

# NATIONAL Assessment Centre Services.

[ver 1 Jan'03]

MA 119115939.

Date In: 21/9/19 15:15	Job description	Date & Time Completed	Done by
Ref No: MA/INC 19015491/h4	SAS e-filing		
Veh No: SJE 35 E	E-mail (within 2hrs, A/C 2hrs)		
DATE: 11/9/19 14:30	I-Motor Claim Form	MT/106 0611-002	21/9/19 20:01
<input checked="" type="radio"/> TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: ( C/C Mercedes Benz Authorized Services ) Fax: Center (pandan)

TP Particulars:	Veh No: SHA 3654 T	INC ( ) / Non-INC ( ) 91865112
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:	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

MA 1906525	Invoice Information	Amount (\$)	Amount (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
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		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2023)		
Ref: 1:	6) TR: Re-Inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tpt Allowance \$3		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$3		
	TP (N11): TP (Non INC) against INC \$20		
	9) NI2: 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	02/09/2019 15:15
Date Of Accident	01/09/2019 14:30
Exact Location Of Accident	JUNC OF BRANKSOME RD & CRESCENT RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJE35E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM YVONNE
NRIC No	S7321065H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96916945
Alternative Phone No	OFFICE-96916945

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	S400L (R19 LED)
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5087989030-02
Cover Note Number	-

### Driver

Name of Driver	LIM-CHAN ELAINE
NRIC No	S7125058Z
Date Of Birth	26/07/1971
Occupation	INDOOR
Date Of Driving Pass	13/09/1991
Driving Experience	27 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96806701
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	57 BRANKSOME RD
Postcode	439589
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
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?	
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)	2
Passenger 1	NAME: : UNKNOWN
	GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JOO CHIAT NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: 267 ONAN ROAD , POSTCODE: 424773 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-3459999 - FAX NO: 64474181
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190901/2067

#### 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	SHA3654T
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)



## 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.:

A = SJE 3SE  
B = SHA 36S4T

Refer to Police Report T/20190901 / 2067

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

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





# SINGAPORE POLICE FORCE



T/20190901/2067

1 of 4

Police Station Of Origin:  
Joo Chiat NPP  
267 Onan Road SINGAPORE 424773  
Tel No: 1800-3459999

Report No. T/20190901/2067

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 01/09/2019 15:20	Vide Report No.:	Station Diary No.: 20
--	------------------	--------------------------

**Informant's Particulars**

Name of Informant: LIM-CHAN ELAINE			Address: 57 BRANKSOME ROAD SINGAPORE 439589		
ID Type / ID No.: NRIC NO / S7125058Z			Contact No.: Home/Office: Mobile: 96806701		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 48	Date of Birth: 26/07/1971	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: MANAGING DIRECTOR			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 01/09/2019 14:30	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 BRANKSOME ROAD CRESCENT ROAD JUNCTION OF BRANKSOME ROAD AND CRESCENT ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA3654T	Car				Slightly Damaged	1
SJE35E	Car				Slightly Damaged	1

**Details of Person Involved**

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





Police Station Of Origin:  
Joo Chiat NPP  
267 Onan Road SINGAPORE 424773  
Tel No: 1800-3459999

Report No. T/2019090

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	ABDUL AZIZ BIN JISAH	ID No.	S7708868G
Related Vehicle	SHA3654T (Car)	Contact No.	91801892
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
<b>Driver</b>			
Name	LIM-CHAN ELAINE	ID No.	S7125058Z
Related Vehicle	SJE35E (Car)	Contact No.	96806701
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 01/09/2019 at around 1430hrs, I was driving my vehicle (SJE35E) along Branksome Road when I stopped my vehicle as I was approaching the junction of Branksome Road and Crescent Road as it is a cross junction. I then made sure that there was no oncoming traffic from the sides or in front of me before moving off. However, when I started to drive forward, a Chinese Male Teenager rode his e-bike out of nowhere from Crescent Road on my right across me, and as a result, I swerved my vehicle towards the left and jam braked my vehicle and collided with a taxi that was driving from the Crescent Road on my left. After the collision, the teenager then rode his e-bike back the path he came from, and he left before I was able to take down his particulars.

After the collision, I then exchanged particulars with the taxi driver. Both the taxi driver and his passenger did not complain of any pain or injuries. From what I observed, the taxi had sustained some scratches and dents on the front right side of the vehicle. I would like to inform that my domestic helper was inside my vehicle during the time of accident, and both my domestic helper and myself did not complain of any pain or injuries. My vehicle had sustained some dents and scratches on the front left side of my vehicle, the front bumper was slightly detached and the number plate had also fell out.

I would like to inform that I do not have any in-car camera installed, and I am unsure if the taxi driver have any in-car camera installed in his vehicle. I have yet to report the accident to my insurance company, and I do not know the cost of repair for my car's damages.





**SINGAPORE  
POLICE FORCE**



T/20190901/2067

3 of 4

Police Station Of Origin:

Joo Chiat NPP

267 Onan Road SINGAPORE 424773

Tel No: 1800-3459999

Report No. T/20190901/2067

**CONTINUATION OF REPORT**



**SINGAPORE  
POLICE FORCE**



T/20190901/2067

Police Station Of Origin:  
Joo Chiat NPP  
267 Onan Road SINGAPORE 424773  
Tel No: 1800-3459999

4 of 4

Report No. T/20190901/2067

**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:

G /

Sgt 2 JEREMY GOH ZEN KIAT

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Signature Of Informant:

Date/Time:

01/09/2019 15:20

Classification Of Case:

Authentication Stamp

NP168



eBaoTech

GeneralClaim

Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.  Date of Accident

Vehicle No. (For Motor)  Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5087989030-02		LIM YVONNE	S7321065H	GPC	drive PREMIUM	SJE35E	SJE35E	27/07/2019	26/07/2020

## Claim Handling

Accident MT/1060611

Policy No.	5087989030-02	Vehicle No.	SJE35E	GST Registration No.	
Certificate No.					
Policyholder Name	LIM YVONNE			Policyholder NRIC	S7321065H
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading	0
Contact No.(Mobile)	na	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
XTK	+ No Yes	TCA	+ No Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	Not available
<b>Accident Details</b>					
Report Date	02/09/2019 16:34	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	01/09/2019	Time of Accident hh:mm	14:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CRESCENT RD TWDS DUNMAN RD X BRANKSOME RD				
<b>Total Excess Applicable</b>					
Excess Type	Per Accident	Windscreen Excess	100.00		
OO Standard Excess	600.00	TP Standard Excess	0.00	Driver is Covered?	Not Applicable
YIED OO Excess		YIED TP Excess			
Additional Excess	0				
Total OO Excess Applicable	600.00	Total TP Excess Applicable	0.00		
<b>Benefits</b>					
Coverage		Sum Insured	9999999.99		
Transport Allowance					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
<b>Policyholder Mailing Address</b>					
Address 1	14 NANYI VIEW	Address 2	SINGAPORE 267088	Address 3	
Address 4		Address Type	Singapore address	Post Code	267088
Unit No.		Related Policy Number	5087989030-02		
<b>O1 Driver Info</b>					
Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 New

Claim Type *	OD-MD	Insured Name	LIM YVONNE	Insured NRIC	S7321065H
Contact No.(Mobile)	96910945	Contact No. (Home)	64665757	Contact No. (Office)	
Email Address	yve15@hotmail.com	O1 Vehicle Number	SJE35E	TP Vehicle Number	SHA3654T
Claim Description	SJE35E / SHA3654T ON 1 Sept 2019			Name of Preferred Workshop	C&C MERCEDE
Preferred Workshop	91865112	Insured Liability	Partially at fault		
Consent No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	GIA report	Received
Date Registered				Claim Close Date	02/09/2019 20:00
Report Taken By				Date Received	02/09/2019 01
Print AK letter					
					OD Excess Collected by Workshop

Save Submit

## Attachment

Accident No.	MT/1060611	Claim No.	002
Last Doc. Received	Yes No	Upload Date	02/09/2019 20:01
Path *			
Choose File	No file chosen	Category *	Please Select
Choose File	No file chosen	Confidential	NO
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen	Description	



Choose File No file chosen

Choose File No file chosen

Message Read

Clear

Please Select

NO

Normal

Clear
















Please Select

NO

Normal

Send M

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CO)
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Sep 2019 20:01	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2019-9-2	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Sep 2019 20:01	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2019-9-2	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Sep 2019 20:01	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2019-9-2	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Sep 2019 20:01	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2019-9-2	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Sep 2019 20:01	SAS	Normal	SAS 2019-9-2	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Sep 2019 20:01	Photos	Normal	Photos 2019-9-2	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Sep 2019 20:01	Photos	Normal	Photos 2019-9-2	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Sep 2019 20:01	Photos	Normal	Photos 2019-9-2	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Sep 2019 20:01	Photos	Normal	Photos 2019-9-2	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Sep 2019 20:01	Photos	Normal	Photos 2019-9-2	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Sep 2019 20:00	Photos	Normal	Photos 2019-9-2	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Sep 2019 20:00	Photos	Normal	Photos 2019-9-2	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Sep 2019 20:00	Photos	Normal	Photos 2019-9-2	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Sep 2019 20:00	Photos	Normal	Photos 2019-9-2	
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Sep 2019 20:00	Photos	Normal	Photos 2019-9-2	

## Video List

Uploaded By/Date	Folder Date	File Name	Source
------------------	-------------	-----------	--------

Display in New Window

Scan and uploading

## LKK Paya Ubi

---

**From:** LKK Paya Ubi <[rspu@lkkauto.com](mailto:rspu@lkkauto.com)>  
**Sent:** Monday, 2 September 2019 8:07 PM  
**To:** 'ODsupport'  
**Subject:** FW: SJE 35E MT/1060611-002 OD-DRIVO PREMIUM  
**Attachments:** SJE35E\_01092019.PDF

Hi

Dear All,

Name of Registered : LIM YVONNE  
NRIC No : S7321065H

Name of Driver : LIM-CHAN ELAINE  
NRIC : S7125058Z  
Mobile No : 96806701

Own Damage Excess : \$600  
Unnamed Driver Excess : N/A

Name of Workshop : C&C MERCEDES BENZ AUTHORISED SERVICES CENTER (PANDAN LOOP)  
Contact No : 91865112

**Remarks : N/A**

Best Regards,

**Shan Hui** | Admin

**National Assessment Centre Services (LKK Group)**

Phone: 6841-0055 | email: [rspu@lkkauto.com](mailto:rspu@lkkauto.com) | fax: 6841-6315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)