

NATIONAL Assessment Centre Services.

(wef 1 Jan 2005)

MA49080180

Date In: 05/03/2019 17:35	Job description	Date & Time Completed	Done by
Ref No: MBA/INC/9004069/4	SAS e-filing		
Veh No: YP 6532L	E-mail (Adjust 3hrs, AIC 2hrs)		
D.O.A: 06/03/2019 14:30	I-Motor Claim Form	MT/1034664-002 06/03/2019 09:39	
OT: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:	Veh No: SM 2530M	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: (wef 10 Jan 2005)

1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Resurvey Photo [Repair Cost > \$3000] ()	

Injury: ()

Date/Time	Actions

MA4901721

Driver/Owner:	
Contact No:	
Damaged Portion:	

QC Checked by (Engr-In-Charge):	1688 0
Available Comments:	
Ref:	

INDIRECT CHARGES (wef 10 Jan 2005)	
1) AR: Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100) INC (\$40)	
3) TP: Towing Fee	\$40/\$45
4) PT: Follow-Through Survey	\$120
5) PT: Follow-Through Survey (Resurvey)	\$30
For claiming against INC Only (wef 10 Jan 2005)	
6) TR: Re-inspection	\$75
7) NI: Idao DA + SMRT Survey	\$160
8) NTUC Additional Services:	
ON:	
*NG: Courtesy Car / Transport Allowance	\$5
*NG: Repair Co-ordination	\$10
*NG: Post Repair Inspection	\$25
*NG: DV / Collect Excess Co-ordination	\$5
*TP (NI): TP (Non INC) against INC	\$25
9) NI: Idao Mobile	\$0
Invoice dated	Fee Charged
Invoice dated	Fee Charged

FOR:

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	05/03/2019 17:39
Date Of Accident	04/03/2019 14:30
Exact Location Of Accident	ALONG BUKIT BATOK STREET 23
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP6532L
Insured/Policyholder	
Name Of Registered Owner	NYQ SERVICES PTE LTD
Co Reg No	199102353Z
Email Address	NYQSPL@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-93393800
Alternative Phone No	OFFICE-93393800

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LORRY
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5091718852-01
Cover Note Number	

Driver

Name of Driver	MUHAMMAD SYAHIR BIN MD DALI
NRIC No	S8635423C
Date Of Birth	06/12/1986
Occupation	OUTDOOR
Date Of Driving Pass	02/01/2019
Driving Experience	0 YEAR AND 2 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93393800
Fax Number	
Contact Number	OTHERS-93393800
Email Address	NYQSPL@SINGNET.COM.SG

Address	BLK 214 TAMPINES STREET 23 #07-69
Postcode	520214
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - OPENING DOOR OF VEHICLE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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)	3
Passenger 1	NAME: : COLLEAGUE GENDER: : MALE
Passenger 2	NAME: : COLLEAGUE GENDER: : MALE

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

PLEASE REFER TO ATTACHMENT

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	SLM2530M
Vehicle Make/Model/Colour	HONDA VEZEL
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM SIEW GEOK
NRIC/Passport Number	
Contact Number	93629589
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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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) ☒ 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.

NYQ SERVICES PTE LTD

NYQ SERVICES PTE LTD

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: *Ref 2*
NRIC/FIN No.: *123456789*

SKETCH PLAN

REFER to ATTACHMENT

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER to STATEMENT

DECLARATION

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

NYQ SERVICES PTE LTD

5/3/19

Policyholder's Signature
Date & Time:

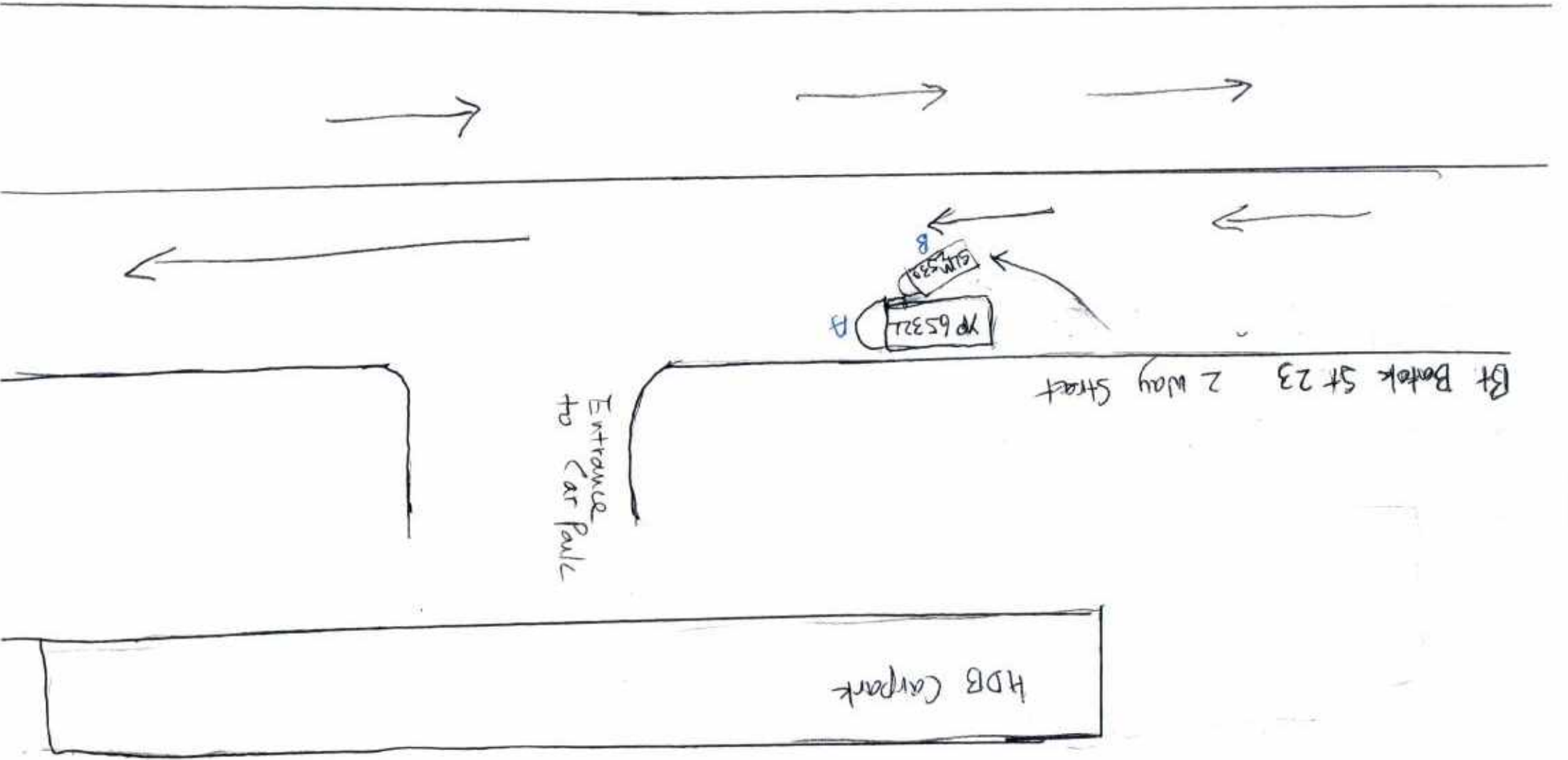
Driver's Signature
(If driver is not the policyholder)
Date & Time:

05/03/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

NYQ SERVICES PTE LTD
25/3/19

Handwritten signature
25/03/2019
Road works

A) YP 6532 L
B) sum 2530m.



Accident on 4/3/19 Between my truck YP6532L and
Vehicle Honda Vezel 3LM2530M.

On 4/3/19 at around 2.30pm I was driving along
Bt Batek St. 23 when I heard a sound like I
had knock on something. So I put on my hazardest
light and stopped by the side of the road to check.
Before opening my door I check to see if there was
on coming vehicles, the road was clear. But when
I opened my door slightly (about 45°) suddenly
Vehicle 3LM2530M came very fast to overtake my
stationery truck and slumped onto my door.
My door was badly damaged, and front right side
light cover was damaged. We had problem closing
the door.

NYQ SERVICES PTE LTD

5/3/19

25/03/2019
Rohi Winton

Claim Handling

[Task Transfer](#)
[Exit](#)

Accident MT/1034664

Policy No.	5091718852-01	Vehicle No.	YH6532L	GST Registration No.	1991023532
Certificate No.					
Policyholder Name	HYQ SERVICES PTE LTD			Policyholder NRIC	1991023532
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Leading	4
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address:		Special Remark		eCode	No
KF#	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Not available

Accident Details

Report Date	05/03/2019 14:57	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	04/03/2019	Time of Accident (min)	14:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	NA				

Excess

Own damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
Uninsured Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	01/03/2009
GST Registration No.	1991023532	GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	39 KEPPEL ROAD	Address 2	#02-01 TANJONG PAGAR DIST	Address 3	SINGAPORE 089065
Address 4		Address Type	Singapore address	Post Code	089065
Unit No.	02-01	Related Policy Number	5091718852-01		

01 Driver Info

Driver Name		Driver Type		Driver DOB	
Uninsured driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 1	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Investigation

Claim 002 OD-MX

Claim Type	OD-MX	Insured Name	HYQ SERVICES PTE LTD	Insured NRIC	1991023532
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	NA
Email Address:		OT Vehicle Number	YH6532L	TP Vehicle Number	SLM2530H
Claim Description	YH6532L / SLM2530H ON 4 Mar 2019			Name of Preferred Workshop	
Preferred Workshop	Yes	Preferred Repair Option	Insured Workshop Name unknown	Insured at Workshop	Not at Workshop
Date Registered	06/03/2019 09:38	Claim Close Date		Date Received	06/03/2019 09:39
Report Taken By	ROSLI WAHAB	Workshop Repairer		Total Loss Ind Reported	

Print AE letter

Modification History

Special Claim Creation Approval

Approval	Reason
Remarks	

Attachment Notes

Accident No.	MT/1034664	Claim No.	002
Last Doc. Received	Yes No	Upload Date	06/03/2019 09:39
Path *		Category *	Confidential
Choose File No file chosen		Urgency *	Description *
Choose File No file chosen		Clear Please Select	Normal
Choose File No file chosen		Clear Please Select	Normal
Choose File No file chosen		Clear Please Select	Normal
Choose File No file chosen		Clear Please Select	Normal
Choose File No file chosen		Clear Please Select	Normal
Choose File No file chosen		Clear Please Select	Normal
Choose File No file chosen		Clear Please Select	Normal
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent?	Action
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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 06 Mar 2019 09:39

Photos

Normal

Photos 2019-3-6

[Edit](#)

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 06 Mar 2019 09:39

Photos

Normal

Photos 2019-3-6

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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 06 Mar 2019 09:39

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Photos 2019-3-6

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Photos

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Photos 2019-3-6

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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 06 Mar 2019 09:39

NRIC/ Driving License

Normal

NRIC/ Driving License 2019-3-6

[Edit](#)

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 06 Mar 2019 09:39

SAS

Normal

SAS 2019-3-6

[Edit](#)

Video List

Uploaded By/Date

Folder Date

File Name

Source

Action

[Display in New Window](#)[Scan and uploading](#)

ACCIDENT STATEMENT

ACCIDENT DATE: 04/03/2019 (DD/MM/YYYY), TIME: 14:30 (HH:MM)

LOCATION: BUKIT BATOK ST 23

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 4P6532L
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5091718852-01
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: mitsubishi
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: _____
 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: NYO Sathidee PTE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: MUHAMMAD SHAHIR BIN MODALI (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 38635423C CONTACT: 93393800
 c) ADDRESS: BLK 214 TAMPINES ST 23 #07-69
520214

*d) DATE OF BIRTH: 06/12/1986 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 02/01/2019

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

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

6. WAS ANYBODY INJURED (YES / NO) (NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLM 2530M MODEL: HONDA VE 220L
 b) DRIVER'S NAME: LIM SIEW GEEK
 c) NRIC/FIN/PASSPORT: S18197168 CONTACT: 9362 9589

9. THIRD PARTY VEHICLE

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

email = nyqspl@singnet.com.sg
 VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8635423C



Name

MUHAMMAD SYAHIR BIN MD DALI

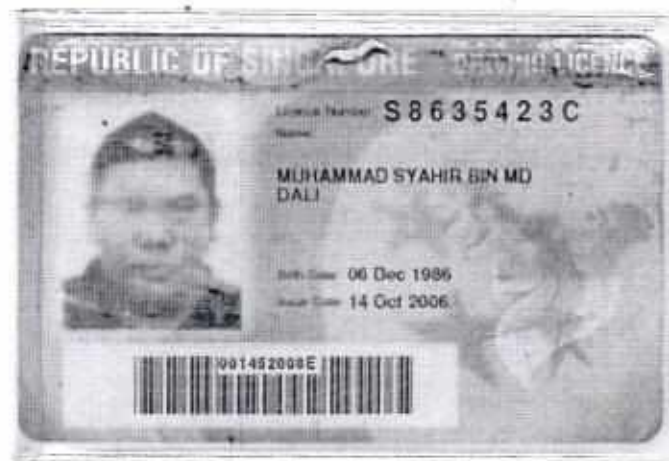
محمد شاهر بن محمد دالي

Race
MALAY

Date of birth
06-12-1986

Sex
M

Country/Place of birth
SINGAPORE



5678656



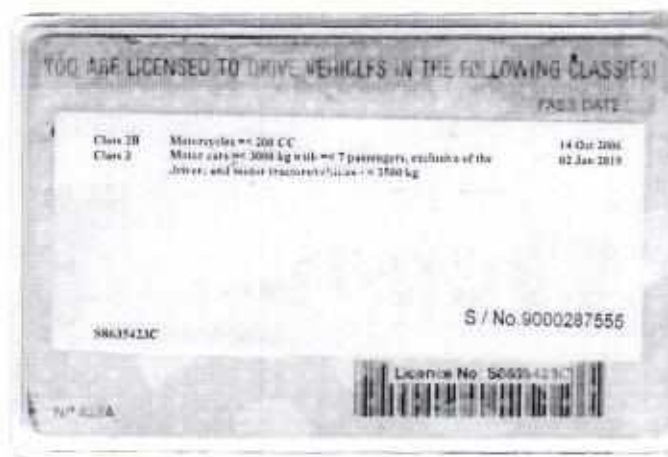
NRIC No. S8635423C



Date of issue
09-12-2016

Address

APT BLK 214 TAMPINES STREET 23
#07-69
SINGAPORE 520214



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 Number : 5091718852-01

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle : **YP6532L**
Chassis Number : **FEB71EA20400**
 2. Name of Policyholder : **NYQ SERVICES PTE LTD**
 3. Effective Date of Insurance : **08 Jun 2018**
 4. Expiry Date of Insurance : **07 Jun 2019**
 5. Persons 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.
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#
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.
(b) Use for the carriage of passengers or goods in connection with the Policyholder's business.
- This Policy does not cover
- (a) Use for hire or reward.
 - (b) Use for racing, pace-making, reliability trial or speed-testing.
 - (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

Limitations rendered Inoperative by Section 8 of the Motor Vehicle (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)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: MAYBANK
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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)

Agency : **S & M ALLIANCE PTE LTD (00000614373)**

Date of Issue : **12 Jun 2018 15:32 hrs**

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive