

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933 TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

TAX INVOICE

EQ INSURANCE COMPANY LTD

5 MAXWELL ROAD #17-00 TOWER BLOCK MND COMPLEX SINGAPORE 069110 INV No. AC2301491

INV Date 13/03/2023

Reference CS/EQI23000883/Uny3e2

Code EQI

PROFESSIONAL SERVICE FEE

Vehicle No. FBH 5602P

Insured Veh. SMR 5488U

Claim No. DM22HO02207/JT

Policy No.

Accident Date 18/12/2022

Inspection Date 31/01/2023

Description	Total
Survey Inspection	250.00
Digital Photographs	
Transportation	
Subtotal	250.00
GST (8%)	20.00
Grand Total	270.00

We shall be glad if you could forward the payment at your early convenience.

Cheque should be crossed and made payable to 'LKK Auto Consultants Pte Ltd'

LKK Auto Consultants Pte Ltd

KHM



51 UBI AVE 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL: (065) 62563561 FAX: (065) 62564315

Your Ref : DM22HO02207/JT Date: 13th Mar 2023

Our Ref : CS/EQI23000883/Uny3e2

M/s EQ Insurance Company Ltd

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110 (The Motor Claims Department)

Dear Sirs/Madam,

AUTOMOBILE INSPECTION REPORT OF ACCIDENT VEHICLE FBH 5602P INSURED VEHICLE: SMR 5488U ACCIDENT ON 18/12/2022

Instruction was received to inspect the vehicle Reg. No. FBH 5602P. The inspection was conducted on 31/01/2023 at the premises of M/s Erofia Motor Trading Pte Ltd, 1 Kaki Bukit Avenue 6 #02-62, Singapore 417883.

The following vehicle information was recorded:

Registration Number : FBH 5602P Make/Model : Yamaha FZ 16

Year of Registration : 2013 Body Colour : Red

Chassis Number : ME121C0G5D2011682

Engine Capacity : 153 cc

The vehicle sustained damages at the front portion and o/s body. The Estimated repair cost of such vehicle is \$\$8,082.75 (Sin Dollars: Eight Thousand Eighty-Two and Seventy-Five cents only.) (Details see photographs enclosed)



51 UBI AVE 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL: (065) 62563561 FAX: (065) 62564315

In view of this repair work, we are of the opinion that it would be **uneconomical** to proceed with the repairs and recommend it's to be written off as "**Total Loss**".

(a)	If the vehicle to be "Total Loss"
	N. 1 4 N. 1

Market Value

S\$ 1,500.00 (est)

Less: LTA Reimbursement Value (RV)

(S\$ 80.00)

Nett Liability

S\$ 1,420.00

S\$ 1,420.00

(b) If the vehicle to be "Repair"

Repair Cost (Est)

S\$ 8,082.75

Nett Liability

S\$ 8,082.75

(a) - (b) =

(S\$ 6,662.75)

The amount of estimated saving of S\$6,662.75 if the vehicle to be written off as "**Total Loss**" instead of to be repair.

Vehicle Inspected By:

CHUA KANG SENG

Licensed Appraiser

K.K.LAU

 $MSc(Eng\ M),\ B\ Eng(Hons),\ PEng(UK),$

MASME(USA), B Bus(Aust),MBA(UK), IEng(UK), MIIE(mech), MinstAEA, MFIEA,

MIRTE, MIMI, MSAE, MCIArd, AM, NIJAAR (USA),

MIRIE, MIMI, MISAE, MICIARA, AM, NIJAAR (USA)

 $AM\ CATARI(CAN), M.MATA(USA), M.MdATA(USA),$

Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report. No liability or responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.



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		1.0g. 10. 100007	196K GS1 Keg. No.	10 0001	100 11
		Affiliated to Federation Internation	nale Des Experts En	Automo	bile
	EQ INSURANCE O	COMPANY LTD		Ref:	CS/EQI23000883/Uny3e2
	5 MAXWELL ROAI #17-00 TOWER BI MND COMPLEXSI			Date:	13/03/2023
				Code:	EQI
1.		Policy Particulars	:- THIRD PARTY	CLAIN	1
	Insured Veh.	SMR 5488U	Veh. Inspected		FBH 5602P
	Policy No.		Coverage (\$)		0.00
	Claim No.	DM22HO02207/JT	Excess (\$)		0.00
	Assign From	JAIME TAY	Assign Date		30/01/2023
2.		Vehicle Partic	culars & Condition	on	
	Make & Model	YAMAHA FZ16	c.c		153
	Engine No.	HIDDEN	Year of Reg.		2013
	Chassis No.	ME121C0G5D2011682	Colour		RED
	Odometer	-	Steering		AFFECTED
	Brakes	IN ORDER	Modification		SPORTS RIM
	General	FAIR			
3.		Conditi	ons of Tyres		
		Size	Make		Balance
	R/H Front Tyre	110-70-17	MICHELIN		6 mm
	L/H Front Tyre				mm
	R/H Rear Tyre	140-70-17	MICHELIN		6 mm
	L/H Rear Tyre				mm
4.		Description	on of Damages		
	THE VEHICLE SU	STAINED DAMAGES AT THE FRO	ONT PORTION AN	ID O/S B	ODY.
	DAMAGES SEE D	ETAILS.			
5.		Genera	Information		
	Accident Date	18/12/2022	Inspection Date	е	31/01/2023
	Survey held at	EROFIA MOTOR TRADING PTE	LTD		
		1 KAKI BUKIT AVENUE 6 #02-62 SINGAPORE 417883			
5a.		Re	emarks		
	A)THE INSPECTION B)IN ACCORDANCE	ON WAS CONDUCTED ON A"WIT CE TO YOUR INSTRUCTIONS, W	HOUT PREJUDICI E HAVE NOT AUT	E" BASIS HORISE	S. ED REPAIRS.



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Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. FBH 5602P

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
2	FORK INNER TUBES	BENT / TWISTED	440.00	440.00
2	FORK OUTER TUBES	BENT / TWISTED	460.00	460.00
1	FORK UNDER BRACKET	BENT	245.00	245.00
1	FRONT FENDER	BROKEN	165.00	165.00
1	FRONT RIM	WARPED / CRACKED	580.00	580.00
1	FRONT RIM SHAFT	BENT	125.00	125.00
1	FRONT RIM BEARING	NECESSARY	110.00	110.00
1	WINDSHIELD	NOT NECESSARY	425.00	-
1	HEADLAMP ASSY	BROKEN	580.00	580.00
1	LAMPSTAY	BENT	485.00	485.00
1	FRONT SIGNALS	CRACKED	160.00	160.00
1	FRONT SIGNAL COVER	CRACKED	180.00	180.00
1	HANDLE-BAR	BENT	425.00	425.00
1	HANDLE-BAR END	SCRATCHED	220.00	220.00
1	SET HAND GRIP	NOT NECESSARY	105.00	-
1	BRAKE LEVER	CUT	420.00	420.00
2	SIDE MIRROR	O/S CUT	165.00	82.50
1	FRONT LOWER COVER	CRACKED	285.00	285.00
1	FUEL TANK SIDE COVER - R/H	CUT	280.00	280.00
1	FRONT FOOTREST	NOT NECESSARY	155.00	-
1	FRONT FOOTREST BRACKETS	NOT NECESSARY	210.00	-
1	BRAKE PEDAL	BENT	165.00	165.00
1	EXHAUST ASSY (YOSHIMURA)	DENTED	2,800.00	2,800.00
	LESS 10% DISCOUNT		-918.50	-820.75
			8,266.50	7,386.75
	SPECIAL NETT ITEMS			
1	SET NUMBER PLATE (SN)	NOT NECESSARY	38.00	-
2	FORK OILS (SN)	NECESSARY	30.00	30.00
2	FORK OIL SEALS (SN)	NECESSARY	56.00	56.00
1	SET STEERING CONE (SN)	NECESSARY	140.00	60.00

Report Ref No. CS/EQI23000883/Uny3e2



RECOMMENDED COST OF REPAIRS

LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

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Page No.:2 of 2

8,082.75

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
1	REAR BOX (SN) (DENTED)	NOT CONSISTENT WITH THE IMPACT	580.00	-
1	REAR BOX BRACKET (SN)	NOT NECESSARY	180.00	-
			1,024.00	146.00
	<u>LABOUR</u>			
	TO CHECK WIRING AND RESET HEADLAMP FORCUSING.	NOT NECESSARY	80.00	-
	TO RESPRAY PAINTING.		680.00	250.00
	TO REPAIR BODY FRAME.	NOT NECESSARY	420.00	-
	TO PROVIDE LABOUR.		480.00	300.00
			1,660.00	550.00
	GRAND TOTAL		10,950.50	8,082.75

Report Ref No. CS/EQI23000883/Uny3e2

CHUA KANG SENG

Licensed Appraiser

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC
Owner ID: S10A

Owner ID: 5: Vehicle Details

 Vehicle No.:
 FBH5602P

 Vehicle to be Exported:
 No

 Intended Deregistration Date:
 17 Jan 2023

Vehicle Make: YAMAHA
Vehicle Model: FZ 16
Primary Colour: Red
Manufacturing Year: 2013

Engine No.: 21CG011466
Chassis No.: ME121C0G5D2011682

 Maximum Power Output:

 Open Market Value:
 \$2,246.00

 Original Registration Date:
 18 Jul 2013

 First Registration Date:
 18 Jul 2013

 Transfer Count:
 5

 Actual ARF Paid:
 \$337.00

Intended PARF Rebate Details

PARF Eligibility: No PARF Eligibility Expiry Date: -

PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Expiry Date: 17 Jul 2023

COE Category: D - Motorcycle

COE Period(Years): 10

QP Paid: \$1,610.00

COE Rebate Amount: \$80.00
Total Rebate Amount: \$80.00

The information contained herein is correct as at 17 Jan 2023

SN0722CJ000A / Income Insurance Limited ENTRY DATE & TIME: 19/12/2022 14:10 (SGT) SUBMITTED BY: Ahmad Sufiyan Assuri Bin Mustaffa VERSION: 1 (19/12/2022 14:10 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 witholding of material facts may allow insurance companies to repudiate

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.

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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

Reported by

Date of Accident

Exact Location of Accident

Additional Location Information

Country/State of Loss

19/12/2022 14:10 (SGT)

18/12/2022 07:30 (SGT)

Singapore

BALESTIER ROAD

DETAILS OF OWN VEHICLE

Vehicle Registration Number

FBH5602P

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address

Mobile Phone No

Alternative Phone No.

No

MOHAMED HASAN ALI BIN MOHAMED AMEEN

S9647510A

MUHDHASANALI1@GMAIL.COM

(Phone) +65-93294976

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Transmission

CC

Yamaha

Fz16

Private use

No - Claiming third party

Motorcycle

Manual

150

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

Income Insurance Limited 5100669131-04

DRIVER

Name of Driver

NRIC No

Date Of Birth

Occupation

Accident report SN0722CJ000A

A. MOHAMED ALTHAF S9774094A 13/11/1997 Indoor

Page 1 of 13

Date Of Driving Pass Driving experience

Gender

Mobile Number Alt. Phone Number

Email Address Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged?

Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

Translator's name Translator's ID

Translator's email

Original language used in the statement

DETAILS OF POLICE ACTION

Was the accident reported to the police? Police Station Name

Police Station Phone No Alt. Police Station Phone No

Police Station Address Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant

REFER TO POLICE REPORT AND SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Yes No

DETAILS OF OTHER VEHICLE PROPERTY 1

SMR5488U

Accident report SN0722CJ000A

Page 2 of 13

(Phone) +65-91713400

1 YEAR AND 9 MONTHS

R.H.ALTHAF@HOTMAIL.COM BLK 468 NORTH BRIDGE ROAD

#09-5083 190468 No Friend No

24/03/2021

Collision - U-Turn

Clear

Dry

No

Yes

No

Kampong Java Neighbourhood Police Centre (Phone) +65-18002959999

(Fax) +65-63913442

21 Kampong Java Road Singapore 228892

No

Vehicle Colour
Vehicle Category
Name of Driver
NRIC No
Contact Number
Address
Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident

No. Of Passenger (Including Driver)

Private car LOOK WAI LOONG S6843033Z (Phone) +65-87503618

INJURED PERSONS DETAILS

INJURED 1

Name of injured person
Gender
Phone No
Address
Address Complement
Post Code
Approximate Age Years Old
Injuries Sustained
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?

A. MOHAMED ALTHAF
Male
(Phone) +65-91713400
BLK 468 NORTH BRIDGE ROAD
#09-5083
190468
25
FRACTURED RIGHT WRIST AND MULTIPLE ABRASION
FBH5602P
No
No

SKETCH FLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Actual Oriver.
- 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.
- Any false reporting may be referred to the Traffic Police Department for investigation.
- This report will be forwarded by the insurers to the GIA Records Management Centre established by the General Insurance Association of Singepore (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)

l 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.

(callectively the "Purposes")

- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law tirms, 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 lawygraduw firms), which may be sited outside of Singapore, for one or more of the above Porposes

19/12/2022 1415HRS

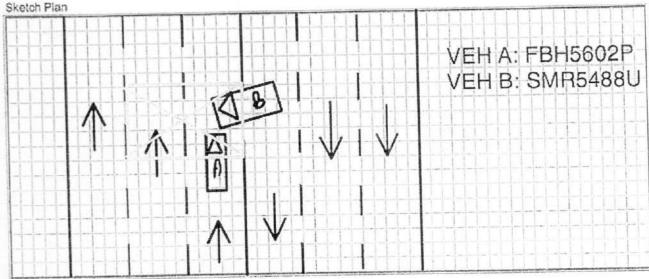
Policyholder's Signature / Date & Time

19/12/2022 1415HRS

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

AHMAD SUFIYAN ASSURI BIN MUSTAFFA S992991

Witnessed by Reporting Centre Personnel (Name as in NRICAD card)



Describe Circumstance of the Accident
The state of the s
REFER TO GEARS REPORT
TIET ETT TO SIET TO

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

19/12/2022 1415HRS Policyholder's 8 gnature / Date & Time

1415HRS Onver's Signature (figriver is not the policyholder) / Date & Time

19/12/2022

HMAD SUFIYAN ASSURI BIN MUSTAFFA

Vidressed by Reporting Centre Personnel (Name as in NRIC1D card)

2





Police Station Of Origin: Kampong Java N.P.C 21 Kampong Java Road SINGAPORE 228892

1 of 3 Report No. T/20230105/2107

Tel No: 1800-2959999

REPORT	OF A	TRAFFIC	ACCIDENT
--------	------	---------	----------

Date/Time Report Made: 05/01/2023 21:17		0	Vide Report No.: T/20221218/2079	Station Diary No.:	
Interna	int's Partic	ulars	and the second s		
A. MOH	f Informant: AMED ALT		Address:	GE ROAD #09-5083 SINGAPORE	
NRIC N	/ ID No.: O / S97740	94A	Contact No.: Home/Office: Mobile: 91713400 Email:		
National SINGAR	ity: 'ORE CITIZ	EN			
Sex; Male	Age: 25	Date of Birth: 13/11/1997	Type of Informant:		
Race: Indian			Language: English	Institution / School Name:	
Occupation: RETAIL ASSOCIATE		E	Driving Licence Information: Class: 2B,3	Date of Expiry	

Type of Accident:	Injury Others	Drink Drive:	Date/Time of Accident:	Type of Location Straight Road
Location:		No No	18/12/2022 07:30	
BALESTIER I	ROAD			
Weather:		I Post O. f		
	Clear			D40
Clear		Road Surface; Dry		Road Speed Limit:
			ing	Road Speed Limit: Traffic Volume: Moderate

Vehicle No.	ehisle Invelva Type	d Make Model	return	
FBH5602P	Motorcycle		Slightly 0	assenge
SMR5488U	Car	+	Damaged	
01011/04000	Car		Slightly 0 Damaged	

Details of Person Involved	
Any Pedestrian Involved; No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA
	good or edestrail Clossing; NA





Police Station Of Origin: Kampong Java N.P.C 21 Kampong Java Road SINGAPORE 228892

2 of 3 Report No. T/20230105/2107

Tel No: 1800-2959999

CONTINUATION OF REPORT

Name	A. MOHAMED ALTHAF		ID No.		S9774094A
Related Vehicle	FBH5602P (Motorcycle)		orcycle) Contact N		91713400
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Disch		NIL	
CONTROL OF SAME THE PROPERTY OF SAME SAME SAME SAME SAME SAME SAME SAME	ted Medical Leave NIL	Degree of	Injury	Serio	US
Name	Look Wai Loong		ID No	·	S6843033Z
Related Vehicle	SMR5488U (Car)		Contact No.		87503618
Hospital/Clinic	NIL			of g ce & / Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc	THE REAL PROPERTY.	NIL	
No of Days gran	ted Medical Leave NIL	Degree of	Injury	NIL	

Brief Details.

I would like to add in additional details to my traffic incident report and change the incident location to my previous Traffic report vide T/20221218/2079. On the above-mentioned date time, and location, while I was traveling along Balestier Rd towards Thomson Rd near Pegu Rd on lane 1. I observed a car bearing SMR5488U doing a U turn into my lane causing the front side of my motorcycle to collide with the front left of the car. In the midst of the accident my iPhone and Apple watch was damaged.





Report No. T/20230105/2107

Police Station Of Origin: Kampong Java N.P.C 21 Kampong Java Road SINGAPORE Tel No: 1800-2959999

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 ONG JUN XIAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 05/01/2023 21:17
Officer In Charge Of Case: TP / AEIT / SI MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:
NP168	



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PHOTOGRAPHS FOR VEHICLE NO. FBH 5602P

INSPECTION















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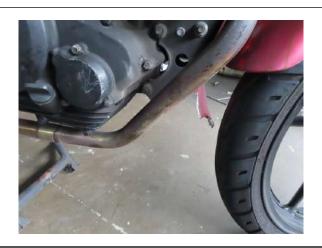


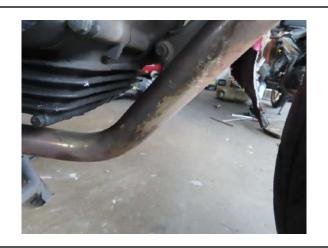


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