TTONAL Asyessment Cent	in Sorvices, val	17:00	29776	1007		Anti-Lots and All I
1017	2 deb description	1.13 ste	Salino Cana	21.6.2	Done &	-
	SAS e-Miling		And the second s	1		and the second of the second o
10x1/3pt (Mo 22010910/4	E-most (within shee	1 A 2 A 11	Water Comment of Water Comments			/
12 MOI GT 45 [12 11]	() 1	The same of the sa		-		1
1.24 0/ lu 2022 14:1	S 1 1-Motor Claim	THE RESERVE OF THE PARTY OF THE	AND DESCRIPTION OF STREET		- California	
of the Report Paly		ylate op top, or to				*1
V- 1, 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	i-Photo Uploud	m = 2/4/		1	t demands. The half of the registration and the grades	divide book WT 17
The second secon	Assessment/Surv		***/WILTO		ener emples that Wile I	
A PARTY OF PARTY OF THE PARTY O	Ass't Report by	Bane Hond to Own		Fax	ALCO AND	
referred Wksp Frio Assign Wksp / QW: (To	Non-INC (1 /	A STATE OF THE PARTY OF THE PAR	
P Persiculars:	SJP 7340A		And the same of th)	
Owner/ Driver: (The state of the s		elt vor Types ()	TOTAL CONTRACTOR AND ADDRESS OF THE PARTY OF
Follow North	Period: (Date.	Times		>	
Confirmed by til	National Property Page 1927	primary to the terror terror and the transfer of the "all primary of the terror of the	F- 21-79%.	F: 20-11	34)	AND THE REAL PROPERTY.
Cast and Driver Labrillity (8) (Note-Ust Sims (W)/::0(America	1
Year of Registration (Warranty: YES (\$1,000 () / \$2,000 (-	and reference to the second	married seconds commerce	-	
the state of the s	\$1,000 () / \$2,000 (444	i i i i	Avit Si	and the Management of
eneral Remarks - Sale		dantis' & Sign'.	HO refer of :			and the later of t
eneral Remarks: 5.85 Customers	Information strictly Con	HIGH ID G OTHER	Commission of the Commission o	wal bloom am translated a	manufacture of the second seco	-
) Total Loss Case : to e-mail Ir	surer URGENILY.		· 2 Co: 1)
Davesia (): Towed-in (); In	voice: YES()/N	1 1 1 1			THE RESERVE AND ADDRESS OF THE PARTY NAMED IN	and the second
America (INC hotline: 6788:661		The state of the s	electric Cym	7.21.22.11	Jack Done S	N. Comment
Centarity (2006) (100 hot line : 6785:661) Apply for Transport Allowance (i) her galactics;)/ Courtsy Car (hard and a second	electric and a second	-12'vs rl'	OR S	
Centurities and Allace Entition 67886661 1) Apply to: Transport Allowance (i) her galactics;)/ Courtsy Car (510 25 6		Y
Centurities and Allowance (1) Apply to: Transport Allowance (2) Check Fost Repair Inspection	i) her galactics;)/ Courtsy Car (indicate and a second	7 7 10 11	Dones	
Cantaples 12 (INC hot lines 6788 661 1) Apply for Transport Allowance (2) CO Check Fost Repair Inspection 3) Uplact Resurvey Photo (Repair Cos Insury 1	i) her galactics;)/ Courtsy Car (7.2 42.11	Dones	
Remarks 1999 (INC hotlines 6788) (601 1) Apply for Transport Allowance (2) CO Check Fost Repair Inspection 3) Uplact Resurvey Photo (Repair Cos Injury I	i) her galactics;)/ Courtsy Car (710 40 11	Dones	
Remarks 1999 (INC hotlines 6788) (601 1) Apply for Transport Allowance (2) CO Check Fost Repair Inspection 3) Uplact Resurvey Photo (Repair Cos Injury I	i) her galactics;)/ Courtsy Car (Done S	
Contartistical ACING hot lines 67886601 Apply for Transport Allowance (CO Check Fost Repair Inspection Diploed Resurvey Photo (Repair Cos Injury 1	i) her galactics;)/ Courtsy Car (712 42 11	Dones	
Cantarlistical AUNG hot lines 67886601 Apply for Transport Allowance (DOC Check Fost Repair Inspection Outplood Resurvey Photo (Repair Cost Injury 1	i) her galactics;)/ Courtsy Car (Dones	
Antarius (AING hotlines 6788:661 Apply for Transport Allowance (CO Check Fost Repair Inspection Diploed Resurvey Photo (Repair Cos Injury 1	i) her galactics,)/ Courtsy Car (raush ched		Done's	1
Cantarlistical AUNG hot lines 67886601 Apply for Transport Allowance (DOC Check Fost Repair Inspection Outplood Resurvey Photo (Repair Cost Injury 1	i) her galactics,)/ Courtsy Car (Invite Prest	***** (530)			1
Antarius (AING hotlines 6788:661 Apply for Transport Allowance (CO Check Fost Repair Inspection Diploed Resurvey Photo (Repair Cos Injury 1	i) her galactics,)/ Courtsy Car (Invite Property A	25072-13 (530)6 HELLOWERT (510-0)	1181 S 100	150 J	1
Cantaples to Milling and Allowance (2) Apply for Transport Allowance (3) QC Checks Fost Repair Inspection 3) Uplaced Resurvey Photo (Repair Cos Apply 1 Sats Turns Middles Ad 2003067	i) her galactics,)/ Courtsy Car (Invoice Propriet	105-03 (33-04) 1613-00-21 (31-00) 1613-00-21 (31-00)	1180 (S	7.550 7.7550 7.7550 7.7550 7.7550 7.7550 7.7550 7.7550 7.7550 7.7550	1
Camapias and Allow Lind Lines 6788 661 Apply for Transport Allowance (D) CO Check Fost Repair Inspection S) Uplace Resurvey Photo (Repair Cos Injury 1 Sate Times Addors	i) her galactics,)/ Courtsy Car (Invoice Property of the proper	oregonal (300) organization (3100) organization (520) organization (520)	1180 (S	(A)	
Contaglistic Clinic Modifice 67886601 Apply for Transport Allowance (D) CO Check. Fost Repair Inspection D) Uplact Resurvey Photo (Repair Cos Inverse) Add 2003069 The artist Regular Cos The	i) her galactics,)/ Courtsy Car (Invite Propriet	eroring (SEO) SELVIN CO SELVIN CO SELVEY (SEO Jon COLOR SELVEY COLOR SELVEY COLOR SELVEY COLOR SELVEY	1180 (S	7.550 7.7550 7.7550 7.7550 7.7550 7.7550 7.7550 7.7550 7.7550 7.7550	
Camarias and Allowance () Apply for Transport Allowance (2) CO Check. Fost Repair Inspection 3) Uplace Resurvey Photo (Repair Cos Injury 1 Sate Times Addors Addors Later and a Sectionity is not a period.	i) her galactics,)/ Courtsy Car (Invoice Preparation of the property of the pro	SULVIVAL SALVAN	1886 (3 to 10 to	150) 157) 158) 158)	
Apply for Transport Allowance () CO Check Fost Repair Inspection) Uplact Resurvey Photo (Repair Cos //// Prof. Actions Apply for Transport Allowance () CO Check Fost Repair Inspection (Apply for Transport Actions /// Apply for Actions /// Apply for Actions /// Apply for Transport Repair Cos // Apply for Actions // Apply for Transport Resurvey Photo (Repair Cos // Apply for Actions // Apply for Transport Resurvey Photo (Repair Cos // Apply for Actions // Apply for Transport Respection // Apply for Transport Respection	i) her galactics,)/ Courtsy Car (Invite Prest	SALES SALES OF SALES	1886 (3 to 10 to	150 150 150 150 150 150 150 150 150 150	
Contaglistic Clinic Modifice 67886601 Apply for Transport Allowance (D) CO Check. Fost Repair Inspection D) Uplact Resurvey Photo (Repair Cos Inverse) Add 2003069 The artist Regular Cos The	i) her galactics,)/ Courtsy Car (Invite Proper [] AR Accident R [] DA. Dermy A [] FT. Tewor Pr [] FT. Research [] NTUC / John [] NTUC / John [] NS. Control []	STOREST (SEC.) S. S	GISCONO CONTRACTOR OF THE CONT	310 310 310 310 310 310 310 310 310 310	
Apply to: Trans ort Allowance (2) CO Check / Fost Repair Inspection 3) Uplact Resurvey Photo (Repair Cost Injury / Nata Time Agoods And Cost Injury / Injury /	5)	Invite Proposition of the control of	STORES (SEON SERVICE) S. G. SLIVEY THE SE SHIVEY (SEON SEON SEON SEON SEON SEON SEON SEON	SISUACE STATE OF THE CONTROL OF THE	550 5150 5150 5150 5150 5150 5150 5150	1.
Name of States of Allowance (1) Apply for Transport Allowance (2) CO Check / Fost Repair Inspection 3) Uplace Resurvey Photo (Repair Cost Injury / Vals Tires Agades - or Owner Intest No. Intert No. Intest No. Intest No. Intest No. Intert No. I	5) - Courtsay Car (() > \$3000]	Invite Proposition of the control of	STOREST (STOREST (STO	SISUACE STATE OF THE CONTROL OF THE	31 31 31 31 31 31 31 31 31 31 31 31 31 3	1

•

SN0922B20002-01 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 02/11/2022 10:22 (SGT) SUBMITTED BY: Chew Hsiao Tong VERSION: 2 (02/11/2022 10:31 (SGT))



SINGAPORE ACCIDENT STATEMENT

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 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

Date of Submission Reported by Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

02/11/2022 10:22 (SGT) Driver 01/11/2022 14:15 (SGT) E Coast Rd, Singapore AFTER JALAN BULUH PERINDU Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

GZ4517E

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No

Email Address Mobile Phone No Alternative Phone No Yes

T.C LEONG AIR CONDITIONING SERVICES 5XXXX859J

snakiekiki@gmail.com (Phone) +65-97555650

VEHICLE PARTICULARS

Manufacturer Model

Variant Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category

Transmission CC

Mitsubishi

L300

Employment

No - Reporting only Commercial vehicle Manual

2477

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number Sompo Insurance Singapore Pte. Ltd. D22MTPCVE000990

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

TOH CHOON LEONG SXXXX743F 08/07/1956 Outdoor



Date Of Driving Pass 09/03/1976 Driving experience 46 YEARS AND 8 MONTHS Gender Male Mobile Number (Phone) +65-97555650 Alt. Phone Number Email Address snakiekiki@gmail.com Address BLK 1A CANTONMENT ROAD #41-07 Address complement Postcode 085101 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 to Rear 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 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	SJP7390A
Vehicle Manufacturer	Honda
Vehicle Model	Fit
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-97318186



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.
- This Form must be completed by the Policyholder and/or the Actual Driver. 2.
- 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.

T. C. Leong Air-Conditioning Service 1A Cantonment Road

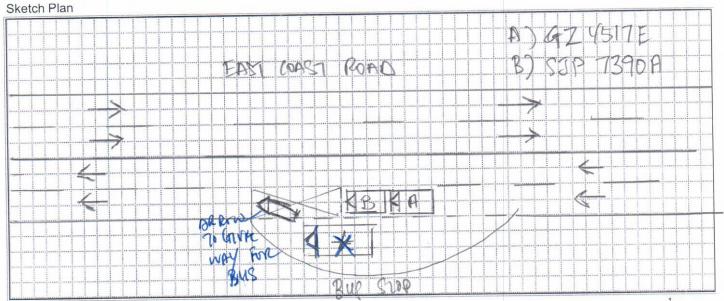
#41-07 Singapore 085101

Policyholder's Signature 755to & 50ne

Fax: 6634 7862

>/11/>> 9.45am Actual Driver's Signature (if driver is not the policyholder) / Date & Time

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



vJun2022

DN 01/11/2022 AT ABOUT 14:15HRS ZWAS TRAVELLING ALONG
EAST COAST ROAD SYST AFTER SALAN BULOIT PERINDU NEAR
BUS STOP THE CAR STP 7390A STOP INFRONT OF A BUS
STOP of I COULD MOT STOP ON TIME AND HIT THE BEAR
OF THE CAR. HE TOLD ME 14AT HE SAW THE BUS SIGNAL
70 GO OUP of HE STOP TO CTIVEWAY

Declaration

T. C. Leong All-Conditioning Service

1A Cantonment Road

#41-07

Singapore 085101 Tel: 9755 5650

Fax: 6634 7862

Policyholder's Signature / Date & Time Actual Driver's Signature (if driver is not the policyholder) Witnessed by Reporting Centre Personnel / Date & Time

(Name as in NRIC/ID card)

ACCIDENT STATEMENT

LOCATION: East Coast Road 1. DETAILS OR VEHICLE O)VEHICLE NUMBER: 42 4517 E D)INSURANCE COMPANY: 50m PO O)POLICY NUMBER: 22 MT P CVE ODO TOO O)POLICY NUMBER: 22 MT P CVE ODO TOO O)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY FIRE & THEFT) 9) MAKE & MODEL: 1000 MT COUPE / MPV NAM / LORRY / MOTORCYCLE / OTHERS) 9) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) 1) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: 7 C TEORET AN CONFRONT SEWES D) NRIC/FIN/PASSPORT: 520 28 97 CONTINUE TO S. d. IF DRIVER ALSO POLICY HOLDER DRIVER () NAME: 61 Chart Loans D) NRIC/FIN/PASSPORT: 520 28 97 CONTINUE TO S. d. IF DRIVER ALSO POLICY HOLDER () NAME: 61 Chart Loans D) NRIC/FIN/PASSPORT: 520 28 97 CONTACT: 9725500 DRIVER () NAME: 61 Chart Loans D) NRIC/FIN/PASSPORT: 520 28 97 CONTACT: 9725500 () ADDRESS: A CANTONNENT HOLDER () MALE / FEMALE D) NRIC/FIN/PASSPORT: 520 28 97 CONTACT: 9725500 () MALE / FEMALE D) NRIC/FIN/PASSPORT: 520 28 97 CONTACT: 9725500 () MALE / FEMALE D) NRIC/FIN/PASSPORT: 520 28 97 () MALE / FEMALE D) NRIC/FIN/PASSPORT: 520 28 97 () MALE / FEMALE D) NRIC/FIN/PASSPORT: 520 28 97 () MALE / FEMALE D) NRIC/FIN/PASSPORT: 520 28 97 () MALE / FEMALE D) NRIC/FIN/PASSPORT: 520 28 97 () MALE / FEMALE D) NRIC/FIN/PASSPORT: 520 28 97 () MALE / FEMALE D) NRIC/FIN/PASSPORT: 520 28 97 () MALE / FEMALE D) NRIC/FIN/PASSPORT: 520 28 97 () MALE / FEMALE D) NRIC/FIN/PASSPORT: 520 28 97 () MALE / FEMALE D) NRIC/FIN/PASSPORT: 520 28 97 () MALE / FEMALE D) NRIC/FIN/PASSPORT: 520 28 97 () MALE / FEMALE D) NRIC/FIN/PASSPORT: 520 28 97 () MALE / FEMALE D) NRIC/FIN/PASSPORT: 520 28 97 () MALE / FEMALE D) NRIC/FIN/PASSPORT: 520 28 97 () MALE / FEMALE D) NRIC/FIN/PASSPORT: 520 28 97 () MALE / FEMALE D) NRIC/FIN/PASSPORT: 520 28 97 () MALE / FEMALE D) NRIC/FIN/PASSPORT: 520 28 97 () MALE / FEMALE D) NRIC/FIN/PASSPORT: 520 28 97 () MALE / FEMALE D) NRIC/FIN/PASSPORT: 520 28 9	ACCI	DENT DATE: (/. /. /) (DD/MM/YYYY), TIME: (# :15](HH:MM).
1. DETAILS OF VEHICLE DIVERIOLE NUMBER:	LOCA	TION: East Coast Road	1
DINSURANCE COMPANY: SCHOOLOGY OPOLICY TYPE (COMPREHENSIVE / THIRD PARTY FIRE ETHEFT) B) MAKE & MODEL: MYCHURAY MOTORCYCLE, OTHERS) B) MAKE & MODEL: MYCHURAY MOTORCYCLE, OTHERS) B) WAS BE MODEL: MYCHURAY MOTORCYCLE, OTHERS) B) VEHICLE CATEGORY (PRIVATE / COMMERCIAL / MOTORCYCLE) B) PURPOSE OF USING AT ACCIDENT TIME: D) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/SO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER ANAME: TO CECHAN CONTROL (MALE / FEMALE) D) NRIC/FIN/PASSPORT: 52022897 CONTACT: 9725560 CONTINUE TO S. d. IF DRIVER ALSO POLICY HOLDER D) NRIC/FIN/PASSPORT: STATE (THIRD PARTY CLAIM / REPORTING ONLY) CINCLUDING OF DRIVING PASS OF THE INSURED'S COMPANY? (YES) NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SO QUEATHER CONDITION: (DIEAR / RAINING / OTHERS) D) ROAD SURFACE: (DRY / WET / OTHERS) B) ROAD SURFACE: (DRY / WET / OTHERS) B) ROAD SURFACE: (DRY / WET / OTHERS) C) NEIGHEN PARTY VEHICLE C) VEHICLE NUMBER: A WAS PASSENGED ON TACT: 97318/86 (Including driver) B) DRIVER'S NAME: C) VEHICLE NUMBER: STP 7390 A MODEL: HORAGE; 1 PASSENGED ON TACT: 97318/86 (Including driver) C) NRIC/FIN/PASSPORT: CONTACT: 97318/86 (Including driver) B) DRIVER'S NAME: C) VEHICLE NUMBER: STP 7390 A MODEL: HORAGE F: 1 C) VEHICLE NUMBER: STP 7390 A MODEL: HORAGE F: 1 C) VEHICLE NUMBER: STP 7390 A MODEL: HORAGE F: 1 C) VEHICLE NUMBER: STP 7390 A MODEL: HORAGE F: 1 C) VEHICLE NUMBER: STP 7390 A MODEL: HORAGE F: 1 C) VEHICLE NUMBER: STP 7390 A MODEL: HORAGE F: 1 C) VEHICLE NUMBER: STP 7390 A MODEL: HORAGE F: 1		DETAILS OF VEHICLE AVEHICLE NUMBER: 62 45/7 E	
9) MAKE & MODEL: MPV (VAM / LORRY / MOTORCYCLE, OTHERS) 9) VEHICLE CATEGORY; (PRIVATE / COMMERCIAL / MOTORCYCLE) 1) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: TO CHOME AN CONTACT: 9725570 O) ADDRESS: A CONTACT: 9725570 CONTINUE TO S. DIF DRIVER ALSO POLICY HOLDER DRIVER (Including claver) D) NRIC/FIN/PASSPORT: SASSAGE (MALE / FEMALE) CONTACT: 9725500 "D) ATTE OF DIRTH: (OR) C T. (952) (DO)/MM/MYYY) e) OCCUPATION: (INDOOR / OUTDOOR) ID ATTE OF DIRTH: (OR) C T. (952) (DO)/MM/MYYY) e) OCCUPATION: (INDOOR / OUTDOOR) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: D) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) E) WAS ANYDODY INJURED (YES / NO) 7. DIREPORTED TO POLICE (YES / NO) 1F YES, PLEASE STATE WHICH POLICE STATION: IF YES, PLEASE STATE WHICH POLICE STATION: THIRD PARTY VEHICLE D) VEHICLE NUMBER: O) VEHICLE NUMBER: O) NRIC/FIN/PASSPORT:		BONSURANCE COMPANY: SOMPO	PARTY FIRE &THEFT)
SIVEHICLE CATEGORY: [PRIVATE / COMMERCIAL) I) PURPOSE OF USING AT ACCIDENT TIME: II) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: TO TEXAM & CONTACT: 9755500 DINRIC/FIN/PASSPORT: 52023697 CONTACT: 9755500 CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER C) ADDRESS: A Cantonment Road #UI-O7 C) ADDRESS: A CANTONNET ROAD #UI-O7 C) ADDRESS: A CONTACT: AND ENTRY VEHICLE C) VEHICLE NUMBER: A MODEL! MIN OF PASSANGE. C) NRIC/FIN/PASSPORT: CONTACT: 973/8/86 (Including driver) C) NRIC/FIN/PASSPORT: CONTACT: 973/8/86		EITABE/CALOOM / COURE / MPV / VAN / LORRY / MOTOR	CYCLE. OTHERS)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONCO) 2. INSURED / POLICY HOLDER ANAME! TO team An Confidency Service (MALE / FEMALE) b) NRIC/FIN/PASSPORT: 5302 25 97 CONTACT: 9725 500 c) ADDRESS: A Cantoment Road #U/-of Surgapus 0 8 500 7 **CONTINUE TO S. of FDRIVER ALSO POLICY HOLDER DRIVER C) NAME: Ch Chart Leary DINRIC/FIN/PASSPORT: 5283743 F CONTACT: 9725 500 **CONTINUE TO S. of FDRIVER ALSO POLICY HOLDER DRIVER C) NAME: Ch Chart Leary DINRIC/FIN/PASSPORT: 5283743 F CONTACT: 9725 500 **CONTINUE TO S. of FDRIVER ALSO POLICY HOLDER DRIVER DINRIC/FIN/PASSPORT: 5283743 F CONTACT: 9725 500 **CONTINUE TO S. of FDRIVER ALSO POLICY HOLDER DINRIC/FIN/PASSPORT: 5283743 F CONTACT: 9725 500 **CONTINUE TO S. of FDRIVER ALSO POLICY HOLDER DINRIC/FIN/PASSPORT: CONTACT: 9725 500 **CONTINUE TO S. of FDRIVER ALSO POLICY HOLDER DINRIC/FIN/PASSPORT: CONTACT: 9725 8186 **CONTINUE TO S. of FDRIVER ALSO POLICY HOLDER DINRICATE ON THE DRIVER WITH INSURED'S COMPANY? (YES? NO) IF YES, PLEASE STATE WHICH POLICE STATION: B. THIRD PARTY VEHICLE DINRICATION DERIVER: CONTACT: DINRICATION DERIVER'S NAME: DINRICATION DERIVER DE	· ·	b) PURPOSE OF USING AT ACCIDENT TIME: 1) PURPOSE OF USING AT ACCIDENT TIME: 1) A DE YOU & A LANGE LINDER YOUR OWN INSURANCE (YE	5/10
DINRIC/FIN/PASSPORT: 384 / 4 / - 07 Singapore 08 = 10 *CONTINUE TO 3.d IF DRIVER ALSO POUCY HOLDER DRIVER (Including driver) *CONTINUE TO 3.d IF DRIVER ALSO POUCY HOLDER DRIVER (Including driver) *CONTINUE TO 3.d IF DRIVER ALSO POUCY HOLDER DRIVER (Including driver) DINRIC/FIN/PASSPORT: S 258 3743 F CONTACT: 97255600 *CONTACT: 97256000 *CONTACT: 9725600 *CONTACT: 9725600 *CONTACT: 9725600	2.	IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING. INSURED / POLICY HOLDER INSURED / POLICY HOLDER TO THE PARTY CONSTRUMNED SERVICES	MALE / FEMALE)
CONTINUE TO S. d IF DRIVER ALSO POLICY HOLDER DRIVER (Including driver) DINNEC/FIN/PASSPORT: S 333743 F CONTACT: 9725650 DINNEC/FIN/PASSPORT: CONTACT: 9725650 DINNEC/FIN/PASSPORT: CONTACT: 9725650 IMALE / FEMALE] (MALE / FEMALE) (MALE / FEMALE (MALE / FEMALE) (MALE / FEMALE (MALE /		CIADDRESS: 1 A Cantonment Road. #41-07	OT: 77333030
(Including diver) (Including di	Tho of passon get	* CONTINUE TO S.d IF DRIVER ALSO POUCY HOLDER DRIVER	(MALE / FEMALE)
# Ho of pascenger of Vehicle Number: O NRIC/FIN/PASSPORT: O Vehicle Number: O Vehicle		alvame: 101 august 2 xxx 3743 F CONTA	CT: 4755 5050
6. WAS ANYBODY INJURED (YES / NO) 7. DIREPORTED TO POUCE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE 8. THIRD PARTY VEHICLE (Induding driver) b) DRIVER'S NAME: (Induding driver) c) NRIC/FIN/PASSPORT: 9. THIRD PARTY VEHICLE 9. THIRD PARTY VEHICLE GONTACT: 9. THIRD PARTY VEHICLE GONTACT: 9. THIRD PARTY VEHICLE GONTACT: 9. THIRD PARTY VEHICLE OF DRIVER'S NAME: (Induding driver) F) NRIC/FIN/PASSPORT! CONTACT:: 973/8/86		6) OCCUPATION: (INDOOR / OUTDOON) 1) DATE OF DRIVING PAISS WAS DRIVER AN EMPLOYEE OF THE INSURED'S CON WAS DRIVER AN EMPLOYEE OF THE DRIVER WITH INSUR	(PANY? (YESY NO)
8. THIRD PARTY VEHICLE WHO of passinger a) VEHICLE NUMBER: 42 457 F MODEL! (Including driver) b) DRIVER'S NAME! (Including driver) c) NRIC/FIN/PASSPORT! (Including driver) f) NRIC/FIN/PASSPORT!	4	b) ROAD SURFACE: [DRY / WEI / OTTICIO WAS ANYBODY INJURED (YES / NO)	
(e passanger	THIRD PARTY VEHICLE (a) VEHICLE NUMBER: (12 4517 F MODE (b) VEHICLE NUMBER: (12 4517 F MODE	
() Induding distory PRIC/FIN/PASSPORT! CONTACT:: 973/8/86	()	P. THIRD PARTY VEHICLE ON VEHICLE NUMBER: SJP 7390 A MODI	
(_) omost - Snakiekiki@gmail.com		el DRIVER'S NAME!	TACT:: 973/8/86
amail - Snakiekiki @gmail. Com	()		
· · · · · · · · · · · · · · · · · · ·			



Sompo Insurance Singapore Pte. Ltd.

50 Raffles Place, #03-03 Singapore Land Tower, Singapore 048623 Tel: 6461 6555 | Tel: 6461 6555 | Fax: 6221 3302 | www.sompo.com.sg Co. Reg. No.: 198905490E | GST Reg. No.: M200903196

Certificate of Insurance

ROAD TRAFFIC ACT (CHAPTER 276) (REPUBLIC OF SINGAPORE) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) **ROAD TRANSPORT ACT 1987 (MALAYSIA)** ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA) MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (MALAYSIA)

Cert No./Policy No.

: D22MTPCVE000990

1. Registration No.

: GZ4517F

2. Insured Name

: T.C.LEONG AIR CONDITIONING SERVICES

3. Commencement Date : 17 APRIL 2022 00:00

4. Expiry Date

: 16 APRIL 2023 23:59

5. Coverage

: Third Party

6. Excess

· NII

7. Persons or Classes of Persons entitled to drive*

b) Any person who is driving on the Insured'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.

8. Limitations as to use*

Use in connection with the Insured's business.

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

The Policy does not cover

1) Use for hire or reward or racing, pacemaking, reliability trial or speed-testing.

2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

9. ExcelDrive Workshops & Accident Reporting

It is a condition precedent to liability that the Policyholder shall, together with the Motor Vehicle, call at the Company's Accident Reporting Center and report the accident within 24 hours of the accident or by the next working day thereof.

In an emergency and for directions to the Company's Accident Reporting Centers, please contact our Emergency Hotline: (65) 6461 6555

Visit www.sompo.com.sg for list of Accident Reporting Centers.

I/We HEREBY CERTIFY that the policy to which this certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Sompo Insurance Singapore Pte. Ltd.



Date/Time of Issue: 04 APRIL 2022 22:48

*Limitation 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.

IMPORTANT NOTICE

- 1. Insureds are hereby warned that under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap.189), it shall be unlawful for any person to use or cause or permit any other person to use a motor vehicles without a valid policy of insurance under the Act.
- 2. Insureds are further warned that on the sale of a motor vehicle or if for any reason the Insurance is terminated during its currency, they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation)Act (Cap.189)
- 3. The Policy will cease to be valid once the motor vehicle has been sold to another person. It is not transferable to a new owner of the Vehicle 4. Please note that this insurance is subject to the premium being paid and received in full by the Company (a) before the inception date where the Policy is to be issued to an Individual; or (b) within the period specified in the Premium Payment Warranty applied to the Policy in all other instances.

5. Insurance coverage under this Policy is subject to the terms and conditions as stipulated in the Motor Insurance Policy

Intermediary Code & Name: 11006008 & ONG YEW TER CI Code: 20D _HDMHW4JKBTMJPAW



IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Accident Reporting Centre with whom you submitted the Original Report.

	ADDENDUM
A)	PARTICULARS OF PERSON MAKING THE AMENDMENTS:
	Original Report No: SUCG22B2000 2 Vehicle Registration No: 424517E
	Name (as shown in NRIC): 104 CHOW LABUS NRIC/FIN/Passport No: SXXXX 743F
	(*Vehicle Driver/Policyholder) (*) Please delete as appropriate
	Address: Singapore (
	Contact (Tel): Mobile No.:9755550
	Email Address:
	Date of Accident: 01/11/2022 Time of Accident: 14', 15
	Place of Accident: Time of Accident:
	Place of Accident: EAST WAST ROAD AFTER JALON BULLY PERLUDY
	Insurance Company:
B)	ADDITIONAL INFORMATION /AMENDMENTS:
	DATE OF ACCIDENT TO OUR 12022
	and orlu /22

Name (as in NRIC/ID card):

Date:

v3un2022

Date: