

NATIONAL Assessment Centre Services

Date In 14/12/2022	Job description	Date & Time Completed	Done by
Ref No NA/LPC22012520/d3	SAS e-filing		
Veh No GBE 8883K	E-mail (within 8hrs. Alt 2hrs)		
D O A 09/12/2022	i-Motor Claim Form		
OD/TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SLS 1900D	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:- (INC hotline: 6788 6616)	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

Claimant's Particulars :-	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bil
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
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		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : 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 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	14/12/2022 17:27 (SGT)
Reported by	Driver
Date of Accident	09/12/2022 13:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	533A UPPER CROSS STREET HONG LIM COMPLEX (MSCP)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF8883K
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	FOSANCI TRADING PTE. LTD.
Company Reg No	2XXXXXX212M
Email Address	fosanci@gmail.com
Mobile Phone No	(Phone) +65-94521700
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Fiat
Model	Doblo
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	1598

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Policy Number / Cover Note Number	Z22VC05011630

DRIVER

Name of Driver	ZHANG YIMENG
NRIC No	SXXXXX346Z
Date Of Birth	29/04/1983
Occupation	Outdoor

Date Of Driving Pass	26/03/2016
Driving experience	6 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94821700
Alt. Phone Number	-
Email Address	fosanci@gmail.com
Address	227 UPPER PAYA LEBAR ROAD
Address complement	# 06-16
Postcode	533872
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 on 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	2
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)	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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACH STATEMENT.

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	SLS1900D
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 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 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.



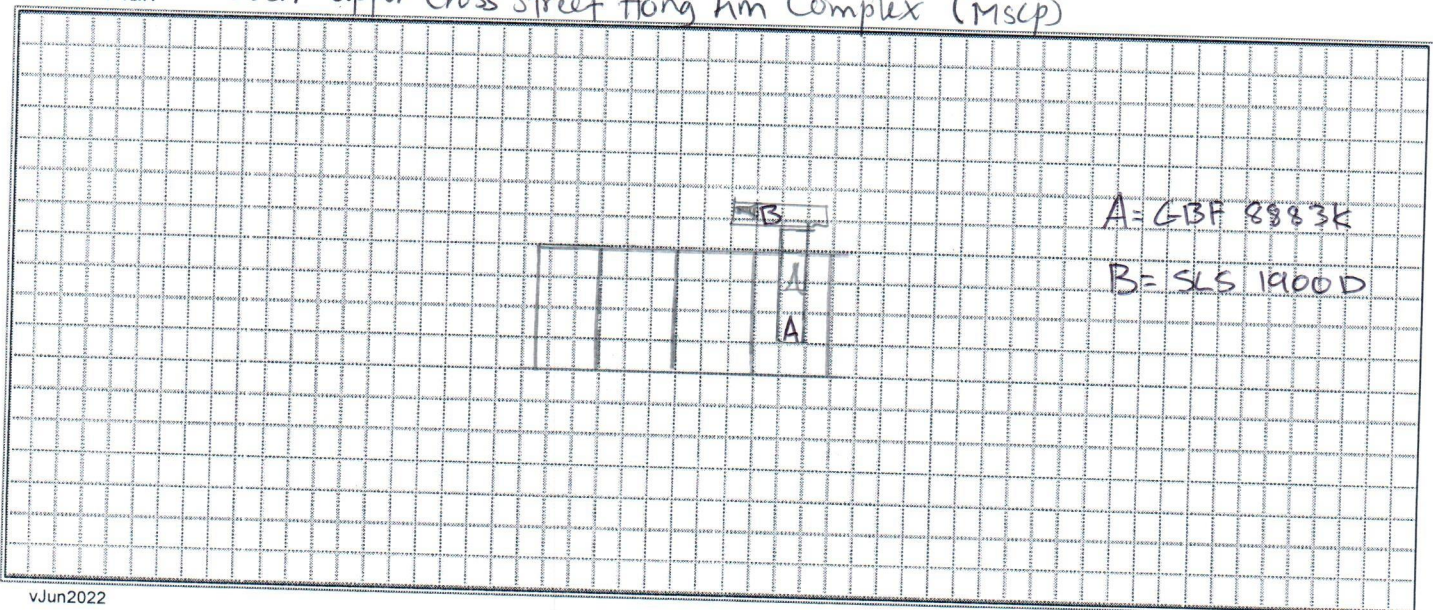
Policyholder's Signature / Date & Time

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

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

Sketch Plan

533A Upper Cross Street Hong Lim Complex (Mscp)



Describe Circumstance of the Accident

On 09/12/2022 at 1330hrs. Vehicle A wanted to drive out of the parking lot and adjust his vehicle when suddenly Vehicle B came from the front and vehicle A hit the left Portion of Vehicle B.

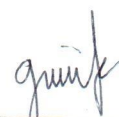
Declaration

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


Policyholder's Signature / Date & Time



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

 14/12/2022

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

ACCIDENT STATEMENT

ACCIDENT DATE: 09 / 12 / 2022 (DD/MM/YYYY), TIME: 13 : 30 (HH:MM)

LOCATION: 533A Upper Cross Street Hong Lim Complex (MSCP)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: CBF 8883K
 b) INSURANCE COMPANY: Lanfuc Insurance
 c) POLICY NUMBER: 222VC05011630
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Fiat Doblo Cargo AUTO / MANUAL
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: working
 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: Fosanci Trading Pte LTD (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 201206212M CONTACT: 9452 1700
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

- DRIVER
 a) NAME: Zhang Yimeng (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S83783462 CONTACT: 9482 1700
 c) ADDRESS: 227 Upper Paya Lebar road #06-16
533872

* d) DATE OF BIRTH: 29 / 04 / 1983 (DD/MM/YYYY)

- e) OCCUPATION: (INDOOR / OUTDOOR)
 f) YEARS OF DRIVING EXPERIENCE: 26 / 03 / 2016

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: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLS 1900 D 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: _____

Email = fosanci@gmail.com

Fax = _____

VIDEO = NO



LONPAC INSURANCE BHD (S98FC5635C)

(Incorporated in Malaysia)

Singapore Office: 300, Beach Road #17-04/07, The Concourse, Singapore 199555.

Tel: (65) 6250 7388 Fax: (65) 6296 3767 Website: www.lonpac.com.sg

GST Reg No.: F0-0005635-C

MZ300

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CAP 189) REPUBLIC OF SINGAPORE.
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES 1960 (REPUBLIC OF SINGAPORE).
ROAD TRANSPORT ACT 1987 (MALAYSIA).
ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA).
THE MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA).

Certificate No. : Z22VC05011630

Type of Cover : THIRD PARTY FIRE & THEFT

1. Index Mark and Vehicle Registration Number

FIAT DOBLO CARGO MAXI 1.6 MTJ AMT GLAZE
- GBF8883K

2. Name of Policy Holder

FOSANGI TRADING PTE. LTD.

3. Effective Date of the Commencement of Insurance
for the purpose of the Act

01/06/2022

4. Date of Expiry of the Insurance

31/05/2023

5. Person To Drive

(A) THE POLICYHOLDER.

(B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS/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

USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.

USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARD) IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.

USE FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES.

THE POLICY DOES NOT COVER:-

USE FOR HIRE OR REWARD OR FOR RACING, PACEMAKING, RELIABILITY TRIAL OR SPEED TESTING.

USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

* Limitations rendered inoperative by Section 95 of the Road Transport Act 1987 (Malaysia) or Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap 189) Republic of Singapore are not included under heading.

I/WE hereby certify that this covering Note is issued in accordance with the provisions of Part IV of the Road Transport Act 1987 (Malaysia) and Motor Vehicles (Third-Party Risks and Compensation) Act (Cap 189) Republic of Singapore.

H.P. Owner : HONG LEONG FINANCE LIMITED

Amek

CHIEF EXECUTIVE
(Singapore Branch)

User ID: HSLIM

Date Issued: 06/05/2022

**LONPAC INSURANCE BHD** (S98FC5635C)

(Incorporated in Malaysia)

Singapore Office: 300, Beach Road #17-04/07, The Concourse, Singapore 199555.

Tel: (65) 6250 7388 Fax: (65) 6296 3767 Website: www.lonpac.com.sg

GST Reg No.: F0-0005635-C

TAX INVOICE**Name** : FOSANCI TRADING PTE. LTD.**Date** : 06/05/2022**Address** : 3
ANG MO KIO STREET 62 LINK@AMK
#04-29
SINGAPORE 569139**Account No** : Z70479(D)**Class of Policy** : COMMERCIAL VEHICLE**Invoice No./Policy No.** : Z22VC05011630**Sum Insured** : MARKET VALUE**Vehicle Number** : GBF8883K**Period of Insurance** : 01/06/2022 To 31/05/2023

(a)	Gross Premium			S\$
(b)	Goods and Services Tax	7.00%		803.68
(c)	Total Due			56.26
				859.94

*Onele***CHIEF EXECUTIVE**
(Singapore Branch)**IMPORTANT NOTE**

CASH BEFORE COVER REGULATION (MOTOR) SECTION 141 OF THE INSURANCE ACT 1996 WHERE NO COVER CAN BE GRANTED UNTIL THE PREMIUM HAD BEEN PAID IN ACCORDANCE WITH THE REGULATION ISSUED UNDER THE SECTION.

PAYMENT MODE**PayNow**Please scan QR code with your mobile Banking App.
Please indicate your name and policy number(s) or quotation number in the Bill/Reference field**Bank Transfer**Beneficiary Name/Bank : Lonpac Insurance Bhd / UOB Ltd Bank/Branch code : 7375 / 016
Swift code : UOVBSGSG Account No : SGD 116-305-693-9
Please indicate your policy number(s) in the bank payment field.**Cheque**Please issue cheque to **Lonpac Insurance Bhd**
Please indicate your Policy number(s), name and contact number behind the cheque**Credit Card**

To complete the credit card deduction form

**SCAN TO PAY**

**LONPAC INSURANCE BHD (S98FC5635C)**

(Incorporated in Malaysia)

Singapore Office: 300, Beach Road #17-04/07, The Concourse, Singapore 199555.

Tel: (65) 6250 7388 Fax: (65) 6296 3767 Website: www.lonpac.com.sg

GST Reg No.: F0-0005635-C

TAX INVOICE**Name** : FOSANCI TRADING PTE. LTD.**Date** : 06/05/2022**Address** : 3
ANG MO KIO STREET 62 LINK@AMK
#04-29
SINGAPORE 569139**Account No** : Z70479(D)**Class of Policy** : COMMERCIAL VEHICLE**Invoice No./Policy No.** : Z22VC05011630**Sum Insured** : MARKET VALUE**Vehicle Number** : GBF8883K**Period of Insurance** : 01/06/2022 To 31/05/2023

			S\$
(a)	Gross Premium		803.68
(b)	Goods and Services Tax	7.00%	56.26
(c)	Total Due		859.94

CHIEF EXECUTIVE
(Singapore Branch)**IMPORTANT NOTE**

CASH BEFORE COVER REGULATION (MOTOR) SECTION 141 OF THE INSURANCE ACT 1996 WHERE NO COVER CAN BE GRANTED UNTIL THE PREMIUM HAD BEEN PAID IN ACCORDANCE WITH THE REGULATION ISSUED UNDER THE SECTION.

PAYMENT MODE**PayNow**

Please scan QR code with your mobile Banking App.

Please indicate your name and policy number(s) or quotation number in the Bill/Reference field

Bank Transfer

Beneficiary Name/Bank : Lonpac Insurance Bhd / UOB Ltd Bank/Branch code : 7375 / 016

Swift code : UOVBSGSG Account No : SGD 116-305-693-9

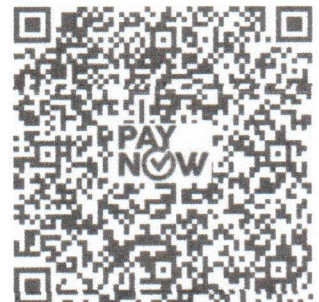
Please indicate your policy number(s) in the bank payment field.

ChequePlease issue cheque to **Lonpac Insurance Bhd**

Please indicate your Policy number(s), name and contact number behind the cheque

Credit Card

To complete the credit card deduction form

**SCAN TO PAY**

**LONPAC INSURANCE BHD** (S98FC5635C)

(Incorporated in Malaysia)

Singapore Office: 300, Beach Road #17-04/07, The Concourse, Singapore 199555.

Tel: (65) 6250 7388 Fax: (65) 6296 3767 Website: www.lonpac.com.sg

GST Reg No.: F0-0005635-C

THE SCHEDULE

Class of Policy	: COMMERCIAL VEHICLE	Policy No.	: Z22VC05011630
Insured	: FOSANCI TRADING PTE. LTD.	Type of Cover	: THIRD PARTY FIRE & THEFT
Address	: 3 ANG MO KIO STREET 62 LINK@AMK #04-29 SINGAPORE 569139	Replacing CN/Policy No.	: Z21VC05007561
Nature of Business	: OTHERS - OTHERS - WHOLESALE TRADE OF A VARIETY OF GOODS WITHOUT A DOMINANT PRODUCT	Account No	: Z70479(D)

Period of Insurance
(a) From 01/06/2022 To 31/05/2023 (both dates inclusive)
(b) Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium.

H.P. Owner	: HONG LEONG FINANCE LIMITED
-------------------	------------------------------

Description of Vehicle	The Policy's Premium																																
Vehicle/Trailer Regn. No : GBF8883K	<table><tr><th>Premium Component</th><th>%</th><th>Amount (\$\$)</th><th>Total (\$\$)</th></tr><tr><td>Basic Premium</td><td></td><td></td><td>1,004.60</td></tr><tr><td>NCD</td><td>20.00%</td><td>-200.92</td><td></td></tr><tr><td>Premium After Discount</td><td></td><td></td><td>803.68</td></tr><tr><td>Gross Premium</td><td></td><td></td><td>803.68</td></tr><tr><td>Actual Gross Premium</td><td></td><td></td><td>803.68</td></tr><tr><td>GST</td><td>7.00%</td><td>56.26</td><td></td></tr><tr><td>Total Premium Payable</td><td></td><td></td><td>859.94</td></tr></table>	Premium Component	%	Amount (\$\$)	Total (\$\$)	Basic Premium			1,004.60	NCD	20.00%	-200.92		Premium After Discount			803.68	Gross Premium			803.68	Actual Gross Premium			803.68	GST	7.00%	56.26		Total Premium Payable			859.94
Premium Component	%	Amount (\$\$)	Total (\$\$)																														
Basic Premium			1,004.60																														
NCD	20.00%	-200.92																															
Premium After Discount			803.68																														
Gross Premium			803.68																														
Actual Gross Premium			803.68																														
GST	7.00%	56.26																															
Total Premium Payable			859.94																														
Make & Model of Vehicle : FIAT DOBLO CARGO MAXI 1.6 MTJ AMT GLAZE																																	
Type of Body : VAN																																	
Engine No : 263A50007619543																																	
Chassis No : ZFA26300006C52351																																	
Year of Registration : 2016																																	
Tonnage : 0.95																																	
Seating Capacity : 2																																	
Sum Insured : MARKET VALUE																																	

**LONPAC INSURANCE BHD** (S98FC5635C)

(Incorporated in Malaysia)

Singapore Office: 300, Beach Road #17-04/07, The Concourse, Singapore 199555.

Tel: (65) 6250 7388 Fax: (65) 6296 3767 Website: www.lonpac.com.sg

GST Reg No.: F0-0005635-C

Class of Policy : COMMERCIAL VEHICLE**Policy No.** : Z22VC05011630**Named Drivers** : 1. ALL AUTHORISED DRIVER

This Policy is subject to the following endorsements, clauses, warranties, and/or Special Exclusion(s) as printed in this Policy or added thereon or attached thereto and forming part of this Policy.

- 1) CLAIMS OPTION
- 2) ENDORSEMENT 3(q) - THIRD PARTY FIRE AND THEFT
- 3) ENDORSEMENT NO. 30 - REPLACEMENT PARTS
- 4) ENDORSEMENT NO. 72 - LEGAL LIABILITY OF PASSENGERS FOR ACTS OF NEGLIGENCE
- 5) ENDORSEMENT NO. 15 - HIRE PURCHASE (OWNER: HONG LEONG FINANCE LIMITED)

LONPAC INSURANCE BHD

CHIEF EXECUTIVE
(Singapore Branch)

User ID : HSLIM

Date Issued : 2022-05-06 14:26:16.833

PRIVACY POLICY

For information on our privacy policy, please visit our website
<https://www.lonpac.com.sg/home/privacy-policy>