

NATIONAL Assessment Centre Services (011 1 800 555 5555) **SA109234 R000B**

Date In: 21/04/2023 17:47	Job description	Date & Time Completed	Done by
Ref No: NRA/TM123004359	SAS e-filing		
Veh No: SMC 2655 2	E-mail (within 2hrs, A/C 2hrs)		
D.O.A: 26/04/2023 19:15	1-Motor Claim Form		
OD: TP Reporting Only	1-Motor W/O (Within 24 hrs, 72 hrs)		
	1-Photo Uploaded		
	Assessment/Survey Report		
TP Insured	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assgn Wksp / QW:	Tel:	Fax:
TP Particulars: Yeh No: 810 62124	INC () / Non-INC ()	
Owner / Driver:	Tel:	
Policy No: () Period: () Cover Type: ()		
Confirmed by: () Date: Time: ()		
Insured/Driver Liability: () 93 (Note: Hst Status (W/O): 1N: 0-30%, F: 21-79%, P: 30-140%)		
Year of Registration: () Warranty: YES () / NO ()		
Excess: (\$) Loading: \$1,000 () / \$2,000 ()		

General Remarks:

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO info of repeller.

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

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

Remarks: (INC Ref: 1061830018) Date of Completion: Done by:

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo (Repair Cost > \$3000) ()

Injury: _____

Date of Injury: _____

Location: _____

Time: _____

Weather: _____

Witness: _____

Police: _____

Insurance: _____

Other: _____

NA230/230	Invoice/Repairation Charge List	Assessment
1) AR: Accident Reporting (330)		
2) DA: Damage Assessment (3100)	INC (350)	
3) TP: Towing Fee	\$100/\$150	
4) PC: Follow-Up Survey	\$150	
5) PT: Post-Repairs Survey (Barterway)	\$30	
6) TR: Repairs Fee	\$75	
7) NI: N/A DA + SMRT Survey	\$140	
8) KTC: Additional Services		
9) Other:		
10) NI: Courtesy Car / Tel Allowance	\$5	
11) NI: Repairs Coordination	\$15	
12) NI: Post Repair Inspection	\$10	
13) NI: DV / Collect Excess Coordination	\$1	
14) NI: TP (N/A INC) Upload INC	\$20	
15) NI: (N/A) Mobile	\$10	
16) NI: (N/A) Mobile		
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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	27/04/2023 17:47 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	26/04/2023 19:15 (SGT)
Exact Location of Accident	Tanjung Kupang, Johor, Malaysia
Additional Location Information	BEFORE CUSTOM CHECKPOINT SECONG LINK
Country/State of Loss	Malaysia

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMR2655Z
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	RAMESH HARIKRISHNAN
NRIC No	SXXXX552A
Email Address	winson_tingwei@hotmail.com
Mobile Phone No	(Phone) +65-91854268
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
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	1598

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	MP002422

DRIVER

Name of Driver	RAMESH HARIKRISHNAN
NRIC No	SXXXX552A
Date Of Birth	20/03/1970
Occupation	Indoor

Date Of Driving Pass	17/10/1994
Driving experience	28 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91854268
Alt. Phone Number	-
Email Address	winson_tingwei@hotmail.com
Address	BLK 184 YUNG SHENG ROAD #03-81
Address complement	-
Postcode	610184
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	Side Swipe
Weather Conditions	Raining
Road Surface	Wet

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)	2
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	KARABAGAM
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Jurong West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002689999
Alt. Police Station Phone No	(Fax) +65-62672438
Police Station Address	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT J/20230427/2077

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	SKQ6212Y
Vehicle Manufacturer	Toyota
Vehicle Model	Corolla
Vehicle Variant	-
Vehicle Colour	White
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

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

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

Sketch Plan

27/04/2023

BEFORE CRACK DOWN CUSTOM IMMIGRATION (JP) / MAS

Vehicle A	SMR 2655Z
Vehicle B	SKQ 6212Y

Describe Circumstance of the Accident

Refer to police report

J/20230427/2077

Declaration

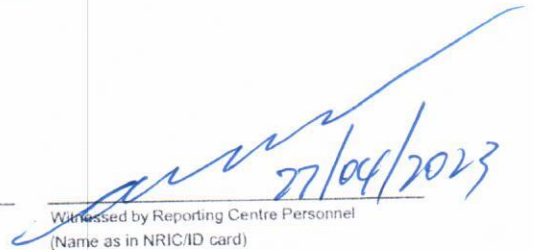
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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



27/04/2023

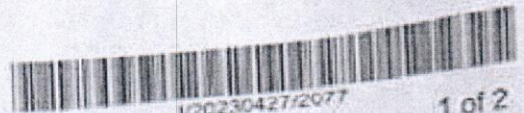
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



**SINGAPORE
POLICE FORCE**

POLICE REPORT (NP299)

Police Station Of Origin
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999



J/20230427/2077

1 of 2

Report No. J/20230427/2077

Date/Time Report Made 27/04/2023 16:10	Vide Report No.		Station Diary No. 74	
Name Of Informant RAMESH HARIKRISHNAN	Address APT BLK 184 YUNG SHENG ROAD #03-81 SINGAPORE 610184			
ID Type / ID No. NRIC NO / S7064552A	Contact No. Home/Office	Mobile 91854268		
Nationality MALAYSIAN	Email Address			
Occupation TECHNICIAN	Sex Male	Age 53	Date of Birth 20/03/1970	Race Indian
Institution/School Name	Language English			
Date/Time Of Incident 26/04/2023 19:15	Location Of Incident Tanjung Kupang Kastam Immegresion MALAYSIA			

Brief details.

On 26/04/2023 at about 1915hrs, I was involve in a road traffic accident at Malaysia Johor Bahru Tanjung Kupang Katam Imigresen, involving my vehicle, SMR2655Z and another vehicle, SKQ6212X. I had went to meet the said driver however he refuse to exchange particulars. At first the driver refuses to alight from his vehicle however later the Malaysia Kastam officer came and told both of us to park our vehicle one side and to resolve the issues. Later we were advised to lodge a police report in Malaysia Police station which I did went to Traffic Police Iskandar Putri station and lodge the traffic accident case. The said driver

Signature Of Officer Recording The Report:
J / SGT 2 MUHAMMAD AQIL BIN
MOHAMMAD TASRIN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
27/04/2023 16:10

Officer In-Charge Of Case:
J / Jurong Police Divisional Investigation Branch /
SI NOOR AZMAN SHAH BIN ADHAR
Contact No.: 67910000

Classification Of Case:



SINGAPORE
POLICE FORCE



J/20230427/2077

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20230427/2077

refuse to cooperate and keep telling me to lodge report. The accident involves while I was travelling straight, the said vehicle, SKQ6212X, wanted to cut lane to my lane and later brush against my vehicle front left passenger door and front left tire area.

Signature Of Officer Recording The Report:
J / SGT 2 MUHAMMAD AQIL BIN
MOHAMMAD TASRIN

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
J / Jurong Police Divisional Investigation Branch /
SI NOOR AZMAN SHAH BIN ADHAR
Contact No.: 67910000

Signature Of Informant:

Date/Time:
27/04/2023 16:10

Classification Of Case:

ACCIDENT DATE & LOCATION	
Date & Time of Accident *	Date: 26/04/2023 Time: 19.15pm (24 hr format)
Exact Location of Accident *	Before check point custom imengsen Second Link JB
INSURED / POLICY HOLDER / VEHICLE PARTICULARS / DETAILS OF OWN VEHICLE	
Vehicle Registration Number *	SMR 2655Z Make & Type *: TOYOTA Altis
Name of Registered Owner *	RAMESH HARIKRISHNAN
NRIC / FIN / Passport / Co Regn No. *	57064552A
Contact Number *	9185 4268 Email/Fax No: Winson_tingwei@hotmail.com
Exact Purpose for which vehicle was being used at Time of Accident	<input checked="" type="checkbox"/> Private Usage / <input type="checkbox"/> Commercial or Company's Usage
Are you claiming under your own insurance policy for repair to your vehicle? *	<input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No If No, Please state action to be taken
	<input checked="" type="checkbox"/> Third Party Claim (SYH / Other workshop?) / <input type="checkbox"/> Reporting Only
INSURANCE COMPANY (OWN VEHICLE)	
Name of Insurance Company *	China / EQ / Etiqa / MSIG (Tokio Marine) Great American
Type of Policy *	Comprehensive / Third Party / Third Party Fire & Theft
Policy No. (Certificate No.) / Cover Note No.	MP002422
DRIVER	
Name of Driver *	RAMESH HARIKRISHNAN Gender: <input checked="" type="checkbox"/> Male / <input type="checkbox"/> Female
NRIC / FIN / Passport Number *	57064552A
Date of Birth *	20/03/1970 (dd/mm/yyyy)
Occupation *	<input checked="" type="checkbox"/> Indoor / <input type="checkbox"/> Outdoor
Date of Driving Pass (Pass Date) *	17/10/1994
Contact Number *	9185 4268
Address	Blk 184 Yung Sheng Road #03-81 S (610184)
Email Address / Fax Number *	Email: Winson_tingwei@hotmail.com Fax: —
Relationship of the Driver with the Insured *	<input checked="" type="checkbox"/> Owner / <input type="checkbox"/> Employee / <input type="checkbox"/> Spouse / <input type="checkbox"/> Friend / Others:
Does Driver Own any Vehicle, if YES pls indicate Vehicle Number & Insurance Company *	Veh No: 1) _____ 2) _____ 3) _____ Ins Co: 1) _____ 2) _____ 3) _____
GENERAL INFORMATION OF THE ACCIDENT	
Type of Collision	Chain Collision / Side-Swipe / Front to Rear / Others:
Weather Conditions *	Clear / <input checked="" type="checkbox"/> Raining / Others:
Road Surface *	<input checked="" type="checkbox"/> Wet / <input type="checkbox"/> Dry / Others:
OTHER INFORMATION	
Was anybody Injured in the accident? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes (Police Report required)
Was any injured conveyed to hospital by ambulance?	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes
Was any foreign vehicle involved in this accident? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes Veh No: _____ Veh Category: _____
Number of vehicles involved in the accident	(02)
Was there any witness?	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes
Was any other VEHICLE / Property involve / damage? *	<input type="checkbox"/> No / <input checked="" type="checkbox"/> Yes
Was there any video captured by Car Camera?	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes
DETAILS OF POLICE ACTION	
Was the Accident Reported to the Police? *	<input type="checkbox"/> No / <input checked="" type="checkbox"/> Yes If Yes, Please state which Police Station _____
Was Notice of Intended Prosecution given? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes If Yes, against whom? _____
Number of Passengers (Including DRIVER)? *	(02)
Passengers	Name: Karabagam Name: _____ Gender: Male / <input checked="" type="checkbox"/> Female Gender: Male / Female
Have you been approached by unknown person(s) soliciting/offering accident claims assistance? Yes <input checked="" type="checkbox"/> No	

DETAILS OF OTHER VEHICLE(S) / PROPERTIES		
Vehicle Registration Number *	1) SKQ 6212 Y	2)
Vehicle Make / Model / Colour	TGV0717 Altis / white	
Damage to Vehicle/Property?		
Vehicle Category *		
Name of Driver		
NRIC/Passport Number		
Contact Number		
Address		
Insurance Company Name		
DETAILS OF WITNESS		
Name		
Contact No. / Email Address		

Tokio Marine Insurance Singapore Ltd.

(Company Reg. No: 192300014M) (GST Reg No: M2-0000023-4)

20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046

T: (65) 6221 6111 F: (65) 6221 4355 / (65) 6224 0895 E: tmis@tokiomarine.com.sg W: www.tokiomarine.com

A member of the
Tokio Marine Group



TOKIO MARINE
INSURANCE GROUP

Certificate of Insurance

FORM MX1

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.: MP002422 (Private Car)

- | | | |
|---|-----------------------|--------------------------------|
| 1. Index Mark and Registration Number of Vehicle | SMR2655Z | Chassis No.: MR053REH104560488 |
| 2. Name of Policyholder | RAMESH HARIKRISHNAN | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 23/05/2022 (00:00:00) | |
| 4. Date of Expiry of Insurance | 07/06/2023 | |
| 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 No: 2891DDA
Insurance Plan:	Comprehensive Essential			
Limit for total loss or theft:	Prevailing Market Value			
Policy Excess:	Own Damage Claims	SGD 600.00	(Original Excess : SGD 600.00)	
	Additional Excess for Unnamed Driver(s)	SGD 500.00		
	Additional Excess for Young or Inexperience Driver(s)	SGD 3,500.00		
	WindScreen Excess			
		SGD 100.00		
Financial Interest:	HONG LEONG FINANCE LTD			

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorized Signature