

# NATIONAL Assessment Centre Services

(Ref: 13/20)

Date In: 30/1/20	Job description: SAS e-filing ✓	Date & Time Completed:	Done by:
Ref No: NA/INC2000/65/11	E-mail (within 8hrs, A/C 2hrs)		
Veh No: Y2 487T	i-Motor Claim Form ✓		
DOA: 30/1/20	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: <input checked="" type="radio"/> Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

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)

Remarks:-	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

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

C Checked by (Engr-In-Charge):

Auditors' Comments:-

U.1:

U.2/3:

## Invoice Preparation Checklist

Amt (\$)

Amt (\$)

Est Bill

Add Bill

- 1) AR: Accident Reporting (\$30);
- 2) DA: Damage Assessment (\$100); INC (\$80)
- 3) TF: Towing Fee \$40/\$45
- 4) FT: Follow-Through Survey \$120
- 5) FT: Follow-Through Survey (Resurvey) \$30
- For claiming against INC Only (wef 10 Jan 2005)
- 6) TR: Re-inspection \$75
- 7) N1: Idac DA + SMRT Survey \$160
- 8) NTUC Additional Services:-
- OP:
- \*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
- N12: Idac Mobile 30)

Invoice dated

Fee Charged

Invoice dated

## 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	30/01/2020 19:51
Date Of Accident	30/01/2020 07:10
Exact Location Of Accident	TAI THONG CRESCENT TURNING TO UPPER SERANGOON RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YQ487T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	R-FORCE PTE LTD
Co Reg No	2XXXXX042C
Email Address	RFORCESS@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-68484805
<b>Vehicle Particulars</b>	
Manufacturer	MITSUBISHI
Model	CANTER-3.0 D FEB21ER3SDEB (M)
Exact Purpose for which vehicle was being used at time of accident	WORK
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
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5107670589
Cover Note Number	
<b>Driver</b>	
Name of Driver	SUBRAMANIAM PALANI KUMAR
Passport No/FIN	GXXXX990L
Date Of Birth	06/07/1982
Occupation	OUTDOOR
Date Of Driving Pass	16/09/2016
Driving Experience	3 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96848480
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address 51 UBI AVENUE 1 #03-09 PAYA UBI INDUSTRIAL PARK

Postcode

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 -

Vehicle -

Insurance Company of Driver's Own Vehicle -

#### General Information of the Accident

Type Of Accident SIDE SWIPE

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) 10

Passenger 1 NAME: : -

GENDER: : MALE

Passenger 2 NAME: : -

GENDER: : MALE

Passenger 3 NAME: : -

GENDER: : MALE

Passenger 4 NAME: : -

GENDER: : MALE

Passenger 5 NAME: : -

GENDER: : MALE

Passenger 6 NAME: : -

GENDER: : MALE

Passenger 7 NAME: : -

GENDER: : MALE

Passenger 8 NAME: : -

GENDER: : MALE

Passenger 9 NAME: : -

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**

PLEASE REFER TO CIRCUMSTANCES OF ACCIDENT

**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 SKW9245A

Vehicle Make/Model/Colour HONDA

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) 1

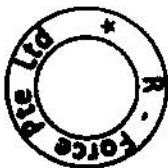
## SKETCH PLAN

### 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.

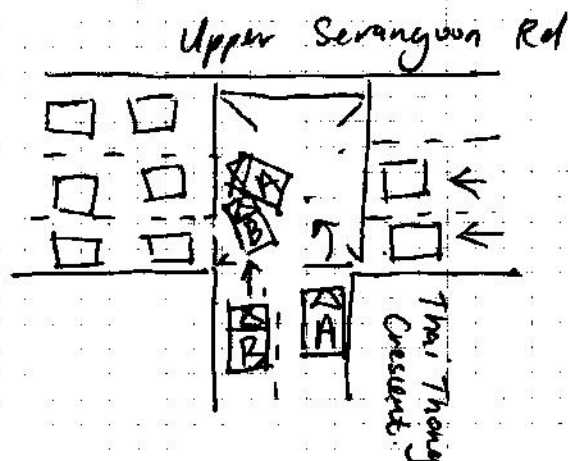


Policyholder's Signature  
Date & Time:

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 out into Upper Serangoon Rd from Thai Thong Crescent into the yellow box, while turning into my lane vehicle B was also turned and for vehicle B front right portion touched against my vehicle A left side portion.

## 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:

S. Palani

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

[Signature]

## Claim Handling

## Accident MT/1082351

Policy No.	5107670589	Vehicle No.	YQ487T	GST Registration No.	200805042C
Certificate No.					
Policyholder Name	R - FORCE PTE. LTD.			Policyholder NRIC	200805042C
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Preferred Workshop Plan	Loading	0
Contact No.(Mobile)	68484805	Contact No.(Office)	68484805	Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No
<b>Accident Details</b> Report Date: 31/01/2020 11:12 Date of Accident: 30/01/2020 Reporting Centre: Accident Location: TAI THONG CRESCENT TURNING TO UPPER SERANGOON RD			Accident Report Within 24 hrs: Yes Time of Accident hh:mm: 07:10 Orange Force: Accident Type: Side Swipe Country of Accident: Singapore JCM No.:		

## Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00
OD Standard Excess	600.00	TP Standard Excess	0.00
YIED OD Excess	0.00	YIED TP Excess	0.00
Additional Excess			
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00

## Benefits

## GST Registered Information

GST Registered	Yes	GST Registration Date	18/01/2016
GST Registration No.	200805042C	GST Status Verified	Yes
Modification History			

## Policyholder Mailing Address

Address 1	51 UBI AVENUE 1	Address 2	#03-09 PAYA UBI INDUSTRIAL F	Address 3	SINGAPORE 408933
Address 4		Address Type	Singapore address	Post Code	408933
Unit No.		Related Policy Number	5114607863		

## OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	SUBRAMANIAM PALANI KUMAR	Driver NRIC	G2654990L	Driver DOB	06/07/1982
Register Date of Driver License	15/09/2016	Driver Age	37	Driving Experience	3
Contact No.(Mobile)	96848480	Contact No.(Office)	68484805	Contact No.(Home)	
Address 1	51 UBI AVENUE 1	Address 2	#03-09 PAYA UBI INDUSTRIAL F	Address 3	SINGAPORE 408933
Address 4		Address Type	Singapore address	Post Code	408933
Unit No.	03-09				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	YQ487T	Driver Insurer Company	NTUC

Declaration			
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No

## Modification History

Claim 001 OD-MX

Claim Type *	OD-MX	Insured Name	R - FORCE PTE. LTD.	Insured NRIC	200805042C
Contact No.(Mobile)	81333746	Contact No. (Home)		Contact No. (Office)	
Email Address		TP Vehicle Number	YQ487T	TP Vehicle Number	SKW
Claim Description	YQ487T / SKW9245A ON 30 Jan 2020				
Preferred Workshop Finalisation	Yes	Insured Liability	Not at Fault	GIA report	Received
Date Registered	31/01/2020 11:46	Claim Close Date		Date Received	31/0
Report Taken By	TAUFIKH	Workshop Repairer		Total Loss but Repaired	












Print AK letter

Save Submit

## Attachment

Accident No.	MT/1082351	Claim No.	001
Last Doc. Received	Yes No	Upload Date	31/01/2020 11:46
Path *			
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2020 11:48	Photos		Normal	Photos 2020-1-31
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2020 11:48	Photos		Normal	Photos 2020-1-31
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2020 11:48	Photos		Normal	Photos 2020-1-31
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2020 11:48	Photos		Normal	Photos 2020-1-31
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2020 11:48	Photos		Normal	Photos 2020-1-31
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2020 11:48	Photos		Normal	Photos 2020-1-31
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2020 11:48	Photos		Normal	Photos 2020-1-31
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2020 11:48	Photos		Normal	Photos 2020-1-31
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2020 11:48	Photos		Normal	Photos 2020-1-31
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2020 11:48	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-1-31
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jan 2020 11:48	SAS		Normal	SAS 2020-1-31

Video List

Uploaded By/Date	Folder Date	File Name		Source
<div>Display in New Window</div> <div>Scan and uploading</div>				



## ACCIDENT STATEMENT

ACCIDENT DATE: 30/01/2020 (DD/MM/YYYY), TIME: 07:10 (HH:MM)

LOCATION: Tai Thong Crescent turning to Upper Serangoon Rd.

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YQ487T  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: 5107670589  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Mitsubishi Canter FE321  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Work  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

### 2. INSURED / POLICY HOLDER

- A) NAME: R-FORCE Pte Ltd. (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 200805042C CONTACT: 68481805  
c) ADDRESS: 44

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: Subramaniam Palani Kumar. (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: G2654990L CONTACT: 968484800  
c) ADDRESS: 51 Ubi Ave | #03-09  
Paya Ubi Industrial Park.  
\*d) DATE OF BIRTH: 06/07/1982 (DD/MM/YYYY)  
e) OCCUPATION: (INDOOR / OUTDOOR)  
f) YEARS OF DRIVING EXPERIENCE: 4 yrs.

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  
b) ROAD SURFACE: (DRY / WET / OTHERS)  
6. WAS ANYBODY INJURED (YES / NO)  
7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKW9245A MODEL: Honda  
b) DRIVER'S NAME:  
c) NRIC/FIN/PASSPORT: CONTACT:

### 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:  
e) DRIVER'S NAME:  
f) NRIC/FIN/PASSPORT: CONTACT:

\* No of passenger  
(including driver)  
(10)

\* No of passenger  
(including driver)  
(1)

\* No of passenger  
(including driver)  
( )

Email = rforcess@gmail.com

Fax =

Video =

Teamwork Group

**WORK PERMIT**

Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer:  
R - FORCE PTE. LTD.



Name  
SUBRAMANIAN PALANI KUMAR  
Work Permit No.  
0 36918004  
Sector  
CONSTRUCTION

For LKK/NAC Use Only



K1842536

**REPUBLIC OF SINGAPORE**

06 Jul 1982

11 Apr 2016

1004



002556314C

**VISIT PASS**  
Immigration Regulations

15-10-2016

Name  
SUBRAMANIAN PALANI KUMAR

For LKK/NAC Use Only

Download SGWorkPass  
App to check status



FIN  
G2654990L  
Date of Birth  
06-07-1982  
Sex  
M  
Nationality  
INDIAN



MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED  
OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

EFFECTIVE DATE

14 Sep 2016

Class 3

MOTOR CAR AND MOTOR TRACTORS THE WEIGHT OF  
WHICH UNLADEN DOES NOT EXCEED 2000 KILOGRAMS

For LKK/NAC Use Only

S / No. 9000263404

G2654990L



License No: G2654990L

NP 428A

eBaoTech

GeneralClaim

Hello, NAC\_PAYA\_UBI\_800601

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

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="30/01/2020 18:07"/>
Vehicle No.(For Motor)	<input type="text" value="YQ487T"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5107670589		R - FORCE PTE. LTD.	200805042C	GCV	Preferred Workshop Plan	YQ487T	YQ487T	25/02/2019	24/02/2020

## THE SCHEDULE

### Commercial Vehicle Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Insured named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M4-0003030-8

Policy Number	: 5107670589
The Policyholder	: R - FORCE PTE. LTD. 51 UBI AVENUE 1 #03-09 PAYA UBI INDUSTRIAL PARK SINGAPORE 408933

Period of Insurance	: 25 Feb 2019 To 24 Feb 2020
Sum Insured	: Market Value of Insured Vehicle at Time of Loss
Premium (inclusive GST)	: S\$2,506.44

#### Interest Insured

Cover Type	: Preferred Workshop Plan		
Make/Model	: MITSUBISHI/OTHERS		
Capacity	: 2.78 ton(s)	Number of Seater	: 2
Registration Number	: To Be Advised	Registration Date	: 25 Feb 2019
Chassis Number	: FEB21EA25246	Insure with COE	: Yes
Excess (Section 1)	: S\$600	NCD Entitlement	: 0%
Excess (Section 2)	: N/A		
Hire Purchase Company	: DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC LTD		

**Memo A** : Make/Model: Mitsubishi Feb21

**Endorsement Operative** : M7

Agency	: ABWIN PTE LTD (00000614234)
Date of Issue	: 22 Feb 2019 09:11 hrs

#### DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive