

**NATION W. Assessment Centre Services**

Date In 05/09/12	AT3	Job description	Date & Time Completed	Done by
Ref No NM/A622008711/AT3		SAS e-filing		
Veh No SNA54594		E-mail (w/other files, MP 2hrs)		
DOA 04/09/12 0250		i-Motor Claim Form		
OD/TP 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: Vch No: SLL6496H INC ( ) / Non-INC ( ) Tel: ( )

Owner / Driver: ( ) Cover Type: ( )

Policy No: ( ) Period: ( ) Date: ( ) Time: ( )

Confirmed by: ( )

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
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

**Injury:**

Date/Time	Actions
	MOBILE REPORTING (ARRIAN) haven't collect money
	HD PERFECT AUTOWORK PTE LTD
	8 KAKI BURIT AVE 4
	#08-09 PREMIER @ KAKI BURIT
	415875

NA220247	NA220248	<b>Invoice Preparation Checklist</b>		Ant (\$) 1st Bill	Ant (\$) Add Bill
Claimant's Particulars :-		1) AR: Accident Reporting (\$30);			
Driver/Owner:		2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:		3) TF: Towing Fee \$40/\$45			
Damaged Portion:		4) FT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):		5) rT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments :-		6) TR: Re-inspection \$75			
Cat. 1:		7) NI: Idac DA + SMRT Survey \$160			
Cat. 2/3:		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 date: / /	Fee Charged		
		Invoice dated	Fee Charged		

## 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	05/09/2022 19:43 (SGT)
Reported by	Both
Date of Accident	04/09/2022 02:50 (SGT)
Exact Location of Accident	Sims Ave, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNA5459G
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GOH HIAN TWEE
NRIC No	SXXXX505I
Email Address	franco4286@gmail.com
Mobile Phone No	(Phone) +65-98414168
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
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	1591

#### INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7220064457

#### DRIVER

Name of Driver	GOH HIAN TWEE
NRIC No	SXXXX505I
Date Of Birth	14/09/1974
Occupation	Outdoor

Date Of Driving Pass	19/09/1997
Driving experience	25 YEARS
Gender	Male
Mobile Number	(Phone) +65-98414168
Alt. Phone Number	-
Email Address	franco4286@gmail.com
Address	BLK 170B PUNGGOL FIELD
Address complement	#10-699
Postcode	822170
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 - Change/cross lane
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)	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	TRIXIE GOH YU HUI
Gender	Female

#### PASSENGER 2

Name	TREVIS GOH HONG YI
Gender	Male

#### PASSENGER 3

Name	WU YING RONG
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

PLS REFER TO THE POLICE REPORT:T/20220905/7020

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 ..... SLL6496H  
 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 ..... GOH HIAN TWEE  
 Gender ..... Male  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... SLIGHT  
 Injured person in which vehicle? ..... SNA5459G  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No

#### INJURED 2

Name of injured person ..... TRIXIE GOH YU HUI  
 Gender ..... Female  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... SLIGHT  
 Injured person in which vehicle? ..... SNA5459G  
 Were seat belts worn? ..... -  
 Was this injured conveyed to hospital by ambulance? ..... No

#### INJURED 3

Name of injured person ..... TREVIS GOH HONG YI  
 Gender ..... Male  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... SLIGHT  
 Injured person in which vehicle? ..... SNA5459G  
 Were seat belts worn? ..... -  
 Was this injured conveyed to hospital by ambulance? ..... No

INJURED 4

Name of injured person	WU YING RONG
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SNA5459G
Were seat belts worn?	-
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' law yers/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' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

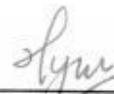
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

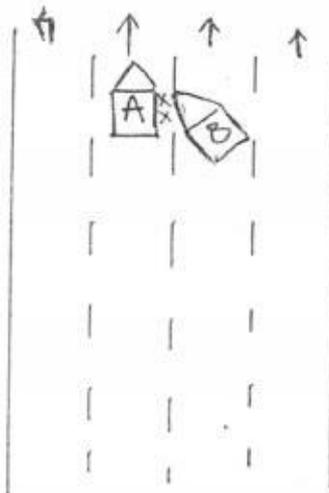


Driver's Signature (if driver is not the policyholder) / Date & Time

 05/09/22  
Witnessed by Reporting Centre Personnel

### **Sketch Plan**

SIRIS AVENUE



Vehicle A: SNA 5459G  
Vehicle B: JLL 6496H

Describe Circumstances of the Accident

Handwritten notes in a lined box:

- Person
- TV
- Police
- T/20220905/7020
- PL/A

Declaration

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

 05/09/22  
Witnessed by Reporting Centre Personnel



**SINGAPORE  
POLICE FORCE**



T/20220905/7020

1 of 4

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

Report No. T/20220905/7020

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 05/09/2022 11:37	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: GOH HIAN TWEE		Address: 170B PUNGGOL FIELD #10-699 SINGAPORE 822170	
ID Type / ID No.: NRIC NO / S74305051		Contact No.: Home/Office:	Mobile: 98414168
Nationality: SINGAPORE CITIZEN		Email: franco4286@gmail.com	
Sex: Male	Age: 47	Date of Birth: 14/09/1974	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Sales		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/09/2022 02:50	Type of Location: Straight Road
Location:  SIMS AVENUE				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLL6496H	Car				Seriously Damaged	1
SNA5459G	Car	HYUNDAI	CN7 AVANTE 1.6 DOHC CVT S	Grey	Seriously Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20220905/7020

2 of 4

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

Report No. T/20220905/7020

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNA5459G	AIG ASIA PACIFIC INSURANCE PTE. LTD.	7220064457	29/06/2022	28/06/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	GOH HIAN TWEE		ID No.	S7430505I
Related Vehicle	SNA5459G (Car)		Contact No.	98414168
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	04/09/2022		Date	04/09/2022
No. of Days granted Medical Leave	03	Degree of	Slight	
Passenger				
Name	TRIXIE GOH YU HUI		ID No.	T1237988E
Related Vehicle	SNA5459G (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	04/09/2022		Date	04/09/2022
No. of Days granted Medical Leave	03	Degree of	Slight	
Passenger				
Name	TREVIS GOH HONG YI		ID No.	T1520744I
Related Vehicle	SNA5459G (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	04/09/2022		Date	04/09/2022
No. of Days granted Medical Leave	03	Degree of	Slight	



**SINGAPORE  
POLICE FORCE**



T/20220905/7020

3 of 4

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

Report No. T/20220905/7020

**CONTINUATION OF REPORT**

Passenger			
Name	WU YING RONG	ID No.	S8532045I
Related Vehicle	SNA5459G (Car)	Contact No.	90187191
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	04/09/2022	Date	04/09/2022
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

On 04/09/2022 at around 0250 hrs I was travelling along Sims Avenue towards Upper Changi direction at the junction of Eunos Rd 5. I am driving on lane 3 when suddenly a vehicle from the right lane swerve left abruptly attempting to turn into Eunos Road 5 and collided onto the right side of my vehicle. The impact was so huge and I try to control and stop the vehicle to check on my family members. After the accident I took photos and exchange particulars with other party. I wish to state that I have my wife and 2 childrens in my vehicle at the point of time. After the accident, I took my family members to Sengkang Hospital as we were injured prior to the accident.



**SINGAPORE  
POLICE FORCE**



T/20220905/7020

4 of 4

Report No. T/20220905/7020

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

**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 /  
TAY CHUN KEEN  
Contact No.: 65476436

Signature Of Informant:

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

Date/Time:  
05/09/2022 11:37

Classification Of Case:

# SINGAPORE ACCIDENT STATEMENT

Accident Date: 4/9/2022	Time: 0250	(hh:mm) 24 hr format
Location SIMS AVENUE		
Vehicle Number SNA5459G		
Insured Name GOH HIAN TWEE		
NRIC / FIN S7430505I	Contact Number 98414168	
Make HYUNDAI	Model AVANTE	
Are you claiming under your own insurance policy for repair to your vehicle?		
( ) Yes If No, Pls select: ( <input checked="" type="checkbox"/> ) Third Party ( ) Reporting		
Insurance Company AIG		
Type of Policy ( <input checked="" type="checkbox"/> ) Comprehensive ( ) Third Party Fire & Theft ( ) TP Only		
Policy Number 7220064457		
Name of Driver		( <input checked="" type="checkbox"/> ) Same as Insured
NRIC / FIN - Contact Number -		
Date of Birth 14/9/1974		
Driving Pass Date 19/9/1997		
Occupation ( ) Indoor ( <input checked="" type="checkbox"/> ) Outdoor		
Gender ( <input checked="" type="checkbox"/> ) Male ( ) Female		
Email Address franco.4286@gmail.com		( ) NO EMAIL
Address of Driver 170 B Punggol Field #10-699 SINGAPORE 822170		
Was driver an employee of the Insured's Company? ( ) Yes ( <input checked="" type="checkbox"/> ) No		
If No, Relationship of the Driver with the Insured		
( <input checked="" type="checkbox"/> ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling		
Does the Driver Own Any Other Vehicle? ( ) Yes ( <input checked="" type="checkbox"/> ) No		
If Yes, Vehicle Registration Number of Driver's Own Vehicle		
Insurance Company of Driver's Own Vehicle		
Weather Conditions ( <input checked="" type="checkbox"/> ) Clear ( ) Raining ( ) Others		
Road Surface ( <input checked="" type="checkbox"/> ) Dry ( ) Wet ( ) Others		
Was any foreign vehicle involved in this accident? ( ) Yes ( <input checked="" type="checkbox"/> ) No		
Was anybody injured in the accident? ( <input checked="" type="checkbox"/> ) Yes ( ) No		
If yes, injured detail Driver & passengers (SNA5459G)		
Was there any video captured by Car Camera? ( ) Yes ( <input checked="" type="checkbox"/> ) No		
Was the Accident reported to the Police? ( ) Yes ( <input checked="" type="checkbox"/> ) No If yes attach police report		
DETAILS OF 3 party Name Nick Contact		
Veh B	SLL 6496H	
Veh C		
Veh D		
Veh E		
Veh F		

\* 3 passengers

- ① Trixie Goh Yu Hui (F)
- ② Trevis Goh Hung Yi (M)
- ③ Wu Ying Rong (F)



# CERTIFICATE OF INSURANCE

## AUTOPLUS PRIVATE VEHICLE

**Name of Policyholder** : Goh Hian Twee  
**Period of Insurance** : 29 Jun 2022 To 28 Jun 2023  
**Engine No.** : G4FMMU016952  
**Chassis No.** : KMHLN41ETNU185640

**Vehicle No.** : SNA5459G  
**Policy No.** : 7220064457  
**Endorsement No.** :  
**Issued Date** : 12 Jun 2022 14:05

### ABOUT THE COVER

**Make/Model** : HYUNDAI AVANTE  
**Engine Capacity/Tonnage** : 1,591.00 CC  
**Driver Restriction** : NA  
**Person or Classes of Persons Entitled to Drive\*** :

**Sum Insured** : Market Value  
**Off Peak Car** : No  
**First Year of Registration** : 2021  
**Insuring with COE/PARF** : Yes

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 S\$53,000 as "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

**Age Condition** : 35 years old and above  
**Mileage Condition** : Unlimited Mileage

**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 Optional

\* 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, 1967 (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)

Goh Hian Twee - \$600 (Own Damage), \$600 (Flood Cover)

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

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs) Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore. You have the option of having the accident repairs carried out at the Sole Agent's workshop. 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](http://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: OCBC Bank Ltd

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, 1967 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504342000

INSURANCE WORKZ AGENCY PTE LTD

43 SIXTH AVE #02-09 SIXTH AVENUE VILLE  
 SINGAPORE 276484

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

**AIG Asia Pacific Insurance Pte. Ltd.**

This computer generated document does not require a signature.

Yan May Ang