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| 15 08/02/2023  | e Services (-13-)  |
| JEE #1 06107/2023  | Job description  |
| COE NAIFCI 2300 1319 /d4   | SAS e-filing   |
| ehrlo GBC 5548P  | E-mail (within Blass, Affichins)   |
| OA 05/02/2023 21:05  | i-Motor Claim Form   |
| D) TP/Reporting Only   | i-Motor W/O (Within: OB 2hrs. TP 4hrs)   |
|  | i-l'hoto Uploaded  |
| Insurer:   | Assessment/Survey Report   |
| formed Wing Little   | Ass't Report by Fax/Hand to Owner/Wksp   |
| ferred Wksp / INC Assign Wksp / QW: (  |  |
| Particulars: Veh No: TR  | OFF  |
| When Diver: (  | Tel:   |
| olicy No:( ) Perio   | od: ( ) Cover Type: ( )  |
| Confirmed by: ( sured/Driver Liability: ( %) The   | Date:  |
| ear of Registrations (   | ote-Est Status (WO): N: 0-20%: P: 21-79% F: 80 100%  |
| (6)  | - 1 DD ( ) / NO ( )  |
| rat Remarks:   | 0()/\$2,000()  |
| 17 17 22 K-In Christian : Customer's into 1  | ation strictly Confidence I. S.  |
| Total Loss Case : to e-mail insurer I  | ation strictly Confidential & Strictly NO refer of repairer.   |
| ve-In ( ) Y Towed-In ( ); Invoice: Y   | TYPIN  |
| rlcs: (1NO horline: 6788:661.6)  | YES ( ) / NO ( ); Towing Co. ( )   |
| ply for Transport Allowance ( )/Com  | Date@Dime Completed Done by  |
| - One of the state |  |
| oad Resurvey Photo [Repair Cost > \$3000   |  |
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| NA2300395  | Invoice Preparation Checklist Ant (5) Ant (5)  |
| NA2300395  | Involce Preparation Checklist Amt (5) Amt (5) Add Bill  1) AR: Accident Reporting (\$30):  |
| VA2300395  | Involve Preparation Ghecklist Amt (3) Amt (3)  1) AR: Accident Reporting (\$30);  2) DA: Damage Assessment (\$100); INC (\$80)  3) TF: Towing Fee \$20.545   |
| NA2300395  SEarticulars  vner:   | Invoice Preparation Checklist  1) AR: Accident Reporting (\$30);  2) DA: Damage Assessment (\$100); INC (\$80)  3) TF: Towing Fee \$240/545  4) FT: Follow-Through Survey \$120  |
| NA2300395  's:Particulars: vner:   | Involce Preparation Checklist Amt (3) Amt (3)  1) AR: Accident Reporting (\$30);  2) DA: Damage Assessment (\$100); INC (\$80)  3) TF: Towing Fee \$40/\$45  4) FT: Follow-Through Survey \$120  5) FT: Follow-Through Survey (Resurvey) \$30  For claiming against INC Only (wef  0 Jan 2005)   |
| NA2300395  S Particulars  vner:  o:  Portion:  | Involce Preparation Checklist Amt (3) Amt (3)  1) AR: Accident Reporting (\$30);  2) DA: Damage Assessment (\$100); INC (\$80)  3) TF: Towing Fee \$40/\$45  4) FT: Follow-Through Survey \$120  5) FT: Follow-Through Survey (Resurvey) \$30  For claiming against INC Only (wef 10 Jan 2005)  6) TR: Re-inspection \$75  7) N1: Idae DA + SMRT Survey \$160                                |
| NA2300395  's Particulars  vner:  o:  Portion:   | Invoice Preparation Grechist Amt (3) Amt (3)  1) AR: Accident Reporting (\$30);  2) DA: Damage Assessment (\$100); INC (\$80)  3) TF: Towing Fee \$40/\$45  4) FT: Follow-Through Survey \$120  5) FT: Follow-Through Survey (Resurvey) \$30  For claiming against INC Only (wef   0 Jan 2005)  6) TR: Re-inspection \$75  7) N1: Idae DA + SMRT Survey \$160  8) NTUC Additional Services:- |
| NA2300395  Serticulars  wher:  O:  Portion:  | Involce Preparation Checklist Amt (3) Amt (3)  1) AR: Accident Reporting (\$30);  2) DA: Damage Assessment (\$100); INC (\$80)  3) TF: Towing Fee \$40/\$45  4) FT: Follow-Through Survey \$120  5) FT: Follow-Through Survey (Resurvey) \$30  For claiming against INC Only (wef 10 Jan 2005)  6) TR: Re-inspection \$75  7) N1: Idae DA + SMRT Survey \$160  8) NTUC Additional Services:- |



# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

IMPORTANT NOTICE

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

2. This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>

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.

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 | 08/02/2023 14:24 (SGT)<br>Driver<br>05/02/2023 21:05 (SGT)<br>Singapore<br>JURONG ISLAND HIGHWAY<br>Singapore |
|--|---|
|--|---|

## **DETAILS OF OWN VEHICLE**

GBC5548P

| Is company? Name Of Registered Owner Company Reg No Email Address Mobile Phone No Alternative Phone No | Yes ROBINSON CAR RENTAL PTE LTD 2XXXXX041W car.rental@sianghock.com.sg (Phone) +65-98792002 |
|--|---|
|--|---|

## VEHICLE PARTICULARS

Vehicle Registration Number

| Manufacturer   | Ssangyong          |
|--|--------------------|
| Model  | Actyon             |
| Variant  | Actyon             |
| 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   | Commercial vehicle |
| Transmission   |                    |
| 00   | Auto               |
|  | 1998               |
|  |                    |

# INSURANCE COMPANY

| Name of Insurance Company Policy Number / Cover Note Number | MS First Capital Insurance Ltd |
|---|--------------------------------|
| remoj riamber devel Note Number                             | D-22099191MFCV/44              |

#### DRIVER

| Name of Driver Passport No/FIN Date Of Birth Occupation | THANGARAJ MUNUSAMY<br>GXXXX694R<br>30/10/1991<br>Outdoor |
|---|--|
| _^  |  |

| Driving experience   | 7 YEARS AND 6 MONTHS                  |
|--|---------------------------------------|
| Gender   | Male                                  |
| Mobile Number  | (Phone) +65-87970544                  |
| Alt. Phone Number  | (1 Holle) 103-87370344                |
| Email Address  | one route  @sisuate                   |
| Address  | car.rental@sianghock.com.sg           |
| Address complement   |                                       |
| Postcode   | •                                     |
| Is the driver the policyholder?  | ī.                                    |
| If No Relationship of the Driver with the Land   | No                                    |
| If No, Relationship of the Driver with the Insured   | RENTAL LEASING                        |
| Does Driver Own Other Vehicles?  | No                                    |
| Vehicle Registration Number of Other Vehicle Owned by Driver   |                                       |
| Industration Control of Control o | •                                     |
| Insurance Company of Other Vehicle Owned by Driver   | •                                     |
|  |                                       |
| GENERAL INFORMATION OF THE ACCIDENT  |                                       |
|  |                                       |
| Type of Accident   |                                       |
| Type of Accident   | Collided into Property                |
| Weather Conditions   | Clear                                 |
| Road Surface   | Dry                                   |
|  |                                       |
| OTHER INFORMATION  |                                       |
|  |                                       |
| Was any foreign vehicle involved in the  |                                       |
| Was any foreign vehicle involved in the accident?  | No                                    |
| Number of vehicles involved in the accident  | 1                                     |
| 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)  | ı                                     |
| Soliciting/offering accident claims assistance?  | No                                    |
| Translator's name  | -                                     |
| Translator's ID  | 25                                    |
| Translator's phone number  | 15                                    |
| Translator's email   | -                                     |
| Original language used in the statement  |                                       |
| onginal language used in the statement   |                                       |
|  |                                       |
| DETAILS OF POLICE ACTION   |                                       |
|  |                                       |
| Was the accident reported to the police?   | V                                     |
| Police Station Name  | Yes                                   |
| Police Station Phone No  | Traffic Police                        |
| Alt. Police Station Phone No   | (Phone) +65-65470000                  |
| Police Station Address   | (Fax) +65-65474900                    |
| Police Station Address   | 10 Ubi Avenue 3 Singapore 408865      |
| Was notice of intended Prosecution given?  | No                                    |
| If yes, against whom?  |                                       |
|  |                                       |
| CIRCUMSTANCES OF ACCIDENT  |                                       |
|  |                                       |
| PI FASE DEFED TO THE ATTACHED BOLLOF BEDGE   |                                       |
| PLEASE REFER TO THE ATTACHED POLICE REPORT - T/2023  | 0206/7090                             |
|  |                                       |
| ATTACHMENT(S)  |                                       |
|  |                                       |
| Are accident photos available for attachment?  | Van                                   |
| Was there any video captured by Car Camera?  | Yes                                   |
| , sapidiod by our carriers   | No                                    |
|  |                                       |
| DETAILS OF OTHER   | VEHICLE PROPERTY 1                    |
|  |                                       |
| Vehicle Registration Number  | TREE                                  |
| Vehicle Manufacturer   | TREE                                  |
| Vehicle Model  | •                                     |
| Vehicle ModelVehicle Variant   | · · · · · · · · · · · · · · · · · · · |
| vonicie valialit   |                                       |
|  | •                                     |

17/08/2015

Date Of Driving Pass

| Vehicle Colour                          |            |
|---|------------|
| Vehicle Category                        | •          |
| Name of Driver                          | Government |
| Contact Number                          | -          |
| Address                                 |            |
| Address complement                      | -          |
| Postcode                                |            |
| Insurance Company Name                  | =          |
| Notice Of D                             | -          |
| Details of property damaged in accident |            |
| No. Of Passenger (Including Driver)     | -          |
| ger (moldaling Dilvel)                  |            |

## SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised 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. The 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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 law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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

### Time

Sketch Plan

Surong Island Highway

A R C 5548 P.

B - TREE

| 49                                      | ATT AP   | ALD.   | Police    | Perses   |                                     |
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# Declaration

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





1 of 3

Report No. T/20230206/7090 .

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

# REPORT OF A TRAFFIC ACCIDENT

| Date/Time<br>06/02/202    | Report N<br>3 17:54 | Made:                     | Vide Report No.:                       | Station Diary No.:         |
|---------------------------|---------------------|---------------------------|--|----------------------------|
| Informant                 | t's Partic          | ulars                     |  |                            |
| Name of I                 |                     |                           | Address:                               |                            |
| ID Type / I<br>FIN NO / ( |                     | R                         | Contact No.:<br>Home/Office:           | Mobile: 87970544           |
| Nationality<br>MALAYSIA   |                     |                           | Email: munusamy_thangaraj@yahoo        |                            |
| Sex:<br>Male              | Age:<br>31          | Date of Birth: 30/10/1991 | Type of Informant:                     |                            |
| Race:<br>Indian           |                     |                           | Language:<br>English                   | Institution / School Name: |
| Occupation                | n:                  |                           | Driving Licence Information:<br>Class: | Date of Expiry:            |

| Type of Accident:  | Non-Injury<br>Government Property | Drink<br>Drive:<br>No  | Date/Time of<br>Accident:<br>05/02/2023 21:05 | Type of Location<br>Straight Road                 |
|--|-----------------------------------|--|---|---|
| JURONG ISL   | AND HIGHWAY                       |  |   |   |
| 14/ //   |                                   |  |   |   |
|  |                                   | oad Surface:<br>rv   |   | oad Speed Limit:                                  |
| Weather:<br>Clear<br>Traffic Flow:<br>One Way<br>Type of Collisi | DI<br>Tr<br>No                    | and the second s | 7(<br>Ti                                      | oad Speed Limit:  O Km/h raffic Volume: O Traffic |

| Vehicle No. | Type  | Make | Model | Color | Conditio | No of  |
|-------------|-------|------|-------|-------|----------|--------|
| GBC5548P    | Lorry | 10   |       | 00101 | Conditio | INO OI |

| Details of Person Involved      |  |
|---------------------------------|--|
| Any Pedestrian Involved: No     |  |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA   |
|                                 | The state of the s |





2 of 3

Report No. T/20230206/7090

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

#### CONTINUATION OF REPORT

| Name                                   | THANGARAJ MUNUSAMY |           | ID No.                                     | G6672694R                         |  |
|--|--------------------|-----------|--|-----------------------------------|--|
| Related Vehicle                        | GBC5548P (Lorry)   | (SR)      | Contact No.                                | 87970544                          |  |
| Hospital/Clinic                        | NIL                |           | Class of<br>Driving<br>Licence &<br>Expiry | Class: NIL<br>Date of Expiry: NIL |  |
| Date                                   | NIL                | Date      | NIL  |                                   |  |
| No. of Days granted Medical Leave NIL- |                    | Degree of |  | NIL                               |  |

## Brief Details.

On 05/02/2023, at about 2105hrs, I was driving on third lane along Jurong Island Highway towards Jurong Island checkpoint doing my normal patrol duties. When comes near to Air Liquide company, I lost focus and realized the car I'm driving (GBC5548P) slowly moving to left. By the time I want to react to hit brake, the front tire have hit the road left side curb and go up to the grass verge area. I then hit brake, but due to the soil at the grass verge area are soft and wet, the car unable to stop and hit few small trees planted there. The car came to stop with the brake pressure and one of the small tree stuck at the front right tire. I have no injury but the car front part have more damages. Later, JTC security arrived to the incident area. After access the situation and clearance from their superior, they informed the car can be moved to the road. At 2205hrs, the car moved to the road and driven to near in house workshop at 1 Ayer Chawan Place in Jurong Island.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 3 Report No. T/20230206/7090

CONTINUATION OF REPORT

Sketch Plan

NP168

Informant is not able to provide sketch

| Signature Of Officer Recording The Report:<br>Not applicable                                   | Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required. |
|--|---|
| Signature Of Interpreter:<br>Not applicable  | Date/Time: 06/02/2023 17:54   |
| Officer In Charge Of Case:<br>TP / TPIB /<br>FAHKRUL RAZI BIN SUHAIME<br>Contact No.: 65470000 | Classification Of Case:   |

# **ACCIENT STATEMENT**

| ACCIDENT DATE: (05/02/2023)(DD/MM/YYYY), TIME(21:05)(HH:MM  |
|---|
| LOCATION: JURONG TSLAND HICHWAY.  |
| 1.DETAILS OF VEHICLE  |
| a) VEHICLE NUMBER: GBC 5548P. b) INSURANCE COMPANY: MS FIRST CAPTAL c) POLICY NO: D - 22099 191 MFCV/44 d) POLICY TYPE: (COMPREHENSIVE/THIRD PATY/THIRD PARTY FIRE & THEFT) e) MAKE/MODEL: SBNGY DNG SROPTS. f) TYPE: (SALOON/COUPE/MPV/VAN/LORRY/MOTORCYCLE/OTHERS) g) VEHICLE CATEGORY: (PRIVATE/COMMERCIAL/MOTORCYCLE) h) PURPOSE OF USING AT TIME OF ACCIDENT: LEASING: i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE: (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM/REPORTING ONLY) |
| 2. INSURED / POLICY HOLDER  |
| A) NAME: ROBINSON CAR PENTAL PIELTD(MALE/FEMALE)  B) NRIC/FIN/PASSPORT: 200414041 W' CONTACT: 1879 2002  C) ADDRESS: 21 JALAN HASJD, S418746.  CAN. VENTAL Q SANGROCK. COM. Sg.  *CONTINUE TO 3.D IF DRIVER ALSO POLICY HOLDER  |
| 3. DRIVER   |
| A) NAME: THANCALD MUNUSARY (MALE/FEMALE) B) NRIC/FIN/PASSPORT: (76672694 R CONTACT: 87970544 C) ADDRESS:  |
| D) DATE OF BIRTH: (30/10/1991)(DD/MM/YYYY)  E) OCCUPATION: (INDOOR/OUTDOOR)  F) YEARS OF DRIVING EXPERIENCE: 4787M.   |
| 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED : REASING.  |
| 5.A) WEATHER CONDITION: (CLEAR/ RAINING/OTHERS  |
| 6. WAS ANYBODY INJURED: (YES/NO) 7. REPORTED TO POLICE: (YES/NO) IF YES PLEASE STATE WHICH POLICE STATION: USI  |
| 8.THIRD PARTY VEHICLE: TREES  |
| A) VEHICLE NO: MODEL:   |
| B) DRIVER'S NAME :  |
| B) DRIVER'S NAME :CONTACT;CONTACT;  |
| 9. THIRD PARTY VEHICLE:   |
| A) VEHICLE NO:MODEL:  |
| DI DRIVER S NAME :  |
| C) NRIC.FIN PASSPORT NO.:CONTACT:   |
|   |



## CERTIFICATE OF INSURANCE

ORIGINAL

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)

Type of Policy.

: COMMERCIAL VEHICLE - FLEET

Type of Cover.

: Comprehensive

Certificate No.

: D-22099191MFCV/44

Vehicle No / Chassis No.

: GBC5548P / KPADA1ETSCP128250

Name of Insured

: ROBINSON CAR RENTAL PTE LTD

Period Of Insurance

: 01.11.2022 To 31.03.2023

Insured Estimated Value

: Market Value At Time Of Loss

Financial Institution

: THINK ONE CREDIT PTE LTD

EXCESS: AS INDICATED BELOW - ALL EXCESS AMOUNTS ARE SUBJECT TO GST

**Authorised Driver\*** 

ANY AUTHORISED DRIVER

#### Persons or classes of persons entitled to drive\*

(1) Whilst the vehicle is being used in connection with the Insured's business:-

- (a) Any person provided he is in the Insured's employ and is driving on their order or with their permission.
- (2) Whilst the vehicle is being used for social, domestic or pleasure purposes:-(a) Any person who is driving on the Insured's order or with their permission.

For drivers with more than 1 year driving experience and/or not less than 21 years of age

Excess: S\$1,000.00 on Section I & II separately (for Long Term Lease - 1 year or more) S\$2,500.00 on Section I & II separately (for Short Term Lease - less than 1 year)

S\$1,000.00 on Section I & II separately (for Staff)

For drivers with less than 1 year driving experience and/or less than 21 years of age

Excess: S\$3,000.00 on Section I & II separately (for Long Term Lease - 1 year or more)

S\$4,500.00 on Section I & II separately (for Short Term Lease - less than 1 year)

S\$2,000.00 on Section I & II separately (for Staff)

\* 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

## Limitations as to use\*

Use in connection with the Insured's business.

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

The Policy does not cover:-

(1) Use 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.
- (3) Use for the carriage of passengers for hire or reward.
- \* 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.

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)

> MS First Capital Insurance Limited (Approved Insurers)

SUSAN/D0067/MZ301A9

Issued at Singapore On 03.11.2022

Authorised Signature