

NATIONAL Assessment Centre Services.

[ver 1 Jan 2005]

MNA419109598

Date In: 20/08/2019 17:35	Job description	Date & Time Completed	Done by
Ref No: NBA/inc19014623/F	SAS e-filing		
Veh No: ST 3987J	E-mail (to John Hux, AIC 2hrs)		
D.O.A: 20/08/2019 12:25	I-Motor Claim Form	M/105819-001	21/08/2019
OD: (TP) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		15:28
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whizz		

Preferred Wksp / INC Assign Wksp / QW: ()	Tel: ()	Fax: ()
TP Particulars:	Veh No: SHC 7282X	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 repair.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

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

Injury: _____

Customer's Details:	1) All: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$10)
Contact No:	3) TP: Towing Fee	\$40/\$43
Damaged Portion:	4) PT: Follow-Through Survey	\$120
QC Checked by (Bgr-In-Charge):	5) FT: Follow-Through Survey (Resurvey)	\$30
Auditor's Comments:	For claiming against INC Only (ver 10 Jan 2005)	
Date:	6) TR: Re-Inspection	\$73
	7) NI: Idas DA + SMRT Survey	\$160
	8) NTUC Additional Services:	
	OD:	
	*N5: Courtesy Car / Tpt Allowance	\$3
	*N6: Repair Coordination	\$10
	*N7: Post Repair Inspection	\$23
	*N8: DV / Collect Excess Coordination	\$3
	TP (NI) / TP (Non INC) against INC	\$20
	9) NI: Idas 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	20/08/2019 17:35
Date Of Accident	20/08/2019 12:25
Exact Location Of Accident	FAIRMOUT HOTEL TWDS BRAS BASAH ROAD EXIT.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT3987J
Insured/Policyholder	
Name Of Registered Owner	GT PTE LTD
Co Reg No	201622568K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93899125
Alternative Phone No	OFFICE-93899125

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM
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	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5111772470-000007
Cover Note Number	

Driver

Name of Driver	YEO YONG LIANG
NRIC No	S8215214H
Date Of Birth	13/05/1982
Occupation	OUTDOOR
Date Of Driving Pass	05/09/2003
Driving Experience	15 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97430325
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	APT BLK 471A UPPER SERANGOON CRESCENT #02-394 SINGAPORE
Postcode	531471
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 - 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	2
Was any body injured in the Accident?	YES
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)	1

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

REFER TO SKETCH PLAN.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC7282X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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	YEYONG LIANG
Approximate Age	
Injuries Sustain	NECK AND BACK PAIN
Injured person in which vehicle?	SJT3987J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.

** I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO (SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY) I WILL CHECK MY POLICY FOR MORE DETAILS



Policyholder's Signature
Date & Time:




Driver's Signature
(if driver is not the policyholder)
Date & Time: 1500 20/08/2019

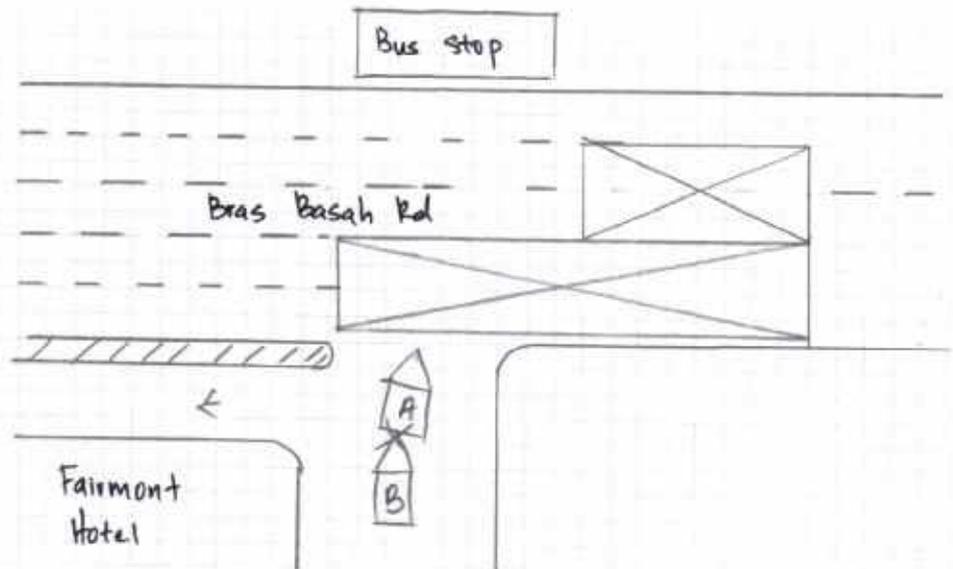


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

Veh A: SJT 3987 J

Veh B: SHC 7282 X



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I travelling from Fairmont Hotel toward Bras Basah Rd.
I was stationary at the junction to waiting on coming traffic.
However Veh B behind me collided to my vehicle.

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: 1500 20/08/2019


Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

Claim Handling

The premium on this policy has not been collected.

Accident MT/1058779

Policy No.	5111772479	Vehicle No.	SJT39871	GST Registration No.	
Certificate No.	5111772479-000007				
Policyholder Name	GT PTE. LTD.			Policyholder NRIC	201622588K
Product Code	FLEET MASTER INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	93695125	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	<input type="text" value="No"/>
KFK	<input type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

Accident Details

Report Date	21/08/2019 13:22	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	20/08/2019	Time of Accident (h:mm)	13:25	Country of Accident	Singapore
Reporting Centre		Orange Force		IDM No.	
Accident Location	FAIRHOUT HOTEL TWICE BRAS BASAH ROAD EXIT				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	1,500.00	TP Standard Excess	1,500.00	Driver Is Covered?	Covered
YED OD Excess	0.00	YED TP Excess	0.00		
Additional Excess	0				
Total OD Excess Applicable	1,500.00	Total TP Excess Applicable	1,500.00		

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	21/08/2019 13:25:34 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	28 PAOODA STREET	Address 2	SINGAPORE 059188	Address 3	
Address 4		Address Type	Singapore address	Post Code	039188
Unit No.		Related Policy Number	5111772479		

Q1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	YEO YONG LIANG	Driver NRIC	B8215219H	Driver DOB	11/05/1982
Register Date of Driver License	05/04/2003	Driver Age	37	Driving Experience	15
Contact No.(Mobile)	97430328	Contact No.(Office)		Contact No.(Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	151741
Unit No.	02-394				
Does he own a Singapore Registered car?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Driver Vehicle No.	SJT39871	Driver Insurer Company	NTUC

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes <input type="checkbox"/> No <input type="checkbox"/>
-------------------------------------	------	-------------	--

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	GT PTE. LTD.	Insured NRIC	201622588K
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		Q1		Vehicle Number	SJT39871
Claim Description	SJT39871 / SHCT282X ON 20 Aug 2019			Vehicle Number	SHCT282X
Referred Workshop		Injured Liability	Not at Fault	Name of Referred Workshop	
Workshop Selected No. Registration	Yes <input type="checkbox"/> No <input type="checkbox"/>	Repaired	Repair Option	QIA report	Received
Date Registered	21/08/2019 13:28	Claim Class Date		Date Received	21/08/2019 00:00
Report Taken by	ROD1 WAHAB				

Print All letter.

Attachment

Accident No.	MT/1058779	Claim No.	001
Last Disc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	21/08/2019 13:28

Attachment	Uploaded By/Date	Category	Urgency	Confidential	Description	Msg Sent (CO)
<input type="button" value="Choose File"/> No file chosen						
<input type="button" value="Choose File"/> No file chosen						
<input type="button" value="Choose File"/> No file chosen						
<input type="button" value="Choose File"/> No file chosen						
<input type="button" value="Choose File"/> No file chosen						
<input type="button" value="Choose File"/> No file chosen						
<input type="button" value="Message Read"/>						
<input type="button" value="Send Message"/>						

Attachment	Uploaded By/Date	Category	Urgency	Confidential	Description	Msg Sent (CO)
NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 21 Aug 2019 13:28		NRIC/ Driving License	Normal	NO	NRIC/ Driving License 2019-8-21	
NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 21 Aug 2019 13:28		Photos	Normal	NO	Photos 2019-8-21	



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Aug 2019 15:28	Photos	Normal	Photos 2019-8-21
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Aug 2019 15:28	Photos	Normal	Photos 2019-8-21
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Aug 2019 15:28	Photos	Normal	Photos 2019-8-21
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Aug 2019 15:28	Photos	Normal	Photos 2019-8-21
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Aug 2019 15:28	Photos	Normal	Photos 2019-8-21
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Aug 2019 15:28	Photos	Normal	Photos 2019-8-21
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Aug 2019 15:28	Photos	Normal	Photos 2019-8-21
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Aug 2019 15:28	Photos	Normal	Photos 2019-8-21
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 21 Aug 2019 15:28	SAG	Normal	SAG 2019-8-21

Video List

Uploaded By/Date	Folder/Date	File Name	Salvage	Action
------------------	-------------	-----------	---------	--------

Display in New Window

Scan and uploading

Accord Auto Services Pte Ltd

Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: avclaims@mycarworkshop.com

Particular Of Insured/Driver & Details Of The Accident Motor Accident Report

①

*Date of Accident: 20/08/2019 *Time of Accident: 12:24
*Accident Location: FAIRMONT HOTEL TOWARDS BRAS BASAH ROAD EXIT

Vehicle Details

*Vehicle Number: SJT 3987J *Make & Model: HONDA STREAM 1.8 X A

Insured / Policyholder

*Owner Name: GT Ate Ltd *NRIC: 201622568K
*Address: _____
*Email: _____ *HP: 93899125
*Occupation: _____ (Indoor / Outdoor) *Tel / H / Other: _____

Driver () same as above

*Driver Name: YEO YONGLIANG *NRIC: S8215014H
*Address: B1K 47A UPPER SERANGOON CRESCENT #02-394
*Date of Birth: 13/05/82 *Driving Pass Date: _____ *HP: 97430325
*Email: michael-heha@upho.com *Gender: Male / Female
*Occupation: _____ (Indoor / Outdoor) *Tel / H / Other: _____
*Driver an employee: Yes / No (*If no, what is relationship with the policyholder: _____)

Passengers Details

*P/Name: _____ (Male/Female) *P/Name: _____ (Male/Female)
*P/Name: _____ (Male/Female) *P/Name: _____ (Male/Female)

Insurance Company

*Insurer: NTUC *Coverage: C / TPFT / TPO *Policy No: _____

Detail of other vehicle / Property 1

Vehicle No.: SJT 3987J SHC 7282X
Make & Model: Hyundai
Vehicle Category: _____
Name of Driver: Loh Seow Leng
NRIC : S 0200002 D
HP : _____
No. of Passengers (Including Driver): _____

Detail of other vehicle / Property 2

Vehicle No.: _____
Make & Model: _____
Vehicle Category: _____
Name of Driver: _____
NRIC : _____
HP : _____
No. of Passengers (Including Driver): _____

For Official Use Only

*Claiming against Own Ins.: Yes / No (If No, Reporting Only / TP Claims)

General Information of the accident

*Type of accident: Head-Bear / Side swipe / others: _____
*Weather conditions: Clear / Raining / others: _____ *Any video cam: Yes / No
*Road Surface: Dry / Wet / others: _____
*Witness: Yes / No (Name: _____ NRIC: _____ HP: _____)
*Accident reported to police: Yes / No *Summon against whom: _____
*Injured party: Yes / No *No. of passengers (include driver): _____
-I/Name: Yeo Yong Liang *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No
-I/Name: _____ *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No

DRIVING LICENCE

Licence Number: **S8215214H**
 Name: **YEO YONG LIANG (YANG YONGLIANG)**
For LKK/NAC Use Only
 Birth Date: 13 May 1982
 Issue Date: 25 Sep 2003

10008447228




REPUBLIC OF SINGAPORE

IDENTITY CARD NO: **S8215214H**

For LKK/NAC Use Only

YEO YONG LIANG (YANG YONGLIANG)
 楊永亮
 CHINESE
 12-05-1982 M
 SINGAPORE




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

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	25 Sep 2003

For LKK/NAC Use Only

Licence No: S8215214H



NP 428A



4960336

IDENTITY CARD NO: S8215214H

For LKK/NAC Use Only

RESIDENCE ADDRESS

APT BLK 471A UPPER SERANGOON CRESCENT #02-364 SINGAPORE 531471

IDENTITY CARD NO: S8215214H Issue Date: 21/07/2014

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5111772470-000007

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SJT3987J**
 Chassis Number : RN61088117
2. Name of Policyholder : GT PTE. LTD.
3. Effective Date of Insurance : 18 Aug 2019
4. Expiry Date of Insurance : 17 Aug 2020
5. Persons or Classes of Persons entitled to drive#
 - (a) The Policyholder.
 - (b) Any other person who is driving on the Policyholder's order or with his/her permission.
 Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#
 - (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$1,500
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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

Agency : INSMART (INSURANCE) AGENCY PTE LTD (00000615165)
 Date of Issue : 07 Aug 2019 16:27 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive