

NATIONAL Assessment Centre Services

19/05/2019

Date In: 03/06/2019 19:05	Job description	Date & Time Completed	Done by
Ref No: 1181/111900982714	SAS e-filing		
Veh No: SK0 9M93Y	E-mail (within 4hrs, AIC 2hrs)		
D.O.A: 28/05/2019 15:46	i-Motor Claim Form		
OD: (T) Reporting Only	i-Motor W/O (within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ()	Tel: ()	Fax: ()
TP Particulars:	Veh No: ABESYK	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%; F: 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: (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: ()

Date/Time	Actions

1181904195	Invoice Preparation Checklist	Ami (\$)	Ami (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$40)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2009)		
Cal 1:	6) TR: Re-inspection \$75		
Cal 2/3:	7) NI: Idm DA + SMRT Survey \$160		
1/1/1	8) NTUC Additional Services:-		
	• NI: Courtesy Car / Tpt Allowance \$5		
	• NI: Repair Co-ordination \$10		
	• NI: Post Repair Inspection \$25		
	• NI: DV / Collect Excess Coordination \$5		
	TP (NI): TP (N-in INC) against INC \$20		
	9) NI: Idm Mobile \$30		
	Invoice dated	Fen Charged	
	Invoice signed	Fee Charged	

07-MAY-2019 18:39

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	03/06/2019 19:05
Date Of Accident	28/05/2019 15:40
Exact Location Of Accident	WOODLANDS CAUSEWAY TOWARDS MALAYSIA
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKQ9193Y
Insured/Policyholder	
Name Of Registered Owner	K-10 CAR RENTAL PTE LTD
Co Reg No	201724040C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91849459
Alternative Phone No	OFFICE-91849459

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	GRANDIS
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	SD18V04593/VPZ/R00
Cover Note Number	

Driver

Name of Driver	NUR DINAH BINTE NUR EFFENDI
NRIC No	S9211316G
Date Of Birth	07/04/1992
Occupation	INDOOR
Date Of Driving Pass	03/11/2012
Driving Experience	6 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91849459
Fax Number	
Contact Number	OTHERS-91849459
Email Address	NOEMAIL

Address	BLK 319 CLEMENTI AVENUE 4 #03-69
Postcode	120319
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	SIDE SWIPE
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?	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)	6
Passenger 1	NAME: : SOFI GENDER: : FEMALE
Passenger 2	NAME: : RAUDAH GENDER: : FEMALE
Passenger 3	NAME: : ERICA GENDER: : FEMALE
Passenger 4	NAME: : CACA GENDER: : FEMALE
Passenger 5	NAME: : LYZ GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT

Attachment(s)

Are accident photos available for attachment?	YES
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Was there any video captured by Car Camera? NO

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number FBE5421K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category MOTORCYCLE

Name of Driver MUHAMMAD MUHSIN BIN ABU BAKAR

NRIC/Passport Number S9939790Z

Contact Number 87498652

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name MUHAMMAD MUHSIN BIN ABU BAKAR

Approximate Age

Injuries Sustain SERIOUS INJURY

Injured person in which vehicle? FBE5421K

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

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.



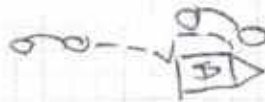
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

WOODLAND COUNTRYSIDE TOWARDS MARULSIA



A) SLQ 91934
B) FBE 5421F

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to police
report. T/20190529/7009

DECLARATION

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



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.:

08/06/2019
KLD Car Rental



SINGAPORE POLICE FORCE



T/20190529/7009

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20190529/7009

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/05/2019 13:04		Vide Report No.: L/20190528/0084		Station Diary No.:	
Informant's Particulars					
Name of Informant: NUR DINAH BINTE NUR EFFENDI			Address: APT BLK 319 CLEMENTI AVENUE 4 #03-69 SINGAPORE 120319		
ID Type / ID No.: NRIC NO / S9211316G			Contact No.: Home/Office: Mobile: 91849459		
Nationality: SINGAPORE CITIZEN			Email: codeblush@gmail.com		
Sex: Female	Age: 27	Date of Birth: 07/04/1992	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: ASSISTANT PROPERTY MANAGER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/05/2019 15:40	Type of Location: CAUSEWAY
Location: causeway				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE5421K	Motorcycle					0
SKQ9193Y	Car					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20190529/7009

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20190529/7009

CONTINUATION OF REPORT

Rider			
Name	Muhammad Muhsin Bin Abu Bakar	ID No.	S9939790Z
Related Vehicle	FBE5421K (Motorcycle)	Contact No.	87498652
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Serious
Driver			
Name	NUR DINAH BINTE NUR EFFENDI	ID No.	S9211316G
Related Vehicle	SKQ9193Y (Car)	Contact No.	91849459
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On Tuesday 28th may 2019 @1540hrs, while we were driving towards the Malaysia Checkpoint, there was a slight jam and our vehicle was on stationery until we heard a loud bang . One of our friends saw the whole incident. We got out of the car to check for any damages to the vehicle and saw that a rider (FBE5421K) was injured. He had landed underneath our vehicle on the left side rear of the vehicle. His motorcycle was right at the front of our vehicle on the left side. His group of friends started to carry him to the pavement of the road. We took photos of both vehicles as well as the rider's particulars. Within an approximately of about 10 mins, officers arrived and the situations were handled by them till the TP's arrived.

I have been informed it will be dealt by TPID Abdillah. I would also like to add that the car is a rented vehicle.



**SINGAPORE
POLICE FORCE**



T/20190529/7009

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20190529/7009

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
HO JIEKANG, IVAN
Contact No.: 65476170

Authentication Stamp

NP168:

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
29/05/2019 13:04

Classification Of Case:

ACCIDENT DATE & LOCATION

Date & Time of Accident *	Date: 28/5/19	Time: 15:40 (24 hr format)
Exact Location of Accident *	Woodland Causeway towards Malaysia	

INSURED / POLICY HOLDER / VEHICLE PARTICULARS / DETAILS OF OWN VEHICLE

Vehicle Registration Number *	SKQ 9193Y	Make & Type *: Mitsubishi Grandis
Name of Registered Owner *	K-10 RENTAL PTE LTD	
NRIC / FIN / Passport / Co Regn No. *	20728040C	
Contact Number *	91849459	Email/Fax No:
Exact Purpose for which vehicle was being used at Time of Accident	<input type="checkbox"/> Private Usage / <input checked="" type="checkbox"/> Commercial or Company's Usage	
Are you claiming under your own insurance policy for repair to your vehicle? *	<input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No If No, Please state action to be taken	
	<input checked="" type="checkbox"/> Third Party Claim (Self / Other workshop?) / <input type="checkbox"/> Reporting Only	

INSURANCE COMPANY (OWN VEHICLE)

Name of Insurance Company *	China/EQ/ETIQA/MSIG/Tekia Marine/ Great American Liberty
Type of Policy *	Comprehensive / Third Party Third Party Fire & Theft
Policy No. (Certificate No.) / Cover Note No.	SD18V04593 / VP2/R00

DRIVER

Name of Driver *	MUR DUAH BENTE MUR EFFENDI	Gender* Male <input checked="" type="radio"/> Female <input type="radio"/>
NRIC / FIN / Passport Number *	S92113166	
Date of Birth *	7/1/1992 (dd/mm/yyyy)	
Occupation *	<input checked="" type="checkbox"/> Indoor / <input type="checkbox"/> Outdoor	
Date of Driving Pass (Pass Date) *	3/11/2012	
Contact Number *	91849459	
Address	BLK 39 Clementi Ave 4 #03-69 (S) 120319	
Email Address / Fax Number *	Email:	Fax:
Relationship of the Driver with the Insured *	Owner / Employee / Spouse / Friend / Others: <u>None</u>	
Does Driver Own any Vehicle, if YES pls indicate Vehicle Number & Insurance Company *	Veh No: 1) _____ 2) _____ 3) _____ Ins Co: 1) _____ 2) _____ 3) _____	

GENERAL INFORMATION OF THE ACCIDENT

Type of Collision	Chain Collision / <u>Side-Swipe</u> / Front to Rear / Others:
Weather Conditions *	<u>Clear</u> / Raining / Others:
Road Surface *	Wet / <u>Dry</u> / Others:

OTHER INFORMATION

Was anybody injured in the accident? *	<input type="checkbox"/> No / <input checked="" type="checkbox"/> Yes (Police Report required)
Was any injured conveyed to hospital by ambulance?	<input type="checkbox"/> No / <input checked="" type="checkbox"/> Yes
Was any foreign vehicle involved in this accident? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes Veh No: _____ Veh Category: _____
Number of vehicles involved in the accident	(2)
Was there any witness?	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes
Was any other VEHICLE / Property involve / damage? *	<input type="checkbox"/> No / <input checked="" type="checkbox"/> Yes
Was there any video captured by Car Camera?	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes

DETAILS OF POLICE ACTION

Was the Accident Reported to the Police? *	<input type="checkbox"/> No / <input checked="" type="checkbox"/> Yes If Yes, Please state which Police Station _____
Was Notice of Intended Prosecution given? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes If Yes, against whom? _____
Number of Passengers (Including DRIVER)? *	(6)
Passengers	Name: <u>Sofi</u> Gender: Male / <u>Female</u> Name: <u>Raudah</u> Gender: Male / <u>Female</u>

Have you been approached by unknown person(s) soliciting/offering accident claims assistance? Yes / <u>No</u>

Erica
Caca > female
Lyz

DETAILS OF OTHER VEHICLE(S) / PROPERTIES		
Vehicle Registration Number *	1) FBE 5421 K	2)
Vehicle Make / Model / Colour		
Damage to Vehicle/Property?		
Vehicle Category *		
Name of Driver		
NRIC/Passport Number		
Contact Number		
Address		
Insurance Company Name		
DETAILS OF WITNESS		
Name		
Contact No. / Email Address		

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S9211316G

Name: NUR DINAH BINTE NUR EFFENDI

Birth Date: 07 Apr 1992

Issue Date: 18 Jul 2011

001083510G



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9211316G

Name: NUR DINAH BINTE NUR EFFENDI

نور دينه بنت نور الفندي

Race: MALAY

Date of birth: 07-04-1992

Sex: F

Country of birth: SINGAPORE



For LKK/NAC Use Only

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

	EFFECTIVE DATE
Class 1B Class 1A Class 2	19 Jul 2011 18 Apr 2018 03 Nov 2013

Class 1B Motorcycles < 200 CC
Class 1A Motorcycles between 201 CC and 400 CC
Class 2 Motor cars < 3000 kg with < 7 passengers, exclusive of the driver; and motor tractors/vehicles < 2500 kg

S / No. 9000314123

S9211316G

NP 42BA

Licence No: S9211316G

4031231

NRIC No: S9211316G

Date of issue
18-04-2007

Address
APT BLK 319 CLEMENTI AVENUE 4
#03-69
SINGAPORE 120319

For LKK/NAC Use Only

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	SD18V04593 /VPZ /R00
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Form	MZ406C
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Date Of Issue	24-APR-2019
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1. Index Mark and Registration No. of Vehicle:	SKQ9193Y
2. Chassis number of Vehicle:	JMYLRNA4W9Z000499
3. Name of Policyholder:	K-10 CAR RENTAL PTE LTD
4. Effective date of Commencement of Insurance for the purpose of the Act:	24-APR-2019 00:00 AM
5. Date of Expiry of Insurance:	10-MAY-2019 23:59 PM

6. Persons or Classes of Persons entitled to drive*:

Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired.

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.

7. Limitations as to use*:

- A) Use for carriage of passengers or goods in connection with the Policyholder's business.
- B) Use for social, domestic, pleasure and business purposes of any person to whom the vehicle is hired.
- C) Use for the carriage of passengers for hire or reward under Private Hire Vehicle (PHV) by the person to whom the vehicle is hired.

8. Policy does not cover:

- A) Use for racing, pace-making, reliability trial or speed-testing.
- B) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

*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.

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).

For and on behalf of
LIBERTY INSURANCE PTE LTD
 Approved Insurers



 Authorised Signature

For Information only:

COVERAGE: Third Party Only, PHV Extension (Geographical Area: Singapore only)

SUM INSURED:

EXCESS: Section II (Singapore) - \$52000, Section II (Outside Singapore) - \$54000, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers - \$53000

FINANCE COMPANY:

PRODUCER NAME: GENERAL INSURANCE AGENCY PTE LTD