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| - Onner / Direct. (| MR. | INC(|)/Non-INC(|) | |
| Policy No: () Period | . (| | Tel: | - |) |
| Confirmed by : (| | | Cover Type: (| |) . |
| | | Date: | Time: | |) |
| V 45 1 1 | e-Est. Status (WO) | | ; P: 21-79%. I | P: 80-100%] | |
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| General Remarks: |)7 \$2,000 (|) | | T377.00 | |
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| () Walk-In Customer: Customer's informat | ion strictly Confide | ential & Strictl | y NO refer of rep | pairer. | |
| () Total Loss Case : to e-mail Insurer U. | RGENTLY. | | | | |
| Drive-In ()/ Towed-In (); Invoice: YI | ES () / NO (|) : Tow | ing Co: (| , | , , |
| mbrane variation of the state o | | | | | |
| | er is desire | Table 1 | Pate&Time Comple | e 54 E | one by |
| 1) Apply for Transport Allowance ()/ Court | esy Car () | | | | |
| 2) QC Check / Post Repair Inspection | () | | | | |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] | () | *** | | | |
| Injury: | | | 4 / | | |
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| ate/Time Actions | 14 | | | | Aren in his say. |
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| to 16 Total Control | Inv | nice Prepar | ition Checklist | Anit (| (S) Ami (S) |
| M 10 378~ . | 2000 | | | fa B | ill Add Bill |
| limant's Particulars:- | | R : Accident Repo A : Damage Asses | | NC (\$80) | |
| ver/Owner: | 3) TF | : Towing Fee | 1 | \$40/\$45 | 200 00000000000000000000000000000000000 |
| | | : Follow-Throug | h Survey h Survey (Resurvey) | \$120 \$30 | |
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| itact No: | For | r claimine against | JNC Only (wef 10 Ja | (CAND) | |
| naged Portion: | For 6) TR | r claimine against ? : Re-inspection | | \$75 | |
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| naged Portion: | 6) TR 7) N1 8) NT QJ | r claiming against R: Re-inspection L: Idae DA + SMI TUC Additional Se | RT Survey | \$75 - \$160 | |
| | 6) TF 6) TF 7) NI 8) NT OI | r claiming against R: Re-inspection L: Idae DA + SMI FUC Additional So P S: Courtesy Car/ | RT Survey crvices:- Tpt Allowence | \$75 5160 | |
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Gender

Date Of Driving Pass

Driving Experience

Mobile Number

Fax Number Contact Number

EMail Address

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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 witholding 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.
- Any false reporting may be referred to the Police for investigation.
- 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.

| Male Carles and Halland And Advanced Land N. | ACCIDENT STATEMENT |
|--|--|
| Date Of Report | 08/10/2019 19:47 |
| Date Of Accident | 01/10/2019 08:30 |
| Exact Location Of Accident | CORPORATION RD TWDS AYE |
| Country/State of Loss | SINGAPORE |
| · 建铁矿铁 医一角 医克拉克氏征 1000 C | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | XB6424B |
| Insured/Policyholder | |
| Name Of Registered Owner | M/S YISHUN TOWING PTE LTD |
| Co Reg No | 200106908W |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-64588480 |
| Vehicle Particulars | |
| Manufacturer | VOLVO |
| Model | FL10 6X4 |
| Exact Purpose for which vehicle was being used at time of accident | WORKING |
| 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 | Ear Constitution of the Co |
| Name of Insurance Company | CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage | THIRD PARTY |
| Fleet Policy | NO |
| Policy Number | DMCVSN1826561901 |
| Cover Note Number | |
| Driver | |
| Name of Driver | PALANIVEL RAJENDRAN |
| Passport No/FIN | G7868897T |
| Date Of Birth | 29/05/1983 |

OUTDOOR

17/05/2013

MALE

NOEMAIL

6 YEARS AND 4 MONTHS

(LOCAL) +65-84056404

OFFICE-84056404

Address

BLK 443 ANG MO KIO AVENUE 10

#04-1245

Postcode

560443

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 - CHANGE/CROSS LANE

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)

1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE

ROAD: 81 ANG MO KIO AVE 3, POSTCODE: 569929, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact

TEL NO: 1800-4519999 - FAX NO: 65535679

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20191007/2143.

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

SJG4821R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 21

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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)

Lunderstand, 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)
 - 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 complie claims history for the purpose of fraud datection, Investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - 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.:

| B A | √ | A) XB 6424 B B) SJG 4821 R |
|-----|----------|-------------------------------|
| | | |

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| lefer | To | Police | Report | : 7/20191007/2143 |
|-------------------|--------|--------|--------|-------------------|
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| FCLARATION | | | | |

pregoing particulars are true in every respect.

Policyholder's Signature

Date & Time:

Oriver's Signature

(If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

| DATE OF ACCIDENT | MAKE & MODEL: |
|-----------------------------------|--|
| TIME OF ACCIDENT | 01 /02/0 /2019 |
| LOCATION OF ACCIDENT | 100000 AM/AM |
| EXACT PURPOSE USE DURING ACCIDENT | Corporation load Towards AVE (Lamp Post 108) |
| NAME OF OWNER | Violary To 3 DA (c) |
| TELNO | Yishup lowing He Ho |
| NRIC | 0428840 |
| CLAIM TYPE | 2001014081 |
| INSURANCE CO | OD / THIRD PARTY / REPORTING ONLY |
| TYPE OF COVERAGE | China airina |
| | Comprehensive Third Party / Third Party Fire & Theft |
| POLICY NO. | DMCVSN 1826561901 |
| NAME OF DRIVER | As Above / If No: |
| NRIC | 6786897 T Any Passengers: Driver On |
| DATE OF BIRTH | 39 / 05 / 1983 |
| OCCUPATION | Outdoor / Indoor |
| DATE OF DRIVING PASS | 7 / 05 /2013 |
| GENDER | Male / Female |
| CONTACT NO. | 840V6404 Office: Home: |
| ADDRESS | 19 11/11/12 1 |
| DRIVER HAVE ANY OWN VEHICLE | BIK 443 Mg MO CO AVE 10 #04-1245 S/504 |
| RELATIONSHIP | Employee / If No: |
| WEATHER CONDITION | Clear / Raining / Other: |
| ROAD SURFACE | Dry / Wet / Other: |
| ANY INJURIEES | No) / If yes: Who? |
| CONTACT NO. | |
| POLICE REPORT | No / If yes: Where? |
| /EHICLE B NO. | 076.1100 1.0 |
| IAME | Any Passenger (III (III W) |
| CONTACT NO. | 4.1 YO |
| /EHICLE C NO. | |
| ÆHICLE D NO. | Any Passenger: |
| /EHICLE E NO. | Any Passenger: |
| /EHICLE F NO. | Any Passenger: |
| ANY WITNESS | Any Passenger: |
| VITNESS CONTACT NO. | |
| DWNER/DRIVER EMAIL | |
| ARTICULAR WORKSHOP | NEW HOCK TECK MOTOR PTE, LTD. |
| | 1 Kaki Bukit Ave 5, Blk C #01-43 |
| | Autobay@Kaki Bukit Singapore 417883 |
| ELNO | TEL: 6747 9241 |
| ONTACT PERSON | |
| AX NO. | Reena / Sukyi |
| MAIL | FAX: 6741 7276 |
| | reena@nhtmotor.com admin@nhtmotor.com |
| | ACIDA IDIO DI PROPERTO DE LA CALLACACIÓN DE LA C |





1 of 3

Report No. T/20191007/2143

Police Station Of Origin: Ang Mo Kio South N.P.C 81 Ang Mo Kio Avenue 3 SINGAPORE

Tel No: 1800-4519999

REPORT OF A TRAFFIC ACCIDENT

| Date/Time Report Made: 07/10/2019 17:29 | | Vide Report No.: | Station Diary No.: 134 | |
|---|---------------------------|---|--|---|
| Informa | nt's Partic | ulars | | |
| | f Informant: VEL RAJEN | | Address: APT BLK 443 ANG M COURT SINGAPORE | O KIO AVENUE 10 #04-1245 BOON LAY 560443 |
| ID Type / ID No.: FIN NO / G7868897T Nationality: | | Contact No.: Home/Office: Mobile: 84056404 Email: | | |
| INDIAN | ity. | | Littaii. | |
| Sex: Age: Date of Birth: Male 36 29/05/1983 | | Type of Informant: Driver | | |
| Race: Indian | | Language: Institution / School Name | | |
| Occupation: DRIVER | | Driving Licence Information: Class: 3,4 Date of Expiry: | | |

| Seneral Inform | mation of the Accide | nt | | | |
|--|--------------------------------|-----------------------|---|-----------------------------------|--|
| Type of Accident: | Non-Injury Hit and Run | Drink Drive: No | Date/Time of Accident: 01/10/2019 08:30 | Type of Location Straight Road | |
| Location: Along Road 1 CORPORATION Corporation re Lamp Post No. Weather: | ON ROAD oad towards AYE | Road Surface: | | Road Speed Limit: | |
| Clear | Dry | | | | |
| Traffic Flow: Traffic Control: | | | | Traffic Volume: Heavy | |
| Type of Collis Between Mov | ion: ing Vehicles - Side Sv | vipe - Same Direction | | Anyone conveyed by ambulance: | |

| Details of V | ehicle Invo | lved | | | | |
|--------------|-------------|-------|-----------|-------|---------------------|-----------------|
| Vehicle No. | Туре | Make | Model | Color | Condition | No of Passenger |
| SJG4821R | Car | HONDA | JAZZ 1.4A | Blue | Slightly Damaged | 1 |
| XB6424B | Lorry | VOLVO | FL10 6X4 | White | Slightly Damaged | 0 |

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





Report No. T/20191007/2143

2 of 3

Police Station Of Origin: Ang Mo Kio South N.P.C. 81 Ang Mo Kio Avenue 3 SINGAPORE 569929

Tel No: 1800-4519999

CONTINUATION OF REPORT

| Driver | | | | | | |
|------------------|---------------------|--|--|-------------------------------------|--------|-----------------------------------|
| Name | PALANIVEL RAJENDRAN | | | ID No | | G7868897T |
| Related Vehicle | XB6424B (Lorry) | | | Conta | ct No. | 84056404 |
| Hospital/Clinic | NIL | | | Class Drivin Licend Expire | g | Class: 3,4 Date of Expiry: NIL |
| Date Treatment | NIL Date Di | | | charge | NIL | |
| No. of Days gran | ted Medical Leave | | | | NIL | |

Brief Details.

On 1/10/2019 at about 0830hrs, I was driving my company truck bearing plate no. XB6424B along Corporation road towards AYE on the first lane of a 2 lane road. As the traffic was very heavy, all the vehicles were moving very slowly. Suddenly, a blue Honda Jazz bearing plate no. SJG4821R tried to cut in front of my vehicle from the left and had hit onto my front left bumper. After hitting, he then turned drove forward to the junction and made a U-Turn and drove away. I then drove to Chin Bee Drive and made a check on my front bumper. I then called my boss to inform him about the matter.

On 7/10/2019, I decided to lodge a police report as the driver did not contact our company after hitting the truck. I wish to state this is the first time such an incident happened and for insurance purposes.





Police Station Of Origin: Ang Mo Kio South N.P.C 81 Ang Mo Kio Avenue 3 SINGAPORE 569929 Tel No: 1800-4519999 3 of 3 Report No. T/20191007/2143

CONTINUATION OF REPORT

Sketch Plan

NP168

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: | Signature Of Informant: |
|---|-----------------------------|
| Sgt 1 MA DERON | P. P.1- |
| Signature Of Interpreter: Not applicable | Date/Time: 07/10/2019 17:29 |
| W W | SN 085 |
| Officer In Charge Of Case: TP / HRT / SI KALESWARI PALANI Contact No : 65476902 | Classification Of Case: |
| Contact No.: 65476902 Singapore Police Force | |



中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Co. Reg. No. 200208384E

M2301/C R SN AN0478A Cov. Type: T

MOTOR COMMERCIAL VEHICLE

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)

ORIGINAL

CERTIFICATE No.

DMCVSN1826561901

Engine No :D10306426 Chano: YV2F4B9D5XA289788

1. Index Mark and Registration

XB6424B

Number of Vehicle

Name of Policy Holder

M/S YISHUN TOWING PTE LTD

3. Effective date of the Commencement of urance for the purposes of the Regulations, Ordinance or Enactment

01 October 2019 Excess Sect. II \$\$1,000.00

4. Date of Expiry of Insurance

30 September 2020

- Persons or Classes of Persons entitled to drive*
 - (1) whilst the vehicle is being used in connection with the Policyholder's business Any person provided he is in the Policyholder's employ and is driving on their order or with their
 - (2) Whilst the vehicle is being used for social, domestic or pleasure purposes 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:

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

The Polciy does not cover.

- (1) Use for racing, pace-making, reliability trial or speed-testing.
- (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
- (3) Use for the carriage of passengers for hire or reward.

* 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.

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).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: _____INSURE THE EXELITE

Authorised Officer

Authorised Signatory