

# NATIONAL Assessment Centre Services

(Unit 1/20/22)

510922AH0008

Date In: 17/10/2022 15:42	Job description: SAS e-Rating	Date & Time Completed:	Done by:
Ref No: NA22010227/4	E-mail (Vehicle hire, ACC claim)		
Yeh No: 517 327H	1-Motor Claim Form		
D.O.A: 16/10/2022 17:46	1-Motor W/O (Vehicle OD claim form)		
CC: TP Reporting Only	1-Photo Uploaded		
TP Location:	Assessment/Survey Report		
	Ass't Report by Fax - Hand to Owner/Whom		

Preferred Wksp / INC Assign Wksp / CW: (	Tel:	Fax:
TP Particulars: Yeh No: SBS 5166Z	INC ( ) / Non-INC ( )	
Owner / Driver: (	Tel:	
Policy No: ( ) Period: ( )	Cover Type: ( )	
Confirmed by: (	Date:	Time:
Insured Driver Liability: ( )	(Note: List Status (WO): 10-0-2011, 1-21-7294, 1-30-11056)	
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 Cost:

Remarks: ( ) INC Ref No: 6788-0016 ; Date & Time Completed: ; Done by:

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

Injury: ( )

Date Time: Actions:


NA2202866	Invoice Preparation Checklist	Amount
Important Particulars:	1) AR: Accident Reporting (\$300)	
Owner:	2) DA: Damage Assessment (\$1000) INC (\$50)	
Contact No:	3) TF: Towing Fee \$10/\$40	
Assigned Person:	4) PF: Follow-Through Survey \$100	
	5) PF: Follow-Through Survey (Resurvey) \$50	
	6) TR: Re-inspection \$20	
	7) NI: NIUC Additional Survey \$140	
	8) NIUC Additional Terminals	
Checked by (Engr-In-Charge):	9) ON: ( )	
	10) NI: Courtesy Car / Transport Allowance \$1	
	11) NI: Post Repair Check/Inspection \$10	
	12) NI: Post Repair Inspection \$20	
	13) NI: DV / Collect Excess Coordination \$1	
	14) NI: DV / Collect Excess Coordination \$10	
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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 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	17/10/2022 15:42 (SGT)
Reported by	Driver
Date of Accident	16/10/2022 17:40 (SGT)
Exact Location of Accident	Stamford Rd, Singapore
Additional Location Information	JUNCTION WITH FORT CANNING LINK
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT2277H
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	BOSS AUTOMOBILE
Company Reg No	5XXXX842B
Email Address	mysincerelead@gmail.com
Mobile Phone No	(Phone) +65-88585822
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E200
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	Private hire
Transmission	Auto
CC	1991

### INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D22MFL0007320

### DRIVER

Name of Driver	WONG SHOUZHONG
NRIC No	SXXXX872A
Date Of Birth	10/05/1986
Occupation	Outdoor

Date Of Driving Pass	13/03/2010
Driving experience	12 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91129986
Alt. Phone Number	-
Email Address	mysincerelead@gmail.com
Address	BLK 470 ANG MO KIO AVENUE 10 #10-920
Address complement	-
Postcode	560470
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Side Swipe
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

#### 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/20221017/7018

#### 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	SBS5166Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Bus
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	WONG SHOUZHONG
Gender	Male
Phone No	(Phone) +65-91129986
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURIES
Injured person in which vehicle?	SLT2277H
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.



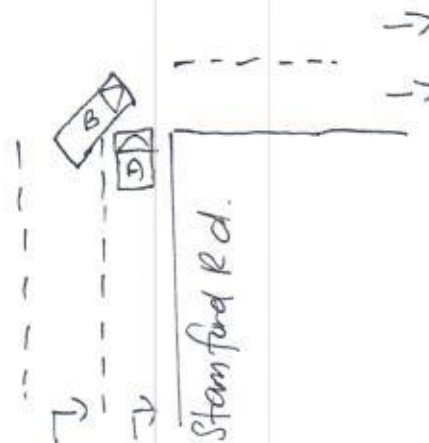
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan

Veh A: SLT2277H  
Veh B: SBS5166Z



Describe Circumstances of the Accident

\* P/s refer to police report. 1/20221017/70187

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

17/10/2022  
Witnessed by Reporting Centre Personnel





**SINGAPORE  
POLICE FORCE**



T/20221017/7018

1 of 3

Report No. T/20221017/7018

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

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 17/10/2022 13:00		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: WONG SHOUZHONG			Address: 470 ANG MO KIO AVENUE 10 #10-920 SINGAPORE 560470		
ID Type / ID No.: NRIC NO / S8612872A			Contact No.: Home/Office: Mobile: 91129986		
Nationality: SINGAPORE CITIZEN			Email: SHAUNWSZ86@GMAIL.COM		
Sex: Male	Age: 36	Date of Birth: 10/05/1986	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Driver			Driving Licence Information: Class:		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 16/10/2022 17:40	Type of Location:
Location:  STAMFORD ROAD				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLT2277H	Car					0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20221017/7018

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

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Report No. T/20221017/7018

**CONTINUATION OF REPORT**

Driver			
Name	WONG SHOUZHONG		ID No. S8612872A
Related Vehicle	SLT2277H (Car)		Contact No. 91129986
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious

**Brief Details.**

On the stated date and time I vehicle SLT2277H was travelling straight on the extreme right lane of Stamford Road towards Fort canning link.

As i approached the junction i slowed down and signalled my intention to turn right.

I noticed a SBS bus SBS5166Z on lane 2 on my left also making a right turn.

Suddenly the said bus encroached into my lane, I immediately came to a stop to avoid collision.

The said bus still continued to turn and hit onto my vehicle left front portion.

The impact causes my left knee to hit onto the centre console.

After a while I start to feel pain on my neck and lower back areas.

I ignore it and went back.

The next day the pain on my body worsen, so i quickly proceeded to Sin min Clinic to seek treatment and I was given 5 days MC.





**SINGAPORE  
POLICE FORCE**

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



T/20221017/7018

3 of 3

Report No. T/20221017/7018

**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 / TPB /  
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:  
17/10/2022 13:00

Classification Of Case:

3

Date of Accident: 16/10/2022 Accident Time: 1740HR (24-HR-Format)  
Accident Place: Stamford Rd X Fort Canning Link.  
Vehicle No (Car Plate No): SLT2277H Make/Model: Merces E200.  
Insurance Company: India Policy No: D22MPL0007320.  
Owner or Company Name IC No: Boss Automobile. 53441842B  
Owner or Company Contact No: 88585822 Owner's Hp: — Company Tel:  
DRIVER'S Name IC No: Wong Shau Zhong S8612872A.  
DRIVER'S Date Of Birth: 10/5/1986 DRIVER'S License Pass Date: 13/3/2010  
Relationship of Owner & Driver: Spouse \ Parents \ Children \ Sibling \ Employee (Others) Hirer  
DRIVER'S Address: 470 Ang Mo Kio Ave 10 #10-920 S(560470)  
DRIVER'S Contact No./ Alt No: 1) 9112 9986 2)  
DRIVER'S Occupation: INDOOR OUTDOOR (e.g. working inside or outside office)  
Email Address: mysincerelead@gmail.com  
Weather & Road Surface: Clear & Dry \ RAINING & WET \ AFTER RAIN & WET  
Reporting Type: Reporting Only \ Claim Other Party \ Claim Own Insurance  
Number of Passengers (Including Driver): 01  
Was there any video Captured by car camera: YES NO  
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
Any Injury (If YES, Pls state): Yes

Other Party Driver's Particular (if any)

Vehicle, No:	<u>SBS 5166Z</u>	Vehicle, No:	
Vehicle Make/Model:		Vehicle Make/Model:	
Name Driver:		Name Driver:	
IC No, Driver Contact:		IC No, Driver Contact:	

\* NEW - Passenger's name & gender:



## 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)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

CERTIFICATE NO.: D22MFL0007320		COVER: Comprehensive
1. Index Mark and Registration Number of Vehicle	: SLT2277H	
Chassis No	: WDD2130802A684752	
2. Name of Policyholder	: BOSS AUTOMOBILE	
3. Effective date of Insurance	: 26 Sep 2022	
4. Expiry date of Insurance	: 03 Aug 2023	
5. Persons or Classes of Persons entitled to drive*	<p>Any person who is driving on the Policyholder's order or with his/her permission. The Hirer.</p> <p>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</p>	
6. Limitations as to use*	<p>Use for the carriage of passengers or goods in connection with the Policyholder's business or the hirer's business. Use for social, domestic, pleasure purposes and business purposes of the Policyholder or of any person to whom the vehicle is hired</p> <p><b>The Policy does not cover</b></p> <p>(1) Use for hire or reward (other than when the vehicle is hired for the carriage of passengers under Z10/Z11 for hire and reward). (2) Use for racing, pace-making, reliability trial, or speed-testing. (3) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle. (4) Use for any purpose in connection with the Motor Trade.</p> <p>*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.</p>	
Excess Section I WITHIN SINGAPORE	: SGD	3,000.00
Excess Section I OUTSIDE SINGAPORE	: SGD	6,000.00
Excess Section II WITHIN SINGAPORE	: SGD	3,000.00
Excess Section II OUTSIDE SINGAPORE	: SGD	6,000.00
Windscreen Excess	: SGD	100.00
Hire Purchase Company	: Autotrust Credit Pte Ltd	
SUNROOF EXCESS: \$200.00		
FOR DRIVERS BELOW 22 YEARS OLD OR ABOVE 75 YEARS OLD & OR WITH LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, AN ADDITIONAL EXCESS OF \$2,000.00 ON SECTION I & II (SEPARATELY) WILL BE APPLICABLE		
PRIVATE HIRE SERVICE (USE FOR HIRE & REWARD) - GEOGRAPHICAL AREA: WITHIN THE REPUBLIC OF SINGAPORE ONLY		
FOR SOCIAL, DOMESTIC & LEISURE PURPOSES ONLY - GEOGRAPHICAL AREA: WITHIN THE REPUBLIC OF SINGAPORE AND WEST MALAYSIA		
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)		
Agent/Broker	: A000089/CFHQ PTE. LTD.	
Date of Issue	: 23/09/2022 17:29:24	
MZ406 - Hire Car (G/R)		
	<p>For India International Insurance Pte Ltd</p> <p></p> <p>Authorised Signatory</p>	