

shop & aveen

Preferred Wksp / INC Assign Wksp / GWs:		Tel:	Fax:
TP Particulars:	Veh No: SLD 8212P	INC () / Non-INC ()	
Owner / Driver:		Tel:	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by:	Date:	Time:	
Insured/Driver Liability: ()	95) (Note-Bst Status (WO): N-G-2004, P: 21-7996, P: 30-10014)		
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 referral.

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

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

Drive-In () / Towed-In () / Inbound ()	Remarks ()	UNG Refiner: 67886616	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	Turn	Actions
------	------	---------

[illegible]

NA2203047

<p>NA2203047</p> <p>Invoice Preparation Charge</p>	
<p>1) AR - Accident Reporting (\$300)</p> <p>2) DA - Damage Assessment (\$1000) INC (\$50)</p> <p>3) TF - Towing Fee \$10/\$45</p> <p>4) FT - Follow-Through Survey \$150</p> <p>5) FT - Follow-Through Survey (Resurvey) \$30</p> <p>6) TR - Re-inspection</p> <p>7) NI - New DA + SMPT Survey \$160</p> <p>8) NTUC Additional Services</p>	<p>9) DM \$5</p> <p>*NI: Courtesy Car / Tot Allowance \$10</p> <p>*NI: Repair Coordination \$25</p> <p>*NI: Post Repair Inspection \$5</p> <p>*NI: DV / Collect Excess Coordination \$10</p> <p>*NI: (NI) / TR (NI) / INC / Collect INC \$0</p>
<p>10) NI: 24hrs Mgmt</p> <p>11) NI: 24hrs Mgmt</p>	<p>12) NI: 24hrs Mgmt</p> <p>13) NI: 24hrs Mgmt</p>
<p>14) NI: 24hrs Mgmt</p> <p>15) NI: 24hrs Mgmt</p>	<p>16) NI: 24hrs Mgmt</p> <p>17) NI: 24hrs Mgmt</p>
<p>18) NI: 24hrs Mgmt</p> <p>19) NI: 24hrs Mgmt</p>	<p>20) NI: 24hrs Mgmt</p> <p>21) NI: 24hrs Mgmt</p>
<p>22) NI: 24hrs Mgmt</p> <p>23) NI: 24hrs Mgmt</p>	<p>24) NI: 24hrs Mgmt</p> <p>25) NI: 24hrs Mgmt</p>
<p>26) NI: 24hrs Mgmt</p> <p>27) NI: 24hrs Mgmt</p>	<p>28) NI: 24hrs Mgmt</p> <p>29) NI: 24hrs Mgmt</p>
<p>30) NI: 24hrs Mgmt</p> <p>31) NI: 24hrs Mgmt</p>	<p>32) NI: 24hrs Mgmt</p> <p>33) NI: 24hrs Mgmt</p>
<p>34) NI: 24hrs Mgmt</p> <p>35) NI: 24hrs Mgmt</p>	<p>36) NI: 24hrs Mgmt</p> <p>37) NI: 24hrs Mgmt</p>
<p>38) NI: 24hrs Mgmt</p> <p>39) NI: 24hrs Mgmt</p>	<p>40) NI: 24hrs Mgmt</p> <p>41) NI: 24hrs Mgmt</p>
<p>42) NI: 24hrs Mgmt</p> <p>43) NI: 24hrs Mgmt</p>	<p>44) NI: 24hrs Mgmt</p> <p>45) NI: 24hrs Mgmt</p>
<p>46) NI: 24hrs Mgmt</p> <p>47) NI: 24hrs Mgmt</p>	<p>48) NI: 24hrs Mgmt</p> <p>49) NI: 24hrs Mgmt</p>
<p>50) NI: 24hrs Mgmt</p> <p>51) NI: 24hrs Mgmt</p>	<p>52) NI: 24hrs Mgmt</p> <p>53) NI: 24hrs Mgmt</p>
<p>54) NI: 24hrs Mgmt</p> <p>55) NI: 24hrs Mgmt</p>	<p>56) NI: 24hrs Mgmt</p> <p>57) NI: 24hrs Mgmt</p>
<p>58) NI: 24hrs Mgmt</p> <p>59) NI: 24hrs Mgmt</p>	<p>60) NI: 24hrs Mgmt</p> <p>61) NI: 24hrs Mgmt</p>
<p>62) NI: 24hrs Mgmt</p> <p>63) NI: 24hrs Mgmt</p>	<p>64) NI: 24hrs Mgmt</p> <p>65) NI: 24hrs Mgmt</p>
<p>66) NI: 24hrs Mgmt</p> <p>67) NI: 24hrs Mgmt</p>	<p>68) NI: 24hrs Mgmt</p> <p>69) NI: 24hrs Mgmt</p>
<p>70) NI: 24hrs Mgmt</p> <p>71) NI: 24hrs Mgmt</p>	<p>72) NI: 24hrs Mgmt</p> <p>73) NI: 24hrs Mgmt</p>
<p>74) NI: 24hrs Mgmt</p> <p>75) NI: 24hrs Mgmt</p>	<p>76) NI: 24hrs Mgmt</p> <p>77) NI: 24hrs Mgmt</p>
<p>78) NI: 24hrs Mgmt</p> <p>79) NI: 24hrs Mgmt</p>	<p>80) NI: 24hrs Mgmt</p> <p>81) NI: 24hrs Mgmt</p>
<p>82) NI: 24hrs Mgmt</p> <p>83) NI: 24hrs Mgmt</p>	<p>84) NI: 24hrs Mgmt</p> <p>85) NI: 24hrs Mgmt</p>
<p>86) NI: 24hrs Mgmt</p> <p>87) NI: 24hrs Mgmt</p>	<p>88) NI: 24hrs Mgmt</p> <p>89) NI: 24hrs Mgmt</p>
<p>90) NI: 24hrs Mgmt</p> <p>91) NI: 24hrs Mgmt</p>	<p>92) NI: 24hrs Mgmt</p> <p>93) NI: 24hrs Mgmt</p>
<p>94) NI: 24hrs Mgmt</p> <p>95) NI: 24hrs Mgmt</p>	<p>96) NI: 24hrs Mgmt</p> <p>97) NI: 24hrs Mgmt</p>
<p>98) NI: 24hrs Mgmt</p> <p>99) NI: 24hrs Mgmt</p>	<p>100) NI: 24hrs Mgmt</p> <p>101) NI: 24hrs Mgmt</p>
<p>102) NI: 24hrs Mgmt</p> <p>103) NI: 24hrs Mgmt</p>	<p>104) NI: 24hrs Mgmt</p> <p>105) NI: 24hrs Mgmt</p>
<p>106) NI: 24hrs Mgmt</p> <p>107) NI: 24hrs Mgmt</p>	<p>108) NI: 24hrs Mgmt</p> <p>109) NI: 24hrs Mgmt</p>
<p>110) NI: 24hrs Mgmt</p> <p>111) NI: 24hrs Mgmt</p>	<p>112) NI: 24hrs Mgmt</p> <p>113) NI: 24hrs Mgmt</p>
<p>114) NI: 24hrs Mgmt</p> <p>115) NI: 24hrs Mgmt</p>	<p>116) NI: 24hrs Mgmt</p> <p>117) NI: 24hrs Mgmt</p>
<p>118) NI: 24hrs Mgmt</p> <p>119) NI: 24hrs Mgmt</p>	<p>120) NI: 24hrs Mgmt</p> <p>121) NI: 24hrs Mgmt</p>
<p>122) NI: 24hrs Mgmt</p> <p>123) NI: 24hrs Mgmt</p>	<p>124) NI: 24hrs Mgmt</p> <p>125) NI: 24hrs Mgmt</p>
<p>126) NI: 24hrs Mgmt</p> <p>127) NI: 24hrs Mgmt</p>	<p>128) NI: 24hrs Mgmt</p> <p>129) NI: 24hrs Mgmt</p>
<p>130) NI: 24hrs Mgmt</p> <p>131) NI: 24hrs Mgmt</p>	<p>132) NI: 24hrs Mgmt</p> <p>133) NI: 24hrs Mgmt</p>
<p>134) NI: 24hrs Mgmt</p> <p>135) NI: 24hrs Mgmt</p>	<p>136) NI: 24hrs Mgmt</p> <p>137) NI: 24hrs Mgmt</p>
<p>138) NI: 24hrs Mgmt</p> <p>139) NI: 24hrs Mgmt</p>	<p>140) NI: 24hrs Mgmt</p> <p>141) NI: 24hrs Mgmt</p>
<p>142) NI: 24hrs Mgmt</p> <p>143) NI: 24hrs Mgmt</p>	<p>144) NI: 24hrs Mgmt</p> <p>145) NI: 24hrs Mgmt</p>
<p>146) NI: 24hrs Mgmt</p> <p>147) NI: 24hrs Mgmt</p>	<p>148) NI: 24hrs Mgmt</p> <p>149) NI: 24hrs Mgmt</p>
<p>150) NI: 24hrs Mgmt</p> <p>151) NI: 24hrs Mgmt</p>	<p>152) NI: 24hrs Mgmt</p> <p>153) NI: 24hrs Mgmt</p>
<p>154) NI: 24hrs Mgmt</p> <p>155) NI: 24hrs Mgmt</p>	<p>156) NI: 24hrs Mgmt</p> <p>157) NI: 24hrs Mgmt</p>
<p>158) NI: 24hrs Mgmt</p> <p>159) NI: 24hrs Mgmt</p>	<p>160) NI: 24hrs Mgmt</p> <p>161) NI: 24hrs Mgmt</p>
<p>162) NI: 24hrs Mgmt</p> <p>163) NI: 24hrs Mgmt</p>	<p>164) NI: 24hrs Mgmt</p> <p>165) NI: 24hrs Mgmt</p>
<p>166) NI: 24hrs Mgmt</p> <p>167) NI: 24hrs Mgmt</p>	<p>168) NI: 24hrs Mgmt</p> <p>169) NI: 24hrs Mgmt</p>
<p>170) NI: 24hrs Mgmt</p> <p>171) NI: 24hrs Mgmt</p>	<p>172) NI: 24hrs Mgmt</p> <p>173) NI: 24hrs Mgmt</p>
<p>174) NI: 24hrs Mgmt</p> <p>175) NI: 24hrs Mgmt</p> </	

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	31/10/2022 18:15 (SGT)
Reported by	Both
Date of Accident	29/10/2022 15:30 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS CHANGI BEFORE THOMSON EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE3348J
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	GONCHAROVA ELENA
NRIC No	SXXXX508G
Email Address	egoncharova3103@yahoo.com
Mobile Phone No	(Phone) +65-96585512
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
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	1794

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	22-MR004037-R02

DRIVER

Name of Driver	GONCHAROVA ELENA
NRIC No	SXXXX508G
Date Of Birth	31/03/1976
Occupation	Indoor

Date Of Driving Pass	01/09/2012
Driving experience	10 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-96585512
Alt. Phone Number	-
Email Address	egoncharova3103@yahoo.com
Address	BLK 122 JURONG EAST STREET 13 #04-33
Address complement	-
Postcode	600122
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	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?	No
Was any injured conveyed to hospital by ambulance?	-
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	GONCHAROV PANG LUAN
Gender	Male

PASSENGER 2

Name	YOON PHYU SAN
Gender	Female

PASSENGER 3

Name	ANDREW TAN
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

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
---	-----

Was there any video captured by Car Camera?
Reasons for not uploading a video of the accident

Yes
WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLD8212P
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	SMC3928J
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)	-

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.

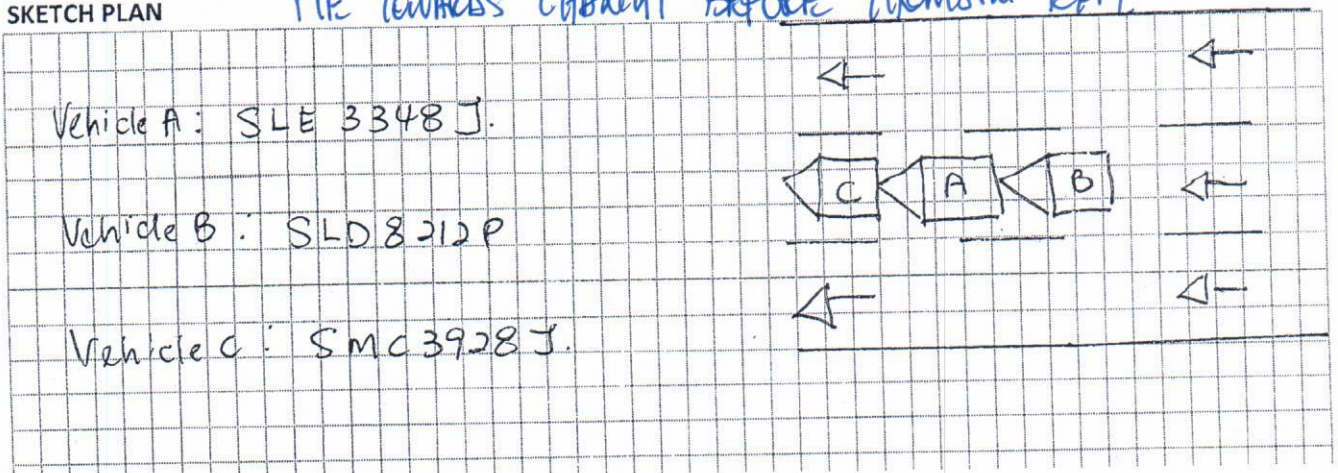
Policyholder's Signature Date
& Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

PIE TOWARDS CHANGI BEFORE THOMSON EXIT



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I was driving on the stated Venue PIE Towards Changi before Thomson Exit. The vehicle in front of me stopped and I followed suit. Suddenly I felt a hard impact from the rear of my vehicle. The impact pushes my car forward and hit onto the vehicle in front of me SMC 3928J. I alighted from my vehicle SLE3348J and realized I was involved in a 3 cars chain collision. Vehicle SLD 8212P had hit onto my vehicle & pushes my vehicle to hit onto SMC 3928J

DECLARATION

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

Policyholder's Signature Date
& Time:

GIARMC SketchPlanForm_V3

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 29 / 10 / 2022 (dd/mm/yy) Time of Accident: 13 : 30 ^{pm} (24-HR-FORMAT)

Vehicle No.: SLE 3348 J Vehicle Make & Model: Toyota Wish

Exact location of Accident: PIE Towards Changi before Thomson Exit

Policyholder's Name: Goncharova Elena I/C / UEN: S765508G

Driver's Name / IC No.: Goncharova Elena S765508G (As Above) ☐

Driver's Contact No.: 96585512 Company Contact No (Company Veh Only): _____

Driver's Address: Blk 122, Jurong East St 13 #04-33 (S) 600122

Email address: egoncharova3103@yahoo.com Insurance Company: _____

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

21/08/1976 01/09/2012

What do you wish to claim? (Please **TICK** one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle
Was being used at time of accident?

Occupation (nature of job) ☒ Indoor / ☐ Outdoor

☒ Private use / ☐ Work purpose (male)

*No. of Passengers (Including Driver): 4

*Passenger Name: ① Goncharov Pary Ivan ② Yoon Phyu San Gender: Male Female *Passenger

Name: ③ Add Andrew Tan Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☒ Yes / ☐ No

Any Injuries: ☐ Yes / ☐ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes / ☐ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: SLD 8212 P

Driver's Contact No: _____ Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: SMC 3928 J

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____



A member of the

TOKIO MARINE
INSURANCE GROUP
FORM MX1

Tokio Marine Group

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)

Policy No.:

22-MR004037-R02 (Private Motor Car)

1. **Index Mark and Registration Number of Vehicle** SLE3348J **Chassis No.:** JTDGG20W60J004655
2. **Name of Policyholder** ELENA GONCHAROVA
3. **Effective date of the Commencement of Insurance for the purposes of the Act** 18/07/2022
4. **Date of Expiry of Insurance** 17/07/2023
5. **Persons or Class 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. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

6. Limitations as to use*

Use only for social domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover use for hire or reward, racing, pace-making, reliability trial, speed-testing or 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. * 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.

We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please refer to the Policy Schedule for full details, terms and conditions of the insurance.

IMPORTANT NOTICE

This Certificate is not transferable. During its currency, if the insurance is cancelled for whatsoever reason, you must return the Certificate to Tokio Marine Insurance Singapore Ltd. within 7 days thereof or, if the Certificate has been lost destroyed, you must make a statutory declaration to that effect. Failure to comply with this duty is an offence under Motor Vehicle (Third-Party Risks and Compensation) Act (Chapter 189).

ADDITIONAL INFORMATION

Account: 2712DDA

Insurance Plan:	Comprehensive Approved Workshop Plan
Limit for total loss or theft:	Prevailing Market Value
Policy Excess:	Own Damage Claims SGD 800
	Windscreen Excess SGD 100
Financial Interest:	GOLDBELL ENGINEERING PTE LTD

Tokio Marine Insurance Singapore Ltd.

Authorised Signature