

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 04/10/19 | Job description | Date & Time Completed | Done by |
| Ref No: NA/QBE19017491/13 | SAS e-filing | | |
| Veh No: 5LQ9697Z | E-mail (within 8hrs, AIC 2hrs) | | |
| D.O.A: 03/10/19 1210 | i-Motor Claim Form | | |
| OD: (TP) 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: (M GARAGE) | Tel: | Fax: |
| TP Particulars: | Veh No: EC92J | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |

| | | | |
|--|---|----------------------|----------------------|
| NA1907524 | Invoice Preparation Checklist | Amt (\$) 1st Bill | Amt (\$) Add Bill |
| Claimant's Particulars :- | 1) AR : Accident Reporting (\$30); | | |
| Driver/Owner: | 2) DA : Damage Assessment (\$100); INC (\$30) | | |
| Contact No: | 3) TF : 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 2005) | | |
| Cat. 1: | 6) TR : Re-inspection \$75 | | |
| Cat. 2 / 3: | 7) N1 : Idac DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services:- | | |
| | ON* | | |
| | *N5: Courtesy Car / Tpt Allowance \$5 | | |
| | *N6: Repair Co-ordination \$10 | | |
| | *N7: Post Repair Inspection \$25 | | |
| | *N8: DV / Collect Excess Coordination \$5 | | |
| | TP (N11) : TP (N'n INC) against INC \$20 | | |
| | 9) N12: Idac Mobile 30 | | |
| | 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 | 04/10/2019 10:33 |
| Date Of Accident | 03/10/2019 12:10 |
| Exact Location Of Accident | OPEN CARPARK OF BLK 402 HOUGANG ST 21 |
| Country/State of Loss | SINGAPORE |

| DETAILS OF OWN VEHICLE | |
|--|-----------------------------------|
| Vehicle Registration Number | SLQ9697Z |
| Insured/Policyholder | |
| Name Of Registered Owner | A S E CONSULTANTS |
| Co Reg No | 53998761M |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-99999999 |
| Vehicle Particulars | |
| Manufacturer | MERCEDES-BENZ |
| Model | S350L |
| 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 | COMMERCIAL VEHICLE |
| Insurance Company | |
| Name of Insurance Company | QBE INSURANCE (SINGAPORE) PTE LTD |
| Type Of Coverage | THIRD PARTY |
| Fleet Policy | NO |
| Policy Number | 8-VX020378-MVA |
| Cover Note Number | |
| Driver | |
| Name of Driver | TEO THIAN POH |
| NRIC No | S0652813I |
| Date Of Birth | 06/10/1950 |
| Occupation | INDOOR |
| Date Of Driving Pass | 28/05/1971 |
| Driving Experience | 48 YEARS AND 4 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97919292 |
| Fax Number | |
| Contact Number | |
| Email Address | NOEMAIL |

| | |
|---|--------------------------|
| Address | 29 LEONIE HILL #09-02 |
| Postcode | 239228 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OTHER - SOLE-PROPRIETOR |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|---|
| Type Of Accident | HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED |
| 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) | 0 |

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 |
| 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

PLS REFER TO THE POLICE REPORT: T/20191003/7014

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 Witness 1

| | |
|---------------|-----------------|
| Name | MR LEE LIN TUCK |
| Phone Number | 83320566 |
| Email Address | |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|-------------|
| Vehicle Registration Number | EC92J |
| 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)

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 based 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.

ASE CONSULTANTS
BLOCK 208 HOUGANG STREET 21
#04-219, SINGAPORE 530208
TEL : 6281 3515 FAX : 6281 3516
UEN S2998761M

Policyholder's Signature
Date & Time:

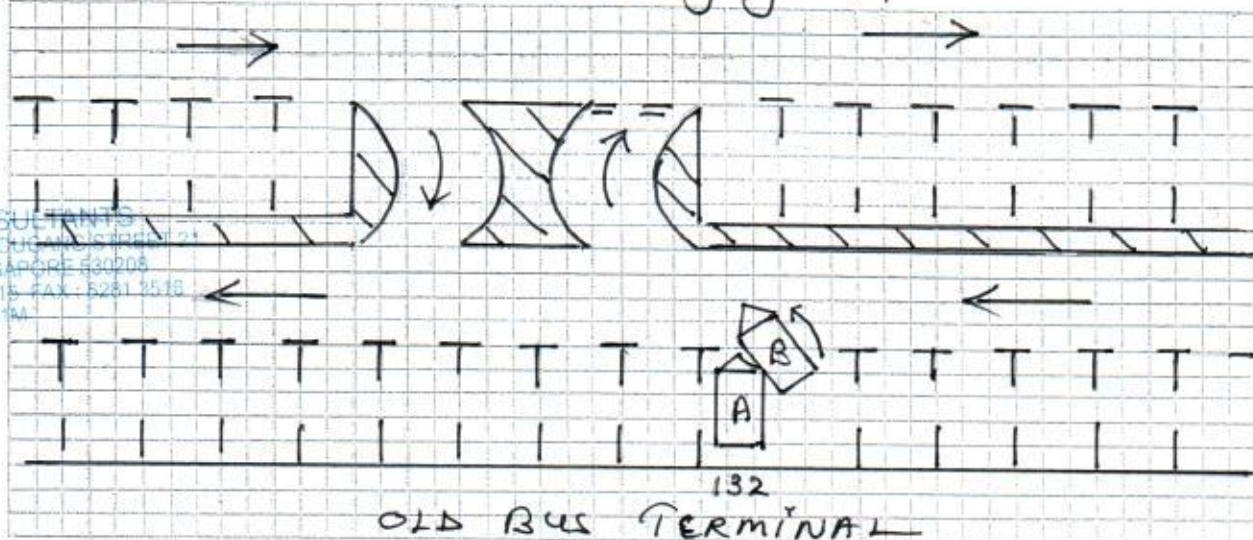
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN

Blk 204 Hougang St 21

ASE CONSULTANTS
BLOCK 208 HOUGANG STREET 21
#04-219, SINGAPORE 530208
TEL : 6281 3515 FAX : 6281 3516
UEN S2998761M



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

(A) SLQ 9697 Z
(B) EC 92 J

Refer to Police Report
Report No:-
T/20191003/7014

ASE CONSULTANTS
BLOCK 208 HOUGANG STREET 21
#04-219, SINGAPORE 530208
TEL : 6281 3515 FAX : 6281 3516
UEN S2998761M

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

ASE CONSULTANTS

BLOCK 208 HOUGANG STREET 21
#04-219, SINGAPORE 530208
TEL : 6281 3515 FAX : 6281 3516
UEN S2998761M

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.:

ASE CONSULTANTS



SINGAPORE POLICE FORCE



T/20191003/7014

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

1 of 3

Report No. T/20191003/7014

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|--|--|----------------------------|--|
| Date/Time Report Made: 03/10/2019 14:57 | | Vide Report No.: | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: TEO THIAN POH | | | Address: 29 LEONIE HILL #09-02 SINGAPORE 239228 | | |
| ID Type / ID No.: NRIC NO / S0652813I | | | Contact No.: Home/Office: Mobile: 97919292 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: asetec@singnet.com.sg | | |
| Sex: Male | Age: 68 | Date of Birth: 06/10/1950 | Type of Informant: Driver | | |
| Race: Chinese | | Language: English | | Institution / School Name: | |
| Occupation: ENGINEER | | Driving Licence Information: Class: Date of Expiry: | | | |

General Information of the Accident

| | | | | |
|---|---------------------------|------------------------------------|--|-------------------------------------|
| Type of Accident: | Non-Injury Hit and Run | Drink Drive: No | Date/Time of Accident: 03/10/2019 12:10 | Type of Location: Car Park |
| Location: HOUGANG STREET 21 | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: 20 Km/h |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | | Traffic Volume: Moderate |
| Type of Collision: Moving Vehicle Against - Parked Vehicle | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|------|-------|-------|-----------|-----------------|
| EC92J | Car | | | | | 0 |
| SLQ9697Z | Car | | | | | 0 |

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20191003/7014

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

2 of 3

Report No. T/20191003/7014

CONTINUATION OF REPORT

| Driver | | | |
|-----------------------------------|----------------|--|-----------------------------------|
| Name | TEO THIAN POH | ID No. | S0652813I |
| Related Vehicle | SLQ9697Z (Car) | Contact No. | 97919292 |
| 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 03/10/2019 at about 1210HRS at open car park of block 204 Hougang St 21. My Vehicle SLQ9697Z was stationary parked at the above mentioned car park lot No. 132 at about 1100HRS and everything was intact. At about 1330HRS when i return back to my vehicle, i saw a note at my windscreen stated that he witnessed a Vehicle EC92J had collided onto my Right Front Portion of my Vehicle causing damages to my vehicle and he had taken picture of the said vehicle. I did call him and he mentioned that he can be my witness and had forward the picture to me, I lodge this report for 'hit and run' case and also for insurance claim. Witness HP: 83320566, Witness Name: Mr Lee Lin Tuck



**SINGAPORE
POLICE FORCE**



T/20191003/7014

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

3 of 3

Report No. T/20191003/7014

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 / TPIB /
GOH GEOK LYE
Contact No.: 65476148

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:
03/10/2019 14:57

Classification Of Case:

SINGAPORE ACCIDENT STATEMENT

| | | | | |
|---|---|---------------------|------------|----------------------|
| Accident Date: | 3/10/2019 | Time: | 12.10 | (hh:mm) 24 hr format |
| Location | Open Car Park of Blk 204 Hougong St 21. | | | |
| Vehicle Number | SLQ 96972 | | | |
| Insured Name | A S E CONSULTANTS | | | |
| NRIC / FIN | 53998761m | Contact Number | | |
| Make | MERCEDES | Model | BENZ S350L | |
| Are you claiming under your own insurance policy for repair to your vehicle? | | | | |
| () Yes. If No, Pls select: (<input checked="" type="checkbox"/>) Third Party () Reporting | | | | |
| Insurance Company | QBE | | | |
| Type of Policy () Comprehensive () Third Party Fire & Theft () TP Only | | | | |
| Policy Number | 8-VX020378 - MVA | | | |
| Name of Driver | TEO THIAN POH | () Same as Insured | | |
| NRIC / FIN | 506528131 | Contact Number | 9791 9292 | |
| Date of Birth | 06-10-1950 | | | |
| Driving Pass Date | 28-MAY-1971 | | | |
| Occupation (<input checked="" type="checkbox"/>) Indoor () Outdoor | | | | |
| Gender (<input checked="" type="checkbox"/>) Male () Female | | | | |
| Email Address | () NO EMAIL | | | |
| Address of Driver | 29 LEONIE HILL #09-02 SINGAPORE 239208 | | | |
| Was driver an employee of the Insured's Company? (<input checked="" type="checkbox"/>) Yes () No | | | | |
| If No, Relationship of the Driver with the Insured <u>Director - Sole - Proprietor</u> | | | | |
| () Owner () Spouse () Friend () Relative () Children () Sibling | | | | |
| Does the Driver Own Any Other Vehicle? () Yes (<input checked="" type="checkbox"/>) No | | | | |
| If Yes, Vehicle Registration Number of Driver's Own Vehicle | | | | |
| Insurance Company of Driver's Own Vehicle | | | | |
| Weather Conditions (<input checked="" type="checkbox"/>) Clear () Raining () Others | | | | |
| Road Surface (<input checked="" type="checkbox"/>) Dry () Wet () Others | | | | |
| Was any foreign vehicle involved in this accident? () Yes (<input checked="" type="checkbox"/>) No | | | | |
| Was anybody injured in the accident? () Yes (<input checked="" type="checkbox"/>) No | | | | |
| If yes, injured detail | | | | |
| Was there any video captured by Car Camera? () Yes (<input checked="" type="checkbox"/>) No | | | | |
| Was the Accident reported to the Police? () Yes (<input checked="" type="checkbox"/>) No If yes attach police report | | | | |
| DETAILS OF 3 rd party | | Name / Nric | | Contact |
| Veh B | EC92J | | | |
| Veh C | | | | |
| Veh D | | | | |
| Veh E | | | | |
| Veh F | | | | |



QBE Insurance (Singapore) Pte Ltd

A member of the worldwide QBE Insurance Group - Unique Entity No. 198401363C

1 Raffles Quay, #29-10 South Tower, Singapore 048583

Tel: 65-6224 6633 Fax: 65-6533 3270

GST Registration No.: M200644018

www.qbe.com/sg

**Certificate of Insurance**

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULE, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate No. **8-VX020378-MVA**Account Name **KWG INSURANCE AGENCY PTE LTD**MCI Type **MX4**1 Index Mark and Registration Number of Vehicle or Chassis No: **WDD2211562A344694**2 Name of Policyholder **A S E CONSULTANTS**3 Effective date of Commencement of Insurance for the purpose of the Regulations **14/04/2019**4 Date of Expiry **06/04/2020**

5 Person or Classes of Person entitled to drive*

(a) Any other 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 the 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

6 Limitations 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 purposes in connection with the Motor Trade.**

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

I/WE HEREBY CERTIFY that the Policy to which this certificate relates is issued in accordance with the provisions of the Motor Vehicle (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

QBE Insurance (Singapore) Pte Ltd

Authorized Signature

Date of Issue: 18/04/2019

INFORMATION RESOURCES

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT. THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

Business Profile (Business) of A S E CONSULTANTS (52998761M)

Date: 10/07/2019

The Following Are The Brief Particulars of :

| | | |
|-----------------------------|---|--|
| Name of Business | : | A S E CONSULTANTS |
| Former Name(s) if any | : | |
| Date of Change of Name | : | |
| Registration No. | : | 52998761M |
| Registration Date | : | 16/07/2003 |
| Commencement Date | : | 18/07/2003 |
| Status of Business | : | Live |
| Status Date | : | 04/08/2016 |
| Renewal Date | : | 09/07/2019 |
| Expiry Date | : | 16/07/2022 |
| Renewal via GIRO | : | NO |
| Constitution of Business | : | Sole-Proprietor |
| Principal Place of Business | : | 208 HOUGANG STREET 21 #04-219 SINGAPORE (530208) |
| Date of Change of Address | : | |

Principal Activities

| | | |
|-----------------|---|--|
| Activities (I) | : | BUILDING CONSTRUCTION N.E.C. (41009) |
| Description | : | CONSULTANCY FOR BUILDING AND CIVIL ENGINEERING |
| Activities (II) | : | |
| Description | : | |

Particulars of Authorised Representative(s)

| Name | ID | Nationality | Address | Address Source | Date of Appointment |
|------|----|-------------|---------|----------------|---------------------|
|------|----|-------------|---------|----------------|---------------------|

Existing Sole-Proprietor(s) / Partner(s)

| Name | ID | Nationality/Place of incorporation/Origin | Address | Address Source | Date of Entry Position |
|------|----|---|---------|----------------|---------------------------|
|------|----|---|---------|----------------|---------------------------|

Authentication No. : M19474677F

INFORMATION RESOURCES

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT. THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

Business Profile (Business) of A S E CONSULTANTS (52998761M)

Date: 10/07/2019

Existing Sole-Proprietor(s) / Partner(s)

| Name | ID | Nationality/Place of Incorporation/Origin | Address | Address Source | Date of Entry Position |
|---------------|-----------|--|---|-------------------|---------------------------|
| TEO THIAN POH | S0652813I | SINGAPORE CITIZEN | 29 LEONIE HILL #09-02 HORIZON TOWERS WEST SINGAPORE (239228) | OSCARS | 16/07/2003 Owner |

Withdrawn Partner(s)

| Name | ID | Nationality/Place of Incorporation/Origin | Address | Address Source | Date of Entry Position | Date of Withdrawal |
|------|----|--|---------|-------------------|---------------------------|-----------------------|
|------|----|--|---------|-------------------|---------------------------|-----------------------|

Abbreviation

OSCARS - One Stop change of Address Reporting Service by Immigration & Checkpoint Authority.

Note :

- The information contained in this Business Profile is extracted from lodgements filed by this entity with ACRA.
- The list of officers for this entity is available for online authentication within 30 days from the date of purchase of this Business Profile. Please scan the QR code available on the last page of this profile to access the authentication page. For more information, please visit www.acra.gov.sg.

FOR REGISTRAR OF COMPANIES AND BUSINESS NAMES
SINGAPORE

RECEIPT NO. : ACRA190709082799 (Free Business Profile by ACRA)

DATE : 10/07/2019

This is computer generated. Hence no signature required.



Authentication No. : M19474677F