ATIONAL Assessment C	entre Services. portion	Date &Th	no Completed	. Done by	
Dute In: 19 (11) 2020 16:15	7 Ich description		. `		
1200 2766 N	SAS c-Illing				
Veh No. SGG 86897	E-mall (b) dia this, Alo				
0.01 19/11/2020 12.	30 I-Motor Claim Form				
	I-Motor W/O (William	OD thes, TP 4hrs)			
OD The Reporting Only	I-Photo Uploaded				-
	Assessment/Survey R	eport			٠,
TP Insurer:	Ass't Report by Pax!	Handle Owner/W	1(312	Text	1
Profurred Witep / INC Areign Witep / Q	C. C. Carrier and C. C. Carrier and C. C. Carrier and C. Carrier a	Lelt			
we take	10 89/6A	NC(,)/Non	-MG( ).		
Owner / Driver: (	H O HAIN	Tcl:			
	) Period: (	) Cover T		. )	
Policy No: (	· Dat		1.79%. P: 80-	100%]	,
Confirmed by r (	%) [Note-Est Status (WO):	N: 0-20%; P: 2	1.79%. P: 80.	10019	
Insured/Driver Liability: (	) Warranty: YES ( )/	NO( )			
Year of Registration: (	ng: \$1,000 ( )/\$2,000 (	)	-	77056	
	AND THE PROPERTY OF THE PROPER	2000年2000年	界的多数年代	11/100	
Enterprise Services Services	CONTROL OF THE PARTY CONTROL OF THE PARTY CONTROL	nual & Strictly NO	rafor of rapalio	<u>r.                                      </u>	
	Information Bully Ov.				7
( ) Walle-In Cuscomar ; Custon	ner a morniosom		7		
( ) Walle-In Gustomar : Gustom	111 11134114	) I Towing C	01( '4'	The second secon	Contract of
( ) Total Loss Case : to e-mi	all Insurer URGENTLY, ; Invoice: VES ( ) / NO (	)   Towing C	OIC	W. M. Many	y
( ) Total Loss Case : to e-mi	111 11134114	)   Towing C		diname.	y
Orive-in ( )/Towed-in ( )	; Invoice: VRS( )/NO(	) i Towing C	MANAGE AND	A Chamba	ý · ·
Drive-In ( )/Towed-In ( )	; Invoice: VES( )/NO( )/Courtesy Car( )	)   Towing C		A CONTRACTOR OF THE PARTY OF TH	ÿ · ·
Drive-In ( )/Towed-In ( )  Drive-In ( )/Towed-In ( )  Apply for 'Pransport Allowance (	; Invoice: YES( )/NO(  ( )/Courtesy Car( )  on ( ·)	) i Towing C		- Constant	ÿ · ·
Drive-In ( )/Towed-In ( )  Drive-In ( )/Towed-In ( )  Apply for 'Pransport Allowance (	; Invoice: YES( )/NO(  ( )/Courtesy Car( )  on ( ·)	)   Towing C		A Darry	y
Drive-In ( )/Towed-In ( )  Drive-In ( )/Towed-In ( )  ( )/Towed-In	; Invoice: YES( )/NO(  ( )/Courtesy Car( )  on ( ·)	) i Towing C		Albanah	y
Drive-In ( )/Towed-In ( )  Drive-In ( )/Towed-In ( )  Apply for 'Pransport Allowance (	; Invoice: YES( )/NO(  ( )/Courtesy Car( )  on ( ·)	)   Towing C		A Darry	,
Orive-In ( )/Towed-In ( )  Drive-In ( )/Towed-In ( )  ( )/Towed-In	; Invoice: YES( )/NO(  ( )/Courtesy Car( )  on ( ·)	)   Towing C		Albanah	7
Orive-In ( )/Towed-In ( )  Drive-In ( )/Towed-In ( )  ( )/Towed-In	; Invoice: YES( )/NO(  ( )/Courtesy Car( )  on ( ·)	)   Towing C		Albanah	
Orive-In ( )/Towed-In ( )  Drive-In ( )/Towed-In ( )  Only () ()  Only ()	; Invoice: YES( )/NO(  ( )/Courtesy Car( )  on ( ·)	)   Towing C		Albanah	7
Orive-In ( )/Towed-In ( )  Drive-In ( )/Towed-In ( )  Only () ()  Only ()	; Invoice: YES( )/NO(  ( )/Courtesy Car( )  on ( ·)	) i Towing C		Albanah	
Drive-In ( )/Towed-In ( )  Drive-In ( )/Towed-In ( )  ( )/Towed-In	; Invoice: YES( )/NO(  ( )/Courtesy Car( )  on ( ·)	)   Towing C		Albanah	WALL WALL
Drive-In ( )/Towed-In ( )  Drive-In ( )/Towed-In ( )  ( )/Towed-In	; Invoice: YES( )/NO(  ( )/Courtesy Car( )  on ( ·)	) i Towing C			V Marillo
Drive-In ( )/Towed-In ( )  Drive-In ( )/Towed-In ( )  (I) Apply for Transport Allowance ( 2) QC Check/Post Repair Inspect  3) Upload Resurvey Photo [Repair  Injury:	( )/Courtesy Cur( )  Cost> \$3000] ( )	)   Towing C			Will Wall
Drive-In ( )/Towed-In ( )  Drive-In ( )/Towed-In ( )  1) Apply for Transport Allowance ( 2) QC Check/Post Repair Inspecti 3) Upload Resurvey Photo [Repair  Injury:	Invoice VES ( ) / NO ( ) / Courtesy Cm ( )   Cost > \$3000] ( )	ARI Anaident Reporting	(5100)s	10 (cla) 3 (c) (cla) 3 (c) (cla) 3 (c) (cla)	William Willia
Drive-In ( )/Towed-In ( )  Drive-In ( )/Towed-In ( )  1) Apply for Transport Allowance ( 2) QC Check/Post Requir Inspects 3) Upload Resurvey Photo [Repair  Injury:  Thus Division   Additional Control of the control o	Invoice VES ( ) / NO ( ) / Courtesy Cm ( )   Cost > \$3000] ( )	ARI Anaident Reporting	(5100)s	10 (cla) 3 (c) (cla) 3 (c) (cla) 3 (c) (cla)	V Malls
Drive-In ( )/Towed-In ( )  Drive-In ( )/Towed-In ( )  1) Apply for Transport Allowance ( 2) QC Chook / Post Repair Inspect 3) Upload Resurvey Photo [Repair  Injury:	Invoice VES ( ) / NO (	All Analden Reports DAID amount Assessment String Company PT 1 Voltow-Through String C	(5100)s	100 (all) (a	TO THE STATE OF TH
Drive-In ( )/Towed-In ( )  Drive-In ( )/Towed-In ( )  1) Apply for 'Pransport Allowance ( 2) QC Check / Post Repair Inspect 3) Upload Resurvey Photo [Repair  Injury:  Driver/Owner:	Invoice VES ( ) / NO ( ) / Courtesy Cm ( )   Cost > \$3000] ( )	Att Asadent Reports  TV Towing Fee  PT Vollow-Through 8	E (336)X  LET (\$100)X  LET (\$10	10 (cla) 3 (c) (cla) 3 (c) (cla) 3 (c) (cla)	No Mark V
Drive-In ( )/Towed-In ( )  1) Apply for Transport Allowance (2) QC Check/Post Repair Inspect 3) Upload Resurvey Photo [Repair Injury:  Injury:  Driver/Owner: Contact No:	Invoice VES ( ) / NO ( ) / Courtesy Cm ( )   Cost > \$3000] ( )	Att Analdent Reports  DATE Towing Are  The Towing Free  For als induces the state of the state o	G Chily (Wafin in	100 cato) 100 ca	Y Malls
Drive-In ( )/Towed-In ( )  Drive-In ( )/Towed-In ( )  1) Apply for Transport Allowance ( 2) QC Check/Post Requir Inspect 3) Upload Resurvey Photo [Repair  Injury:  Driver/Owner:	Invoice VES ( ) / NO ( ) / Courtesy Cm ( )   Cost > \$3000] ( )	ARI Asadent Reports  DAI Densy Assum  TVI Towing Fee  PT I Vollow-Through B  For elalming stainst Liv.  TRIRL-lapsellos  NI 1 May DA + 5 MRJ  INTUCA dollosal Sor	E (336);  Lat (5100);  Lat (510	(100 m 200) (100 m 200)	
Drive-In ( )/Towed-In ( )  Drive-In ( )/Towed-In ( )  1) Apply for Transport Allowance ( 2) QC Check/Post Repair Inspecti 3) Upload Resurvey Photo [Repair  Injury:  Driver/Owner: Contact No: Durnaged Portion:	Invoice VES ( ) / NO ( ) / Courtesy Car ( )   Cost > \$3000] ( )	ARIA Saldent Reports  DA I Derest Assess  For elembrasiant II  TRIRI-lapsellos  Ni 1 Idao DA + 5 MRJ  Ni VC Addidaal Ser  ON!  *NSI Caurlety Car/Tr	E (336);  Lat (5100);  Lat (510	70 (210) 70 (210) 710 710 710 710 710 710 710 710 710 710	
Drive-In ( )/Towed-In ( )  Drive-In ( )/Towed-In ( )  1) Apply for Transport Allowance ( 2) QC Check/Post Repair Inspecti 3) Upload Resurvey Photo [Repair  Injury:  Driver/Owner: Contact No: Durnaged Portion:	Invoice VES ( ) / NO ( ) / Courtesy Car ( )   Cost > \$3000] ( )	ARIA Saldent Reports  DA I Derest Assess  For elembrasiant II  TRIRI-lapsellos  Ni 1 Idao DA + 5 MRJ  Ni VC Addidaal Ser  ON!  *NSI Caurlety Car/Tr	E (336);  Lat (5100);  Lat (510	70 (210) 70 (210) 710 710 710 710 710 710 710 710 710 710	Wally Wally
Drive-In ( )/Towed-In ( )  1) Apply for Transport Allowance (2) QC Check/Post Repair Inspect 3) Upload Resurvey Photo [Repair Injury:  Injury:  Driver/Owner: Contact No:	Invoice VES ( ) / NO ( ) / Courtesy Car ( )   Cost > \$3000] ( )	Towing Content of the State of	Survey (Heauvey) (Conly (wsfin))  Burvey (lossis estion estion estion (Constitution (C	C CO	
Drive-In ( )/Towed-In ( )  Drive-In ( )/Towed-In ( )  1) Apply for Transport Allowance ( 2) QC Check/Post Repair Inspecti 3) Upload Resurvey Photo [Repair  Injury:  Driver/Owner: Contact No: Durnaged Portion:	Invoice VES ( ) / NO ( ) / Courtesy Car ( )   Cost > \$3000] ( )	ARI Asaden Reports DA I Densy Assum PT Follow-Through B PT Follow-	January (Hearvey) G Only (Wafin in automore Caprille uide NC) = I = I = I = I = I = I = I = I = I =	70 (210) 70 (210) 710 710 710 710 710 710 710 710 710 710	

MNA420102828 / National Assessment Centre Services - Bukit Merah ENTRY DATE & TIME: 19/11/2020 16:37 SUBMITTED BY: ROSLI BIN ABDUL WAHAB

### 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.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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 opples of the report being made available aforesaid.

41. 10. 10. 10. 10. 10. 10. 10. 10. 10. 1	ACCIDENT STATEMENT
Date Of Report	19/11/2020 16:37
Date Of Accident	19/11/2020 12:30
Exact Location Of Accident	7 MANDAI LINK (OUTSIDE MANDAI CONNECTION) #01-06
Country/State of Loss	SINGAPORE
TERRO SESSION DE LA COMPANSIÓN DE	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SGG8688T
Insured/Policyholder	
Name Of Registered Owner	LIM TZE HSIEN
NRIC No	SXXXX748J
Email Address	LIMTZEHSIEN.89@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97557657
Alternative Phone No	OTHERS-97557657
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	LANCER-1.6 EX AT LED TAIL LAMP (A)
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED
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 CAR
Insurance Company	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSNA00108282001
Cover Note Number	
Driver	
Name of Driver	LIM TZE HSIEN
NRIC No	SXXXX748J
Date Of Birth	03/01/1989
Occupation	INDOOR
Date Of Driving Pass	27/12/2013
Driving Experience	6 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97557657
Fax Number	
Contact Number	OTHERS_07557657

Address

BLK 111 HO CHING ROAD

#08-22

Postcode

610111

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

#### General Information of the Accident

Type Of Accident

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions

CLEAR

Road Surface

DRY

#### Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

NO 2

involved in the accident

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

I have been approached by unknown person(s)

YES

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

0

### **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 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

YP8916A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

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.
- 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.
- 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.
- 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.
- 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:
  - 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:
  - 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 Personnell

Name:

NRIC/FIN No.

7 manipal like (cursion a formore (commissions)

reverse hit 4 B2 A

V-A) SGG8688T VB) 489916A

# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Ón	the	stinged	date	and.	time,	Ιv	chuic	`W '	wus	parked	stations
ои	tk	क्षेत्रस	venve.	Before	I	left,	Here	. wa	s no	Clamo	uze on
my	vehui	e an	d Rn	sure n	ny vel	rule	whs	parted	· · · · · · · · · · · · · · · · · · ·	u spure	thet
2	not b	slecking	any.	tractic.	1 H	un W	ent t	e proc	uld (	order mi	lunch
nt	One	Ocean	Restai	iratit u	uhich i	s rig	ld b	esde	where	I po	r red.
Whil	le W	arting 1	or m	y food	i, <u>I</u>	wart	red W	ear v	ny ve	hicle. T	here was
CA.	trick	498	916A	was 1	eversi	ny 1+	's +	ruck,	Whi	le doir	50
1'5	150	r por	tion	(011,026	aya	inst	my	vehice	e fro	int por	tion.
Mad	Said	rthic	le re	verse V	nd mi	j vehi	cle +	wice	I +	ten apj	roached
tle.	4101	et dri	ver a	ind we	exch	aryo	parti	colors	an	d let	t the
CEN	i N	c one	was	injur	ra n	ohen	44	v(cq)	rd	happened.	

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 Signature Way AMS

Email: sm@idac.com.sg

Tel no: 6555 6888 Fax no: 6454 3279

# Personal Particulars of Owner & Driver (Vehicle A) Date of Accident: 19/11/2020 12 30 (dd/mm/yy) Time of Accident: \_ (24-HR-FORMAT) Vehicle No.; SGG 8688 T Vehicle Make & Model: MITSUBISHI LANCER EX 1.6 AT LED I Exact location of Accident: 7 MANDAI LINK MANDAI CONNECTION OUTSIDE #01-06 Policyholder's Name / IC No.: Lim Tze Hsien S8972748J Driver's Name / IC No.: Lim Tze Hsien S8972748J (As Above) Driver's Contact No.: 9755 7657 Company Contact No: Driver's Address: Blk 111 Ho Ching Road #08-22 S(610111) Insurance Company: CHINA TAIPING Email address (if any): Limtzehsien. 89@qmail (om Relationship between Owner & Driver: OWNER or Others specify: What do you wish to claim? (Please TICK one only) Own Insurance / ✓ Other Vehicle (The one you want to claim against) / Reporting (For Record Purpose) Exact purpose for which the vehicle Occupation (nature of job) Indoor/ Outdoor Was being used at time of accident? ✓ Private use / Work purpose No. of Passengers (Including Driver): 00 Passenger Name: Gender: Passenger Name: Gender: Weather condition & Road conditions? (On the day of accident) ✓ Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others: Was there any video captured by your Car Camera? Yes / V No Any Injuries: Yes / ✓ No (If YES) Injured Person' Name: Injuries Sustain: \_\_\_\_Injured Person in Which Vehicle: Police Report filed: Yes / ✓ No (If YES) Which Police Station: The Other Party(s) Details: Vehicle No: YP 8916 A 1. Driver's Name / IC No: \_\_ Driver's Contact No: 9889 5965 \_\_\_Insurance Company (If any): Driver's Contact No: Insurance Company (If any): \*Independent Witness (If Any): \_\_\_ Contact No:

Preferred Workshop Name: \_\_\_\_

<sup>\*</sup>If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week





Motor Private Car

MX1F

SN

AN0509A

Cov. Type:C

CERTIFICATE OF INSURANCE

Vehicles (Third-Party Risks and Compensation) Act (Chapter to the Vehicles (Third-Party Risks and Compensation) Rules, 1980 Read Transport Act, 1987 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1952 (Malaysia)

CERTIFICATE No.

DMPC SNARRIBARRARDON

Engine No.: 4A92CD1892

Cha No. JMYSRCY1AFU005772

Index Mark and Registration

SGG8688T

AUTOSAFE

Number of Vehicle

Name of Policy Holder

LIM TZE HSIEN

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

11/09/2020

Named Drivers Ex Sect. I.

5\$700.00

Additional Ex Other than Named Drivers:

5\$3,000.00

4 Date of Expiry of Insurance 10/09/2021

Ex Sect 1 - Age >= 26

5\$500 00

\* Age as at date of accident

EX ON WINDSCREEN

Ex Sect 1 - Age <= 25

\$\$100.00

- 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 permission.

Provided that the person driving is permitted in accordance with the licensing or other laws of 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

6. Limitations as to use?"

Use for social, domestic and pleasure purposes and for the Policyholder's business. The policy does not cover use for hire or reward tuition driving test racing pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft)

will be doubled.

One time Waiver of Excess for the first S\$500 will apply to the insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.

HIRE PURCHASE CO. MAYBANK AS HP OWNER

\*Limitations residered 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:

Irene Hor

Authorised Officer

Authorised Signatory