

## 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	01/11/2018 15:20
Date Of Accident	29/10/2018 12:30
Exact Location Of Accident	405 HAVELOCK ROAD FURAMA RIVERFRONT (S) 169633
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN9253H
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#### Insured/Policyholder

Name Of Registered Owner	KAI XIANG HUAT FRUIT SUPPLIERS
Co Reg No	53055005M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97773636

#### Vehicle Particulars

Manufacturer	HINO
Model	-

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? YES

If No, Please state action to be taken

Vehicle Category	COMMERCIAL VEHICLE
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#### Insurance Company

Name of Insurance Company	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D18MTPCVE002881
Cover Note Number	

#### Driver

Name of Driver	CHEONG ENG HWA
NRIC No	S7043676J
Date Of Birth	17/12/1970
Occupation	OUTDOOR
Date Of Driving Pass	20/03/2012
Driving Experience	6 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	+65-94668709
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	APT BLK 410 SIN MING AVENUE #08-133
Postcode	570410
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 - MAJOR/MINOR RD
Weather Conditions	CLEAR
Road Surface	DRY

#### 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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT REF NO: E/20181031/2028

#### 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	GBF5015U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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	CHEONG ENG HWA
Approximate Age	

Injuries Sustain

Injured person in which vehicle?

YN9253H

Were seat belts worn?

Was this injured conveyed to hospital by  
ambulance?

YES

Address

Postcode

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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.



Signature  
& Time

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

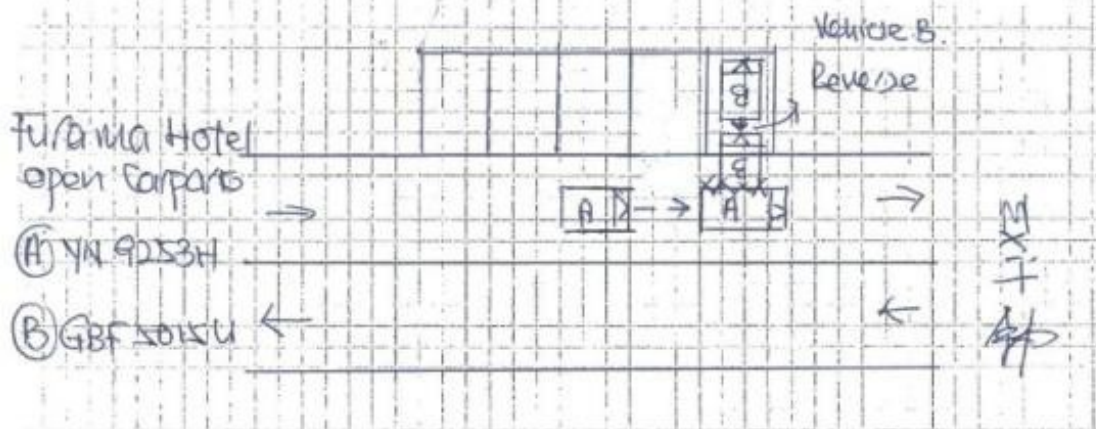
#### CITY AUTO PTE LTD

Blk 8 Sin Ming Road  
#01-58/60/62 Sin Ming Ind Est  
Singapore 575643  
Tel: 6453 4888 | Fax: 6453 7944  
(Claims Section)

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

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to police report no. E/20181031/2028

## DECLARATION

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



*[Signature]*

Policyholder's Signature  
(If driver is not the policyholder)

*[Signature]*

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

## CITY AUTO PTE LTD

Blk 8 Sin Ming Road  
#01-58/60/62 Sin Ming Ind Est  
Singapore 575643  
Tel: 6453 1234 Fax: 6453 7944  
(Claims Section)

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



## Police report



**SINGAPORE  
POLICE FORCE**



E/20181031/2028

1 of 2

**POLICE REPORT (NP299)**

Report No. E/20181031/2028

Police Station Of Origin  
Kampong Java N.P.C  
21 Kampong Java Road SINGAPORE  
228892  
Tel No: 1800-2959999

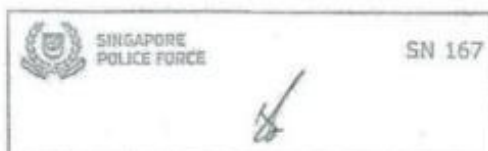
Date/Time Report Made 31/10/2018 12:52	Vide Report No.	Station Diary No. 197
Name Of Informant CHEONG ENG HWA	Address APT BLK 410 SIN MING AVENUE #08-133 SINGAPORE 570410	
ID Type / ID No. NRIC NO / S7043676J	Contact No. Home/Office	Mobile 94668709
Nationality SINGAPORE CITIZEN	Email Address	
Occupation DELIVERY DRIVER	Sex Male	Age 47
Institution/School Name	Date of Birth 17/12/1970	Race Chinese
Date/Time Of Incident 29/10/2018 13:50	Location Of Incident 405 HAVELOCK ROAD FURAMA RIVERFRONT SINGAPORE SINGAPORE 169633 furama hotel open space hotel	

**Brief details.**

On 29/10/2018 at about 1350hrs, I was driving along the open space carpark about to leave when I felt a collision from the left passenger side of my vehicle (YN9253HG). I made a check and discovered that a food delivery truck (GBF5015U) had reversed out of his lot and collided into my vehicle. I was not feeling any pain then as such I took down the particulars of the other driver and left the hotel. I went back to my office where my superior saw the damages and advised me to send the vehicle for repair and get a

Signature Of Officer Recording The Report: E / Sgt 2 KENDRICK NEO ZHE HAO	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 31/10/2018 12:52
Officer In-Charge Of Case: E / Tanglin Police Divisional Investigation Branch / Insp LEE WAN TING, MAGDALENE Contact No.:	Classification Of Case:

Authentication Stamp



Police report



**SINGAPORE  
POLICE FORCE**



E/20181031/2028

2 of 2

**POLICE REPORT (NP299)**

**CONTINUATION OF REPORT**

**Report No. E/20181031/2028**

insurance report. Total cost of damages was SGD\$1642.08/-.



I contacted the boss of the other driver, Mr Mark 82826667 vismarkfood food industries pte ltd, and he had asked for me to not lodge a police report and that he would speak with my superiors to settle matter.

When I got home, I suddenly felt sharp pain in my back. As such I called my neighbors to call an ambulance. I was conveyed to Tan Tock Seng Hospital and was warded from 29/10/2018 to 31/10/2018. I was also given 6 weeks of MC.

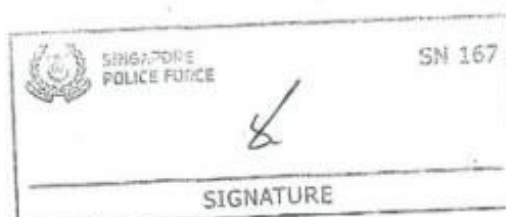
Particulars of driver:

Rajamoni Jaya Chandran  
G2088028M

I am lodging this report for insurance purposes

Signature Of Officer Recording The Report: E / Sgt 2 KENDRICK NEO ZHE HAO 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 31/10/2018 12:52
Officer In-Charge Of Case: E / Tanglin Police Divisional Investigation Branch / Insp LEE WAN TING, MAGDALENE Contact No.:	Classification Of Case:

Authentication Stamp





Sompo Insurance Singapore Pte. Ltd.

50 Raffles Place, #05-01/06 Singapore Land Tower, Singapore 040633  
Tel: 6461 6555 | Fax: 6221 3302 | Website: www.sompo.com.sg  
Co. Reg. No.: 38905480E | GST Reg. No.: M20090195

### 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)**

Cert No./Policy No. : D18MTPCVE002881  
1. Registration No. : YN9253H  
2. Insured Name : KAI XIANG HUAT FRUIT SUPPLIERS  
3. Commencement Date : 31 AUGUST 2018 00:00  
4. Expiry Date : 30 AUGUST 2019 23:59  
5. Coverage : Market value at time of loss - Comprehensive  
6. Excess : \$500 - Section I

7. Persons or Classes of Persons entitled to drive\*

b) Any person who is driving on the Insured'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.  
And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

8. Limitations as to use\*

- 1) Use in connection with the Insured's business.
- 2) Use for the carriage of passengers (other than for hire or reward) in connection with the policyholder's business.
- 3) Use for social, domestic or pleasure purposes.

The Policy does not cover

- 1) Use for hire or reward or racing, pacemaking, reliability trial or speed-testing.
- 2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

9. ExcelDrive Workshops & Accident Reporting

It is a condition precedent to liability that the Policyholder shall, together with the Motor Vehicle, call at the Company's Accident Reporting Center and report the accident within 24 hours of the accident or by the next working day thereof.

It is compulsory to have the accident repairs to the insured vehicle carried out at ExcelDrive Workshops, otherwise claim is not payable.

In an emergency and for directions to the Company's Accident Reporting Centers, please contact our Emergency Hotline : (65) 6461 6555

Visit [www.sompo.com.sg](http://www.sompo.com.sg) for list of ExcelDrive Workshops and Accident Reporting Centers.

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)

Sompo Insurance Singapore Pte. Ltd.

Date/Time of Issue : 03 AUGUST 2018 14:52

\*Limitation 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.

IMPORTANT NOTICE

1. Insureds are hereby warned that under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap.189), it shall be unlawful for any person to use or cause or permit any other person to use a motor vehicles without a valid policy of insurance under the Act.
2. Insureds are further warned that on the sale of a motor vehicle or if for any reason the Insurance is terminated during its currency, they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap.189)
3. The Policy will cease to be valid once the motor vehicle has been sold to another person. It is not transferable to a new owner of the Vehicle.
4. Please note that this insurance is subject to the premium being paid and received in full by the Company (a) before the inception date where the Policy is to be issued to an individual; or (b) within the period specified in the Premium Payment Warranty applied to the Policy in all other instances.
5. Insurance coverage under this Policy is subject to the terms and conditions as stipulated in the Motor Insurance Policy

Intermediary Code & Name : 11F02505 & FINANCIAL ALLIANCE PTE LTD CI Code: 20D X4DLZS4KJ\_00QZAJ



## NRIC & Driving license

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7043676J



Name: CHEONG ENG HWA

Race: CHINESE

Date of Birth: 17-12-1970 Sex: M

Country of Birth: SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7043676J

Name: CHEONG ENG HWA

Birth Date: 17 Dec 1970

Issue Date: 20 Mar 2012



AP 138514



NRIC No: S7043676J



Street Address: Date of Issue: A\* 30-05-2002

APT BLK 410 SIN MING AVENUE #06-133  
SINGAPORE 570410

NRIC No: S7043676J Date: 22/11/2017

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

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg 30 Mar 2012

NP 428A

Licence No: S7043676J



# Police report



**SINGAPORE  
POLICE FORCE**



T/20181113/2085

Police Station Of Origin:  
Kampong Java N.P.C  
21 Kampong Java Road SINGAPORE  
228892  
Tel No: 1800-2959999

1 of 3  
Report No. T/20181113/2085

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/11/2018 14:20		Vide Report No.: E/20181031/2028		Station Diary No.: 318	
<b>Informant's Particulars</b>					
Name of Informant: NG BUCK HUAT			Address: 37 PUNGGOL FIELD #01-29 SINGAPORE 828809		
ID Type / ID No.: NRIC NO / S1521607G			Contact No.: Home/Office: Mobile: 97773636		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 55	Date of Birth: 26/12/1962	Type of Informant: Employer of driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/10/2018 13:50	Type of Location: Car Park
Location: Along Road 1 HAVELOCK ROAD Furuma Hotel open space				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between moving vehicles - Rear to side				Anyone conveyed by ambulance: No

## Brief Details.

On 31/10/2018, my employee, Choeng Eng Hwa lodged a police report vide E/20181031/2028. He was involved in a traffic accident at Furuma Hotel open space car park while driving my company truck(YN9253H). The other vehicle that was involved is a food delivery truck as well (GBF5015U). The vehicle GBF5015U reversed onto the road where my vehicle (YN9253HG) was travelling straight. There was damages on the left side of the truck, near to the rear. My employee did not feel any pain at the moment, but after he returned home, he felt a sharp pain and was conveyed to Tan Tock Seng Hospital. He was warded from 29/10/2018 to 31/10/2018 and his MC lasted from 29/10/2018 to 12/12/2018 for injuries on his back, neck and shoulder. The total cost of the repair was around SGD\$6000.

Particulars of the involved parties are as follows:  
Employee) Cheong Eng Hwa  
S7043676J

## Police report



**SINGAPORE  
POLICE FORCE**



T/20181113/2085

2 of 3

Report No. T/20181113/2085

Police Station Of Origin:  
Kampong Java N.P.C  
21 Kampong Java Road SINGAPORE  
228892  
Tel No: 1800-2959999

### CONTINUATION OF REPORT

Blk 410 Sin Ming Avenue #08-133  
Hp: 94668709

Other driver) Rajamoni Jaya Chandran  
G2088028M  
Employer's Hp: Mr Mark, 82826667

The vehicles involved are as follows:  
- YN9253H, Lorry, White Hino (Slightly damaged)  
- GBF5025U, Lorry (Slightly damaged)

My insurance for the vehicle is from TENET SOMPO INSURANCE PTE LTD, Insurance no.  
D18MTPCV002881 valid from 31/08/2018 to 30/08/2019.

I am lodging this report as my insurance company needs to view CCTV footage from the hotel.

Police report



SINGAPORE  
POLICE FORCE



T/20181113/2085

Police Station Of Origin:  
Kampong Java N.P.C  
21 Kampong Java Road SINGAPORE  
228892  
Tel No: 1800-2959999

3 of 3

Report No. T/20181113/2085

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 / RIZAVUR RAHMAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 13/11/2018 14:20
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:

Authentication Stamp  
NP188



SINGAPORE  
POLICE FORCE

SN 072



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



# Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 188380  
Tel: (65) 6724 0030 Fax: (65) 6774 0030  
Operating Hours: Monday to Friday, 09:00 - 17:00  
UEN: S543500295 / GST P# : N/A-01480017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

## ADDENDUM

### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MCA 118141843 Vehicle Registration No: YN 9253H  
Name (as shown in NRIC) : KAI XIANG HUAT FRUIT SUPPLIES NRIC/FIN/Passport No : 55055605M  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : NIL Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 9777 3636  
Email Address : NONE@MAIL  
Date of Accident : 29/10/2018 Time of Accident : 12:30  
Place of Accident : 405 HAVELOCK ROAD FURAMA RIVERFRONT (C) 169633  
Insurance Company: SUMPO INSURANCE SINGAPORE PTE. LTD

### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Revising to : 00 claims



Blk 24 Pasir Panjang  
Wholesale Centre #01-182  
Singapore 110024  
Mobile : 96232251 / 90662199  
Email : sales@kxh.com.sg

Policyholder / Driver's Signature  
Date: 13/11/2018

CITY AUTO PTE LTD  
Blk 8 Sin Ming Road  
#01-58/60/62 Sin Ming Ind Est  
Singapore 575643  
Tel: 6453 1235 Fax: 6453 7944  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date:

# Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 185550  
Tel (65) 6224 0030 Fax (65) 6724 0030  
Operating Hours: Monday to Friday, 09:00 - 17:00  
VON: 5643500205 / GST P/B: No: M460017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

## ADDENDUM

### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MCA 118141843 Vehicle Registration No: YN 9253H  
Name (as shown in NRIC) : KAI XIANG HUAT FRUIT SUPPLIES NRIC/FIN/Passport No : 5505500577  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : NIL Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 9777 3636  
Email Address : NOEMAIL  
Date of Accident : 29/10/2018 Time of Accident : 12:50  
Place of Accident : 405 HAWLOCK ROAD FURAMA RIVERFRONT (C) 169633  
Insurance Company: SUMPO INSURANCE SINGAPORE PTE. LTD

### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

➔ Revert to : OD claims

➔ Attach police report, ref no: T/20181113/2035



Blk 24 Pasir Panjang  
Wholesale Centre #01-182  
Singapore 110024  
Mobile: 96232251 / 90662199  
Email: sales@kxh.com.sg

Policyholder / Driver's Signature  
Date: 13/11/2018

CITY AUTO PTE LTD  
Blk 8 Sin Ming Road  
#01-58/60/62 Sin Ming Ind Est  
Singapore 576643  
Tel: 6453 1235 Fax: 6453 7944  
Reporting Centre Personnel's Signature  
Name: \_\_\_\_\_  
NRIC/FIN No.: \_\_\_\_\_  
Date: \_\_\_\_\_