NATIONAL Assessment Centre Serv	ices (wef Jan'06]		i
	escription	, Date & Time Completed	Done by
Ref No: NA TM 23006185 04 SAS	s e-filing		
No. Lake	nail (within 8hrs. AIC 2hrs)		
	otor Claim Form		
i.M	otor W/O (Within: OD 2hr	rs, TP 4hrs)	
OD TP Reporting Only	ioto Uploaded	!	
TP Insurer:	essment/Survey Report		
A COLUMN CONTRACTOR CO	t Report by <u>Fax / Hand</u>	to Owner/Wksp	Annual parties and the Control of th
Preferred Wksp / INC Assign Wksp / QW: (Tel: Fax:	The state of the s
TP Particulars: Veh No: PZ 761	L . INC ()/Non-INC()	*
Owner / Driver: (Tel:)
Policy No: () Period: ()	Cover Type: (.)
Confirmed by: (Date:	Time:)
Insured/Driver Liability: (%) [Note-Est	. Status (WO): N: 0-2	20%; P: 21-79%. F: 80-100	%]
Year of Registration: () Warranty	Y: YES ()/NO ()	
Excess: (\$) Loading: \$1,000 ()/\$2,000()		
General Remarks:-			
() Walk-In Customer: Customer's information	strictly Confidential & S	trictly NO refer of repairer.	debit. b
() Total Loss Case : to e-mail Insurer URG	ENTLY.	. 5	
Drive-In ()/ Powed-In (); Invoice: YES ()/NO();	Towing Co: ()
Remarks: (INC hotline: 6788 6616)		Date&Time Completed	Done by
Apply for Transport Allowance () / Courtesy	Car ()		2. /
2) QC Check / Post Repair Inspection	()		
3) Upload Resurvey Photo [Repair Cost > \$3000]	()		
Injury:			
Date/Time Actions			
Date/Lime Actions			
			1 7 1 .
		×	
NA2301786	Invoice Pr	eparation Checklist	Anit (\$) Am
	1) AR : Accide		Ist Bill Ada
Claimant's:Particulars:-	2) DA : Damag	e Assessment (\$100); INC (\$80)	
Driver/Owner:	3) TF : Towing 4) FT : Follow-	Fee \$40/\$ Through Survey \$12	
Contact No:		Through Survey (Resurvey) \$: against INC Only (wef 10 Jan 2005)	30
Damaged Portion:	6) TR : Re-insp	pection	75
-		A + SMRT Survey \$1	50
QC Checked by (Engr-In-Charge):	On*	•	25
The war and the same of the sa	*N6: Repair	Co-ordination 3	\$5
Auditors: Comments::-	571,77177,71174		\$5
Cat. 1:		TP (Non INC) against INC \$	20 .
Cat. 2/3:	Invoice dated	Fee Charged .	- CANAGE
	Invoice dated	Fee Charged	例的可能

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

Date of Submission Reported by Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss	15/06/2023 17:26 (SGT) Actual Driver 14/06/2023 21:30 (SGT) Singapore MOUNT EMILY ROAD CARPARK LOT Singapore
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DETAILS OF OWN VEHICLE

Mitaubiahi

Vehicle Registration Number	XD3398C	

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner	Yes ANG TONG SENG CONSTRUCTION PTE, LTD.
Company Reg No Email Address	2XXXXX362N
Mobile Dhaman	enquiry@angtongseng.com
Alternative Phone No.	(Phone) +65-67498998
Alternative Priorie No	_

VEHICLE PARTICULARS

Manufacturer

Model	IVIIISUDISTI
Variant	FV51JJD4RDEA
Exact purpose for which vehicle was being used at time of	-
accident Are you claiming under your own insurance policy for repair to	Employment
your vehicle?	No - Reporting only
vericle Category	Commercial vehicle
Transmission	Manual
CC	12882

INSURANCE COMPANY

Tokio Marine Insurance Singapore Ltd 22-MJ000899-R04

DRIVER

Name of Driver Passport No/FIN	MOLIOCAMANDI IVINI LAINE 2L
Data Of Pirth	G/V/V/SO4E
Occupation	21/02/1994
Occupation	Outdoor

Date Of Driving Pass	
Driving experience	
Gender	WOITING
Mobile Number	
Alt. Phone Number	(Phone) +65-81532453
Email Address	
Address	and an American Ameri
Address complement	
Address complement	
Postcode la the driver the post	638036
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	NI=
Vehicle Registration Number of Other Vehicle Owned by Driver	
Insurance Company of Other Vehicle Owned by Driver	
GENERAL INFORMATION OF THE ACCIDENT	
The Accident	
Type of Accident	O 101 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Weather Conditions	Collided into Parked Vehicle
Road Surface	Clear
	Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	
Number of vehicles involved in the accident	No
	2
Was any injured in the Accident? Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	•
Number of Passengers (Including Driver)	Yes
Has the driver been approached by the	0
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistant and accident soliciting accident a	
soliciting/offering accident claims assistance? Translator's name	No
Translator's ID	-
	<u>.</u>
Translator's phone number	-
Translator's email	
Original language used in the statement	×
DETAILS OF POLICE ACTION	
Was the coeldest reserve to the state of	
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 THE ATTACHED STATEMENT	
THE ATTACHED STATEMENT	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Nas there any video captured by Car Camera?	No
DETAILS OF OTHER	VEHICLE PROPERTY 1
/ehicle Registration Number	PZ761K
renicie Manufacturer	-
renicie Model	
enicle Variant	28
ehicle Colour	•
ehicle Category	-
ame of Driver	Commercial vehicle
ontact Number	•
The state of the s	•

Address	
Address Address complement	-
Postcode Insurance Company News	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in annial	-
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 Authorised 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 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' 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
- (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 &	B-15/6/2		_ Phill 15/6/202
Time Sketch Plan	Driver's Signature (If driver is not the po & Time Mount Emily Road		Witnessed by Reporting Centre Personnel
		A	PZ 761 K

De libe Circumstance of the Accident	•
On the above stated date and time, I pulled my	
rehicle at the pureing lot and I went out to buy	_
things, it aim disco at mile indicate in	-
4. 9. 1 by the collided to	_
a charle in a land of the charles	
had happen due to the handballs Pill	_
May valore a house of the made	
White B. AS	
when I pulled I did pull up the hand bruke and also	
the lot was slightly slop, so this also might be one of	
the cause for this collision. There was no driver on	
Vinicle B's refricte. if was publied at the partiery fot.	
	_
	_
	_
	_
	_
	_
•	
	-
	_

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

vJun2022

IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT: 14/06/2023	TIME OF ACCIDENT: 21:30 pm
VEHICLE NO: XD 3398C	TRANSMISION : AUTO / MANUAL
MAKE & MODEL: Mitsubishi	Mount Emily Road , Capark for
EXACT PURPOSE USE DURING ACCIDENT : EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	CLAIM TYPE: OD / THIRD PARTY / REPORTING ONLY
INSURANCE COMPANY: TOLO Maine	POLICY NO: 22-MJ000899-R04
TYPE OF COVERAGE:	VEHICLE TYPE :
COMPREHENSIVE / THIRD PARTY / THIRD PARTY & THEFT	(SALOON / COUPE/MPV/VAN/LORRY/MOTORCYCLE)
NAME OF OWNER: Ang Tong Seng Construction Pte. Ltd.	NRIC: 2018 00362N
ADDRESS:	CONTACT NO: 67498998
EMAIL ADDRESS: enquiry @ angtongseng.com	VIDEO RECORDING : YES NO
NAME OF DRIVER: AS ABOVE / IF NO: Munganandham Ramesh	NRIC: 93170364L CONTACT NO: 8153 2453
DRIVER OWNER RELATIONSHIOP: employee	PASSENGER: () FEMALE ()
DATE OF BIRTH: 21 / 02 / 1004	DRIVING PASSING DATE: 26 / 10 / 2021
OCCUPATION: INDOOR / OUTDOOR	ADDRESS: 29 Turas South Street 1, 8,638036
ANY INJURIES: NO, IF YES:	POLICE REPORT : NO/ IF YES WHERE ?
WEATHER CONDITION: CLEAR / RAINING / OTHERS	ROAD SURFACE: DRY / WET / OTHERS
VEHICLE B REG NO: PZ 761K	VEHICLE C REG NO :
DRIVER NAME :	DRIVER NAME :
NRIC:	NRIC:
CONTACT:	CONTACT :
VEHICLE D REG NO :	ANY WITNESS? NO, IF YES:
DRIVER NAME :	NAME:
NRIC :	CONTACT:
CONTACT:	
WAS NOTICE OF PROSECUTION GIVEN? (YES NO) IF YES, AGAINST WHOM :	WERE SEAT BELTS WORN ?: YES (NO WERE INJURY CONVEYED BY AMBULANCE; YES (NO
	THE DI ANDOLANCE : TES / NU

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

FORM MZ300

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-MJ000899-R04 (Comm Vehicle Carry Own Goods)

1. Index Mark and Registration Number of Vehicle

XD3398C

Chassis No.: FV51JJA00392

2. Name of Policyholder

ANG TONG SENG CONSTRUCTION PTE. LTD.

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

08/08/2022

4. Date of Expiry of Insurance

07/08/2023

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

Account: 0465DDB

Insurance Plan:

Third Party, Fire & Theft

Limit for total loss or theft: Prevailing Market Value

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

User Name: TMIS Direct from TM Onli

Printed 22/07/2022