



HD PERFECT AUTOWORK PTE LTD

Co. & GST Reg. No.: 202136904Z

8 Kaki Bukit Avenue 4

Premier @ Kaki Bukit

#08-09, Singapore 415875

Tel: +65 6341 6789 | Fax: +65 6341 6778

Email: hdperfectautowork@gmail.com

Our Ref.: YQ6773C

Your Ref.: SHD3207K

Date: 13.10.2022

ATTN: Motor Claims Department

INS : AXA INSURANCE PTE LTD

Dear Sir/Madam,

Accident Involving: YQ6773C & SHD3207K

Date of Accident: 07.07.2022 @ 09:30HRS

Location: BKE(Woodlands) Before Dairy Farm Road Road Exit

We refer to the above-mentioned accident.

We are claiming as follows:

Cost of Repair:	<u>\$ 10,800.00</u>
Loss of Use:	
(16 Days x \$180/Day):	<u>\$ 2,880.00</u>
LTA Search:	<u>\$ 7.45</u>
Grand Total:	<u>\$ 13,687.45</u>

The above-mentioned settlement is in respect for our client of damage pertaining to his/her motor vehicle and shall not prejudice our client's claim in respect of damages and consequential loss in relation to his/her personal injuries.

For any further queries, please kindly contact Shanelle Lim @ 8297 9787, or email to hdperfectautowork@gmail.com

Thank You,

Shanelle Lim





HD PERFECT
AUTOWORK PTE LTD

HD Perfect Autowork Pte. Ltd.
Co. Reg No: 202136904Z
8 Kaki Bukit Avenue 4
#08-09 Premier @ Kaki Bukit
Singapore 415875
Tel: 6341 6789 Fax: 6341 6778
Email: hdperfectautowork@gmail.com

Authorisation To Act

I, BDC CONSTRUCTION PTE LTD ("the third party claimant") of
3 Soon Lee Street #06-25 Pioneer Junction S(627606)
(address), owner of YQ 6773C (vehicle no.)
hereby authorise HD Perfect Autowork Pte Ltd ("the workshop")
to act for me with respect to my claim for repair costs and / or rental and / or
loss of use ("claim") for my vehicle no. YQ 6773C that was
damaged pursuant to the accident which occurred on 07/07/22 (date)
at/along BKE (Woodlands) Before Dairy Farm Road Exit
(location) involving vehicle no/s SHD 3207K ("the accident").

I further hereby authorise the workshop to settle my above mentioned claim in a manner that
they deem it fit and the workshop is further authorised to receive payment further to settlement
of my claim with payment cheque/s being made in favour of the workshop.

I further authorise the workshop to execute and/or sign any documents/discharge
vouchers/agreements regarding my/our claim/case for my/our convenience.

I further acknowledge that any settlement the workshop may reach on my behalf is on a without
prejudice and without admission of liability basis in so far as any other claim (s) whatsoever by
me and/or the driver/owner/insurers of the other vehicle/s arising from the aforesaid accident
concerned.

Dated this 07 day of 07 (month) 20 22 (year)

Signed by "the third party claimant"



HD PERFECT
AUTOWORK PTE LTD
UEN: 202136904Z

Signed by "the workshop"



Letter of Authorisation & Indemnity

Accident involving motor vehicles no. YQ6773K and S14D3207K on 07/07/22
at/along 13K15 (Woodlands) Before Dairy Farm Road Exit

1. I/We, the Owner of motor vehicle no. YQ6773K hereby instruct and authorise HD Perfect Autowork Pte Ltd ("the workshop") to appoint an independent surveyor on my/our behalf to inspect my/our motor vehicle and to commence repairs immediately to the said motor vehicle in accordance with the report of the independent surveyor. Pending the outcome of my/our claim against the third party, I/we forthwith pay you the sum of \$_____ being refundable deposit of the repair to my/our said vehicle.
2. You are further authorised to appoint solicitors on my/our behalf and to instruct the solicitors fully as if the appointment is made and instructions are given by me/us with respect to the conduct of my/our claim against the third party driver and/or his insurers including if necessary, to commence legal proceedings in Court in my/our name against the third party.
3. You have my/our full authorisation/approval/consent hereby to instruct my/our solicitors to negotiate a settlement with the third party and/or his insurers on such terms as you deem it fit.
4. My/Our solicitors shall also accept this as my/our irrevocable authority to pay the compensation monies from my/our third party claim directly to you after deducting their costs on a Solicitor and Client basis.
5. Upon resolving my/our claim, you are also hereby authorised to agree with my/our solicitors on the amount of their professional costs and disbursements incurred in thereby acting for me/us and to receive and make payment of the balance of the settlement sum on my/our behalf directly into your account.
6. I/We undertake and agree to fully co-operate with you and my/our solicitors to recover my claim successfully and also hereby consent and authorise you to instruct my/our solicitors to commence legal proceedings and to take all necessary steps to recover the claim from the negligent party where necessary.
7. I/we also hereby instruct and authorise you to deduct directly from the claim monies received from the third party all outstanding balances that are still owing to you, namely the balance of repair costs and rental of substitute vehicles.
8. In the event that I/we am/are required to attend at my/our solicitor's office for purposes of giving my/our further instructions on the accident matter, to sign court documents and to attend Court hearings in connection with my/our claim, I/we shall render my/our full co-operation to my/our solicitors.
9. In the event that my/our claim against the third party and/or his insurers is not successful at any stage of the recovery of my/our claim procedure including court proceedings, if any, and/or cannot be proceeded with and/or if any Judgement or settlement is not honoured or satisfied by the third party and/or the third party and/or his insurers make an offer to pay less than the amount claimed by you for whatever reasons, I/we agree and undertake to pay the full amount of your repair bill and survey fees and any other expenses reasonably incurred and to also indemnify you in respect of my/our solicitor's costs and disbursements thereby incurred on my/our behalf or to pay you the difference in amount, as the case may be.
10. I/we shall keep you informed of any correspondences and/or summons that I may receive due to this action agreeing to pay or receive any monies due to this claim.

Dated this 07 day of 07 2022

Signature of vehicle owner 

Name: BDC CONSTRUCTION PTE LTD

IC/UEN No: 201911676M

(Company stamp, if applicable)

Address: 3 Soun Lee Street #06-25

Pioneer Junction S(627606)

Tel: 90499030



Witnessed by: _____



TAX INVOICE

HD PERFECT AUTOWORK PTE LTD

Co. Reg No: 202136904Z

8 Kaki Bukit Avenue 4

#08-09 Premier @ Kaki Bukit

Singapore 415875

Tel: 6341 6789 Fax: 6341 6778

Email: hdperfectautowork@gmail.com



HD PERFECT
AUTOWORK PTE LTD

Date	Invoice Number	Vehicle Number
13.10.2022	HDP202210-00176	YQ6773C

AXA INSURANCE PTE LTD

8 SHENTON WAY

#27-01 AXA TOWER

SINGAPORE 068811

Description	Amount (SGD)
Carry out Lump-sum repair on accident vehicle corresponding to supply of spare parts, labour and spray painting charges	\$ 10,800.00
Total	\$ 10,800.00

Cross cheques and pay: HD PERFECT AUTOWORK PTE LTD

Please indicate the invoice number on the reverse side.

HD PERFECT AUTOWORK PTE LTD

AUTO Generated - Signature Not Required

> Back to OneMotoring



Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 07 Jul 2022 / 10:55:51

Receipt Date/Time : 07 Jul 2022 / 10:55:51

Tax Invoice/Receipt

Receipt No. : ITNET-00000-220707-001064

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (\$\$)	GST Amount (\$\$)	Amount After GST (\$\$)
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Result of Insurance Enquiry - SHD3207K

As at 07 Jul 2022/09:30:00

Insurance Co: AXA INSURANCE PTE LTD

1 Insurance Enquiry - SHD3207K
Enquiry Fee
20220707105452487401

7.00 0.49 7.49

Sub-Total 7.00 0.49 7.49

Total Before Rounding 7.00 0.49 7.49

Rounding Difference 0.04

Total Amount Payable 7.45

Paid By

421808XXXXXX9928 eNETS Credit Card 7.45

Total 7.45

Cash Change 0.00

Tendered Amount 7.45

Excess Refundable Amount 0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

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	07/07/2022 16:19 (SGT)
Reported by	Driver
Date of Accident	07/07/2022 09:30 (SGT)
Exact Location of Accident	BKE, Singapore
Additional Location Information	BKE (WOODLANDS) BEFORE DAIRY FARM ROAD EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YQ6773C
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	BDC CONSTRUCTION PTE. LTD.
Company Reg No	2XXXXX676M
Email Address	BDC6773@GMAIL.COM
Mobile Phone No	(Phone) +65-90499030
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2800

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	5127883411

DRIVER

Name of Driver	ALAM MD SAHIDUL
Passport No/FIN	GXXXXX027U
Date Of Birth	01/01/1979
Occupation	Outdoor

Date Of Driving Pass	08/08/2011
Driving experience	10 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84917728
Alt. Phone Number	-
Email Address	BDC6773@GMAIL.COM
Address	3 SOON LEE STREET
Address complement	06-25 PIONEER JUNCTION
Postcode	627606
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	MIA MD SABUJ
Gender	Male

PASSENGER 2

Name	SHAHIN
Gender	Male

PASSENGER 3

Name	CHOKDER ASHRAF
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
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Was there any video captured by Car Camera?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD3207K
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SCZ8887H
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	ALAM MD SAHIDUL
Gender	Male
Phone No	(Phone) +65-84917728
Address	3 SOON LEE STREET
Address Complement	06-25 PIONEER JUNCTION
Post Code	627606
Approximate Age Years Old	43
Injuries Sustained	-
Injured person in which vehicle?	YQ6773C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	MIA MD SABUJ
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	YQ6773C
Were seat belts worn?	Yes



Was this injured conveyed to hospital by ambulance?	No
INJURED 3	
Name of injured person	SHAHIN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	YQ6773C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 4	
Name of injured person	CHOKDER ASHRAF
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	YQ6773C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

1 Please report change

- 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 Actual Driver.
- 3 Information provided must be as true far 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 Traffic Police Department for investigation.
- 6 This report will be forwarded by the insurers to 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.

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 purposes 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 and 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 insurer's lawyer/law firm, 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 also 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 located outside of Singapore, for one or more of the above Purposes.



Q

[illegible]

University of Georgia, Athens, Georgia 30602-3030, U.S.A.

[illegible]

Sketch Plan

$\frac{1}{2} \log \frac{1}{2} = -1$
 $\frac{1}{2} \log \frac{1}{2} = -1$
 $\frac{1}{2} \log \frac{1}{2} = -1$

Describe Circumstance of the Accident

The sketch depicts a vehicle's trajectory on a road. A series of connected line segments shows the car's path, starting from the bottom left and moving towards the top right. The path is marked with several 'X' symbols, likely indicating points of impact or skid marks. The word 'Approach' is written diagonally across the middle of the sketch. The entire sketch is contained within a rectangular frame.

For Location

The sketch shows a road intersection. A road enters from the bottom left and turns right. Another road enters from the bottom right and turns left. The intersection is marked with a small circle. The word 'Approach' is written diagonally across the middle of the sketch. The entire sketch is contained within a rectangular frame.

ON THE STATED DATE AND TIME. I, VEHICLE A (YQ6773C) WAS TRAVELLING STRAIGHT ON LANE 2 OF BKE(WOODLANDS) BEFORE DAIRY FARM ROAD EXIT. WHEN THE FRONT VEHICLE C (SCZ8887H) SLOWED DOWN AND STOP, I FOLLOWED SUIT TO SLOWED DOWN WITHOUT HAVING ANY COLLISION WITH THE FRONT VEHICLE C (SCZ8887H). SUDDENLY I FELT A HUGE IMPACT FROM THE REAR PORTION OF MY VEHICLE, THE HUGE IMPACT CAUSE MY VEHICLE TO PROPEL FORWARD AND HIT ONTO VEHICLE C (SCZ8887H) REAR PORTION. AFTER I ALIGHTED I THEN REALISE THAT IS VEHICLE B (SHD3207K) THAT HAD COLLIDED ONTO MY VEHICLE. I WISH TO STATE THAT THIS IS A 3 CARS CHAIN COLLISION.

I WISH TO STATE THAT I GOT 3 PASSENGERS IN MY CAR.

VEHICLE A : YQ6773C

VEHICLE B : SHD3207K

VEHICLE C : SCZ8887H





ALAM MD SAHIDUL
BDC CONSTRUCTION PTE. LTD.
3 SOON LEE STREET
#06-25 PIONEER JUNCTION
SINGAPORE 627606



062632291070322

For Immigration Use (To clear by FIN)



G8179027U

23 Jun 2022

Please make an appointment for card registration

Dear ALAM MD SAHIDUL

We have received a request to issue your Work Permit on 23 Jun 2022. Please make an appointment at <https://www.mom.gov.sg/appointment> to visit our MOM Services Centre – Hall C by **30 Jun 2022** for the card registration.

Bring this letter, your original travel document and appointment letter along for the appointment. On that day, we will capture your fingerprints, take your photograph and register you for a SingPass account. We will deliver your card to the authorised recipient(s) 4 to 5 working days after we have registered your card and verified the documents submitted online.

We will SMS the authorised recipient(s) at least 1 working day before the delivery.

This notification letter allows you to work and stay in Singapore until you get your card. This letter is valid from 23 Jun 2022 to 23 Jul 2022.

Yours sincerely

Mdm Chow Choon Yen
for Controller of Work Passes

YOUR NAME
ALAM MD SAHIDUL
FIN
G8179027U
WORK PERMIT NO.
0 62632291
DATE OF APPLICATION
07 Mar 2022
DATE OF ISSUE
23 JUN 2022
WORK PERMIT EXPIRY DATE
12 Apr 2024
DATE OF BIRTH
01 Jan 1979
SEX
MALE
NATIONALITY/CITIZENSHIP
BANGLADESHI
TRAVEL DOCUMENT NO.
A03568575
TRAVEL DOCUMENT EXPIRY DATE
26 Apr 2032
YOUR EMPLOYER'S NAME
BDC CONSTRUCTION PTE. LTD.
SECTOR
CONSTRUCTION
OCCUPATION
CONSTRUCTION WORKER

▲ IMPORTANT

- If you do not visit the MOM Services Centre – Hall C for the card registration, your Work Permit may be revoked.
- Please keep this notification letter with you until you get your card. If you need to leave or enter Singapore, please show this letter to the immigration officer.

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **G8179027U**
Name: **ALAM MD SAHIDUL**

Birth Date: 01 Jan 1979
Issue Date: 21 Dec 2021
Valid Till 18/01/2027

003214788A

Driver
YR 6773C

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	EFFECTIVE DATE
Class 3 Ambulances / Motor cars ≤ 3000kg with ≤ 7 passengers, exclusive of the driver / motor tractors or vehicles ≤ 2500kg	08 Aug 2011

NP 428A



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)
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5127883411

Cover : Preferred Workshop Plan

- | | |
|--|------------------------------|
| 1. Index mark and Registration Number of Vehicle | : YQ6773C |
| Chassis Number | : JHHAGV4680K002219 |
| 2. Name of Policyholder | : BDC CONSTRUCTION PTE. LTD. |
| 3. Effective Date of Insurance | : 03 Jun 2022 |
| 4. Expiry Date of Insurance | : 02 Jun 2023 |
| 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/her 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# | |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession. | |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (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.
 This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: UNITED OVERSEAS BANK LIMITED
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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)

Agency : ABWIN PTE LTD (00000614234)
 Date of Issue : 03 Jun 2022 12:34 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive