

Date In: 10/7/19 14:03	Job description	Date & Time Completed	Done by
Ref No: NA/11219012210/h4	SAS e-filing		
Veh No: YP 5484Z	E-mail (within 5hrs, AIC 2hrs)		
TPA: 2715119 17:30	I-Motor Claim Form		
(TP) TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / GW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: G86 8833A 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: ( ) INC ( ) Non-INC ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: ( )

Date of Injury: ( )

Location: ( )

Police Report: ( )

Witness: ( )

Other: ( )

NA1905170

Claimant's Name:	1) AIC Accident Reporting (\$30)	30.00
Driver/Owner:	2) DA Damage Assessment (\$100) INC (\$50)	
Contact No:	3) TP Towing Fee \$40/\$45	
Damaged Portion:	4) PT Follow-Through Survey \$120	
QC Checked by (Engr-In-Charge):	5) PT Follow-Through Survey (Resurvey) \$30	
And/or Comments:	Verclaiming against UNO Only (ver 10 Jan 2005)	
Sub 1:	6) TR Re-inspection \$75	
	7) NI Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*NS: Courtesy Car / Tpt Allowance \$5	
	*N6: Repair Coordination \$10	
	*N7: Post Repair Inspection \$75	
	*N8: DV / Collect Excess Coordination \$5	
	TP (N11) TP (N11) against INC \$20	
	9) N12: Idao Mobile \$0	
	Invoice dated	Fee Charged
	Invoice dated	Fee Charged



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	10/07/2019 14:03
Date Of Accident	27/05/2019 17:30
Exact Location Of Accident	LORONG 14 GEYLANG PARALLEL PARKING
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	YP5484Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TRIPLE K CONSTRUCTION & SERVICES
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63380643
<b>Vehicle Particulars</b>	
Manufacturer	MITSUBISHI
Model	FUSO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	COMMERCIAL VEHICLE
<b>Insurance Company</b>	
Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D19MCV0000068
Cover Note Number	
<b>Driver</b>	
Name of Driver	RAMACHANDRAN SELVARASU
NRIC No	G7139442K
Date Of Birth	21/05/1978
Occupation	OUTDOOR
Date Of Driving Pass	14/10/2008
Driving Experience	10 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98934993
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	21 BUKIT BATOK CRES #28-78 SINGAPORE 658065
Postcode	658065
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	COLLIDED INTO PARKED 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)	5
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : MALE
Passenger 3	NAME: : UNKNOWN GENDER: : MALE
Passenger 4	NAME: : UNKNOWN GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ROCHOR NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 11 KAMPONG KAPOR ROAD , POSTCODE: 208678 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2949999 - FAX NO: 63918583
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE 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	GBG8833A
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)	



## 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



A = YP 5484Z  
B = GGG 8833A

hor 14 Geylang Parallel Parking

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

### 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.:



## ACCIDENT STATEMENT

ACCIDENT DATE: ( 27 / 5 / 19 ) (DD/MM/YYYY), TIME: ( 17 : 30. ) (HH:MM)

LOCATION: Lorong 14 Geylang Parallel Parking

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YP 5484Z  
b) INSURANCE COMPANY: III  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: ( COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT )  
e) MAKE & MODEL: \_\_\_\_\_  
f) TYPE: ( SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS )  
g) VEHICLE CATEGORY: ( PRIVATE / COMMERCIAL / MOTORCYCLE )  
h) PURPOSE OF USING AT ACCIDENT TIME: was commercial  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

### 2. INSURED / POLICY HOLDER

- A) NAME: Triple K Construction & Services (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 6378 0643  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: Ramachandran Selvarasu (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 98934993  
c) ADDRESS: 21 Bukit Batok Cres # 28-78 (S) 658065

\*d) DATE OF BIRTH: ( \_\_\_\_ / \_\_\_\_ / \_\_\_\_ ) (DD/MM/YYYY)

e) OCCUPATION: ( INDOOR / OUTDOOR )

f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
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)

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

IF YES, PLEASE STATE WHICH POLICE STATION: Rochor MPC

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: G8G 8833A MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

### 9. THIRD PARTY VEHICLE

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

Email = Admin @ triplekconstruction.com.sg.

fax =

video = No.

waiting chop.  
by monday



# SINGAPORE POLICE FORCE



T/20190626/2145

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

1 of 3

Report No. T/20190626/2145

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 26/06/2019 19:00	Vide Report No.:	Station Diary No.: 169
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**Informant's Particulars**

Name of Informant: RAMACHANDRAN SELVARASU			Address: APT BLK 89 SHORT STREET #10-09 GOLDEN WALL CENTRE SINGAPORE 188216	
ID Type / ID No.: FIN NO / G7139442K			Contact No.: Home/Office: Mobile: 98934993	
Nationality: INDIAN			Email:	
Sex: Male	Age: 41	Date of Birth: 21/05/1978	Type of Informant: Driver	
Race: Indian			Language: English	Institution / School Name:
Occupation: CONSTRUCTION WORKER			Driving Licence Information: Class: 3	Date of Expiry: 28/10/2023

**General Information of the Accident**

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 27/05/2019 17:30	Type of Location: Car Park
Location: Along Road 1 LORONG 14 GEYLANG				
Along Parallel Parking.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Moving Vehicles - No collision			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG8833A	Van				No Damage	0
YP5484Z	Lorry				No Damage	7

**Details of Person Involved**

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





**SINGAPORE  
POLICE FORCE**



T/20190626/2145

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

2 of 3

Report No. T/20190626/2145

**CONTINUATION OF REPORT**

Driver			
Name	RAMACHANDRAN SELVARASU	ID No.	G7139442K
Related Vehicle	YP5484Z (Lorry)	Contact No.	98934993
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: 28/10/2023
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 27/05/2019, at about 1700 hrs to 1730 hrs, I was driving the company's lorry (YP 5484 Z) and was performing a parallel parking along Lorong 14 Geylang. There was about 03 passengers sitting behind the lorry while I was performing the parallel parking. At that point of time, there was another van (GBG 8833 A) behind my vehicle which was already parked in the parking lot.

While reversing, my passengers who was seated behind then knocked onto my door to alert me to prevent me from colliding into the vehicle that was parked behind me. As such, I then stopped my vehicle to do a confirmation about it.

At that point of time, the driver which was in the shop then came over to me and informed that I had collided into his vehicle. I then got down from the vehicle and make a search on the situation. The driver then showed me a scratch mark which is located at the front of the vehicle. However, I recalled that I did not collide into his vehicle while reversing. The passengers that were seated behind my vehicle also witnessed to what I had accounted for.

The driver of the other vehicle then claimed that he had a In-Car Camera that is recording the incident. Hence, I then told him to lodge a Police Report instead. Subsequently, we then took photographs of the vehicle before we make our way off.

On 26/06/2019, I was then informed by my company that I am required to lodge a Police Report. Hence, I am here to lodge a Traffic Accident Report for the above-mentioned accident.



**SINGAPORE  
POLICE FORCE**



T/20190626/2145

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

3 of 3

Report No. T/20190626/2145

**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:

A /

Sgt 2 LOW JIN KUN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

26/06/2019 19:00

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp  
NP168



**SINGAPORE  
POLICE FORCE**

SIGNATURE





BUILDING CONSTRUCTION  
SUPERVISOR SAFETY COURSE

SAFETY COUNCIL PTE LTD (MOM-ATP-008-012-00055)



Name: RAMACHANDRAN SELVARASU

NRIC/WP No.: 0 3237512-

Certificate No.: SC/14/100194

Date of Issue: 11/02/2014

SAFETY SUPERVISOR

For LKK/NAC Use Only



WORK PERMIT  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer:  
TRIPLE K CONSTRUCTION PTE. LTD.



Name:  
RAMACHANDRAN SELVARASU

Work Permit No.: 0 3237512- Sector:  
CONSTRUCTION



K1166400

VISIT PASS

Immigration Regulations

10-02-2019

Name:  
RAMACHANDRAN SELVARASU

FIN:  
G7139442K

Date of Birth: 21-05-1978 Sex:  
M

Nationality:  
INDIAN

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED  
OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

Download SGWorkPass  
App to check status



Please take note that this Safety pass is strictly non-transferable

This safety pass belongs to Safety Council Pte Ltd  
Address: No 61 Ubi Ave 1 #02-03 Singapore 408941

Tel: 62933397 Fax: 62955576  
Email: safetycouncil01@gmail.com

For LKK/NAC Use Only

Issuing Officer

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: G7139442K


Name: RAMACHANDRAN SELVARASU

Birth Date: 21 May 1978

Issue Date: 29 Oct 2018

Valid Till: 28/10/2023

H002R53005E



For LKK/NAC Use Only

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

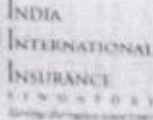
	EFFECTIVE DATE
Class 3 Motor cars with unladen weight $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq$ 2500kg	14 Oct 2008

NP 426A

Licence No: G7139442K







KC 82820101

INDIA INTERNATIONAL INSURANCE PTE LTD

On Reg. No. S207933976 - Off. Reg. No. M20070000-A  
 051 Cash Street, #04-01, #05-01, #06-01, #07-01 Building, Singapore 051051  
 Office: 655 424 0300 Email: [info@nec.com.sg](mailto:info@nec.com.sg)  
 Fax: 655 424 0374 Website: [www.nec.com.sg](http://www.nec.com.sg)

### CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 109)  
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 (ROAD TRANSPORT ACT, 1960) (MALAYSIA)  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

CERTIFICATE NO.: D19MCV0000068

**COVER: Comprehensive**

- |  |                                    |
|--|------------------------------------|
| 1. Index Mark and Registration Number of Vehicle | : YP5484Z                          |
| Chassis No                                       | : FEB21EA21079                     |
| 2. Name of Policyholder                          | : TRIPLE K CONSTRUCTION & SERVICES |
| 3. Effective date of Insurance                   | : 10 Jan 2019                      |
| 4. Expiry date of Insurance                      | : 09 Jan 2020                      |

5. Persons or Classes of Persons entitled to drive<sup>a</sup>

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 in connection with the Policyholder's business.
- Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
- Use for social, domestic and pleasure purposes.

**The Policy does not cover**

- b) Use whilst drawing a trailer except the towing 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.

Excess Sect 1	: SGD750.00
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Windscreen Excess : SGD100.00

Hire Purchase Company : United Overseas Bank Limited

FOR DRIVERS BELOW 21 YEARS OR ABOVE 65 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE.  
ADDITIONAL EXCESS OF \$2500/- ON SECTION I WILL BE APPLICABLE.

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).

Agent/Broker : A000029/DQ INSURE  
Date of Issue : 11/12/2018 14:15:18  
MZ300C (GOODS CARRYING)  
COMPANY

For India International Insurance Pte Ltd

A. P. Lane

Authorised Signatory