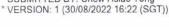
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SN09228U0008 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 30/08/2022 16:22 (SGT) SUBMITTED BY: Chew Hsiao Tong





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 witholding 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 30/08/2022 16:22 (SGT) Date of Submission

Reported by Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss	Driver 29/08/2022 20:16 (SGT) Thomson Rd, Singapore TOWARDS MARYMOUNT ROAD Singapore
DETAILS OF	OWN VEHICLE
Vehicle Registration Number	GBC9308P
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	COMNET SYSTEMS PTE LTD
Company Reg No	1XXXXX389R
Email Address	nicole.boo@comnet.sg
Mobile Phone No	(Phone) +65-84646780
Alternative Phone No	2/
VEHICLE PARTICULARS	
Manufacturer	Nissan
Model	Cabstar
Variant	-
Exact purpose for which vehicle was being used at time of	Freeloweet
accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2953
INSURANCE COMPANY	

Name of Insurance Company Policy Number / Cover Note Number Tokio Marine Insurance Singapore Ltd 22-MS000714-R03

DRIVER

Name of Driver Passport No/FIN Date Of Birth Occupation

ANBALAGAN VINOTH GXXXX487M 20/05/1988 Outdoor

Data Of Data in D		
Date Of Driving Pass	04/02/2022	
Driving experience	6 MONTHS	
Gender	Male	
Mobile Number	(Phone) +65-84646780	
Alt. Phone Number	(-	
Email Address	nicole.boo@comnet.sg	
Address	12 KRANJI ROAD BLK B -04-01	1
Address complement		
Postcode	739522	
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		
Incurrence Company of Other Vehicle Owned by Di	-	
Insurance Company of Other Vehicle Owned by Driver	*	
GENERAL INFORMATION OF THE ACCIDENT		
Type of Accident	Collision - Head to Rear	
Weather Conditions	Clear	
Road Surface	Dry	
	2.,	
OTHER INFORMATION		
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)	6	
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		
1 MOLITALIS I		
Name	WORKER	
Gender	Male	
PASSENGER 2		
PASSENGEN 2		
Name	WORKER	
Gender	Male	
DAGGENGER		
PASSENGER 3		
Name	WORKER	
Gender	Male	
	maio	
PASSENGER 4		
Name	WORKER	
Gender	Male	
	Wale	
PASSENGER 5		
Name	WORKER	
Gender		
Annual Annual Annual School Scholler School	Male	
DETAILS OF POLICE ACTION		
Was the accident reported to the police?	No	
Was notice of intended Prosecution given?	No	
If yes, against whom?	-	

- PLEASE REFER TO SKETCH PLAN

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 Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver Contact Number Address Address complement	SLA4845E Honda Vezel - - Private car LEONG KAH MENG (Phone) +65-9789)264
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.
- This Form must be completed by the Policyholder and/or the Actual Driver.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 estables shed 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.

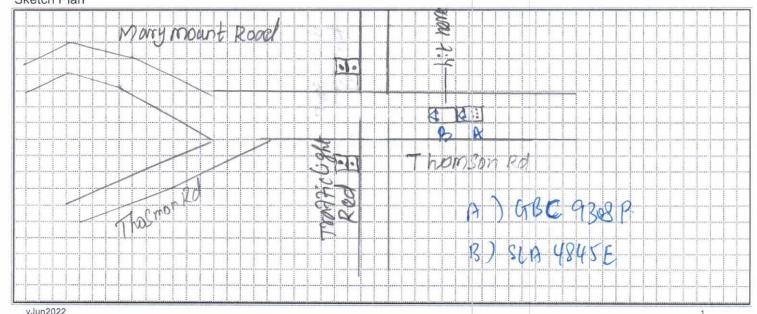


Policyholder's Signature / Date & Time

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



Describe Circumstance of the Accident
29 8 2022 around 2016 pm, I was trallving along
Thomson Road toward many mout Rol. Infront of me was the involved party car plate 'SLA 4845E'. We arrive at the traffic Junction which is in Red. I have brake
was the involved party car place SCH 4845 E. We arrive
as the traffic Junction which is in Ked. I have brake
My lorry but may not be hard enough to make a
My lorry but may not be hard enough to make a full stop. My lorry have borng into the rear of the involved party. My purpose of the writting is for record purpose. Other party have already make police report and also infermed his insurance company. That all I have to Said.
Involved party. My purpose of whithing Is for
record purpose. Other party have listedly make
police report and mornied has insurance
Company. That are I have to souch.

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

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

/ Date & Time

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

ACCIDENT'STATEMENT.

ACCIDENT DATE: 199. 1.08 3022 (DD/MM/YYYY).	TIME: (20: 16) (HILMM).
LOCATION: Thomson Road toward Mary	mount Road
1. DETAILS OF VEHICLE GBC 9308 P	
DINSURANCE COMPANY: TOKIO MARIN CIPOLICY NUMBER:	
DIPOLICY NUMBER: DIPOLICY TYPE: (COMPREHENSIVE / THIRD PART)	
F)TYPE: (SALOON / COUPE / MPV / VAN / LORRY) G) VEHICLE CATEGORY: (PRIVATE / COMMERCIA	DI MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME! " I) ARE YOU CLAIMING UNDER YOUP OWN INSUR.	ANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM (REPAIR) POLICY HOLDER ANAME: Commer Systems. Ptc Ltc ANAME: Commer Systems. Ptc Ltc ANAME: 199003389-R	(MALE / FEMALE)
D/NGC/FINT Assi OKI.	CONTACT
c)ADDRESS:	
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOL	· · · · · · · · · · · · · · · · · · ·
WHO of passanger DRIVER CINAME: ANBAGAGIAN VINOTH	MALE / FEMALE
Cincluding driver.) binRIC/FIN/PASSPORT: 0784 56487M	B-04-01
739522	
e)OCCUPATION: (INDOOR /OUIDOOR)	
FIDATE OF DRIVING PASS 04/02/90	DIS COMPANY? (VEST NO)
# PONTE OF DRIVING PASS WAS DRIVER AN EMPLOYEE OF THE INSURE IF NO, RELATIONSHIP OF THE DRIVER WITH	1 11/201/00
5. d) WEATHER CONDITION; (CLEAR / RAINING /	OTHERS
6, WAS ANYBODY INJURED (YES / NO)	
7 GIREPORTED TO POUCE (YES /NO)	
IF YES, PLEASE STATE WHICH POLICE STATION:	CO.G.I
14 No all page and of VEHICLE NUMBER: SUN 4843 L	MODEL: VEZEL
(Including driver) b) DRIVER'S NAME: LEONG (AH MENG) NRIC/FIN/PASSPORT:	_CONTACT: 9989 0264
9. THIRD, PARTY VEHICLE	MODEL:
Who of passanger e) DRIVER'S NAME:	• 1
(Including driver) NRIC/FIN/PASSPORT:	CONTACT:
	so@comnet.sg
in simple be	sola Comnet. sg

VIDRO

.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

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-MS000714-R03 (Comm Vehicle Carry Own Goods)

 Index Mark and Registration Number of Vehicle GBC9308P

Chassis No.: JN1SC2F24Z0855499

2. Name of Policyholder

COMNET SYSTEMS PTE LTD

3. Effective date of the Commencement of Insurance for the purposes of the Act

28/02/2022

4. Date of Expiry of Insurance

27/02/2023

5. Persons or Class of Persons entitled to drive*

Any person who is driving on the policyholder's order or with 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. 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*

- 1) Use in connection with the policyholder's business.
- 2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholders' business.
- 3) Use for social domestic and pleasure purposes.

The policy does not cover:-

- 1) Use for hire or reward or for racing, pace-making, reliability trial or speed-testing.
- 2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
- * 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

Insurance Plan: Comprehensive Approved Workshop Plan
Limit for total loss or theft: Prevailing Market Value
Policy Excess: Own Damage Claims SGD 750
Windscreen Excess SGD 100

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

User Name: TMIS Direct from TM Onli

Printed 07/02/2022