

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 | 23/12/2022 13:36 (SGT) |
| Reported by | Driver |
| Date of Accident | 22/12/2022 16:00 (SGT) |
| Exact Location of Accident | Mountbatten Rd, Singapore |
| Additional Location Information | MOUNTBATTEN ROAD |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SKA9277Z |
|-----------------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|-------------------------|
| Is company? | No |
| Name Of Registered Owner | YIP DOROTHY |
| NRIC No | S0299531Z |
| Email Address | LAIDOROTHY@YAHOO.COM.SG |
| Mobile Phone No | (Phone) +65-96339822 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|-------------|
| Manufacturer | Toyota |
| Model | Alphard |
| 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? | Yes |
| Vehicle Category | Private car |
| Transmission | Auto |
| CC | 2500 |

INSURANCE COMPANY

| | |
|---|--------------------------------------|
| Name of Insurance Company | AIG Asia Pacific Insurance Pte. Ltd. |
| Policy Number / Cover Note Number | 7220046612 |

DRIVER

| | |
|----------------------|---------------|
| Name of Driver | CHAN YUE SENG |
| NRIC No | S1781219Z |
| Date Of Birth | 21/07/1966 |
| Occupation | Outdoor |

| | |
|--|----------------------------------|
| Date Of Driving Pass | 14/03/1990 |
| Driving experience | 32 YEARS AND 9 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-97367120 |
| Alt. Phone Number | - |
| Email Address | LAIDOROTHY@YAHOO.COM.SG |
| Address | BLK 505 SERANGOON NORTH AVENUE 4 |
| Address complement | #05-464 |
| Postcode | 550505 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Paid Driver |
| 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 - Cross Junction |
| 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) | 3 |
| 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 | MARI CHU |
| Gender | Female |

PASSENGER 2

| | |
|--------------|--------|
| Name | JOANNE |
| Gender | Female |

DETAILS OF POLICE ACTION

| | |
|---|-------------------------------------|
| Was the accident reported to the police? | Yes |
| Police Station Name | Orchard Neighbourhood Police Centre |
| Police Station Phone No | (Phone) +65-18007359999 |
| Alt. Police Station Phone No | (Fax) +65-67331934 |
| Police Station Address | 51 Killiney Road Singapore 239572 |
| 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? | Yes |

Reasons for not uploading a video of the accident VIDEO FOOTAGE WITH TRAFFIC POLICE.

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|---|----------------------|
| Vehicle Registration Number | FBJ2175P |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Motorcycle |
| Name of Driver | LIM SWEE MENG |
| Contact Number | (Phone) +65-92259906 |
| 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 | LIM SWEE MENG |
| Gender | - |
| Phone No | (Phone) +65-92259906 |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | FBJ2175P |
| Were seat belts worn? | No |
| Was this injured conveyed to hospital by ambulance? | Yes |

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 willful 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.

Chen 23/12/22 11:20am Pay via net

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

A-SKA9277Z
B-FBJ2175P

1

Describe Circumstance of the Accident

Refer to Police Report 7/20221222/2096

Declaration

I/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

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















































**SINGAPORE
POLICE FORCE**



T/20221222/2096

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

1 of 3

Report No. T/20221222/2096

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|--|--------------------------|----------------------------|
| Date/Time Report Made: 22/12/2022 18:43 | | Vide Report No.: | | Station Diary No.: 80 | |
| Informant's Particulars | | | | | |
| Name of Informant: CHAN YUE SENG | | | Address: APT BLK 505 SERANGOON NORTH AVENUE 4 #05-464 SINGAPORE 550505 | | |
| ID Type / ID No.: NRIC NO / S1781219Z | | | Contact No.: Home/Office: Mobile: 97367120 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 56 | Date of Birth: 21/07/1966 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | | Institution / School Name: |
| Occupation: PERSONAL DRIVER | | | Driving Licence Information: Class: Date of Expiry: | | |

General Information of the Accident

| | | | | |
|--|---------------------------|---|--|--------------------------------------|
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 22/12/2022 16:00 | Type of Location: X-Junction |
| Location: MOUNTBATTEN ROAD | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: Two Way | | Traffic Control: Traffic Light - Working | | Traffic Volume: Moderate |
| Type of Collision: Between Moving Vehicles - Head To Side | | | | Anyone conveyed by ambulance: Yes |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------------|------|-------|-------|-----------|-----------------|
| FBJ2175P | Motorcycle | | | | | 0 |
| SKA9277Z | Car | | | | | 0 |

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20221222/2096

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

2 of 3

Report No. T/20221222/2096

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|-----------------------|--|-----------------------------------|
| Rider | | | |
| Name | LIM SWEE MENG | ID No. | NIL |
| Related Vehicle | FBJ2175P (Motorcycle) | Contact No. | 92259906 |
| 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 |
| Driver | | | |
| Name | CHAN YUE SENG | ID No. | S1781219Z |
| Related Vehicle | SKA9277Z (Car) | Contact No. | 97367120 |
| 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 22/12/2022 at about 04.00pm, I was driving my vehicle (SKA9277Z) and making a right turn from Mountbatten Rd onto Crescent Rd when one motorcycle (FBJ2175P) who was travelling on the opposite side collided onto the front left passenger door of my vehicle. After the accident, I immediately stop and came down to help the rider.

Shortly after, ambulance and traffic police came. The paramedic made a check on the rider and conveyed the rider to hospital.

I had in-car camera in my vehicle and the memory card had been taken by the traffic police.

I am lodging this report as advised by the traffic police.

I wished to state that I had ensure that the traffic is clear before making the right turn and did not notice the motorcycle until it collided onto my vehicle.



SINGAPORE
POLICE FORCE



T/20221222/2096

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

3 of 3

Report No. T/20221222/2096

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:

E /

SGT 2 LIM ZI SHENG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

22/12/2022 18:43

Officer In Charge Of Case:

TP / GIT /

STAFF SGT MOHAMED SUFIAN BIN

MOHAMED JUNID

Contact No.: 65476247

Classification Of Case:

NP168



MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER)

Chen Yue Seng

VEHICLE NUMBER

SKA 9277Z

DATE/TIME OF ACCIDENT

22/12/2022 @ 1600pm

PLACE OF ACCIDENT

Mountbatten Road

THIRD PARTY VEHICLE (IF ANY)

FBJ 2175P

WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?

Queen Astrid Park → Bishop Gate

* DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-ANALYSER TEST ON YOU? IF YES, WHAT IS THE RESULT?

No

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?

LH side collision

WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

Yes. FBJ 2175P

Name:

Chen

I Affirmed The Above Information Is Given To My Best Knowledge.



COPY OF PROPOSAL FORM

AUTOPLUS PRIVATE VEHICLE

Statement pursuant to Section 25(5) of the Insurance Act (Cap. 142) (or any subsequent Amendments thereof). You are to disclose in this Proposal Form, fully and faithfully, all the facts which you know or ought to know in respect of the risk that is being proposed, otherwise, the policy hereunder may be void.

Quotation No. : 7220046612 V1
 Issue Date : 15 Jun 2022
 Producer Name : ARK - PT(A)
 Producer Code : 0504576010

ABOUT THE POLICYHOLDER (FOR VEHICLE REGISTERED OWNER ONLY)

Name as in ID/ROC : YIP DOROTHY
 Address : 4 QUEEN ASTRID PARK
 SINGAPORE 266795
 ID/ROC No. : xxxxx531Z
 Nationality : Singaporean
 Tel No. (Mobile) : 96339822
 Tel No. (Office) :
 Tel No. (Home) :
 Email : LAI.DOROTHY@YAHOO.COM.SG
 Is Policyholder driving the vehicle: No
 Nature of Business : Others(Indoor)

ABOUT THE PRIMARY DRIVER

Name as in ID : CHAN YUE SENG
 ID No. : xxxxx219Z
 Gender : Male
 Nationality : Singaporean
 Marital Status : Married
 Date of Birth : 21 Jul 1966
 Driving Experience : 20Yrs
 Relationship to Policyholder : Relative
 Occupation : Driver(Taxi/Bus/Forklift etc.)/ Chauffeur
 Name of Employer : -

1. Is your employment in the business of night entertainment/gambling establishment? (If yes, please provide details.)
☒ No ☐ Yes

2. Do you have any physical disability or illness that may impair your driving? (If yes, please provide details.)
☒ No ☐ Yes

3. If yes to Question 2, is there any doctor letter certifying you are fit to drive? (If yes, please attach supporting documents.)
☒ No ☐ Yes

CLAIMS HISTORY (POLICYHOLDER / PRIMARY DRIVER)

At Fault Claim² experience in last 3 years (If yes, please provide details below.)
☒ No ☐ Yes

No Claim Discount (NCD)% of Policyholder : 50%

If NCD is nil or 10% with no claims experience, please provide the reason:

Previous Insurer : AXA INSURANCE SINGAPORE PTE LTD

Previous Vehicle No./Policy No.: SKA9277Z

² At Fault Claim refer to claims which result in the reduction of the No Claim Discount (NCD) [including claims where NCD is not affected only due to the NCD Protector benefit].

REVOKED AND SUSPENDED LICENCE OF PRIMARY DRIVER

Has your driving licence been revoked/suspended in the last 10 years? (If yes, please provide details.) ☒ No ☐ Yes

Date Revoked/Suspended :

Duration of Revocation/Suspension of Licence :

Reason :

Alcohol Limit (in case of drunk driving) : mg/breath or mg/blood

Driving experience before the licence was revoked/suspended :

Any accident leading to licence being revoked/suspended : NCD % before the licence was revoked/suspended :

1003207756/ADL

Page 1 of 4



COPY OF PROPOSAL FORM

Quotation No. : 7220046612 V1
Issue Date : 15 Jun 2022

Producer Name : ARK - PT(A)
Producer Code : 0504576010

ABOUT THE VEHICLE

Registration No. : SKA9277Z
Make/Model : TOYOTA ALPHARD 2.5
Body Type : MPV
Seating Capacity : 7
Chassis No. : JTNGF3DH208017166 Off Peak Car : No
Hire Purchase Company/Employer's Loan : NA
Vehicle Usage :
First Year of Registration : 2018
Engine capacity : 2,494.00 CC
Sum Insured : Market Value
Engine No. : 2ARJ112011

- ☐ For motor trade
☐ For embassy use
☐ For driving instruction
☐ For test drive purposes
☒ For social, domestic and pleasure purposes
☐ For social, domestic and pleasure purposes, travelling to and from work and business of insured, Insured's Employer or Partner
☐ For Hire & Reward to carry passengers
- ☐ For hire and reward
☐ For delivery/logistic purpose
☐ For rallying or racing purposes
☐ For business of Insured, Insured's Employer or Partner
☐ For Law Enforcing, Security and/or Emergency services
☐ For social, domestic and pleasure purposes and travelling to and from work
☐ For Hire & Reward to carry goods and/or passengers

Has the vehicle been modified (including the addition of accessories)? ☒ No ☐ Yes

If yes, please provide the list of fixtures and accessories added, its sum insured and whether it affects the vehicle's performance. Please also attach all supporting documents, including LTA approval and a copy of invoice(s) relating to the modification(s). Further supporting documents/information may be requested if necessary.

ABOUT THE NAMED DRIVER(S)

Details of the named driver(s) to be included (Name, ID No., Nationality, Birth Date, Gender, Marital Status, Driving Experience, Occupation, Relationship to Policyholder)

| Driver's Name | Any physical disability or illness that may impair your | Any doctor letter certifying you are fit to drive? | If Yes, please provide details. |
|---------------|--|--|---------------------------------|
| | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes | |

Please provide At Fault Claim* history in the last 3 years and/or record of revoked/suspended licence in the last 10 years. Otherwise, declaration will be taken as 'NIL'.

| Driver's Name | Date of Accident | Date and Duration of Licence Revoked/Suspended | Reason for Revoked/Suspended Licence/Details of Accident | Applicable for At Fault Claims Only | |
|---------------|------------------|--|--|-------------------------------------|--|
| | | | | Amount (\$) | Type of Claim (Own Damage / Third Party / Theft / Bodily Injury) |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

*At Fault Claim refers to claims which result in the reduction of the No Claim Discount (NCD) (including claims where NCD is not affected only due to the NCD Protector benefit).

ABOUT THE COVER

Period of Insurance : 13 Jul 2022 to 12 Jul 2023
Age Condition* : All Age Condition
Mileage Condition** : Unlimited Mileage

Driver Restriction : NA
Insuring with COE/PAF* : Yes
Mileage Declaration : km
(Refer to the odometer of your vehicle)

* This policy is subject to driver's age condition as stated above. If it is not a named driver basis policy, please note that the policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

** When insuring without COE/PAF, please inform the financier(s) if vehicle financing is involved. In this instance, in the event of total loss, the Policyholder will recover the residual value of COE/PAF from LTA.

*** If your period of insurance is less than or more than 12 months, we will pro rate the selected mileage accordingly to reflect the correct mileage for this Policy.

*** This value will be used to compute the mileage used on the vehicle.

1005007560/001

Page 2 of 2



COPY OF PROPOSAL FORM

Quotation No. : 7220046612 V1
Issue Date : 15 Jun 2022

Producer Name : ARK - PT(A)
Producer Code : 0504576010

KEY BENEFIT DETAILS

Your Motor Insurance covers the following benefits:

Act of God, Dealer (First 3 years from original registration) + AIG Authorised Workshops, Waiver of Excess, PA to Authorised Driver / Unnamed Passengers- \$10000, Windscreen / Windows, PA Insured- \$50000, Key Replacement Cover- \$800, NCD Protector, Medical Reimbursement- \$500, Strike, Riots and Civil Commotions, Loss of Use 1500cc - 1600cc Optional, Solar Film Optional- \$1150, In-Car Camera Excess Waiver

EXCESS

Section 1

Fire - \$0 Own Damage - \$1000 Theft - \$0 Flood Cover - \$1000

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver

CHAN YUE SENG - \$1000 (Own Damage), \$1000 (Flood Cover)

PREMIUM

| | | |
|------------|------|----------|
| Premium | : \$ | 1,052.52 |
| GST (7%) | : \$ | 73.68 |
| Total | : \$ | 1,126.20 |

Your Premium includes the following discount(s):

Safe Driver Discount - 0.00%, No Claim Discount - 50%

TERMS AND CONDITIONS TO NOTE

Other terms and conditions apply. Please refer to the policy terms and conditions.

1015/07/16/NDL

Page 3 of 4

AUTHORIZATION LETTER

Date: 23/12/2022
 To: ADL Asia Pacific
 Cc: Borneo Motors (S) Pte Ltd
 Attn: To Whom It May Concern

Dear Sir / Madam,

RE: Authorization to Act on Behalf for Insurance Claims Documentation

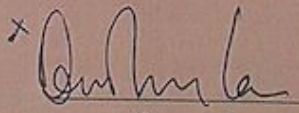
I/we, (full name) Yip Dorothy NRIC No. S02995312
 hereby authorized my/our (relationship) Driver (full name)
Chan Yee Seng NRIC No. S17812192 to drive my
 vehicle at time of accident.

He / She is also authorize to exercise and execute to sign all / any necessary transaction
 documentation pertaining to my registration vehicle number SKA 92772 as I am
 currently having tight official business schedules / away from Singapore on duty oversea travel.

Please do not hesitate to contact me should you require any further clarification on the above.

Thank You

Yours truly,

Signature : 
 Name : Yip Dorothy
 Contact No : 96339822