

# NATION 11 Assessment Centre Services SM0824B0003

Date In: 11/04/2022 16:51	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: N/A/C7122003805/Y	E-mail (w/plan start, Alt. 2hrs):		
Veh No: SMJ 6119X	i-Motor Claim Form		
DDA: 08/04/2022 11:47	i-Motor W/O (Within 04 2hrs, 1P 4hrs)		
DD: TP Reporting Only	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: SJR 4846Y	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 or 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

<p><b>NA2200967</b></p> <p><b>Claimant's Particulars:-</b></p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p><b>Auditors' Comments:-</b></p> <p>Pat 1:</p> <p>Pat 2 / 3:</p>	<p><b>Invoice Preparation Checklist</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Am't (\$)</th> <th>Am't (\$)</th> </tr> <tr> <th></th> <th>1st Bill</th> <th>Add Bill</th> </tr> </thead> <tbody> <tr><td>1) AR: Accident Reporting (\$30)</td><td></td><td></td></tr> <tr><td>2) DA: Damage Assessment (\$100); INC (\$30)</td><td></td><td></td></tr> <tr><td>3) TF: Towing Fee \$40/\$45</td><td></td><td></td></tr> <tr><td>4) FT: Follow-Through Survey \$120</td><td></td><td></td></tr> <tr><td>5) RT: Follow-Through Survey (Resurvey) \$30</td><td></td><td></td></tr> <tr><td colspan="3">For claiming against INC Only (wef 10 Jan 2005)</td></tr> <tr><td>6) TR: Re-inspection \$75</td><td></td><td></td></tr> <tr><td>7) N1: Idac DA + SMRT Survey \$160</td><td></td><td></td></tr> <tr><td>8) NTUC Additional Services:-</td><td></td><td></td></tr> <tr><td>Q11:</td><td></td><td></td></tr> <tr><td>*N5: Courtesy Car / Tpt Allowance \$5</td><td></td><td></td></tr> <tr><td>*N6: Repair Co-ordination \$10</td><td></td><td></td></tr> <tr><td>*N7: Post Repair Inspection \$25</td><td></td><td></td></tr> <tr><td>*N8: DV / Collect Excess Coordination \$5</td><td></td><td></td></tr> <tr><td>TP (N11): TP (Non INC) against INC \$20</td><td></td><td></td></tr> <tr><td>9) N12: Idac Mobile \$0</td><td></td><td></td></tr> <tr><td>Invoice dated</td><td>Fee Charged</td><td></td></tr> <tr><td>Invoice dated</td><td>Fee Charged</td><td></td></tr> </tbody> </table>		Am't (\$)	Am't (\$)		1st Bill	Add Bill	1) AR: Accident Reporting (\$30)			2) DA: Damage Assessment (\$100); INC (\$30)			3) TF: Towing Fee \$40/\$45			4) FT: Follow-Through Survey \$120			5) RT: Follow-Through Survey (Resurvey) \$30			For claiming against INC Only (wef 10 Jan 2005)			6) TR: Re-inspection \$75			7) N1: Idac DA + SMRT Survey \$160			8) NTUC Additional Services:-			Q11:			*N5: Courtesy Car / Tpt 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: Idac Mobile \$0			Invoice dated	Fee Charged		Invoice dated	Fee Charged	
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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	11/04/2022 16:51 (SGT)
Date of Accident	08/04/2022 11:47 (SGT)
Exact Location of Accident	Upper Thomson Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ6119X
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	WONG KAH POH
NRIC No	SXXXX743A
Email Address	citizenpower555@gmail.com
Mobile Phone No	(Phone) +65-98192400
Alternative Phone No	+65-98192400

## VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C180
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	1796

## INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00198272101
Cover Note Number	-

## DRIVER

Name of Driver	WONG KAH POH
NRIC No	SXXXX743A



Date Of Birth	08/06/1954
Occupation	Outdoor
Date Of Driving Pass	25/05/1977
Driving experience	44 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98192400
Alt. Phone Number	+65-98192400
Email Address	citizenpower555@gmail.com
Address	BLK 195 PUNGGOL ROAD #05-536
Address complement	-
Postcode	824195
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### 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 SKETCH AND POLICE REPORT T/20220408/7024

#### 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	SJP4846Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	MOHAMAD AZHAR BIN ABDUL KHALID
Contact Number	(Phone) +65-97772450
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	WONG KAH POH
Gender	Male
Phone No	(Phone) +65-98192400
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMJ6119X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	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

UPPER WINDSOR ROAD



A = SMJ 6119 X

B = SSP 4846 Y



Describe Circumstances of the Accident

On the stated date and time.

I was travelling along lane 1 at upper thomson towards samboang road. Reaching the junction, traffic turns red and I stop.

As green light was turning, I'm about to move on, suddenly I felt an huge impact on my rear.

When I ~~was~~ alighted from my vehicle, I realised vehicle (SJP 48464) has collided onto the rear right portion of my vehicle.

We exchange particulars and traffic police and ambulance came for assistance.


I ~~then~~ then left the scene and visited medical attention

POLICE REPORT 7/20220408/7024

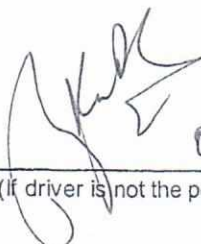
Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

 08.04.22

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

 08.04.22

Witnessed by Reporting Centre Personnel

 11/04/2022



# SINGAPORE POLICE FORCE



T/20220408/7024

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

1 of 3

Report No. T/20220408/7024

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 08/04/2022 16:33	Vide Report No.:	Station Diary No.:
--------------------------------------------	------------------	--------------------

<b>Informant's Particulars</b>			
Name of Informant: WONG KAH POH		Address: 195D PUNGGOL ROAD #05-536 SINGAPORE 824195	
ID Type / ID No.: NRIC NO / S1043743A		Contact No.: Home/Office: Mobile: 98192400	
Nationality: SINGAPORE CITIZEN		Email: MICHAELWONG3350@GMAIL.COM	
Sex: Male	Age: 67	Date of Birth: 08/06/1954	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation:		Driving Licence Information: Class: 3 Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 08/04/2022 11:45	Type of Location: Straight Road
Location:  UPPER THOMSON ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		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
SJP4846Y	Car				Seriously Damaged	0
SMJ6119X	Car	MERCEDES BENZ	C 180 CGI	Silver		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





**SINGAPORE  
POLICE FORCE**



T/20220408/7024

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

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Report No. T/20220408/7024

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMJ6119X	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW001982 72101	20/10/2021	19/10/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	WONG KAH POH	ID No.	S1043743A
Related Vehicle	SMJ6119X (Car)	Contact No.	98192400
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

At the stated time and date.

I was travelling at lane 1 towards upper Thomson road(towards sambawang road) after amk ave1.

As the traffic light turns red, I stop my vehicle.

As the traffic light turns green, as I was leaving, suddenly I felt a huge impact on my rear right portion.

When I got down my vehicle, I then realised (SJP4846Y) has collided onto the rear right portion of my vehicle.

We exchange particulars and traffic police came down for assistance.

I then attended medical attention and was given 3 days mc.





**SINGAPORE  
POLICE FORCE**

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



T/20220408/7024

3 of 3

Report No. T/20220408/7024

**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 /  
MUHAMMAD SYAKIR BIN ADANAN  
Contact No.: 65476236

NP168

Signature Of Informant:

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

Date/Time:  
08/04/2022 16:33

Classification Of Case:

VEHICLE NO: SMJ6119X

MAKE &amp; MODEL: MERCE C180

AUTO / MANUAL

DATE OF ACCIDENT	8 / 04 / 2022	1.8.c.c.
TIME OF ACCIDENT	11.47	AM / PM
LOCATION OF ACCIDENT	UPPER THOMSON ROAD	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / <u>PRIVATE USE</u> / PRIVATE HIRE	
NAME OF OWNER	Wong Kah Poh	
EMAIL:	CITIZEN POWER 555@GMAIL-C2 Office.	MOBILE: 98192400
NRIC	31043743A	
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY	
FLEET POLICY:	YES / NO ?	
INSURANCE CO.	CN TP	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	PMPCSNW00198272101	
NAME OF DRIVER	<u>AS ABOVE</u> / IF NO:	
NRIC		
DATE OF BIRTH	08 / 06 / 1954	
ANY PASSENGER	YES / <u>NO</u> :	
NAME OF PASSENGER		
GENDER OF PASSENGER	<u>MALE</u> / FEMALE	
OCCUPATION	<u>Outdoor</u> / Indoor	
DATE OF DRIVING PASS	25 / 5 / 1977	
GENDER	<u>Male</u> / Female	
CONTACT NO.	Mobile:	Office: Home:
EMAIL:		
ADDRESS	Blk 195D Punggol Rd # 05-536 824195	
DOES DRIVER OWN OTHER VEHICLES?	<u>NO</u> / If yes: Reg No:	INSURER:
RELATIONSHIP	Employee / <u>If No: Self</u>	
WEATHER CONDITION	<u>Clear</u> / Raining / Other:	
ROAD SURFACE	<u>Dry</u> / Wet / Other:	
ANY INJURIES	No / If yes: Who? 1) DRIVER	
CONTACT NO.		
POLICE REPORT	No / If yes: Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO/IF YES: WHO?	
VEHICLE B NO.	SJP4846Y	Any Passenger: NO
NAME	Mohamad Azhar Bin ABDUL Khalid	
CONTACT NO.	97772450	
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?	YES / <u>NO</u>	
WAS THERE ANY AUDIO RECORDED?	YES / <u>NO</u>	
SCENE ACCIDENT PHOTOS TAKEN?	YES / <u>NO</u>	
**WORKSHOP:		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?		





中国太平  
CHINA TAIPING

中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Private Car

MX1E

R SN

AN0420A

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.

DMPCSNW00198272101

Engine No.: 27182030033468

Cha. No.: WDD2040492A369946

1. Index Mark and Registration  
Number of Vehicle

SMJ6119X

AUTOSAFE  
\*\*\*\*\*

2. Name of Policy Holder

WONG KAH POH

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

20/10/2021  
(00:00:00)

Named Drivers Ex Sect. I

\$S750.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25

\$S3,000.00

Ex Sect. I - Age >= 26

\$S500.00

\* Age as at date of accident

EX ON WINDSCREEN

\$S100.00

4. Date of Expiry of Insurance

19/10/2022

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 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:

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 \$S1,000 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. : SGCARMART FINANCIAL SERVICES P/L AS HP OWNER

\* 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



*[Signature]*

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

*[Signature]*

Issued By: INXPRESS INSURANCE AGENCY PTE LTD  
Authorised Officer

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