Our ref: Your ref:	SKF IZZ8S	D:	C. Homant
Date:	1 4 MAR 2019		Settlement
То:	AXA Injurance	- CKK	
	Singapore	-	
Attn:	Motor Claims Department		
Re: Acci At/A	dent Involving Motor Vehicle No	os. SKF17785 UCZ On OS	& <u>SLT 8385P</u> /12/18@ 15:00
insured vehi	vner of vehicle no. SKF1218; of the about	, ve alcons	
As the accid	lent was caused by your insured nor the following: -	egligent/inconsiderat	e driving, thus I am claiming
1. Cost of R	epairs Jse/ Rental (4 days @ \$ _ 100	_per day)	\$ 4016.22 \$ 400 \$ 2.00
3. LTA/GIA 4. GIA Rep	A Search Fee		\$ \$
5. Others		Total:	\$418.22
I hereby gives solicitor to representat	ve you fourteen (14) days to comple commence legal action against give of CYCLE & CARRIAGE	y with the above, fai you. If you have an INDUSTRIES P	ling which, I shall instruct my y queries, please contact the TE LTD at Telephone No:

67714377 (Mr Alan Quek) / 67714304 (Ms Amanda Ang).

I hereby give full authority to CYCLE & CARRIAGE INDUSTRIES PTE LTD and their representative to negotiate/comprise settlement of the above claim on my behalf.

Your co-operation and immediate attention to the above is greatly appreciated. I hereby look forward to hearing from you soon.

Yours faithfully

Name & Signature

C/o. 188 Pandan Loop Singapore 128378 Address:

Mr Alan Quek/ Ms Amanda Ang Cc:

alan.quek@cyclecarriage.com.sg/amanda.ang@cyclecarriage.com.sg E-mail:

67795383 Fax No.



TAX INVOICE

Cycle & Carriage Industries Pte Limited Authorised Dealer Company No. 196400367W GST Reg No. MR-8500111-X

Invoice Name & Address	Owner Name & Vehicle Info			
IIIVOIGO FIGURA DE LA CARRA DEL CARRA DEL CARRA DE LA	Cust No/Name	/Mdm Ng Ruenn Lena		
Mdm Ng Ruenn Lena	Reg No/Reg Date	SKF1228S / 20/03/2012		
C/O AXA INSURANCE PTE LTD	Date In/Mileage	18/01/2019/ 201805		
MOTOR CLAIM DEPARTMENT	Chassis No	WDD2040452A673448		
8 SHENTON WAY #24-01	Engine No	27191031352234		
SINGAPORE 068811	Make/Model	MB/C 180K (BlueEFFI		
Contact No 63387288	Colour/Trim	027 779 Alabandine / 042 228 Leather Alp		
CSE	Operator	WIP No Invoice/Credit Note N		

Account No	Terms	Date/Time Printed	CSE	Operator		VVIP NO	IIIVOICE/CIEU	i Note No
P. C. C. C. CHEWOODES (2003)	Cash	24/02/2019/ 19:30	AO	305 / Alan Quek Ai Lun		29184	28151148	
CSI00001	Casii			Qt	v	Unit Price S\$		Amount S\$
		Description of Good	s / Services		,			F.O.C.
M BPNSUN								
POLICY N	IO/ACC DAT	E :2100293578 // 05-1	2-2018					
DRIVE IN	1:06-12-20	18 // TP CAR NO:SLT83	85P (AXA IN	SURANCE)				
DATE IN	DATE SURV	EY:17-01-2019 // LKK	RASUL					
BY/AUTHE	RIZED ON	:LKK ASHER SNG // 0	7-12-2018				0.10	380.00
A RPTI AR							0.10	
USE XENT	TRY TO CHE	CK CONTROL UNITS & RE	SET MEMORY	T0				
STANDARD	SETTINGS	S.NETT						960.00
A RPTI AR								
REMOVE 8	REPLACE	REAR BUMPER & REMOVE	REAR SUPPOR	T			-	
ASSY COM	PONENTS 8	REFINISH.						600.00
A BPIRES								
RESPRAY	REAR BUMP	PER		1.0	0	1361.96		1361.96
X REAR BUN				1.0		132.56		132.56
X LH/R BUN	MPER GARNI	ISH		1.0		132.56		132.56
X RH/R BUN	MPER GARNI	ISH				186.40		186.40
X CT/R BUN	MPER GARNI	ISH		1.0	U	100.40		

Cycle & Carriage celebrates 120 years. Visit www.cyclecarriage.com/120 for more info!

Parts Labour	1,813.48 1,940.00	Nett 7% GST on 3753.48	3,753.48 262.74
Standard Menu Specialist Job Diagnostics Job Sundry/Others Total(w/o GST)	0.00 0.00 0.00 0.00 3,753.48	Total Payable Paid Total Due	4,016.22 0.00 4,016.22

Payment should be made strictly by cash, NETS or credit cards. Thank you.

Any dispute to the invoice must be made within 3 days. This is a computer generated document, no signature is required.

CHAN'S & SONS ENTERPRISE

363 Sembawang Road Singapore 758379 Tet 67532536 Fax:67567565 GST Reg No: 51-936900-M



TAX INVOICE

NG KAH SIM LENA

INVOICE

AR1901-0287

DATE

23/01/2019

TERMS

C.O.D

STAFF ID

ELAINE

AGREEMENT NO. :

HA201901-0164

ATTN: ACCOUNTS PAYABLE

DESCRIPTION

AMOUNT (SGD)

Vehicle Reg No

: SKZ1844H

373.83

Make / Model

: TOYOTA ALTIS 1.6 AUTO

Rental Dates

: Rental Billing From 17/01/2019 To 21/01/2019

Period

: 4 days

Rental Rate

: S\$ 100.00 Per Day

(Including GST)

Reference No

: SKS1228F

AMOUNT: S\$

FOUR HUNDRED DOLLARS ONLY

NON-TAXABLE VALUE:

0.00

TAXABLE VALUE:

373.83

GST 7%:

26.17

TOTAL S\$:

400.00

Please make your cheques payable to : CHAN'S & SONS ENTERPRISE



For Official USe Only

Payment Date	*	F / Amt
CS / CC /CH	:	
CS / CC /CH	:	



CHAN'S & SONS ENTERPRISE

363 Sembawang Road, Goodlink Park, Singapore 758379. Tel: 6753 2536 Fax: 6756 7565 Breakdown Recovery: 9742 9446

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☑ Car is restricted to SINGAPORE use. See clause 1(f) for non-compliance.		ithin 24 hours of the occume	UNIT	128 10 1	RATE (\$	533139	TOTAL (\$)	
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	ity - First \$1500 for damage ged vehicle is under repair.	to vehicle plus loss of	DISCOUNT	en en en	San San	and the special	TON	e arata ar
	First \$2000 for any Third Part f \$3000 for drivers under 24	A STATE OF THE PARTY OF THE PAR	GST @ 7%	obled by th	a cd du ogs also	ti esul in 2013 Suprementa	. Olu Selon	86.17
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Vehicle should be r	returned at the same time and time is before 10am.	as collection except on	ADDE THE WART AREA FAIRD BUG .	o for the	tv	etinise cor	260	e hours or alter
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carrying of pets in the smoky, smelly or dirty Carrying of PASSEN	A CONTRACTOR OF THE CONTRACTOR		CHANGED OVER FRO	OM VEH.			AIL	

MODEL

CEZ 1844

VEHICLE 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-18-189400

Date of Request:

06/12/2018

Your Ref No:

Online Purchase

Cycle & Carriage Industries Pte Ltd 188 Pandan Loop

Singapore 128378

Dear Sir/Madam,

Enquiry Date

06/12/2018

Enquiry By

Lim Xin Yi

TP Vehicle No. Accident Date

SLT8385P 05/12/2018

Enquiry Posult

Enquiry Result		Supplemental Company of the Company	Insurer Tel. No.	
TP Vehicle No.	Insurer	Period of Insurance		
		14/11/2018-13/11/2019	6338 7288	
SLT8385P	AXA Insurance Pte Ltd	14/11/2010 10:11		•

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

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

TAX INVOICE

Our Ref No:

GR-18-189400

Date of Request:

06/12/2018

Your Ref No:

Online Purchase

Cycle & Carriage Industries Pte Ltd 188 Pandan Loop Singapore 128378

Dear Sir/Madam,

Enquiry Date

06/12/2018

Enquiry By

Lim Xin Yi

TP Vehicle No.

SLT8385P

Accident Date

05/12/2018

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 witholding 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.

By the lodgement of this report to the insurers, you aforesaid.	ou hereby consent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	06/12/2018 15:06
Date Of Accident	05/12/2018 16:00
Exact Location Of Accident	YIO CHU KANG ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKF1228S
Insured/Policyholder	
Name Of Registered Owner	NG KAH SIM LENA
NRIC No	S1406750G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96690045
Alternative Phone No	OFFICE-96690045

Vehicle Particulars

MERCEDES-BENZ Manufacturer

Model C180

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 PRIVATE CAR

Vehicle Category

Insurance Company

AIG ASIA PACIFIC INSURANCE PTE. LTD. Name of Insurance Company

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

2100293578 Policy Number

Cover Note Number

Driver

CHANG WEIJIE (ZENG WEIJIE) Name of Driver

NRIC No S8203378E 22/01/1982 Date Of Birth Occupation **INDOOR** Date Of Driving Pass 06/12/2007

10 YEARS AND 11 MONTHS **Driving Experience**

MALE Gender

(LOCAL) +65-82739550 Mobile Number

Fax Number Contact Number

EMail Address NOEMAIL Address

BLK 543 SERANGOON NORTH AVE 3 #06-180

Postcode

550543

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

RELATIVE

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?

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)

1

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

MY CAR IN STATIONARY POSITION, LOOKING OUT ON-COMING CARS CLEAR BEFORE EXIT TO MAIN ROAD. ALL OF SUDDEN, CAR B (SLT8385P) COLLIDED MY REAR. NO ONE WAS INJURE AND WE EXCHANGE PARTICULAR.

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

SLT8385P

Vehicle Make/Model/Colour

TOYOTA CHR (BLUE)

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

SIM CHEE HUANG JEFFREY

NRIC/Passport Number

S7439299G

Contact Number

96752559

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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.
- Any false reporting may be referred to the Police for investigation.
- 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
- 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.
- 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.

Driver's Signature

(If driver is not the policyholder)

Date & Time

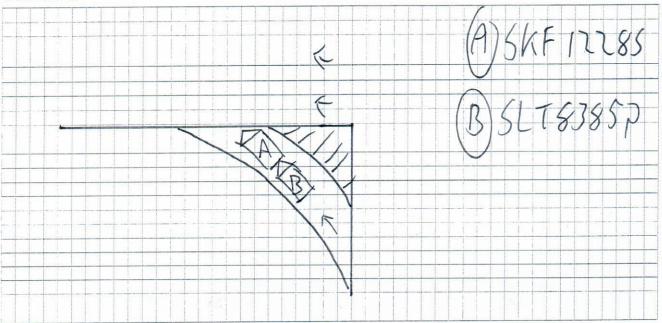
Reporting Centre Personnel's

Name: Hlan

NRIC/FIN No .:

Policyholder's Signature

Date & Time



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

(Cars (lear before exit to	pusition,	lookiz	cH	on	Coming
curs clear before exit to	mail r	Towl.			
(3) All of sudden (B) wehicle o	ollided h	y rec			

3) No one was injure and me exchange somticular.

DECLARATION

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

Please note that you have 14 calendar days to revert and file the claim under your own policy. Failing to do so, your insurance company will not allow nor accept the claim.

(Please contact your insurance company for any further details)

Policyholder's Signature

Date & Time

Driver's Signature

(If driver is not the policyholder)

Date & Time

Reporting Centre Personnel's

Name: Alan

NRIC/FIN No .:



CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : Ng Kah Sim Lena

: 20 Mar 2018 To 19 Mar 2019 Period of Insurance

: 27191031352234 Engine No.

: WDD2040452A673448 Chassis No.

Vehicle No. : SKF1228S : 2100293578-06

Policy No. Endorsement No.

Issued Date : 14 Feb 2018

ABOUT THE COVER

: MERCEDES BENZ C180K BE Make/Model

Engine Capacity/Tonnage: 1,597.00 CC Sum Insured : Market Value First Year of Registration : 2012

Off Peak Car : No Insuring with COE/PARF : Yes Driver Restriction

Person or Classes of Persons Entitled to Drive*:

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

: All Age Condition 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 2000cc

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

EXCESS

Fire - \$0 Own Darnage - \$800 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Ng Kah Sim Lena - \$800 (Own Damage)

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

1. Euros Service Center (For accident reporting only) Add: 330 Ubi Road 3 Singapore 408650 67412338

2.Pandan Loop Service Center - Body Care & Repair (For accident repair & accident reporting) Add: 188 Pandan Loop Singapore 128378 67778388

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

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MayBank

I/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. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500660050

CYCLE & CARRIAGE - CORPORATE

239 ALEXANDRA ROAD

SINGAPORE 159930 ANSP-NONLIFE

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE