

## 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	22/03/2019 12:14
Date Of Accident	21/03/2019 20:55
Exact Location Of Accident	ALONG CTE (NEAR BRADDELL ROAD)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGL6949C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHIA CHEE HENG MICHAEL
NRIC No	S1144831C
Email Address	MICHAEL_CHIA88@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98624178
Alternative Phone No	OFFICE-98624178

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA267222/1
Cover Note Number	

### Driver

Name of Driver	CHIA CHEE HENG MICHAEL
NRIC No	S1144831C
Date Of Birth	09/02/1955
Occupation	INDOOR
Date Of Driving Pass	08/08/1977
Driving Experience	41 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98624178
Fax Number	
Contact Number	OFFICE-98624178
EEmail Address	MICHAEL_CHIA88@HOTMAIL.COM

Address	11A JALAN JITONG
Postcode	809126.
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	COLLISION - HEAD TO REAR
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	3
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : WIFE GENDER: : FEMALE

#### 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 ACCIDENT STATEMENT.

#### 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	SME440H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SFT8328B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Accident Sketch Plan

### 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:

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

# Individual Statement

☐ Owner  
☐ Driver

## ACCIDENT STATEMENT

Date of Accident 21/03/2019	Time 10:55pm	Location of Accident CTE <del>near</del> (near Braddell Rd)
<b>INSURED/ POLICY HOLDER (VEHICLE A)</b>		
Vehicle Registration Number SG26949C	Name of Policyholder CHIA CHEE HENG MICHAEL	
NRIC/ FIN/ Passport/ ROC (if Policyholder is company) S1144831C	Address	
Contact Number	Tel:	Hp: 9862 4178
Occupation		
<b>VEHICLE PARTICULARS (VEHICLE A)</b>		
Vehicle Make / Model	Saloon, MPV, CRV, Van, Lorry, Bus M/cycle, Others: _____	
Type of Vehicle	Private <u>USE</u>	
Exact Purpose for which vehicle was being used at the time of accident.	Remarks: <u>Report only</u>	
Are you claiming under your own insurance policy?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Vehicle category	<input checked="" type="radio"/> Private	<input type="radio"/> Commercial <input type="radio"/> Motorcycle
<b>INSURANCE COMPANY (VEHICLE A)</b>		
Name of Insurance Company	AXA	
Type of Policy	<input checked="" type="radio"/> Comprehensive	<input type="radio"/> TP Fire & Theft <input type="radio"/> Third party
Fleet Policy	<input type="radio"/> Yes	<input type="radio"/> No
Policy Number		
<b>DRIVER</b>		
Name of Driver	S1144831C	
NRIC/ FIN/ Passport	09/02/1955	
Date of Birth	08/08/1977	
Occupation		
Driving Pass Date		
Gender	<input checked="" type="radio"/> Male	<input type="radio"/> Female
Contact Number	Tel:	Hp: "
Address		
Email Address		
Was driver an employee of the Insured's Company?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
If No, relationship of Driver with the Insured		
Vehicle Number of Driver's Own Vehicle (if applicable)		
Insurance of Driver's Own Vehicle (if applicable)		
<b>GENERAL INFORMATION OF THE ACCIDENT</b>		
Type of Collision (E.g. Chain Collision/ Head-On, etc)		
Weather Conditions	<input checked="" type="radio"/> Clear	<input type="radio"/> Raining <input type="radio"/> Others: _____
Road Surface	<input type="radio"/> Wet	<input checked="" type="radio"/> Dry <input type="radio"/> Others: _____
Damage Area	2px	
<b>OTHER INFORMATION</b>		
Was there any foreign vehicle(s) involved?	<input checked="" type="radio"/> No	<input type="radio"/> Yes
Was anybody injured in the accident? (Including Witness)	<input checked="" type="radio"/> No	<input type="radio"/> Yes
Was any other vehicle(s) or property damaged?	<input checked="" type="radio"/> No	<input type="radio"/> Yes <u>Uly</u>
Was there any camera video footage (in car)?	<input checked="" type="radio"/> No	<input type="radio"/> Yes
<b>DETAILS OF POLICE ACTION</b>		
Was the accident reported to the Police?	<input checked="" type="radio"/> No	<input type="radio"/> Yes
If Yes, please state which police station & Report No.		
Was notice of intended Prosecution given?	<input checked="" type="radio"/> No	<input type="radio"/> Yes
If Yes, against whom?		

# Individual Statement

OWN VEHICLE REGISTRATION NUMBER \_\_\_\_\_

## DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

### Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number

Vehicle Make/ Model/ Colour

Details of Properties (If Other Party is not a Vehicle)

Damage Area

Name of Driver

NRIC/ FIN/ Passport

Contact Number / Email Address

Address

Name of Insurance Company

### Other Vehicle or Property 2

Vehicle Registration Number

Vehicle Make/ Model/ Colour

Details of Properties (If Other Party is not a Vehicle)

Damage Area

Name of Driver

NRIC/ FIN/ Passport

Contact Number / Email Address

Address

Name of Insurance Company

## DETAILS OF WITNESS

Name

Phone / Email Address

Address

NRIC/ FIN/ Passport

## DETAILS OF INJURED PERSON 1

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐ Yes

☐ No

Was Injured conveyed to hospital by ambulance?

☐ Yes

☐ No

## DETAILS OF INJURED PERSON 2

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐ Yes

☐ No

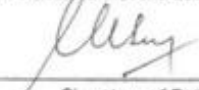
Was Injured conveyed to Hospital by Ambulance?

☐ Yes

☐ No

## Declaration

I/We declare that the above particulars & information provided above are true in every aspect.



Signature of Policy Holder  
(Company Chop if applicable)

Date & Time

Signature of Driver / Date & Time  
(If Driver is not the Policy Holder)

Date & Time

# AXA FORM

AXA Form

Date 22/03/2019

To: Owner of Vehicle Number SGL 6949 C

The following has been advised to you via your workshop, BH AUTO SERVICES through their staff, CHAN YUN SHI

Please tick the applicable box if you had been advice on the content as seen below:

- ☐ You had been advised by the workshop that in the case that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence
- ☐ You had been advised by the workshop on the liability and merits of the case accordingly
- ☐ You had been advised by the workshop on the claims procedure for the type of claim that you will be making due to this accident
- ☐ There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas.
- ☐ There will be no cancellation/withdrawal of the Own Damage claim once the order of the spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts
- ☐ The estimated waiting time for the spare parts to arrive is \_\_\_\_\_ The estimated arrival time does not include the repair period
- ☐ You will be driving the vehicle out despite being advised by the workshop mechanic/personnel that the vehicle may not be road worthy
- ☐ For vehicles below Three (3) years old, your Insurance Company will use only genuine original parts to repair your vehicle.
- ☐ For vehicles above Three (3) years old, your Insurance Company will be carrying out repairs using any combination of genuine original parts and/or original equipment manufacturer (OEM) parts
- ☐ You had been advised by the workshop of the Twelve (12) months warranty for Own Damage repairs on workmanship related to the accident
- ☐ For vehicles that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage claim

☒ Others

Reporting only @ BH AUTO

Signature and acknowledge by

Michael CHIA CHEE HENG

Name and signature of policyholder/authorised driver

Name and signature of workshop personnel (including company stamp)



## INSURANCE OF CERTIFICATE



redefining / insurance

AXA Insurance Pte Ltd  
1800 880 4888 (Within Singapore)  
(65) 6880 4888 (International)  
(65) 6880 4740  
customer.care@axa.com.sg  
www.axa.com.sg

## Certificate of Insurance

account number  
15896

-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)

### Policy details

Policyholder name	CHIA CHEE HENG MICHAEL	Certificate number	GA267222 / 1
Cover	Comprehensive	Chassis number	MR053ZEC107131985
Plan name	Essential	Engine number	3ZZ4605565
NCD applicable	50%		
Vehicle registration number	SGL6949C		
Period of insurance	from 26/09/2018 to 25/09/2019 (both dates inclusive)		
Finance loan company	Nil		

### Persons or classes of persons entitled to drive\*

- (a) The Policyholder  
(b) Any Named Driver as stated in the Policy:  
1. TAN CHOONG AYE  
(c) 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.

### Limitation as to use\*

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover - use for hire or reward, 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 motor trade; or when the Motor Car, whether stationary, in use or otherwise, is in or on, a racing track, circuit, route, course or any other roads by whatever name called that are typically used for racing, pace-making or such similar purposes.

\* 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.

EXCESS	Windscreen Excess	Not Applicable
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An Additional Excess is applicable as follows:

1. S\$500 for unnamed *Authorised Driver*
2. S\$500 for declared *Young and Inexperienced Driver*
3. S\$5,000 for undeclared *Young and Inexperienced Drivers*. This additional excess is reduced to S\$2,500 if You have chosen AXA Premium Workshops.

### Additional clauses & endorsements to your policy

Nil

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

AXA Insurance Pte Ltd

Authorised signature

### Important note

Policyholders are warned that on the sale of a motor vehicle 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 the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation) Act (Cap. 189).

The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate, endorsement etc.

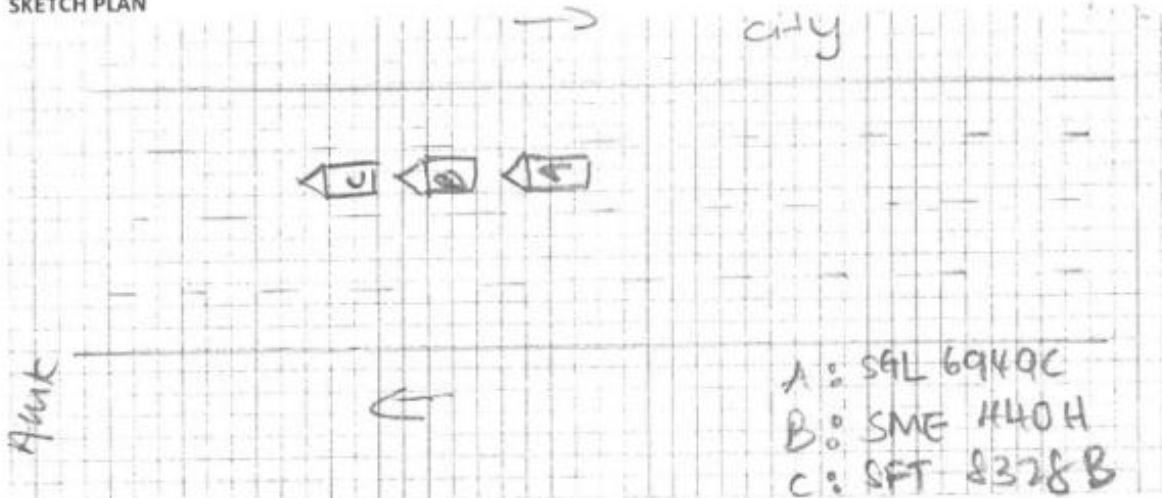
AXA Insurance Pte Ltd (199903512M)  
8 Shenton Way, #24-01, AXA Tower,  
Singapore 068811  
Customer Centre, #B1-01

1 of 3



# AMEND STATEMENT BY OWNER

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING ALONG THE CTE, HEADING TOWARDS ANG MO KIO IN MODERATE- TO- HEAVY TRAFFIC IN LANE NO. 2.
MY ESTIMATED SPEED WAS ABOUT 60-65 KM/HR AND ROAD CONDITION WAS RELATIVELY DRY.
AS MY CAR WAS NEAR BRANDEL ROAD, THE VEHICLE IN FRONT SUDDENLY JAMMED ITS BRAKES, THEN CRASHED INTO THE REAR OF VEHICLE SFT8328B.
SINCE MY CAR WAS A GOOD 5 TO 6 CAR LENGTHS AWAY, I TOO HAD TO BRAKE VERY HARD, BUT UNFORTUNATELY MY VEHICLE FRONT BUMPER CONTACTED THE REAR BUMPER OF VEHICLE SME440H.
THE KNOCK WAS VERY SLIGHT AS EVIDENCED BY NO SIGNS OF DAMAGE ON THE OTHER VEHICLE BUMPER. MY CAR FRONT BUMPER DID NOT INCUR ANY DAMAGE AT ALL. I ALSO NOTICED VEHICLE SME 440H SUFFERED DAMAGES TO THE FRONT, SUCH AS ITS LOGO FELL OFF AND ITS FRONT LEFT BUMPER BECAME MISALIGNED.
THE FRONT VEHICLE SFT 8328B INCURRED SOME BLACK MARKS ON ITS REAR BUMPER.
THAT'S ALL.

## DECLARATION

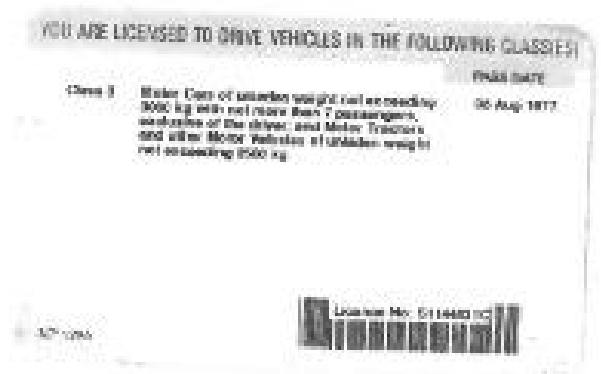
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature  
 Date & Time: 22/3/2014  
 1715 HRS

Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time: 22/3/2014  
 1715 HRS

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

# Identification Card



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo

Photos

12:11 PM

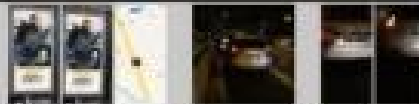
100%



Jennifer's nokia

All Media

3/22/19, 12:10 PM



Accident Photo



**Accident Photo**



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



 **S PASS**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

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Employer  
**HEALTHBIZ RESOURCE PTE. LTD.**

Sector **SERVICE**

 Name  
**JOEYROSS PAGTALUNAN MENDOZA**

Occupation  
**CUSTOMER SUPPORT ENGINEER**

S Pass No.  
**0 26041252**

Date of Application  
**06-10-2017**

 Date of Issue  
**23-11-2017**

Date of Expiry  
**03-01-2020**

 **L8466**



# Addendum Sheet



**GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE**  
 6 Raffles Quay #18-00 Singapore 048580  
 Tel (65) 6224 0010 Fax (65) 6224 0030  
 Operating Hours : Monday to Friday, 09:00 – 17:00  
 UEN: S665500206 / GST Reg. No.: M400017735

**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 : MBHA 19037748 Vehicle Registration No: SGL 6949C  
 Name (as shown in NRIC) : CHIA CHEE HENG MICHAEL NRIC/FIN/Passport No : S1144831C  
 (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
 Address : \_\_\_\_\_ Singapore ( ☐ )  
 Contact (Tel) : \_\_\_\_\_ Mobile No.: 98624178  
 Email Address : Michael\_chia88@hotmail.com  
 Date of Accident : 21/03/2019 Time of Accident : 20:55  
 Place of Accident : Along CTE (near BRADDELL ROAD)  
 Insurance Company: AXA Insurance 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:

Amend Accident Statement.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

MICHAEL CHIA CHEE HENG

[Signature]  
 Policyholder / Driver's Signature

Date: 22/3/2019

[Signature]  
 Reporting Centre Personnel's Signature

Name: CHIAH YUN SHAN

NRIC/FIN No.:

Date:



## Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S66550020G / GST Reg. No.: M400017735

**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 : MBHA19037748-01 Vehicle Registration No: SGL6949C

Name(as shown in NRIC) : CHIA CHEE HENG MICHAEL NRIC/FIN/Passport No : S1144831C

(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate

Address : NIL Singapore( )

Contact (Tel) : ---- Mobile No. : 96911413

Email Address : NIL

Date of Accident : 21/03/2019 Time of Accident : 20:55

Place of Accident : ALONG CTE (NEAR BRADDELL ROAD)


Insurance Company: AXA INSURANCE 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:

AMEND POST AL CODE

\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: **CHAN YUN SHI**  
NRIC/FIN No.: **G7674078Q**  
Date: