

# NATIONAL Assessment Centre Services

Date In: 18/09/18	Job description	Date & Time Completed	Done by
Ref No: NA/5m; 18016998/13	SAS e-filing		
Veh No: SLR7866K	E-mail (within 8hrs, AIC 2hrs)		
D.O.A 17/09/18 3145	i-Motor Claim Form		
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( M GARAGE	Tel:	Fax:
TP Particulars:	Veh No: FBF8856P	INC ( ) / Non-INC ( )
Owner / Driver: ( )	Tel:	( )
Policy No: ( )	Period: ( )	Cover Type: ( )
Confirmed by: ( )	Date:	Time: ( )
Insured/Driver Liability: ( ) %	[Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]	
Year of Registration: ( )	Warranty: YES ( ) / NO ( )	
Excess: (\$ )	Loading: \$1,000 ( ) / \$2,000 ( )	

**General Remarks:-**

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

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

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

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

**Injury :** \_\_\_\_\_

Date/Time	Actions

NA1805931	<b>Invoice Preparation Checklist</b>	Ant (\$) 1st Bill	Ant (\$) Add Bill
<b>Claimant's Particulars :-</b>	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) iT : Follow-Through Survey (Resurvey) \$30		
<b>Auditors' Comments :-</b>	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR : Re-inspection \$75		
Cat. 2 / 3:	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) : TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	



## 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 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 ability.
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 Report	18/09/2018 16:01
Date Of Accident	17/09/2018 21:45
Exact Location Of Accident	SLIP RD FROM TPE(SLE)TWDS PASIR RIS DR 1&8(EXIT 3B
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLR7866K
Insured/Policyholder	
Name Of Registered Owner	SUPREME LEASING & LIMOUSINE PTE LTD
Co Reg No	201710190R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-999999999
Vehicle Particulars	
Manufacturer	TOYOTA
Model	CHR 1.8
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	18-MI000894-R01
Cover Note Number	
Driver	
Name of Driver	ANG BENG HUAT
NRIC No	S1698823E
Date Of Birth	24/10/1965
Occupation	OUTDOOR
Date Of Driving Pass	31/08/1989
Driving Experience	29 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90274464
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 407 CHOA CHU KANG AVE 3 #04-291
Postcode	680407
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

#### 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 this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBF8856P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)



## SKETCH PLAN

### IMPORTANT NOTICE

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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 lodgment 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;
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's  
Date & Time:



Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

18/09/18

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 17/09/2018 at about 2150 hrs at Slip Road from TPE (SLE) towards Pasir Ris Dr 1x8 (Exit 3B). I was travelling on the above mentioned slip road and come to a stop while giving way to the main traffic along Tampines Ave 12. Suddenly I heard a loud bang from behind and when I alighted, I realised that it was Vehicle (B) who hit onto my Rear Portion of my Vehicle (A) causing damages to my vehicle. I have two passengers inside my vehicle.

(A) SLR 7866 K

(B) FBF 8856 P

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

## DECLARATION

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

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



# SINGAPORE ACCIDENT STATEMENT

Accident Date:	17/09/2018	Time:	2145 hrs	(hh:mm) 24 hr format
Location	SLIP ROAD FROM TPE (SLE) TOWARDS PASIR RIS DRIVE DRIVE 1 & 8 (EXIT 3B)			
Vehicle Number	SLR 7866K			
Insured Name	Supreme Leasing & Limousine Pte Ltd			
NRIC / FIN	201710190 R	Contact Number		
Make	Toyota	Model	CHR 1.8 Hybrid S Auto SDR	
Are you claiming under your own insurance policy for repair to your vehicle?				
( ) Yes If No, Pls select: ( / ) Third Party ( ) Reporting				
Insurance Company	Tokio Marine			
Type of Policy ( / ) Comprehensive ( ) Third Party Fire & Theft ( ) TP Only				
Policy Number	18-M1000894-R01			
Name of Driver	Ang Beng Huat	( ) Same as Insured		
NRIC / FIN	S 16 98823 E	Contact Number	9027 4464	
Date of Birth	24 Oct 1965			
Driving Pass Date	31 Aug 1989			
Occupation ( ) Indoor ( / ) Outdoor				
Gender ( / ) Male ( ) Female				
Email Address	( / ) NO EMAIL			
Address of Driver	Blk 407 Choa Chu Kang Avenue 3 #04-291 S(680407)			
Was driver an employee of the Insured's Company? ( ) Yes ( / ) No				
If No, Relationship of the Driver with the Insured HIRER				
( ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling				
Does the Driver Own Any Other Vehicle? ( ) Yes ( / ) No				
If Yes, Vehicle Registration Number of Driver's Own Vehicle				
Insurance Company of Driver's Own Vehicle				
Weather Conditions ( / ) Clear ( ) Raining ( ) Others				
Road Surface ( / ) Dry ( ) Wet ( ) Others				
Was any foreign vehicle involved in this accident? ( ) Yes ( / ) No				
Was anybody injured in the accident? ( ) Yes ( / ) No				
If yes, injured detail				
Was there any video captured by Car Camera? ( / ) Yes ( ) No				
Was the Accident reported to the Police? ( ) Yes ( / ) No If yes attach police report				
DETAILS OF 3 <sup>rd</sup> party	Name / Nric	Contact		
Veh B	FBF 8856P			
Veh C				
Veh D				
Veh E				
Veh F				

3 persons including driver — 1 male  
1 female

Driver  
SZR 7866K

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1698823E



Name  
ANG BENG HUAT



Race  
CHINESE  
Date of Birth  
24-10-1965  
Country of Birth  
SINGAPORE

Sex  
M

1698823E

2501170



1698823E



Blood Group  
O+

Date of Issue  
19-10-1994

107 CHOA CHU KANG AVENUE 3 #04-291  
F 680407  
1698823E Date: 03/06/2015





PNHR  
SLR 7866K

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S1698823E**  
Name: **ANG BENG HUAT**

Birth Date: **24 Oct 1965**  
Issue Date: **20 Oct 2003**



 0009337588

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

Class 3

Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE

31 Aug 1989

NP 428A



Driver  
SLR 7866K

Land Transport Authority


**VOCATIONAL LICENCE**

Licence No : S1698823E

Name : ANG BENG HUAT

Issue Date : 25/7/2006

Ex: Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence



This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
02	TAXI VL	25/07/2006







## 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.: 18-MI000894-R01 (Private Motor Car)

1. **Index Mark and Registration Number of Vehicle** SLR7866K **Chassis No.:** ZYX102031277
2. **Name of Policyholder** SUPREME LEASING & LIMOUSINE PTE LTD
3. **Effective date of the Commencement of Insurance for the purposes of the Act** 25/05/2018
4. **Date of Expiry of Insurance** 24/05/2019
5. **Persons or Class of Persons entitled to drive\***  
Any person who is driving on the Policyholder's order or with their permission.  
The hirer.  
Any other person who is driving on the hirer's order or with his/ their permission.
6. **Limitations as to use\***  
Use for the carriage of passengers or goods in connection with the Policyholder's business or the hirer's business.  
Use for social domestic and pleasure purpose and business purposes of the Policyholder or of any person to whom the vehicle is hired.  
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 (other than for reward) 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: 2662DDA

<b>Insurance Plan:</b>	Comprehensive Approved Workshop Plan
<b>Limit for total loss or theft:</b>	Prevailing Market Value
<b>Policy Excess:</b>	Excess - All Claims
	Windscreen Excess
<b>Financial Interest:</b>	MAYBANK

Tokio Marine Insurance Singapore Ltd.

Authorised Signature