

# NATIONAL Assessment Centre Services

Part 1 Jan 2021

MMA 120091660

|  |  |                       |                |
|--|--|-----------------------|----------------|
| Date In: 20/10/20 09:57                              | Job description                          | Date & Time Completed | Done by        |
| Ref No: MAI INC 20011345164                          | SAS e-filing                             |                       |                |
| Veh No: SKE S991A                                    | E-mail (within 3hrs, A/C 2hrs)           |                       |                |
| TPA: 19/10/20 13:50                                  | I-Motor Claim Form                       | MT/1107149001         | 20/10/20 10:18 |
| UI: <input checked="" type="radio"/> 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/Wksp |                       |                |

|  |  |                       |
|--|--|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: ( ) | Tel: ( )   | Fax: ( )              |
| TP Particulars:                            | Veh No: Unknown  | 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: (\$ )                              | Landing: \$1,000 ( ) / \$2,000 ( )                       |                       |

|   |
|---|
| ( ) 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: ( )                            |

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

Injury: \_\_\_\_\_

| Date/Time | Action |
|-----------|--------|
|           |        |
|           |        |
|           |        |
|           |        |
|           |        |
|           |        |
|           |        |
|           |        |
|           |        |

|                                 |   |             |         |
|---------------------------------|---|-------------|---------|
| MA 2005536                      | Invoice / Variation Checklist                   | Am (5)      | Mod (5) |
| Client/Particulars:             | 1) AR: Accident Reporting (\$30)                | 30.00       |         |
| Driver/Owner:                   | 2) DA: Damage Assessment (\$100); INC (\$30)    |             |         |
| Contact No:                     | 3) TP: Towing Fee \$40/\$45                     |             |         |
| Damaged Portion:                | 4) PT: Follow-Through Survey \$120              |             |         |
| QC Checked by (Wksp-In-Charge): | 5) PT: Follow-Through Survey (Resurvey) \$30    |             |         |
|                                 | For claiming against INC Only (w/c 10 Jan 2021) |             |         |
|                                 | 6) TR: Re-inspection \$75                       |             |         |
|                                 | 7) NI: Idas DA + SMRT Survey \$160              |             |         |
|                                 | 8) NTUC Additional Services:                    |             |         |
|                                 | • NS: Courtesy Car / Tpt Allowance \$5          |             |         |
|                                 | • NG: Repair Coordination \$10                  |             |         |
|                                 | • NF: Post Repair Inspection \$25               |             |         |
|                                 | • NR: DV / Collect Excess Coordination \$5      |             |         |
|                                 | • TP (N11): TP (Non INC) against INC \$20       |             |         |
|                                 | 9) N12: Idas Mobile \$0                         |             |         |
|                                 | 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             | 20/10/2020 09:57 |
| Date Of Accident           | 19/10/2020 13:50 |
| Exact Location Of Accident | PAYA LEBAR RD    |
| Country/State of Loss      | SINGAPORE        |

### DETAILS OF OWN VEHICLE

|                             |                                   |
|-----------------------------|-----------------------------------|
| Vehicle Registration Number | SKE5991A                          |
| <b>Insured/Policyholder</b> |                                   |
| Name Of Registered Owner    | SG VEHICLE RENTAL PRIVATE LIMITED |
| Co Reg No                   | 2XXXXX198R                        |
| Email Address               | NOEMAIL                           |
| Mobile Phone No             |                                   |
| Alternative Phone No        | OFFICE-92729299                   |

### Vehicle Particulars

|  |              |
|--|--------------|
| Manufacturer   | HONDA        |
| Model  | CIVIC        |
| 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 HIRE |

### Insurance Company

|                           |  |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage          | THIRD PARTY                            |
| Fleet Policy              | NO                                     |
| Policy Number             | 5111129675-01                          |
| Cover Note Number         |  |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | GAN CHIN HUAT         |
| NRIC No              | SXXXX241F             |
| Date Of Birth        | 04/04/1971            |
| Occupation           | INDOOR                |
| Date Of Driving Pass | 31/10/2017            |
| Driving Experience   | 2 YEARS AND 11 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-98895400  |
| Fax Number           |                       |
| Contact Number       |                       |
| EMail Address        | NOEMAIL               |

|   |                                     |
|---|-------------------------------------|
| Address   | BLK 150 BEDOK RESERVOIR RD #07-1711 |
| Postcode  | 470150                              |
| Was driver an employee of the Insured's Company     | NO                                  |
| If No, Relationship of the Driver with the Insured  | OTHER - HIRER                       |
| Vehicle Registration Number of Driver's Own Vehicle | -                                   |
|   | -                                   |
|   | -                                   |
| Insurance Company of Driver's Own Vehicle           | -                                   |
|   | -                                   |
|   | -                                   |

#### General Information of the Accident

|                    |                          |
|--------------------|--------------------------|
| Type Of Accident   | COLLISION - HEAD TO REAR |
| 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?   | 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)   | 1   |

#### Details of Police Action

|   |  |
|---|--|
| Was the accident reported to the police?  | YES  |
| If Yes, Please state which Police Station |  |
| Police Station Name                       | EUNOS NEIGHBOURHOOD POLICE POST  |
| Police Station Address                    | <b>ROAD:</b> BLK 629 BEDOK RESERVOIR ROAD #01-1620 , <b>POSTCODE:</b> 470629 , <b>COUNTRY:</b> SINGAPORE |
| Police Station Contact                    | <b>TEL NO:</b> 1800-4439999 - <b>FAX NO:</b> 62444376  |
| Was notice of intended Prosecution given? | NO   |
| If Yes, against whom?                     |  |

#### Circumstances of Accident

REFER TO POLICE REPORT T/20201019/2099

#### 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 | UNKNOWN     |
| 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)

**DETAILS OF INJURED PERSON 1**

|   |               |
|---|---------------|
| Name  | GAN CHIN HUAT |
| Approximate Age                                     |               |
| Injuries Sustain                                    | BODY          |
| Injured person in which vehicle?                    | SKE5991A      |
| 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:

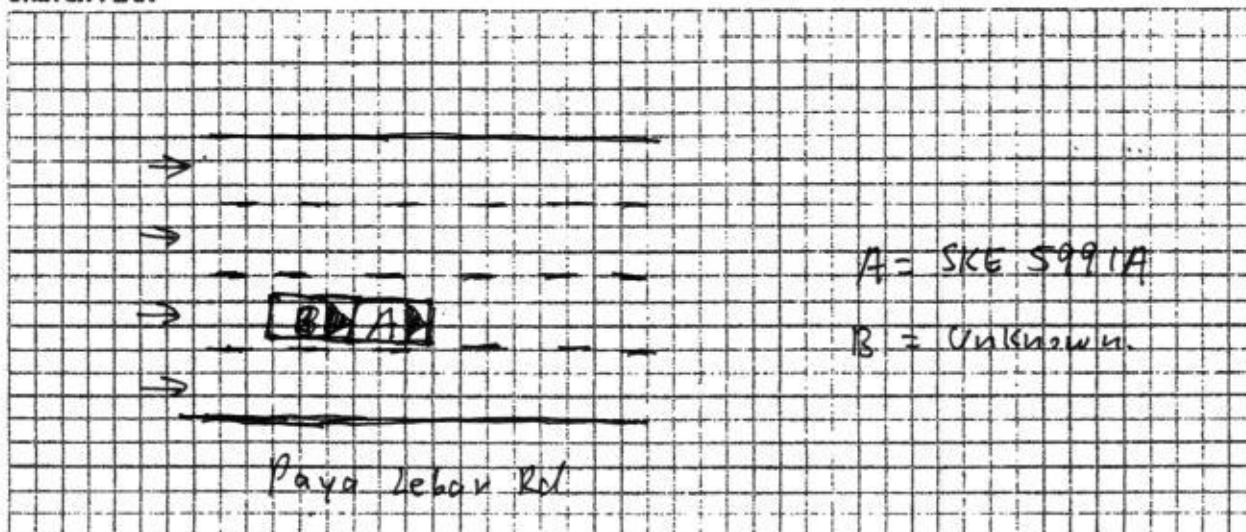
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



A = SKE 5991A  
B = Unknown

Paya Lebar Rd

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/20201019/2099

## 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 POLICE FORCE



T/20201019/2099

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

1 of 3

Report No. T/20201019/2099

**REPORT OF A TRAFFIC ACCIDENT**

|  |                  |                          |
|--|------------------|--------------------------|
| Date/Time Report Made:<br>19/10/2020 17:27 | Vide Report No.: | Station Diary No.:<br>13 |
|--|------------------|--------------------------|

**Informant's Particulars**

|  |            |                              |   |  |                            |
|--|------------|------------------------------|---|--|----------------------------|
| Name of Informant:<br>GAN CHIN HUAT      |            |                              | Address:<br>APT BLK 150 BEDOK RESERVOIR ROAD #07-1711<br>SINGAPORE 470150 |  |                            |
| ID Type / ID No.:<br>NRIC NO / S7110241F |            |                              | Contact No.:<br>Home/Office: Mobile: 98895400                             |  |                            |
| Nationality:<br>SINGAPORE CITIZEN        |            |                              | Email:  |  |                            |
| Sex:<br>Male                             | Age:<br>49 | Date of Birth:<br>04/04/1971 | Type of Informant:<br>Driver  |  |                            |
| Race:<br>Chinese                         |            |                              | Language:   |  | Institution / School Name: |
| Occupation:<br>UNEMPLOYED                |            |                              | Driving Licence Information:<br>Class: 3                                  |  | Date of Expiry:            |

**General Information of the Accident**

|  |                                    |                          |  |                                     |
|--|------------------------------------|--------------------------|--|-------------------------------------|
| Type of Accident:  | Injury<br>Hit and Run              | Drink Drive:<br>No       | Date/Time of Accident:<br>19/10/2020 13:50 | Type of Location:<br>Straight Road  |
| Location:<br><br>PAYA LEBAR ROAD                             |                                    |                          |  |                                     |
| Weather:<br>Clear  | Road Surface:<br>Dry               | Road Speed Limit:        |  |                                     |
| Traffic Flow:<br>One Way                                     | Traffic Control:<br>Not Controlled | Traffic Volume:<br>Light |  |                                     |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear |                                    |                          |  | Anyone conveyed by ambulance:<br>No |

**Details of Vehicle Involved**

| Vehicle No. | Type | Make  | Model       | Color  | Condition        | No of Passenger |
|-------------|------|-------|-------------|--------|------------------|-----------------|
| SKE5991A    | Car  | HONDA | CIVIC IMA A | Silver | Slightly Damaged | 0               |

**Details of Vehicle Insurance**

| Vehicle No. | Insurance Company                          | Insurance No         | Effective  | Expiry Date |
|-------------|--|----------------------|------------|-------------|
| SKE5991A    | NTUC Income Insurance Co-Operative Limited | 5111129675-01-000001 | 12/08/2020 | 11/08/2021  |



**SINGAPORE  
POLICE FORCE**



T/20201019/2099

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

2 of 3

Report No. T/20201019/2099

**CONTINUATION OF REPORT**

**Brief Details.**

On the above mentioned date, time and location. I was travelling along PIE and exited onto Paya Lebar Road, my intention was to turn right onto Geylang East Central and head to Aljunied Crescent. However when coming to about 500meters away from the traffic light I was at lane 2 then suddenly I felt an impact towards the rear of my vehicle then I immediately stop my vehicle stationary. As I was in a shock I did not notice the vehicle plate number but I know is a black vehicle, after the impact the vehicle sped off towards geylang east central. I did not chase further of the vehicle. I then head to my destination.

I also felt that there is some pain in my shoulder area and I felt shock due to the accident, I went to private clinic to seek medical attention and as such I was given 3 days mc.





**SINGAPORE  
POLICE FORCE**



T/20201019/2099

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

3 of 3

Report No. T/20201019/2099

**CONTINUATION OF REPORT**

**Sketch Plan**

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:

G /

Sgt 2 TAY WEI LI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

19/10/2020 17:27

Officer In Charge Of Case:

TP / HRT /

SI KALESWARI PALANI

Contact No.: 65476902

Classification Of Case:

Authentication Stamp

NP168

## 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)  
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)  
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number:** 5111129675-01-000001

**Cover :** Third Party

1. Index mark and Registration Number of Vehicle : **SKE5991A**  
 Chassis Number : JHMF036206S203746
2. Name of Policyholder : **SG VEHICLE RENTAL PRIVATE LIMITED**
3. Effective Date of Insurance : **12 Aug 2020**
4. Expiry Date of Insurance : **11 Aug 2021**
5. Persons 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.  
 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#  
 (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

**This Policy does not cover**

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (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.

|                                      |            |
|--------------------------------------|------------|
| EXCESS (SECTION 1)                   | : N/A      |
| EXCESS (SECTION 2)                   | : S\$1,500 |
| ADDITIONAL EXCESS                    | : N/A      |
| UNNAMED DRIVER EXCESS                | : N/A      |
| REPAIR AT OWNER'S PREFERRED WORKSHOP | : NO       |
| INSURE WITH COE                      | : N/A      |
| NCD PROTECTION                       | : NO       |
| PRIMARY DRIVER                       | : N/A      |
| NAMED DRIVER (1)                     | : N/A      |
| NAMED DRIVER (2)                     | : N/A      |
| HIRE PURCHASE COMPANY                | : N/A      |
| SUM INSURED                          | : N/A      |

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)

Agency : TONG HIN INSURANCE AGENCY PTE. LTD. (00000614661)

Date of Issue : 10 Aug 2020 12:56 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

## ACCIDENT STATEMENT

ACCIDENT DATE: (19/12/20) (DD/MM/YYYY), TIME: (13:50) (HH:MM)

LOCATION: Paya Lebar Rd

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKE 5991A  
b) INSURANCE COMPANY: INAC  
c) POLICY NUMBER: \_\_\_\_\_  
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: Private Use  
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: SG Vehicle rental Private <sup>limited</sup> (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 92729299  
c) ADDRESS: \_\_\_\_\_

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

### DRIVER

- a) NAME: Gan Chin Huat (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 98895400  
c) ADDRESS: \_\_\_\_\_

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

### 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hirer.

### 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: Eunos NPP.

### 8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: Unknown. MODEL: car.

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: \_\_\_\_\_

Email = Lim Chee Siang

fax = \_\_\_\_\_

video = no.