

NATIONAL ASSESSMENT Center Services, Inc. SMOBIAPOOC

Date In: 25/01/2021 19:35	Job description	Date & Time Completed	Done by
Ref No: XIA2104202109184	SAS calling		
Val No: SMK SSC	E-mail (by date time, A/S time)		
DOA: 25/01/2021 14:37	1-Motor Claim Form		
(1) TP Reporting Only	1-Motor W/O (with 00 sheet, TP form)		
TP Insurer	1-Photo Uploaded		
	Assessment/Survey Report		
	Assessment Report by Fax/Hand to Owner/Driver		

Preferred Wksp / INO Assgn Wksp / QW:	Tell	Fax
TP Insurer	Val No: SGR 3942J	INO () / Non-INO ()
Owner / Driver ()	Tell	
Policy No ()	Period ()	Cover Type ()
Continued by ()	Date ()	Time ()
Insured/Driver Liability ()	Note: Est. Slows (WO) N1 0-20%, P1 21-79%, P2 80-100%	
Year of Registration ()	Warranty YES () / NO ()	
Excess (\$)	Loading: \$1,000 () / \$2,000 ()	

() Write-In Customer Information Privately Confidential & Strictly NO Rotor of Replication	
() Total Loss Case () e-mail Insurer URGENTLY	
Drive-In () / Towed-In ()	Invoice VRS () / NO ()
1) Apply for Transport Allowance () / Courtesy Car ()	
2) QO Check / Post Repair Inspection ()	
3) Upload Repair Photo (Repair Cost > \$5,000) ()	

Injury ()	

XIA2104202	1) All Accident Information ()
Driver/Owner	2) PA Survey Information ()
Continous No	3) PA Survey Information ()
Damaged Portion	4) PA Survey Information ()
QC Checked by (Engin-Chicago)	5) PA Survey Information ()
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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 Submission	25/10/2021 19:35 (SGT)
Date of Accident	24/10/2021 14:37 (SGT)
Exact Location of Accident	Bukit Merah Flyover, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMR551C
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LIM SER MENG
NRIC No	SXXXX107D
Email Address	limsermeng@yahoo.com.sg
Mobile Phone No	(Phone) +65-86459355
Alternative Phone No	+65-98321037

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Attrage
Variant	-
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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1193

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1900257928
Cover Note Number	-

DRIVER

Name of Driver	LIN JIAHONG
NRIC No	SXXXX625G

Date Of Birth	11/01/1991
Occupation	Outdoor
Date Of Driving Pass	11/08/2014
Driving experience	7 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92221037
Alt. Phone Number	-
Email Address	linjiahong91@gmail.com
Address	BLK 56 HAVELOCK ROAD #32-142
Address complement	-
Postcode	161056
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	CHEE LIN JIAHONG
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20211024/7012

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH OWNER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGR3942J
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LIN JIAHONG
Gender	Male
Phone No	(Phone) +65-92221037
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	BACK AND NECK PAIN
Were seat belts worn?	SMR551C
Was this injured conveyed to hospital by ambulance?	Yes
	No

INJURED 2

Name of injured person	CHEE WEI BEI
Gender	Female
Phone No	(Phone) +65-98329245
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	BACK AND NECK PAIN
Were seat belts worn?	SMR551C
Was this injured conveyed to hospital by ambulance?	Yes
	No

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 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.

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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

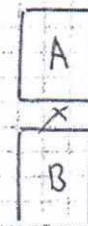
Vehicle A

SMR 551 C

Vehicle B

SGR 3942 J

BUK17 MURAH FLY OVER



Describe Circumstances of the Accident

- REFER TO POLICE REPORT-

1/20211024/2012

[A large, stylized blue scribble or signature is drawn across the middle of the page, starting from the right margin and extending diagonally towards the bottom left.]

Declaration

We declare the foregoing particulars are true in every respect.

[Handwritten signature]

Policyholder's Signature / Date & Time

[Handwritten signature]

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

[Handwritten signature] 25/06/2021
Witnessed by Reporting Centre Personnel

VEHICLE NO: SMR 551C

MAKE & MODEL: Mitsubishi / Attrage ☒ AUTO / ☐ MANUAL

DATE OF ACCIDENT	24 / 10 / 2021	CC 1.2 (4)
TIME OF ACCIDENT	2:37	AM / <input checked="" type="radio"/> PM
LOCATION OF ACCIDENT	Bukit Merah Flyover	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / <input checked="" type="radio"/> PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	LIM SER MENG	
EMAIL:	limsermeng@yahoo.com.sg	Office:
NRIC	S1265107D	MOBILE: 8645 9355
CLAIM TYPE	OD / <input checked="" type="radio"/> THIRD PARTY / REPORTING ONLY	
FLEET POLICY:	YES / <input checked="" type="radio"/> NO ?	
INSURANCE CO.	AIG	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	1900257928	
NAME OF DRIVER	AS ABOVE / IF NO: LIN JIAHONG	
NRIC	S91016256	
DATE OF BIRTH	11 / 01 / 1991	
ANY PASSENGER	<input checked="" type="radio"/> YES / NO :	
NAME OF PASSENGER	01 CHEE WEI BEI / 9832 9246	
GENDER OF PASSENGER	MALE / <input checked="" type="radio"/> FEMALE	
OCCUPATION	<input checked="" type="radio"/> Outdoor / Indoor	
DATE OF DRIVING PASS	11 / 08 / 2014	
GENDER	<input checked="" type="radio"/> Male / Female	
CONTACT NO.	Mobile: 9232 1037 Office:	Home:
EMAIL	linjiahong91@gmail.com	
ADDRESS	Blk 56 HAYLOCK ROAD #32-42 / 161056	
DOES DRIVER OWN OTHER VEHICLES?	<input checked="" type="radio"/> NO / If yes, Reg No.	INSURER
RELATIONSHIP	Employee / <input checked="" type="radio"/> If No: SON	
WEATHER CONDITION	Clear / Raining / Other:	
ROAD SURFACE	Dry / Wet / Other:	
ANY INJURIES	No / If yes: Who?	
CONTACT NO.		
POLICE REPORT	No / If yes: Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO/IF YES: WHO?	
VEHICLE B NO.	SGR 3942 J	Any Passenger: 01
NAME		
CONTACT NO.		
VEHICLE C NO.		Any Passenger:
VEHICLE D NO.		Any Passenger:
VEHICLE E NO.		Any Passenger:
VEHICLE F NO.		Any Passenger:
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	<input checked="" type="radio"/> YES / NO	
WAS THERE ANY AUDIO RECORDED?	YES / NO	
SCENE ACCIDENT PHOTOS TAKEN?	<input checked="" type="radio"/> YES / NO	
**WORKSHOP:	REVOLUTION AUTOMOTIVE.	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <input checked="" type="radio"/> NO	



**SINGAPORE
POLICE FORCE**



T/20211024/7012

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20211024/7012

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/10/2021 18:05	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: LIN JIAHONG			Address: 56 HAVELOCK ROAD #32-142 SINGAPORE 161056		
ID Type / ID No.: NRIC NO / S9101625G			Contact No.: Home/Office: Mobile: 92221037		
Nationality: SINGAPORE CITIZEN			Email: LINJIAHONG91@GMAIL.COM		
Sex: Male	Age: 30	Date of Birth: 11/01/1991	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Diver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/10/2021 14:35	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SGR3942J	Car			Black	Seriously Damaged	1
SMR551C	Car			White	Seriously Damaged	1



**SINGAPORE
POLICE FORCE**



T/20211024/7012

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20211024/7012

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	CHEE WEI BEI	ID No.	S9018071A
Related Vehicle	SMR551C (Car)	Contact No.	98329245
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	24/10/2021	Date	24/10/2021
No. of Days granted Medical Leave	03	Degree of	Serious
Driver			
Name	LIN JIAHONG	ID No.	S9101625G
Related Vehicle	SMR551C (Car)	Contact No.	92221037
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	24/10/2021	Date	24/10/2021
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

ON THE STATED DATE AND TIME I VEHICLE A (SMR 551 C) WAS TRAVELLING STRAIGHT AT BUKIT MERAH FLYOVER LANE 1 . WHEN THE VEHICLE INFRONT OF MY BRAKES, I FOLLOWED SUIT WITHOUT HAVING ANY COLLISION. SUDDENLY I FELT A HUGE IMPACT ON THE REAR PORTION OF MY VEHICLE . I THEN ALIGHTED TO CHECK AND REALISED THAT IT WAS VEHICLE B (SGR 3942 J) WHO HAVE COLLIDED ONTO MY VEHICLE.

AFTER THE ACCIDENT , ME AND MY WIFE (CHEE WEI BEI) THEN WENT TO CONSULT A DOCTOR AT INTEMEDICAL (KOVAN) AS WE FELT PAIN IN OUR NECK AND BACK.
WE WERE GIVEN 3 DAYS MC .



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20211024/7012

3 of 3

Report No. T/20211024/7012

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
BOON YEN KIAN
Contact No.: 65476172

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
24/10/2021 18:05

Classification Of Case:



CERTIFICATE OF INSURANCE

CYCLE & CARRIAGE AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : LIM SER MENG
Period of Insurance : 17 Dec 2019 To 16 Dec 2021
Engine No. : 3A92UHX7824
Chassis No. : MMBSTA13AKH002596

Vehicle No. : SMR551C
Policy No. : 1900257928
Endorsement No. :
Issued Date : 26 Dec 2019

ABOUT THE COVER

Make/Model : MITSUBISHI ATTRAGE 1.2 CVT

Engine Capacity/Tonnage : 1,193.00 CC

Driver Restriction : NA

Sum Insured : Market Value

Off Peak Car : No

First Year of Registration : 2019

Insuring with COE/PARF : Yes

Person 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.

This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition

Limitation as to use* :

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use 1500cc - 1600cc

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

EXCESS

Section 1

Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$600

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

LIM SER MENG - \$600 (Own Damage), \$500 (Flood Cover)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

1. Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 609339 65684501

2. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 330 Ubi Rd 3 Singapore 408650 67461000

3. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 20 Leng Kee Rd Singapore 159094 64708688

4. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 600 Sin Ming Ave Singapore 575733 69328000

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website www.aig.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MayBank

I/We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504620220

C&CMICP2 - RANDY

239 ALEXANDRA ROAD

SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

SSCNMD

1002861459/AC4/Decal