

# NATIONAL Assessment Centre Services

[Ref: J3102]

|                           |  |                       |         |
|---------------------------|--|-----------------------|---------|
| Date In: 03/11/20         | Job description                            | Date & Time Completed | Done by |
| Ref No. NA/CIT20011988/13 | SAS e-filing                               |                       |         |
| Veh No: 4N4315X           | E-mail (within 8hrs, A/C 2hrs)             |                       |         |
| D.O.A: 27/10/20 1815      | 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: ( | Tel:   | Fax:                  |
| TP Particulars:                          | Veh No: FBT9810T   | 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

|                                 |   |             |           |
|---------------------------------|---|-------------|-----------|
| NA2005815                       | Invoice Preparation Checklist                   | Am't (\$)   | Am't (\$) |
| Claimant's Particulars:         | 1) AR: Accident Reporting (\$30);               | Inc Bill    | Add Bill  |
| Driver/Owner:                   | 2) DA: Damage Assessment (\$100); INC (\$30)    |             |           |
| Contact No:                     | 3) TP: Towing Fee \$40/\$45                     |             |           |
| Damaged Portion:                | 4) FT: Follow-Through Survey \$120              |             |           |
| QC Checked by (Engr-In-Charge): | 5) FT: Follow-Through Survey (Resurvey) \$30    |             |           |
| Auditors' Comments:             | For claiming against INC Only (wef 10 Jan 2005) |             |           |
|                                 | 6) TR: Re-inspection \$75                       |             |           |
|                                 | 7) N1: Idao DA + SMRT Survey \$160              |             |           |
|                                 | 8) NTUC Additional Services:                    |             |           |
|                                 | ON:   |             |           |
|                                 | *N5: Courtesy Car / Tp 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: Idao 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             | 03/11/2020 12:59 |
| Date Of Accident           | 27/10/2020 18:15 |
| Exact Location Of Accident | HOUGANG AVE 3    |
| Country/State of Loss      | SINGAPORE        |

### DETAILS OF OWN VEHICLE

|                             |                                    |
|-----------------------------|------------------------------------|
| Vehicle Registration Number | YN4315X                            |
| <b>Insured/Policyholder</b> |                                    |
| Name Of Registered Owner    | ENG CHIN HANG CONSTRUCTION PTE LTD |
| Co Reg No                   | 1XXXXX823K                         |
| Email Address               | BL.ONG@ENGCHINHANG.COM.SG          |
| Mobile Phone No             |                                    |
| Alternative Phone No        | OFFICE-67481891                    |

### Vehicle Particulars

|  |                    |
|--|--------------------|
| Manufacturer   | MITSUBISHI         |
| Model  | FUSO               |
| 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                                       | REPORTING ONLY     |
| Vehicle Category   | COMMERCIAL VEHICLE |

### Insurance Company

|                           |   |
|---------------------------|---|
| Name of Insurance Company | CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage          | COMPREHENSIVE                                 |
| Fleet Policy              | NO  |
| Policy Number             | DMCVSNW00091922002                            |
| Cover Note Number         |   |

### Driver

|                      |                        |
|----------------------|------------------------|
| Name of Driver       | VAIYAPURI SENTHILKUMAR |
| Passport No/FIN      | GXXXX996W              |
| Date Of Birth        | 13/05/1984             |
| Occupation           | OUTDOOR                |
| Date Of Driving Pass | 31/12/2019             |
| Driving Experience   | 0 YEAR AND 9 MONTH     |
| Gender               | MALE                   |
| Mobile Number        | (LOCAL) +65-98635511   |
| Fax Number           |                        |
| Contact Number       |                        |
| Email Address        | NOEMAIL                |

|   |                                      |
|---|--------------------------------------|
| Address   | 10 KRANJI LINK<br>SIONG KEE BUILDING |
| Postcode  | 728646                               |
| 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   | 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)   | 1   |

#### Details of Police Action

|   |   |
|---|---|
| Was the accident reported to the police?  | YES   |
| If Yes, Please state which Police Station |   |
| Police Station Name                       | HOGANG N.P.C  |
| Police Station Address                    | ROAD: 60 HOUGANG AVE 9 SINGAPORE 538775 , POSTCODE: 538775 , COUNTRY: SINGAPORE |
| Police Station Contact                    | TEL NO: - FAX NO:   |
| Was notice of intended Prosecution given? | NO  |
| If Yes, against whom?                     |   |

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20201027/2131

#### 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 | FBJ9810T               |
| Vehicle Make/Model/Colour   |                        |
| Details Of Properties       |                        |
| Vehicle Category            | MOTORCYCLE             |
| Name of Driver              | MOHD YUSOFF BIN HASHIM |
| NRIC/Passport Number        | SXXXX290B              |
| 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.

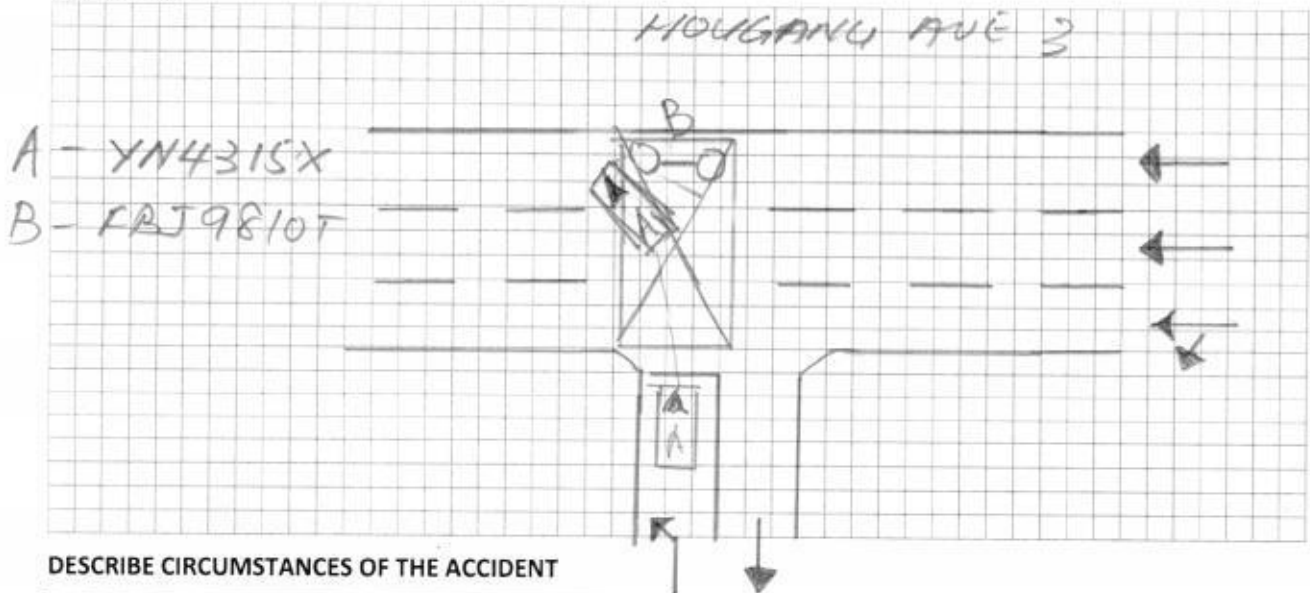


Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN



*Pls refer to the police report: 7/20201027/2131*

## DECLARATION

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature  
Date & Time:

*[Signature]* 3-11-20  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

*[Signature]* 03/11/20  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:





# SINGAPORE POLICE FORCE



T/20201027/2131

1 of 3

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

Report No. T/20201027/2131

**REPORT OF A TRAFFIC ACCIDENT**

|  |                                     |                           |
|--|-------------------------------------|---------------------------|
| Date/Time Report Made:<br>27/10/2020 20:48 | Vide Report No.:<br>F/20201027/0146 | Station Diary No.:<br>153 |
|--|-------------------------------------|---------------------------|

**Informant's Particulars**

|  |  |  |  |  |
|--|--|--|--|--|
| Name of Informant:<br>VAIYAPURI SENTHILKUMAR |  |  | Address:<br>10 KRANJI LINK SIONG KEE BUILDING SINGAPORE 728646 |  |
| ID Type / ID No.:<br>FIN NO / G7431996W      |  |  | Contact No.:<br>Home/Office:                                   |  |

**General Information of the Accident**

|   |                                 |                                    |  |                                    |
|---|---------------------------------|------------------------------------|--|------------------------------------|
| Type of Accident:                                     | Injury<br>Conveyed By Ambulance | Drink Drive:<br>No                 | Date/Time of Accident:<br>27/10/2020 18:15 | Type of Location:<br>Straight Road |
| Location:<br><br>HOUGANG AVENUE 3                     |                                 |                                    |  |                                    |
| Weather:<br>Clear                                     |                                 | Road Surface:<br>Dry               | Road Speed Limit:                          |                                    |
| Traffic Flow:   |                                 | Traffic Control:<br>Not Controlled | Traffic Volume:<br>Heavy                   |                                    |
| Type of Collision:<br>Moving Vehicle Against - Others |                                 |                                    | Anyone conveyed by ambulance:<br>No        |                                    |

**Details of Vehicle Involved**

| Vehicle No. | Type       | Make       | Model            | Color | Condition           | No of Passenger |
|-------------|------------|------------|------------------|-------|---------------------|-----------------|
| FBJ9810T    | Motorcycle | YAMAHA     | FZ16ST<br>MANUAL | Black | Slightly<br>Damaged | 0               |
| YN4315X     | Lorry      | MITSUBISHI | FE83BEOSR<br>DEA | White | No<br>Damage        | 0               |

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20201027/2131

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

2 of 3

Report No. T/20201027/2131

**CONTINUATION OF REPORT**

|                                   |                        |  |  |                                   |
|-----------------------------------|------------------------|--|--|-----------------------------------|
| <b>Rider</b>                      |                        |  |  |                                   |
| Name                              | MOHD YUSOFF BIN HASHIM |  | ID No.                                 | S1593290B                         |
| Related Vehicle                   | FBJ9810T (Motorcycle)  |  | Contact No.                            | NIL                               |
| Hospital/Clinic                   | NIL                    |  | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                    |  | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | NIL                    |  | Degree of Injury                       | Slight                            |
| <b>Driver</b>                     |                        |  |  |                                   |
| Name                              | VAIYAPURI SENTHILKUMAR |  | ID No.                                 | G7431996W                         |
| Related Vehicle                   | YN4315X (Lorry)        |  | Contact No.                            | 98635511                          |
| Hospital/Clinic                   | NIL                    |  | Class of Driving Licence & Expiry Date | Class: 3<br>Date of Expiry: NIL   |
| Date Treatment                    | NIL                    |  | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | NIL                    |  | Degree of Injury                       | NIL                               |

**Brief Details.**

On 27/10/2020 at about 1815hrs, I was driving my lorry YN4315X (Mitsubishi, White). I wanted to exit from the cluster of Blk 247 to Blk 254 Hougang Ave 3 towards Hougang Avenue 3. The road traffic was congested and there was a lot of vehicles at that point in time. The weather was clear and the road was dry.

When I saw the vehicles had stopped and the yellow box in front of me was clear, I drove out to the first lane and my lorry was slightly diagonal. I observed that it was all good as such I stop my lorry waiting for the traffic to move. Suddenly, I felt a thud on the right side mirror of my lorry and I noticed a motorcycle FBJ9810J fell onto the road. I was shock as such I got down my lorry.

The rider was observed to be conscious and he called ambulance on his own. I tried to help the rider but he did not need it. I observed there were scratches on the motorcycle and there was no major damage. Traffic police later arrived at scene and they advised me to lodge a police report vide F/20201027/0146 and the TP IO is Syed Isa. I left the location and last saw the motorcycle was pushed to the side of the road.

This is the first time such incident happened. I have no injury and there is no damage on my lorry. There is no CCTV in my lorry.





SINGAPORE  
POLICE FORCE



T/20201027/2131

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

3 of 3

Report No. T/20201027/2131

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:

F /

Sr Staff Sgt ROYSHAM BIN HAJI KAMSANI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Contact No.:

Signature Of Informant:

Date/Time:

27/10/2020 20:48

Classification Of Case:

Authentication Stamp

NP168

# ACCIDENT STATEMENT

ACCIDENT DATE: (27/10/20) (DD/MM/YYYY), TIME: (18:15) (HH:MM)

LOCATION: HOUGANG AVE 3

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 9N4315X  
 b) INSURANCE COMPANY: CHINA TRADING  
 c) POLICY NUMBER:  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: MITSUBISHI, FUSO  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: WORKING  
 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: ENG CHIN HONG CONSTRUCTION PTE LTD (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: CONTACT: 67481899  
 c) ADDRESS:

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

## DRIVER

- a) NAME: VAIYAPURI SENTHILKUMAR (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 674319860 CONTACT: 98635511  
 c) ADDRESS:

\*d) DATE OF BIRTH: (13/05/1984) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 21/12/2019

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: FB198101 MODEL:  
 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)  
 (1)

\* No of passenger  
 (including driver)  
 ( )

\* No of passenger  
 (including driver)  
 ( )

Email = bl.ong@engchin.hong.com.sg

fax =

VIDEO = NO



Motor Commercial

MZ300/C

R SN

AN0661A

Cov. Type:C

**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)

CERTIFICATE No.

DMCVSNW00091922002

Engine No.: 4M42A91978

Cha. No.: FE83BEA21161

1. Index Mark and Registration  
Number of Vehicle

YN4315X

AUTOSAFE

=====

2. Name of Policy Holder

ENG CHIN HANG CONSTRUCTION PTE LTD

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

08/10/2020

Excess Sect I . S\$500.00

EX ON WINDSCREEN . S\$100.00

4. Date of Expiry of Insurance

07/10/2021

5. Persons or Classes 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.

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 Policy does not cover

- (1) Use for hire or reward or 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.

**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: GREATLINK INSURANCE AGENCY PTE LTD  
Authorised Officer

杨亚美

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)  
3 Anson Road #16-00 Springleaf Tower Singapore 079909

6389 6111

6222 1033

www.sg.cntaiping.com