

NATIONAL Assessment Centre Services

Date In: 02/11/19	Job description	Date & Time Completed	Done by
Ref No NA/A1619019358/13	SAS e-filing		
Veh No 5MJ174A	E-mail (Within 2hrs, APC 2hrs)		
D.O.A 31/10/19 1735	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: (SK 101)	Tel:	Fax:
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TP Particulars:	Veh No: 5LJ18J0Z	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

NA1908420

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) RT: Follow-Through Survey (Resurvey) \$30		
Cat 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat 2/3:	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1:		
	*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 (Non 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	02/11/2019 09:30
Date Of Accident	31/10/2019 17:35
Exact Location Of Accident	UPP CHANGI RD EAST TWDS TANAH MERAH @ BUS STOP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ174A
Insured/Policyholder	
Name Of Registered Owner	MOHAMED JAIS BIN SAID
NRIC No	S0036502E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83630037
Alternative Phone No	OTHERS-83630037

Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1900015478
Cover Note Number	

Driver

Name of Driver	FAIZ BIN ROSLI
NRIC No	S8509224C
Date Of Birth	22/03/1985
Occupation	INDOOR
Date Of Driving Pass	18/02/2008
Driving Experience	11 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83630037
Fax Number	
Contact Number	OTHERS-83630037
EMail Address	FAIZTOTHMAX@GMAIL.COM

Address	BLK 802 YISHUN RING ROAD #06-4359
Postcode	760802
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	CHAIN COLLISION
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	3
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)	3
Passenger 1	NAME: : NADHIRAH GENDER: : FEMALE
Passenger 2	NAME: : NAQEEBHUSAYN GENDER: : MALE

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

PLA REFER TO THE ATTACHED 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	SLJ1820Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JOVI TAN CHU YAN
NRIC/Passport Number	S9044508A
Contact Number	90014116
Address	
Postcode	

No. Of Passenger (Including Driver)

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)

Name	FAIZ BIN ROSLI
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Approximate Age

Injuries Sustain	BODY
1. Head	1. Head
2. Neck	2. Neck
3. Chest	3. Chest
4. Abdomen	4. Abdomen
5. Back	5. Back
6. Limbs	6. Limbs
7. Other	7. Other

Injured person in which vehicle? SMJ174A

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

Address

Postcode

Name	NADHIRAH
------	----------

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SMJ174A

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Name	NAQEEBHUSAYN
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Approximate Age

Injuries Sustain	BODY
1. Head	1. Head
2. Neck	2. Neck
3. Shoulder	3. Shoulder
4. Elbow	4. Elbow
5. Wrist	5. Wrist
6. Hand	6. Hand
7. Arm	7. Arm
8. Back	8. Back
9. Hip	9. Hip
10. Leg	10. Leg
11. Foot	11. Foot
12. Toe	12. Toe
13. Ankle	13. Ankle
14. Knee	14. Knee
15. Thigh	15. Thigh
16. Pelvis	16. Pelvis
17. Groin	17. Groin
18. Buttock	18. Buttock
19. Penis	19. Penis
20. Vagina	20. Vagina
21. Breast	21. Breast
22. Nipple	22. Nipple
23. Chest	23. Chest
24. Stomach	24. Stomach
25. Intestine	25. Intestine
26. Liver	26. Liver
27. Lung	27. Lung
28. Heart	28. Heart
29. Kidney	29. Kidney
30. Bladder	30. Bladder
31. Uterus	31. Uterus
32. Ovary	32. Ovary
33. Vagina	33. Vagina
34. Cervix	34. Cervix
35. Endometrium	35. Endometrium
36. Fallopian Tube	36. Fallopian Tube
37. Uterus	37. Uterus
38. Ovary	38. Ovary
39. Vagina	39. Vagina
40. Cervix	40. Cervix
41. Endometrium	41. Endometrium
42. Fallopian Tube	42. Fallopian Tube
43. Uterus	43. Uterus
44. Ovary	44. Ovary
45. Vagina	45. Vagina
46. Cervix	46. Cervix
47. Endometrium	47. Endometrium
48. Fallopian Tube	48. Fallopian Tube
49. Uterus	49. Uterus
50. Ovary	50. Ovary
51. Vagina	51. Vagina
52. Cervix	52. Cervix
53. Endometrium	53. Endometrium
54. Fallopian Tube	54. Fallopian Tube
55. Uterus	55. Uterus
56. Ovary	56. Ovary
57. Vagina	57. Vagina
58. Cervix	58. Cervix
59. Endometrium	59. Endometrium
60. Fallopian Tube	60. Fallopian Tube
61. Uterus	61. Uterus
62. Ovary	62. Ovary
63. Vagina	63. Vagina
64. Cervix	64. Cervix
65. Endometrium	65. Endometrium
66. Fallopian Tube	66. Fallopian Tube
67. Uterus	67. Uterus
68. Ovary	68. Ovary
69. Vagina	69. Vagina
70. Cervix	70. Cervix
71. Endometrium	71. Endometrium
72. Fallopian Tube	72. Fallopian Tube
73. Uterus	73. Uterus
74. Ovary	74. Ovary
75. Vagina	75. Vagina
76. Cervix	76. Cervix
77. Endometrium	77. Endometrium
78. Fallopian Tube	78. Fallopian Tube
79. Uterus	79. Uterus
80. Ovary	80. Ovary
81. Vagina	81. Vagina
82. Cervix	82. Cervix
83. Endometrium	83. Endometrium
84. Fallopian Tube	84. Fallopian Tube
85. Uterus	85. Uterus
86. Ovary	86. Ovary
87. Vagina	87. Vagina
88. Cervix	88. Cervix
89. Endometrium	89. Endometrium
90. Fallopian Tube	90. Fallopian Tube
91. Uterus	91. Uterus
92. Ovary	92. Ovary
93. Vagina	93. Vagina
94. Cervix	94. Cervix
95. Endometrium	95. Endometrium
96. Fallopian Tube	96. Fallopian Tube
97. Uterus	97. Uterus
98. Ovary	98. Ovary
99. Vagina	99. Vagina
100. Cervix	100. Cervix
101. Endometrium	101. Endometrium
102. Fallopian Tube	102. Fallopian Tube
103. Uterus	103. Uterus
104. Ovary	104. Ovary
105. Vagina	105. Vagina
106. Cervix	106. Cervix
107. Endometrium	107. Endometrium
108. Fallopian Tube	108. Fallopian Tube
109. Uterus	109. Uterus
110. Ovary	110. Ovary
111. Vagina	111. Vagina
112. Cervix	112. Cervix
113. Endometrium	113. Endometrium
114. Fallopian Tube	114. Fallopian Tube
115. Uterus	115. Uterus
116. Ovary	116. Ovary
117. Vagina	117. Vagina
118. Cervix	118. Cervix
119. Endometrium	119. Endometrium
120. Fallopian Tube	120. Fallopian Tube
121. Uterus	121. Uterus
122. Ovary	122. Ovary
123. Vagina	123. Vagina
124. Cervix	124. Cervix
125. Endometrium	125. Endometrium
126. Fallopian Tube	126. Fallopian Tube
127. Uterus	127. Uterus
128. Ovary	128. Ovary
129. Vagina	129. Vagina
130. Cervix	130. Cervix
131. Endometrium	131. Endometrium
132. Fallopian Tube	132. Fallopian Tube
133. Uterus	133. Uterus
134. Ovary	134. Ovary
135. Vagina	

Injured person in which vehicle? SMJ174A

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

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:

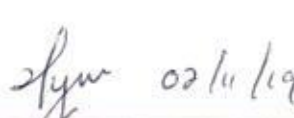
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

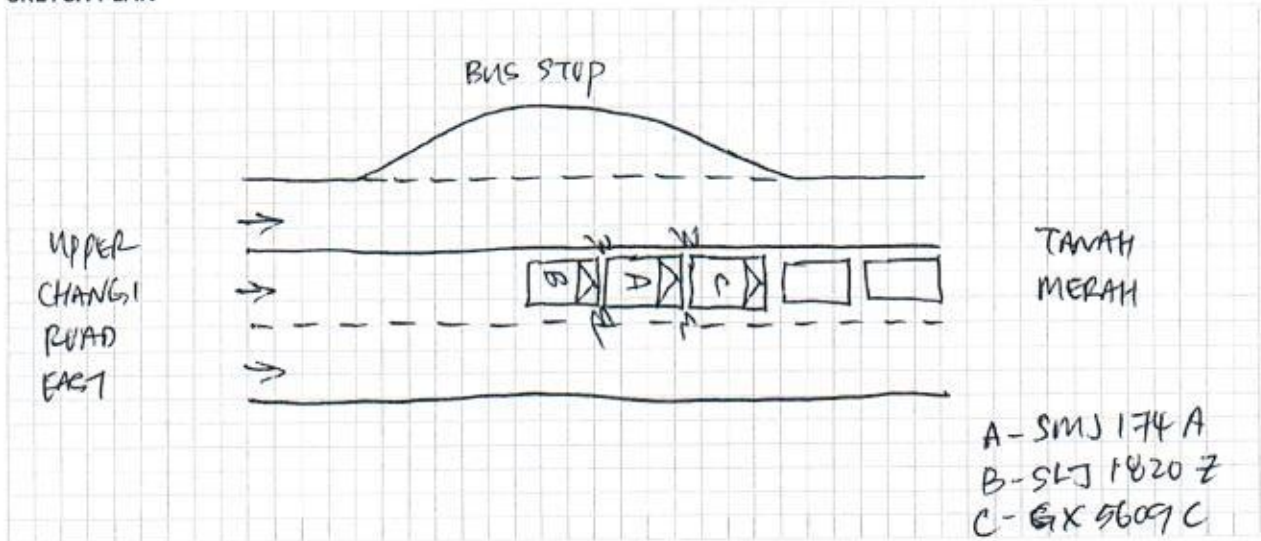


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING ALONG UPPER CHANGI ROAD EAST TOWARD TANAH MERAH ON THE 2ND LANE OF A 3 LANE ROAD. SOMEWHERE INFRONT OF THE BUS STOP, VEHICLE INFRONT OF ME SLIDED DOWN AND STOPPED DUE TO THE HEAVY TRAFFIC FLOW. AS SUCH, I ALSO APPLIED BRAKE AND MANAGE TO STOPPED COMPLETELY BEHIND OF VEHICLE (C). AFTER A FEW SECOND, I FEEL A STRONG IMPACT FROM THE REAR PORTION OF MY VEHICLE. DUE TO THE STRONG IMPACT, MY VEHICLE PUSH FORWARD HIT ONTO THE REAR PORTION OF VEHICLE (C). AFTER THE ACCIDENT, I ALIGHTED AND BECAUSE THAT I WAS INVOLVED IN A CHAIN COLLISION OF 3 VEHICLE.

A - SMJ 174 A


B - SLJ 1820 Z

C - GX 5609 C

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.:

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 31 OCT 2019	TIME: 17:35HRS	(hh:mm) 24 hrs Format
LOCATION UPPER CHANGI ROAD EAST TOWARD TANAH MERAH AT BUS STOP		
VEHICLE NUMBER SMJ 174 A		
INSURED NAME MUHAMMED JALIL BIN SAID		
NRIC / FIN S 0036502E	CONTACT: 8363 0037	
MAKE NISSAN	MODEL SYLPHY	
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 Only		
INSURANCE COMPANY AIG		
TYPE OF POLICY (<input checked="" type="checkbox"/>) COMPREHENSIVE () THIRD PARTY () TPFT		
POLICY NUMBER :		
NAME DRIVER : FAIZ BIN ROSLI () SAME AS INSURED		
NRIC / FIN S 8509224C	CONTACT: 8363 0037	
DATE OF BIRTH: 22 MAR 1985		
DRIVING PASS DATE: 18 FEB 2008		
OCCUPATION : (<input checked="" type="checkbox"/>) INDOOR () OUTDOOR		
GENDER : (<input checked="" type="checkbox"/>) MALE () FEMALE		
EMAIL ADDRESS: Faiztothemax@gmail.com		() NO EMAIL
ADDRESS OF DRIVER: BLK 802 YISHUN RING ROAD #06-4359 S(760802)		
Number Of Passenger Include Driver: DRIVER WITH TWO PASSENGER		
NADHIRAH (F) WIFE		
NAQEEBHUSAYN (M) SON		
Was driver an employee of the Insured's Company? () YES (<input checked="" type="checkbox"/>) NO		
If No, Relationship Of The Driver With The Insured		
() Owner () Spouse () Friend () Relative (<input checked="" type="checkbox"/>) Children () Sibling () Others		
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 () Drizzling () 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? (<input checked="" type="checkbox"/>) YES () NO		
If YES, Injured details : FAIZ BIN ROSLI (M) BODY		
NADHIRAH (F) BODY		
NAQEEBHUSAYN (M) BODY		
Convey By Ambulance: () YES (<input checked="" type="checkbox"/>) NO		
Was There Any Video Capture By Car Camera? () YES (<input checked="" type="checkbox"/>) NO		
Was There Accident Reported To The Police? () YES (<input checked="" type="checkbox"/>) NO If Yes Attach Police Report		
Police Report Number (if any)		
Details Of 3rd Party	Name / NRIC	No.of Paxs (incl'driver) Contact
Veh B SLJ 1820 Z	JAYI TAN CHU YAN S9044508A 01	/ Not Sure () 9001 4116
Veh C 6X 5609 C		() / Not Sure (<input checked="" type="checkbox"/>)
Veh D		() / Not Sure ()
Veh E		() / Not Sure ()
Veh F		() / Not Sure ()
Veh G		() / Not Sure ()



CERTIFICATE OF INSURANCE

NISSAN AUTO PROTECTOR - PRIVATE VEHICLE

Name of Policyholder : Mohamed Jais Bin Said
Period of Insurance : 20 Feb 2019 To 19 Feb 2020
Engine No. : HR16939650C
Chassis No. : MNTBBAB17Z0034467

Vehicle No. : SMJ174A
Policy No. : 1900015478
Endorsement No. :
Issued Date : 06 Mar 2019

ABOUT THE COVER

Make/Model : NISSAN SYLPHY 1.6 PREMIUM
Engine Capacity/Tonnage : 1,598.00 CC Sum Insured : Market Value First Year of Registration : 2019
Driver Restriction : NA Off Peak Car : No Insuring with COE/PARF : Yes
Person 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.
This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

* You have to pay an additional sum of \$3,000 as "Young and/or inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition

Limitation as to use* :

Use only for social, domestic and pleasure purposes and for the Policyholder's business.
This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use 1500cc - 1600cc

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

EXCESS

Section 1

Fire - \$0 Own Damage - \$1100 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen - \$100

Named Driver and Excess (where applicable)

Mohamed Jais Bin Said - \$1100 (Own Damage)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

1. TC AutoClinic Add: No. 1, Sixth Lok Yang Road Singapore 626099 62622212
2. Autodan Industrial Add: 19 Ubi Road 4 Singapore 408623 64909606
3. TC AutoClinic Add: 25 Leng Kee Road Singapore 159097 67036512 67036513
4. Tan Chong Motor Sales Add: 913 Bukit Timah Road Singapore 589623 64694091 64694092 64694093
5. Tan Chong Motor Sales Add: 17 Loring # Toa Payoh Singapore 319254 63570753 63570754

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website www.aig.com.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

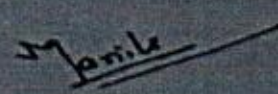
IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500610525

TAN CHONG CREDIT PTE LTD - NCP
911 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE
SINGAPORE 589622 ANSP MOTOR
Underwritten by AIG Asia Pacific Insurance Pte. Ltd.


AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

620040