UNDERTAKING

I,	((Mas	[N/	, (NRIC No. 546	228120	_), hereby
confirm that the Sing	gapore Accide	nt Statement I	odged by me on	01-11	- 59.
_ 4			ident involving		
6366355B.	in which I was	s the driver ar	e true and accur	ate to the	pest of my
knowledge, informat	ion and belief.				
I acknowledge that r			der the contract of	of insurance	if there is
a breach of policy te	rms and condi	tions.			
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In the event that an there is evidence e					
irrevocably undertal					
insurance and I und					
contract of insurance					
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		V			
Signature	:	A			
Name of Insured / I	Oriver :	1204 716	- T-N()		
Nric No.	.—	LIM TIA \$7622	N ENG		
Date	:	9-11-	20		
		Suppore Pla	0		
Signature	:	See Tons author	Skashinn		
Name of Policyholo	der :				
Nric No.	:				
Date	:				
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