

NATIONAL Assessment Centre Services.

[Ref: 1 Jan 2001]

MAA/2001239

Date In: 14/01/2020 17:31	Job description	Date & Time Completed	Done by
Ref No: MAA/2001239/F	SAS e-Ming		
Veh No: GT 9245M	E-mail (to John Blue, AIC Blue)		
D.O.A: 01/07/2019 22:00	I-Motor Claims Form		
OD: TP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/VKaz		

Preferred Wesp / INC Assign Wesp / 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%. P: 80-100%]	
Year of Registration: (	Warranty: YES () / NO ()	
Excess: (\$	Loading: \$1,000 () / \$2,000 ()	

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repair.
() Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Resurvey Photo [Repair Cost > \$3000] ()	

Injury: _____

Date: _____	Time: _____
Location: _____	Weather: _____
Witness: _____	Signature: _____

MAA/2001239

Driver/Owner:	1) AL: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$10)
Damaged Portion:	3) TP: Towing Fee	\$40/45
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	\$120
	5) PT: Follow-Through Survey (Resurvey)	\$30
	6) TR: Re-inspection	\$75
	7) NI: Ideal DA + EMRT Survey	\$160
	8) NTUC Additional Services:	
	9) NI: Ideal Mobile	\$30
	10) NI: Ideal Mobile	\$30
	11) NI: Ideal Mobile	\$30
	12) NI: Ideal Mobile	\$30
	13) NI: Ideal Mobile	\$30
	14) NI: Ideal Mobile	\$30
	15) NI: Ideal Mobile	\$30
	16) NI: Ideal Mobile	\$30
	17) NI: Ideal Mobile	\$30
	18) NI: Ideal Mobile	\$30
	19) NI: Ideal Mobile	\$30
	20) NI: Ideal 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	14/02/2020 17:01
Date Of Accident	07/07/2019 22:00
Exact Location Of Accident	MOUNTBATTEN RD / EAST COAST ROAD JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GT9245M
Insured/Policyholder	
Name Of Registered Owner	RENOPLAN MAINTENANCE
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98941723

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	MT106036
Cover Note Number	

Driver

Name of Driver	LIM SU NAI
NRIC No	SXXXX823G
Date Of Birth	03/11/1950
Occupation	OUTDOOR
Date Of Driving Pass	12/01/2004
Driving Experience	15 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98941723
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 8 NORTH BRIDGE ROAD #05-4112
Postcode	190008
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	NO 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	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?	NO
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO SKETCH PLAN

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	SKL2813P
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:

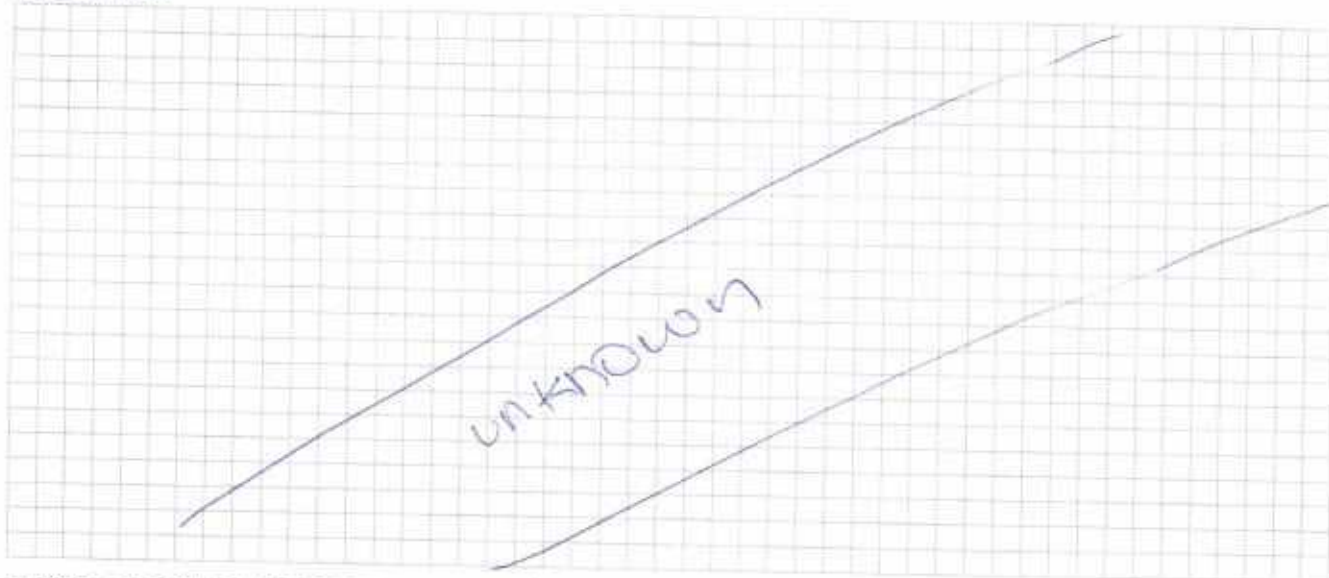
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 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, LIM ~~SEN~~ NAI driver of vehicle NO. GT 9245M, was not aware of an accident involving the SKL2813P. Hence the delayed reporting of the accident. that is and I have to report

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: 7. 7. 2019 (DD/MM/YYYY) TIME: 12.00 PM (HH:MM)

LOCATION: Mantabatu RD / East Coast Road Junction

1. DETAILS OF VEHICLE GT
 - a) VEHICLE NUMBER: GB 9245 M
 - b) INSURANCE COMPANY: _____
 - c) POLICY NUMBER: MT 106036
 - d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 - e) MAKE & MODEL: _____
 - 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: Penoplan Maintenance + Contract (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 98941723
c) ADDRESS: BK8 North Bridge Rd #01-93
Singapore 370092

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

a) NAME: Lim Su Nai (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 2012523/6 CONTACT: 98941723
c) ADDRESS: BK8 North Bridge Rd

* d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS _____

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: SL 2813 P MODEL: _____

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: _____ MODEL: _____

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

No of passengers
(including driver)
(1)

No of passengers
(including driver)
()

No of passengers
(including driver)
()

email: _____
VIDEO _____

Toyota van
Hiace

Shipper

ALLOY AUTOMOBILE SPARES & TRADING
BLK 5032 ANG MO KIO INDUSTRIAL PARK 2
#01-299/301 SINGAPORE 569535
TEL: 64812023 FAX: 64811633

B/L No. OE1908119-00-DURB



Hermes Logistics Pte Ltd

Ocean Bill of Lading

Consignee or order

Notify Party

SAME AS CONSIGNEE

RECEIVED in apparent good order and condition except as otherwise noted the total number of Containers of Packages or units enumerated below for transportation from the place of receipt to the place of delivery subject to the terms detailed on the reverse side of this Bill of Lading. One of the signed original Bills of Lading must be surrendered duly endorsed in exchange for the Goods of Delivery Order. On presentation of this document (duly endorsed) to the Carrier by or on behalf of the Holder, the rights and liabilities arising in accordance with the terms hereof shall (without prejudice to any rule of common law or statute rendering them binding on the Merchant) become binding in all respects between the Carrier and the Holder as though the contract evidenced hereby had been made between them.

IN WITNESS whereof the number of original Bills of Lading stated below have been signed, one of which being accomplished, the other(s) if any, to be void. If required by the Carrier one (1) Original Bill of Lading surrendered duly endorsed in exchange for Goods or Delivery Order.

Ocean Vessel Voy No. Port of Loading
EVER DYNAMIC V.131W SINGAPORE

Port of Discharge Place of Delivery
DURBAN DURBAN CY

Final Destination (for the Merchant's reference)
DURBAN, SOUTH AFRICA

SUBJECT FURTHER TO THE CONDITIONS OF THE VESSEL'S BILL OF LADING COVERING THIS SHIPMENT

PARTICULAR FURNISHED BY SHIPPER

Container No. / Seal No. Marks and Nos	No. of Pkgs or Containers	Description of Packages and Goods	Gross Weight (KGS)	Measurement (CBM)
	7 UNITS	USED SPARE PARTS	3,500.00	
		NO REG NO CHASSIS NO ENGINE NO		
		1 SGA1613L KMHJN81BR6U287474 G4GC5396074		
		2 GV3406U JN1MC4E24Z060613 TD27679543		
		3 GT335X KMF6D27BPYU472083 D4BBY954095		
		4 SJX2854U LVVDB11B48D194656 SQR481FFF8F00639		
		5 GT9245M LH1620013005 5L5011539		
		6 SGK8929C JMYSTCS3A7U000511 4G18HL4049		
		7 GR6681S RZH1030028489 2RZ2289986		

OOLU6777187/12545875



TOH YOON TECK
S 1426498 A
HP: 9631 9271

Certified True Copy

NON-NEGOTIABLE

Total No. of Containers
or Packages (In Words)

ONE FORTY FOOTER CONTAINER(S) ONLY

Freight and Charges FREIGHT PREPAID	Revenue Tons	Rate	Per	Prepaid	Collect

For delivery of goods please apply to:

Payable at

Place and date of Issue
SINGAPOREPrepaid at
SINGAPORE

As Agent for Carrier 16/Aug/2019

No of Original B/L

Hermes Logistics Pte Ltd

THREE

Laden On Board the vessel

16/Aug/2019



PERMIT NO : OD9H546267V

CARGO CLEARANCE PERMIT

PG : 2 OF 2

(CONTINUATION PAGE)

CONSIGNMENT DETAILS

S/NO	HS CODE	CURRENT LOT NO	PREVIOUS LOT NO
MARKING	CTY OF ORIGIN	BRAND NAME	MODEL
IN HAWB/HUCR/HBL			OUT HAWB/HUCR/HBL
PACKING/GOODS DESCRIPTION			HS QUANTITY & UNIT
			CIF/FOB VALUE (S\$)

01 87032361
JP UNBRANDED

OB1908119-00-DURE

USED SPARE PARTS

7.0000 NMB
2450.00

NO	REG NO	CHASSIS NO	ENGINE NO
1	SGA1613L	KMHJN81BR6U287474	G4GC5396074
2	GV3406U	JN1MC4E242060613	TD27679543
3	GT335X	KMFGD27BPYU472083	D4BBY954095
4	SJX2854U	LVVDB11B48D194656	SQR481FFF8F00639
5	GT9245M	LH1620013005	5L5011539
6	SGK8929C	JMYSTCS3A7U000511	4G18HL4049
7	GR6681S	RZH1030028489	2RZ2289986

CONTAINER IDENTIFIERS

01) COLU6777187 PCL 40 003 12545875

NO UNAUTHORISED ADDITION/AMENDMENT TO THIS PERMIT MAY BE MADE AFTER APPROVAL

NAME OF COMPANY: HERMES LOGISTICS PTE. LTD.

DECLARANT NAME : HENG WEE GEE

DECLARANT CODE : XXXX1024G
TEL NO : 62205201

CONTROLLING AGENCY/CUSTOMS CONDITIONS

Y96 - APPLICATION IS APPROVED ON THE CONDITION THAT THE DECLARANT/ EXPORTER HAS SATISFIED HIMSELF/EXERCISED DUE DILIGENCE TO DETERMINE THAT THE GOODS ARE NOT CONTROLLED UNDER THE STRATEGIC GOODS (CONTROL) ACT & A STRATEGIC GOODS PERMIT IS NOT REQUIRED.

FOR ALL ITEMS.

Z01 - APPROVED BY SINGAPORE CUSTOMS.

Y95 - PLS CHECK AGAIN THE DECLARED 1) HS CODES/DESCRIPTION, 2) ITEM QUANTITY OR VALUE, OR 3) ITEM VALUE WHICH EXCEEDED \$1 MILLION. IF WRONG, PLEASE AMEND OR CANCEL THIS UNUSED PERMIT WITHIN 48 HOURS. IN PARTICULAR, FOR UNUSED GST PAYMENT PERMITS, CANCELLATION OF PERMITS OR AMENDMENTS TO FIELDS AFFECTING GST SHOULD BE SUBMITTED WITHIN 23:59:59 HOURS OF THE DATE OF PERMIT APPROVAL.

EEE - END OF CARGO CLEARANCE PERMIT.



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HP: 9631 9271

UNIQUE REF : 201209539G 20190816 0007



PERMIT NO : OD9H546267V

CARGO CLEARANCE PERMIT

PG : 1 OF 2

MESSAGE TYPE : OUT (WITH OR WITHOUT CERTIFICATE OF ORIGIN) PERMIT
DECLARATION TYPE : DIRECT (INCLUDING STORAGE IN FTZ)

IMPORTER:

VALIDITY PERIOD : 16/08/2019 -
20/08/2019

EXPORTER:
ALLOY AUTOMOBILE SPARES & TRADING
52989173E

TOTAL GROSS WT/UNIT :	3.500/TNE
TOTAL OUTER PACK/UNIT:	1/UNT
TOT EXCISE DUT PAYABLE : S\$	0.00
TOT CUSTOMS DUT PAYABLE: S\$	0.00
TOT OTHER TAX PAYABLE : S\$	0.00
TOTAL GST AMT : S\$	0.00
TOTAL AMOUNT PAYABLE : S\$	0.00

HANDLING AGENT:

CARGO PACKING TYPE: CONTAINERIZED
IN TRANSPORT IDENTIFIER:

PORT OF LOADING/NEXT PORT OF CALL:

CONVEYANCE REFERENCE NO:
OBL/MAWB NO:

PORT OF DISCHARGE/FINAL PORT OF CALL:
DURBAN

ARRIVAL DATE :

COUNTRY OF FINAL DESTINATION:
SOUTH AFRICA

INWARD CARRIER AGENT:

OU TRANSPORT IDENTIFIER:
EVER DYNAMIC

OUTWARD CARRIER AGENT:
COSCO SHIPPING LINES (SINGAPORE)
PTE. LTD.

CONVEYANCE REFERENCE NO: 131W
OBL/MAWB/UCR NO:
CCSU6165089120

DEPARTURE DATE : 16/08/2019

CERTIFICATE NO:

PLACE OF RELEASE:

PLACE OF RECEIPT:

OTHERS

KEPPEL FTZ

O

KZ

LICENCE NO:

CUSTOMS PROCEDURE CODE (CPC):



TOH YOON TECK
S 1426498 A
HP: 9631 9271

UNIQUE REF : 201209539G 20190816 0007

Tokio Marine Insurance Singapore Ltd

Company Reg No: 192300014M (GST Reg No: M2-000024-4)

20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046

Tel: (65) 6221 9111 / (65) 6221 4355 / (65) 6224 0895 E: tmis@tokiomarine.com.sg W: www.tokiomarine.com

A member of the
Tokio Marine Group



TOKIO MARINE
INSURANCE GROUP

Certificate of Insurance

FORM MZ300

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)

Policy No.: MT106036 (Commercial Vehicle)

- | | | |
|--|---|---------------------------|
| 1. Index Mark and Registration Number of Vehicle | GT9245M | Chassis No.: LH1620013005 |
| 2. Name of Policyholder | RENOPLAN MAINTENANCE & CONTRACTS | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 15/08/2018 (16:07:04) | |
| 4. Date of Expiry of Insurance | 14/08/2019 | |
| 5. Persons or Class of Persons entitled to drive* | 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. 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*

- 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 Policyholders' business.
- 3) Use for social domestic and pleasure purposes.

The policy does not cover:-

- 1) Use for hire or reward or 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.

* 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.

We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please refer to the Policy Schedule for full details, terms and conditions of the insurance.

IMPORTANT NOTICE

This Certificate is not transferable. During its currency, if the insurance is cancelled for whatsoever reason, you must return the Certificate to Tokio Marine Insurance Singapore Ltd, within 7 days thereof or, if the Certificate has been lost/destroyed, you must make a statutory declaration to that effect. Failure to comply with this duty is an offence under Motor Vehicle (Third-Party Risks and Compensation) Act (Chapter 189).

ADDITIONAL INFORMATION

Insurance Plan:	Third Party Only
Financial Interest:	NIL

Account No: 2364DDA

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature