

# NATIONAL Assessment Centre Services

Date In: 31/08/22	Job description	Date & Time Completed	Done by
Ref No: NA/CTI22008455/13	SAS e-filing		
Veh No: XE7733L	E-mail (within 2hrs. AP, 2hrs)		
DOA: 20/04/22 0600	i-Motor Claim Form		
OD: (P) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: 7P6143B	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 of repairer.

( ) Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co. ( )

Remarks:-	Date & Time Completed	Done by
(INC hotline: 6788.6616)		
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

**Injury:** \_\_\_\_\_

Date/Time	Actions

Claimant's Particulars :-	Invoice Preparation Checklist	Amf (\$)	Amf (\$)
		1st Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30		
Cat 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat 2/3:	6) TR: Re-inspection \$75		
	7) NI: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*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 30		
	Invoice dated	Fee Charge:	
	Invoice dated	Fee Charge:	

## 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 Actual 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	31/08/2022 15:17 (SGT)
Reported by	Driver
Date of Accident	20/04/2021 06:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE NEAR L/P 1842
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... XE7733L

#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	EVERGREEN WASTE MANAGEMENT PTE LTD
Company Reg No	2XXXXX941H
Email Address	elin.cqw@gmail.com
Mobile Phone No	(Phone) +65-81038386
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Fuso
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	11967

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNA00059902000

#### DRIVER

Name of Driver	NIJAMUDDIN MOHAMED
Passport No/FIN	GXXXX480T
Date Of Birth	20/06/1994
Occupation	Outdoor

Date Of Driving Pass	21/01/2019
Driving experience	2 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81038386
Alt. Phone Number	-
Email Address	elin.cqw@gmail.com
Address	BLK 28 TUAS AVE 10
Address complement	#02-00
Postcode	639148
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	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?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	16
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	WORKER
Gender	Male

PASSENGER 2

Name	WORKER
Gender	Male

PASSENGER 3

Name	WORKER
Gender	Male

PASSENGER 4

Name	WORKER
Gender	Male

PASSENGER 5

Name	WORKER
Gender	Male

PASSENGER 6

Name	WORKER
Gender	Male

PASSENGER 7

Name	WORKER
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Jurong West Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002689999
Alt. Police Station Phone No .....	(Fax) +65-62672438
Police Station Address .....	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	YP6143B
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
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) .....	16

INJURED PERSONS DETAILS

INJURED 1

Name of injured person .....	WORKER
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SERIOUS
Injured person in which vehicle? .....	YP6143B
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

INJURED 2

Name of injured person .....	WORKER
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SERIOUS

Injured person in which vehicle? YP6143B  
 Were seat belts worn? -  
 Was this injured conveyed to hospital by ambulance? Yes

INJURED 3

Name of injured person WORKER  
 Gender Male  
 Phone No -  
 Address -  
 Address Complement -  
 Post Code -  
 Approximate Age Years Old -  
 Injuries Sustained SERIOUS  
 Injured person in which vehicle? YP6143B  
 Were seat belts worn? -  
 Was this injured conveyed to hospital by ambulance? Yes

INJURED 4

Name of injured person WORKER  
 Gender Male  
 Phone No -  
 Address -  
 Address Complement -  
 Post Code -  
 Approximate Age Years Old -  
 Injuries Sustained SERIOUS  
 Injured person in which vehicle? YP6143B  
 Were seat belts worn? -  
 Was this injured conveyed to hospital by ambulance? Yes

INJURED 5

Name of injured person WORKER  
 Gender Male  
 Phone No -  
 Address -  
 Address Complement -  
 Post Code -  
 Approximate Age Years Old -  
 Injuries Sustained SERIOUS  
 Injured person in which vehicle? YP6143B  
 Were seat belts worn? No  
 Was this injured conveyed to hospital by ambulance? Yes

INJURED 6

Name of injured person WORKER  
 Gender Male  
 Phone No -  
 Address -  
 Address Complement -  
 Post Code -  
 Approximate Age Years Old -  
 Injuries Sustained SERIOUS  
 Injured person in which vehicle? YP6143B  
 Were seat belts worn? -  
 Was this injured conveyed to hospital by ambulance? Yes

INJURED 7

Name of injured person WORKER  
 Gender Male  
 Phone No -  
 Address -  
 Address Complement -  
 Post Code -  
 Approximate Age Years Old -  
 Injuries Sustained SERIOUS  
 Injured person in which vehicle? YP6143B

Were seat belts worn? ..... -  
Was this injured conveyed to hospital by ambulance? ..... Yes

**SKETCH PLAN**

**IMPORTANT NOTICE**

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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 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.
- 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.



NIJAM

*[Handwritten signature]* 31/08/20

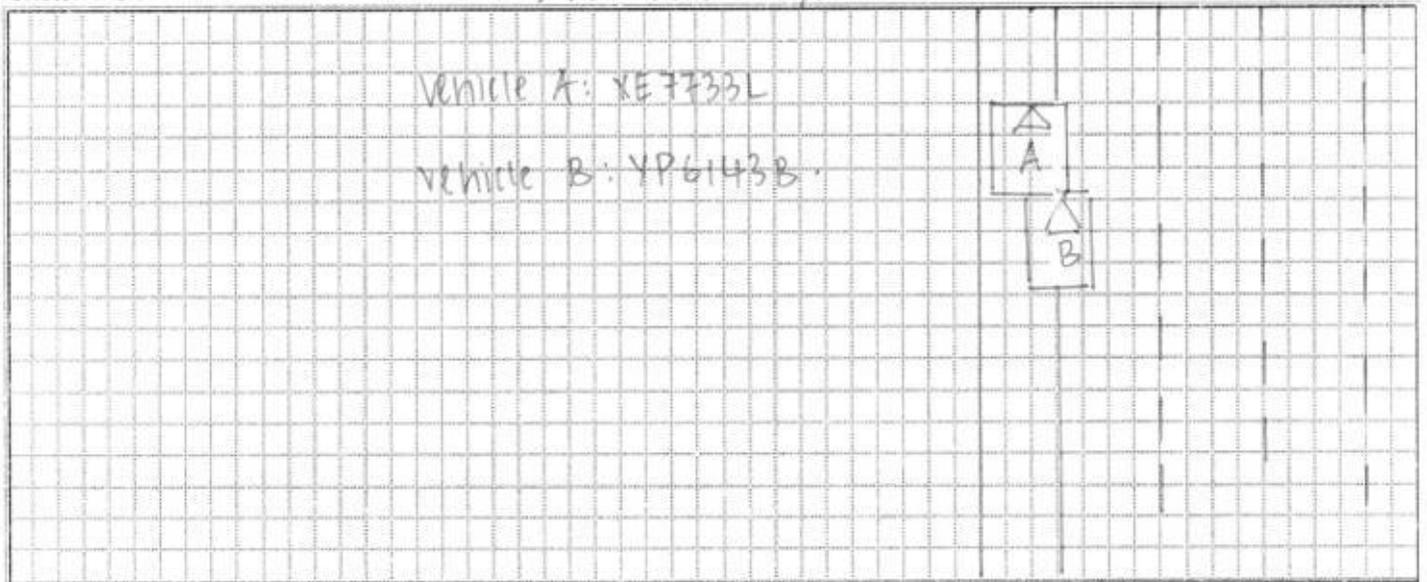
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

**Sketch Plan**

PIE NEAR L/P 1842



(PIE)

Describe Circumstance of the Accident

- refer to Police Report -

Declaration

I/We declare the foregoing particulars are true in every respect.



\_\_\_\_\_  
Policyholder's Signature / Date & Time

NIDAM

\_\_\_\_\_  
Driver's Signature (if driver is not the policyholder) / Date & Time

shym 31/08/22

\_\_\_\_\_  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

**SINGAPORE  
POLICE FORCE**



T/20210420/2103

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No. 1800-2689999

1 of 3

Report No. T/20210420/2103

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 20/04/2021 17:00	Vide Report No.: J/20210420/0032	Station Diary No.: 193
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**Informant's Particulars**

Name of Informant: NIJAMUDDIN MOHAMMAD		Address: APT BLK 28 TUAS AVENUE 10 #02-00 SINGAPORE 639148	
ID Type / ID No.: FIN NO / G2230480T		Contact No.: Home/Office: Mobile: 81038386	
Nationality: BANGLADESHI		Email:	
Sex: Male	Age: 26	Date of Birth: 20/06/1994	Type of Informant: Driver
Race: Bangladeshi		Language:	Institution / School Name:
Occupation: DRIVER		Driving Licence Information: Class: 3,4 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Fatal Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 20/04/2021 06:00	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY				
Lamp Post Number: 1842				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
XE7733L	Lorry	MITSUBISHI	FUSO FV51SKM2D EA	White	Slightly Damaged	0
YP6143B	Lorry	MITSUBISHI	CANTER FEB21ER4S DEB (CBU)	White	Seriously Damaged	15

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



SINGAPORE  
POLICE FORCE



T/20210420/2103

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

2 of 2

Report No: T/20210420/2103

CONTINUATION OF REPORT

<b>Driver</b>			
Name	NIJAMUDDIN MOHAMMAD		ID No. G2230480T
Related Vehicle	XE7733L (Lorry)		Contact No. 81038386
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	Unknown		ID No. NIL
Related Vehicle	YP6143B (Lorry)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 20/04/2021 at about 0600hrs, while I was driving my vehicle XE7733L along PIE towards Changi before Jalan Bahar exit, suddenly I heard a loud noise and I suspect my tyre was punctured. I immediately signal left, and move my vehicle slowly to the road shoulder. Subsequently, I stopped and alighted from my vehicle to make a check. I made a check on my front and rear right tyre and it was perfectly fine. I moved on to make a check on my left side rear tyre and discovered the inner tyre was punctured. Suddenly, while I was still checking on the tyre, there was vehicle YP6143B collided onto the rear portion of my vehicle. There was passenger on the rear lorry and I assisted them to alight from the vehicle. After which, Traffic Police and Ambulance arrived at scene. I was given a case card from the Traffic Police and was advised to lodge a police report.



**SINGAPORE  
POLICE FORCE**



T/20210420/2103

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

3 of 3

Report No T/20210420/2103

CONTINUATION OF REPORT

**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

J1  
6C2 SATHYANARAYANAN SAISUDHARSAN  
SGT LIN FANG JIE

Signature Of Informant:

NIJAM

Signature Of Interpreter:  
Not applicable

Date/Time:  
20/04/2021 17:00

Officer In Charge Of Case:  
TP / FAIT /  
Sr Staff Sgt KAMALIAH BINTE KAMIS  
Contact No: 65476435

SN 126

Classification Of Case:

Authentication Stamp  
Signature:  
Singapore Police Force

# ACCIDENT STATEMENT

ACCIDENT DATE: (20 / 04 / 2021) (DD/MM/YYYY), TIME: (06:00) (HH:MM)

LOCATION: PIE, near Lamppost 1842.

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: XET733L.  
b) INSURANCE COMPANY: China Taiping.  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: MIRUBISHI FUSO.  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: WORK  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: Evergreen Waste Management Pte Ltd. (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: Nizamuddin Mohamed (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 92230480T CONTACT: 81038386  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: (20 / 06 / 1994) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) \_\_\_\_\_  
b) ROAD SURFACE: (DRY / WET / OTHERS) \_\_\_\_\_

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: Juwong West NPC.

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: YP6143B MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passenger  
(including driver)  
(0)

\* No of passenger  
(including driver)  
(1)

\* No of passenger  
(including driver)  
( )

email = elin.cq.w@gmail.com

fax =

Motor Commercial

MZ301/C

N SN

AN0056A

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.

DMCVSNA00059902000

Engine No.: OM457LA457972C0309512

Cha. No.: FV51SKA10021

1. Index Mark and Registration  
Number of Vehicle

XE7733L

AUTOSAFE  
\*\*\*\*\*

2. Name of Policy Holder

EVERGREEN WASTE MANAGEMENT PTE LTD

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

24/07/2020

Excess Sect 1 . S\$1,500.00  
EX ON WINDSCREEN . S\$100.00

4. Date of Expiry of Insurance

23/07/2021

5. Persons or Classes of Persons entitled to drive\*

- (1) Whilst the vehicle is being used in connection with the Policyholder's business  
Any person provided he is in the Policyholder's employ and is driving on their order or with their permission.  
(2) Whilst the vehicle is being used for social, domestic or pleasure purposes  
Any person who is driving on the Policyholder's order or with their 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.\*

- (1) Use in connection with the Policyholder's business.  
(2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.  
(3) Use for social, domestic or pleasure purposes.

The Policy does not cover

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

HIRE PURCHASE CO. : UNITED OVERSEAS BANK LIMITED 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).

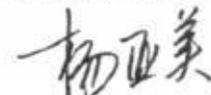
Please see reverse



Issued By: .....

Irene Ho  
Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.



Authorised Signatory