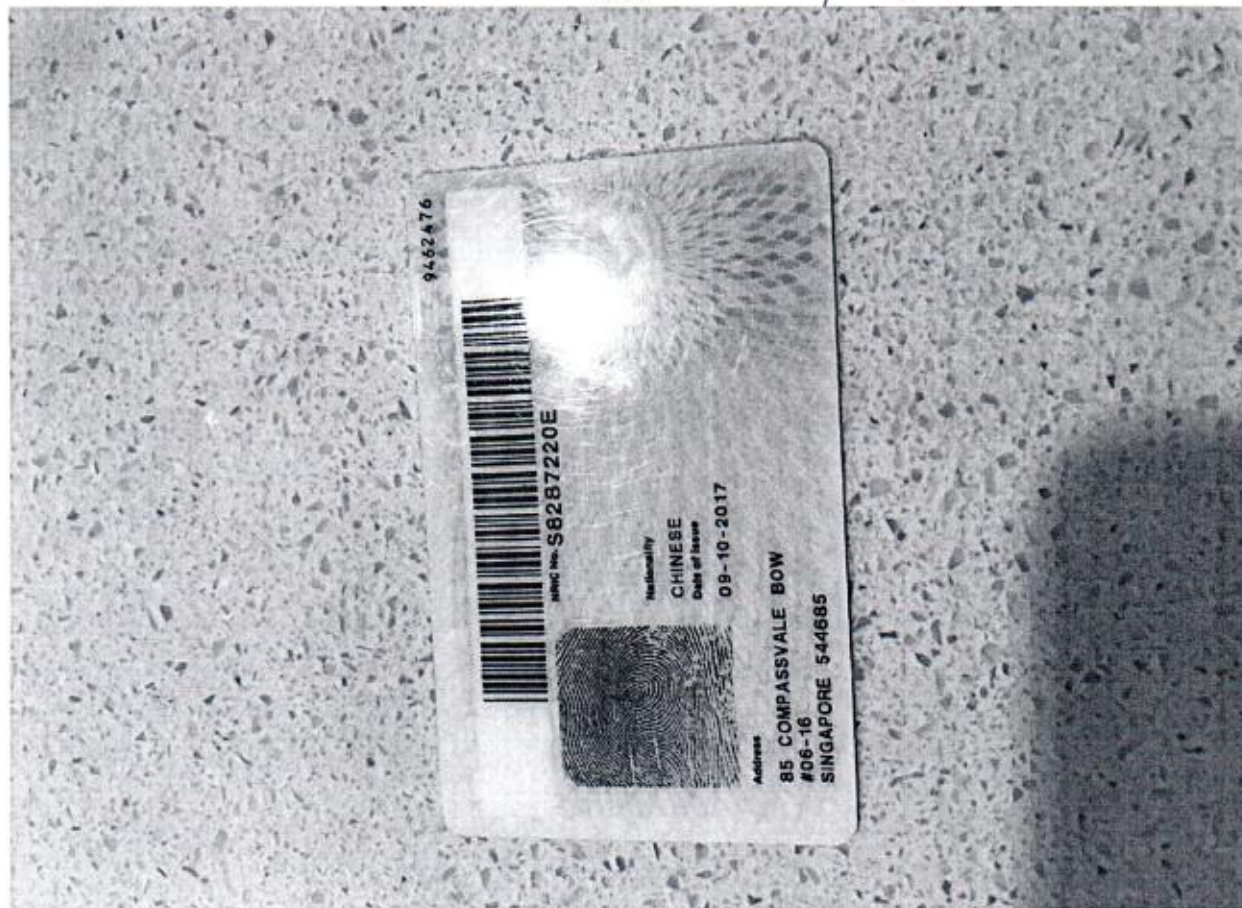
If a police officer records this amendment, please complete the following;	
Name / Rank No: SGT Pang Xiu Kang	Station Diary No. eSD 125 dated on 30/10/2018
Signature 	
GUAN NTC BISHAN STREET 2 SINGAPORE 579757 TEL: 1800-5529999	

SINGAPORE ACCIDENT STATEMENT

Accident Date: 30/10/2018	Time: 14:55	(hh:mm) 24 hr format
Location CTE towards City (Before Ang Mo Kio Avenue 1 Exit)		
Vehicle Number SLN 83517		
Insured Name Guan Xin Pei		
NRIC/FIN S8287220E	Contact Number 87810269	
Make Subaru	Model Forester	
Are you claiming under your own insurance policy for repair to your vehicle?		
() Yes If No, Pls select: (<input checked="" type="checkbox"/>) Third Party () Reporting		
Insurance Company AIG		
Type of Policy (<input checked="" type="checkbox"/>) Comprehensive () Third Party Fire & Theft () TP Only		
Policy Number 1700004944-01		
Name of Driver (<input checked="" type="checkbox"/>) Same as Insured		
NRIC / FIN Contact Number		
Date of Birth 04/09/1982		
Driving Pass Date 19/06/2017		
Occupation () Indoor () Outdoor (<input checked="" type="checkbox"/>) Housewife		
Gender () Male (<input checked="" type="checkbox"/>) Female		
Email Address omiguan@gmail.com () NO EMAIL		
Address of Driver 85 Compassvale Bow		
#06-16 S (544685)		
Was driver an employee of the Insured's Company? () Yes (<input checked="" type="checkbox"/>) No		
If No, Relationship of the Driver with the Insured		
(<input checked="" type="checkbox"/>) Owner () Spouse () Friend () Relative () Children () Sibling		
Does the Driver Own Any Other Vehicle? () Yes () No		
If Yes, Vehicle Registration Number of Driver's Own Vehicle		
Insurance Company of Driver's Own Vehicle		
Weather Conditions () Clear (<input checked="" type="checkbox"/>) Raining () Others		
Road Surface () Dry (<input checked="" type="checkbox"/>) Wet () Others		
Was any foreign vehicle involved in this accident? () Yes (<input checked="" type="checkbox"/>) No		
Was anybody injured in the accident? () Yes (<input checked="" type="checkbox"/>) No		
If yes, injured detail		
Was there any video captured by Car Camera? (<input checked="" type="checkbox"/>) Yes () No		
Was the Accident reported to the Police? (<input checked="" type="checkbox"/>) Yes () No If yes attach police report		
DETAILS OF 3 rd party Name / Nric Contact		
Veh B FBN 449S		
Veh C		
Veh D		
Veh E		
Veh F		

Passenger = ~~Chong~~ Chong Rui Xi Alexa (F).

SLN8351 J (owner & driver)



REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **G1556624N**
Name: **GUAN XINPEI**

Birth Date: **04 Sep 1982**
Issue Date: **19 Jun 2017**
Valid Till: **18/06/2022**

C02695400F



SLN 83517

Owner & driver

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

	EFFECTIVE DATE
Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$	19 Jun 2017

NP 426A





CERTIFICATE OF INSURANCE

SUBARU AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Guan XinPei
 Period of Insurance : 19 May 2018 To 18 May 2019
 Engine No. : FA20B971917
 Chassis No. : JF1SJGK85HG087784

Vehicle No. : SLN8351T
 Policy No. : 1700004944-01
 Endorsement No. :
 Issued Date : 24 Apr 2018

ABOUT THE COVER

Make/Model : SUBARU New Forester 2.0XT
 Engine Capacity/Tonnage : 1,998.00 CC Sum Insured : Market Value First Year of Registration : 2017
 Driver Restriction : NA Off Peak Car : No Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*

a) The Policyholder
 b) Any other person who is driving on the Policyholder's order or with his/her permission.
 This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition

Limitation as to use*

Use only for social, domestic and pleasure purposes and for the Policyholder's business.
 This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use 1500cc - 1600cc

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 169) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS

Section 1
 Fire - \$0 Own Damage - \$1400 Theft - \$0 Flood Cover - \$0

Section 2
 Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Guan XinPei - \$1400 (Own Damage)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

1 Motor Image Enterprises Pte Ltd Add: 19 Lorong 8 Toa Payoh Singapore 319255 64170100

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website www.aig.com.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: United Overseas Bank Limited

We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles(Third Party Risks and Compensation) Act (Cap. 169), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500519231

TAN CHONG CREDIT SUBARU-NGT
 911 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE
 SINGAPORE 589622
 Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Manile

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

SSC256

1001045516/AC3