Date In: 20 /2/19-11:30	Job description	Date & Time Completed	Done by
	SAS e-filing		
Ref No: NA (1219 20 33 4 V/V)	E-mail (within Shrs, AIC 2)	urs)	
Veh No: MTYNTC.	i-Motor Claim Form		
D.O.A: 21/2/19-M:11.	i-Motor W/O (Within: O	D 2hrs, TP 4hrs)	
OD / TP / Reporting Only	i-Photo Uploaded		
	Assessment/Survey Rep	ort	
TP Insurer:	Ass't Report by Fax / H		
Preferred Wksp / INC Assign Wksp / QW: (ax:
TP Particulars: Veh No:m		NC()/Non-INC()	
Owner / Driver: (F 0 000 y	Tel:)
Policy No: ()	Period: () Cover Type: ()
Confirmed by : (Date:	Time:)
) [Note-Est. Status (WO): N	: 0-20%; P: 21-79%. P: 30-1	00%]
Year of Registration: ()			
	1,000 ()/\$2,000 ()		
		Salt Target Salt Salt Salt Salt Salt Salt Salt Sal	Carrie St. Land
Drive-In ()/ Towed-In (); Invo	Dice: YES () / NO () ; Towing Co: (Date&Time Completed	Done by
Control of the Contro	/ Courtesy Car ()	• • •	
2) QC Check / Post Repair Inspection	()	*	•
3) Upload Resurvey Photo [Repair Cost >	> \$30001 ()		
5) Opiona resurvey r new (respins costs	***************************************		
NAME AND ADDRESS OF THE PARTY O	WAS NOW, CONTINUED IN STREET, THE PARTY OF THE PARTY OF		
Injury:			estable to the
	100		PEROSUS.
			85806)#·
	1		
Date/Time Actions	1		Anit (s) Ami
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Date/Time Actions	1) AR : A	ccident Reporting (\$30);	fitBiji Add
Date/Time Actions NAIGO IM Inimant's Particulars:-	1) AR : A 2) DA : D 3) TF : T	ccident Reporting (530); carnage Assessment (5100); INC (5 cowing Fee 54	76.Biji Add 80) 0/\$45
Date/Time Actions Na Gold laimant's Particulars:-	1) AR : A 2) DA : E 3) TF : To 4) FT : FO	ccident Reporting (\$30); lamage Assessment (\$100); INC (\$ lowing Fee S4 collow-Through Survey collow-Through Survey (Resurvey)	76.Bill Add 80) 0/\$45 \$120 \$30
Date/Time Actions Na Gold laimant's Particulars:-	1) AR: A 2) DA: D 3) TF: T 4) FT: F 5) FT: F Forcle	ceident Reporting (\$30); lamage Assessment (\$100); INC (\$ lowing Fee \$4 llow-Through Survey llow-Through Survey (Resurvey) iming against INC Only (wef 10 Jan 200	76.Bill Add 80) 0/\$45 \$120 \$30
NALGO IMM Inimant's Particulars:- river/Owner:	1) AR: A 2) DA: D 3) TF: To 4) FT: Fo 5) FT: Fo Forela 6) TR: R 7) N1: 10	ceident Reporting (530); Darriege Assessment (\$100); INC (\$ owing Fee \$4 ollow-Through Survey (Resurvey) inving against INC Only (wef 10 Jan 200 e-inspection lac DA + SMRT Survey	76.Bjil Add 80) 0/\$45 \$120 \$30 \$5)
NALGO IMM Inimant's Particulars:- river/Owner: ontact No: amaged Portion:	1) AR: A 2) DA: D 3) TF: To 4) FT: Fo 5) FT: Fo Forels 6) TR: R 7) N1: Io 8) NTUO	ceident Reporting (530); Darriege Assessment (\$100); INC (\$ owing Fee \$4 ollow-Through Survey (Resurvey) iming against INC Only (wef 10 Jan 200 e-inspection lac DA + SMRT Survey Additional Services:-	80) 0/\$45 \$120 \$30 \$) \$75 \$160
NALGO IMM Inimant's Particulars:- Priver/Owner: ontact No: armaged Portion:	1) AR: A 2) DA: D 3) TF: To 4) FT: Fo 5) FT: Fo Forcis 6) TR: R 7) N1: io 8) NTUO OD* *N5: O	ceident Reporting (530); Darriege Assessment (\$100); INC (\$ Darriege Assessment (\$100)	\$60) 00/\$45 \$120 \$30 \$5) \$75 \$160
NALGO IMM Claimant's Particulars: Oriver/Owner: Contact No: amaged Portion: C. Checked by (Engr-In-Charge):	1) AR: A 2) DA: E 3) TF: To 4) FT: Fo 5) FT: Fo Forels 6) TR: R 7) N1: Io 200* *N5: O *N6: F *N7: F	ceident Reporting (530); Darriege Assessment (\$100); INC (\$ Daving Fee \$4 Dillow-Through Survey (Resurvey) Dillow-Through Survey Dillow-Through	\$60) 00/\$45 \$120 \$30 \$5) \$75 \$160 \$55 \$10 \$25
Date/Time Actions NAGO MM Claimant's Particulars:- Priver/Owner: Contact No: amaged Portion: C Checked by (Engr-In-Charge):	1) AR: A 2) DA: E 3) TF: To 4) FT: Fo 5) FT: Fo Forelo 6) TR: R 7) N1: Io * 8) NTUO OIL* *N5: C *N6: F *N7: F *N8: I TP (N	ceident Reporting (\$30); Darnege Assessment (\$100); INC (\$ Seminary Free State of	\$60) 00/\$45 \$120 \$30 \$5) \$75 \$160 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5
NALGO IMM Ilaimant's Particulars: Oriver/Owner: ontact No: armaged Portion: C Checked by (Engr-In-Charge):	1) AR: A 2) DA: E 3) TF: To 4) FT: Fo 5) FT: Fo Forelo 6) TR: R 7) N1: Io * 8) NTUO OIL* *N5: C *N6: F *N7: F *N8: I TP (N	ceident Reporting (\$30); Darnege Assessment (\$100); INC (\$ Darnege Assessm	\$60) 00/\$45 \$120 \$30 \$5) \$75 \$160 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5

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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.
- 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	22/02/2019 11:30			
Date Of Accident	21/02/2019 14:15			
Exact Location Of Accident	SLIP RD CTE (AYE) TWDS MOULMEIN RD			
Country/State of Loss	SINGAPORE			
	DETAILS OF OWN VEHICLE			
Vehicle Registration Number	SLT5425C			
Insured/Policyholder				
Name Of Registered Owner	M/S AIRWERKZ ENGINEERING PTE LTD			
Co Reg No	201526817C			
Email Address	NOEMAIL			
Mobile Phone No	(LOCAL) +65-91813394			
Alternative Phone No	OFFICE-91813394			
Vehicle Particulars				
Manufacturer	HONDA			
Model	CIVIC TYPE-R 2.0 M			
Exact Purpose for which vehicle was being u time of accident				
Are you claiming under your own insurance p for repair to your vehicle?	policy NO			
If No, Please state action to be taken	THIRD PARTY			
Vehicle Category	COMMERCIAL VEHICLE			
Insurance Company				
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.			
Type Of Coverage	COMPREHENSIVE			
Fleet Policy	NO			
Policy Number	DMPCSN3077051800			
Cover Note Number				
Driver				
Name of Driver	FREDDIE FOO YI TENG			
NRIC No	S9449828G			
Date Of Birth	11/07/1994			
Occupation	OUTDOOR			
Date Of Driving Pass	02/07/2014			
Oriving Experience	4 YEARS AND 7 MONTHS			
Sender	MALE			
Mobile Number	(LOCAL) +65-91813394			
ax Number				
Contact Number	OFFICE-91813394			
Mail Address	NOEMAIL			

Address

BLK 60 JALAN BAHAGIA

#01-23 320060

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

OWNER

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions Road Surface

CLEAR DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

YES

NO

YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

2

NAME: : GRACE KOH LI PING

GENDER:

: FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name Police Station Address ANG MO KIO NORTH NEIGHBOURHOOD POLICE CENTRE

ROAD: 51 ANG MO KIO AVE 9, POSTCODE: 569784, COUNTRY:

SINGAPORE

Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

TEL NO: 1800-4849999 - FAX NO: 62181399

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20190222/2020.

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

Vehicle Make/Model/Colour

SMF6666D

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number Contact Number

PRIVATE CAR

TAN FU HAO S8235542A

87486942

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

The state of the s			
DETAILS OF INJURED PERSON 1			
Name	FREDDIE FOO YI TENG		
Approximate Age			
Injuries Sustain	BODY		
Injured person in which vehicle?	SLT5425C		
Were seat belts worn?	YES		
Was this injured conveyed to hospital by ambulance?	NO		
Address			

Postcode				
DETAILS OF INJURED PERSON 2				
Name	GRACE KOH LI PING			
Approximate Age				
Injuries Sustain	BODY			
Injured person in which vehicle?	SLT5425C			
Were seat belts worn?	YES			
Was this injured conveyed to hospital by ambulance?	NO			
Address				
Postcode				

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
 - 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 .:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

CANCEAN W. SECTION	
Refer to parce report-T/200022/2000.	
TO A DECEMBER OF THE PROPERTY	

DECLARATION

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

Policyholder signatur Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





T/20190222/2020

1014

Report No. 7/20180222/1926

Police Station Of Origin: Ang Mo Kie North N.P.C

51 Ang Mo Kio Avenue 9 SINGAPORE

569784

And Mr St.

Tel No: 1800-4849999

REPORT OF A TRAFFIC ACCIDENT

	Station Diary No.:		
Address: APT BLK 60 JALAN BAHAO	Address: APT BLK 60 JALAN BAHAGIA #01-23 SINGAPORE 320060		
Contact No.: Home/Office:	Mobile: 91813394		
Email:			
, je c. ililoittati.			
Language:	Institution / School Name		
Driving Licence Information: Class: 3	Date of Expiry		
h	APT BLK 60 JALAN BAHAC Contact No.: Home/Office: Email: h: Type of Informant: Driver Language: Driving Licence Information:		

Gen _ I Infon	mation of the Accid	lent		1 757
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/02/2019 14:1	Type of Localina
Cocedon. Along Road 1 CENTRAL EX Exit Moulmeir	(PRESSWAY			No
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:	# U	Traffic Volume: Moderate
Type of Collis Between Mov	ion: ing Vehicles - Head	To Rear	N e	Anyone conveyed by ambulance:

Details of Vehicle Involved						福島
Vehicle No.	Туре	Make	Model	Color	Condition to	ALC D
80T#425 C	110000				Seriously 1 Damaged	777
SMF6666D	Car	113				2327

Details of Person Involved	to
Any Pedestrian Involved: No	2
No 역수 Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





596000000

Report No. T/20190222/2020 .

2 of 4

10 At 15 11

Police Station Of Origin: Ang Mo Kio North N.P.C 51 Ang Mo Kio Avenue 9 SINGAPORE 569784

Tel No: 1800-4849999

CONTINUATION OF REPORT

Passenger					Same	THE RESERVE OF THE PARTY.
Name	Grace Koh Li Ping			ID No.		S8823002G
Related Vehicle	SLT5425C (Car)	77		Contact No.		85007669
Hospital/Clinic	ACCESS MEDICAL (WHAMPOA)			Class Drivin Licend Expire	g	Class: NIL Date of Expiry: NIL
Date Treatment	22/02/2019		Date Disc	harge	22/02	/2019
o. of Days gran	ted Medical Leave	03	Degree of			
river						
Name	FREDDIE FOO YI T	ENG	*	ID No.		S9449828G
Related Vehicle	SLT5425C (Car)			Contact No.		91813394
Hospital/Clinic enicle, al mana ala decador lo lao, NWC	ACCESS MEDICAL (WHAMPOA)			Class Drivin Licend Expire	g	Class: 3 whe read of or Date of Expiry: NIL
Date Treatment	22/02/2019 Date Di			harge		/2019
	ted Medical Leave		Discharge 22/02/2019 ree of Injury NIL		32019	
Driver		03		THE REAL PROPERTY.		Mr. Charles and Co.
Name	Tan Fu Hao			ID No		S8235542A
Related Vehicle	SMF6666D (Car)			Contact No.		87486942
Hospital/Clinic	NIL			Class Driving Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
ate Treatment	NIL Date D			-	NIL	
o. of Days granted Medical Leave NIL			Date Discharge NIL Degree of Injury NIL			

Brief Details.

On 21/02/2019, at around 1415hrs, I was at Central Expressway (CTE). When I exited CTE to Moulmein Road, I stopped at the "Give Way" line to allow the oncoming traffic to pass. Suddenly, my girlfriend, who was my passenger, and I felt a impact from the back of my vehicle. We alight our vehicle immediately to check, and found out that a Toyota Alphard (License-plate no.: SMF6666D) had collided to the reaching the right rear-light area. We accessed the damage done, we exchanged particulars, and came to a decision to do our own insurance claim. Following that, I left the scene, while the other party (Tan Fu Hao, NRIC: S8235542A) called for the tow truck, as he vehicle is no-longer able to move.

On 22/02/2019, my girlfriend and I felt uncomfortable, and went to see a doctor, and was given 3 days MC for each of us.





3 of 4 Report No. T/20199222/2020

Police Station Of Origin: Ang Mo Kio North N.P.C 51 Ang Mo Kio Avenue 9 SINGAPORE 569784 Tel No. 1800-4849999

CONTINUATION OF REPORT

I am making this report for my insurance claim.





4 of 4

Report No. T/20190222/2020

Police Station Of Origin: Ang Mo Kio North N.P.C 51 Ang Mo Kio Avenue 9 SINGAPORE 569784

Tel No: 1800-4849999

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: F / Sgt 2 KOH JIA JUN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time; 22/02/2019 10:18
Officer In Charge Of Case: TP / AEIT / Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED MOHD SAID Contact No.: 65476172	Classification Of Case:
Authentication Stamp NP168	Jan



IDENTITY CARD NO. \$9449828G





Name

FREDDIE FOO YI TENG

符 艺 騰

CHINESE Date of birth

Date of birth Sex 11-07-1994 M

Country of birth

\$944982BG

4378054



APT BLK 60 JALAN BAHAGIA #01-23 SINGAPORE 320060

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S 9 4 4 9 8 2 8 G

Name:

FREDDIE FOO YI TENG

But Date: 11 Jul 1994

Indus Gate: 02 Jul 2014

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

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 02 Jul 2014 of the driver; and other motor vehicles =< 2500kg

NP 428A

tr.



中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

MX4F N SN AN0478A COMPREHENSIVE AUTOSAPE

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)

CERTIFICATE No. 1. Index Mark and Registration

DMPCSN3077051800

04 DECEMBER 2019

Engine No : K20A5820880 Chassis No: FD21400837

Number of Vehicle SLT5425C

2. Name of Policy Holder

Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment

Date of Expiry of Insurance

Persons or Classes of Persons entitled to drive *

M/S AIRWERKZ ENGINEERING PTE. LTD.

05 DECEMBER 2018

IN ADDITION TO NAMED DRIVERS EX:

EX SECT. I - AGE <= 25.......\$\$3,000.00

EX SECT. I - AGE >= 26......\$\$500.00

* AGE AS AT DATE OF ACCIDENT

ANY PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH THEIR 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.

6. Limitations as to use: *

USE FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND FOR THE POLICYHOLDER'S BUSINESS. THE POLICY DOES NOT COVER USE FOR HIRE OR REWARD TUITION DRIVING TEST RACING PACE-MAKING, RELIABILITY TRIAL, SPEED-TESTING, 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.

EXCESS WHICHEVER IS APPLICABLE FOR LOSSES OCCURRING OUTSIDE SINGAPORE (CONSTRUCTIVE TOTAL LOSS / THEFT)

ONE TIME WAIVER OF EXCESS FOR THE FIRST \$\$500 WILL APPLY TO THE INSURED AND NAMED DRIVERS IN THE EVENT OF OWN DAMAGE CLAIM AT OUR AUTHORISED WORKSHOPS FOR EACH POLICY YEAR.

HIRE PURCHASE CO. : RICARDO CARS PTE LTD AS HP OWNER

gure

Authorised Officer

* 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.

I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia). Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Countersigned By:

Authorised Signatory