

# NATIONAL Assessment Centre Services: [wef 1 Jan'03]

Date In: 14/11/18	Job description	Date & Time Completed	Done by
Ref No: NAT/MI/18020640/12	SAS e-filing		
Veh No: SL55574K	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 14/11/18 0905	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: SLN9806J	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% P: 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

NA1807426	Invoice Preparation Checklist	Am (\$)	Am (\$)
Claimant's Particulars:	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		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2003)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*N5: Courtesy Car / Tpl 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: Idao Mobile \$0		
	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 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 Report	14/11/2018 16:28
Date Of Accident	14/11/2018 09:05
Exact Location Of Accident	ECP TWDS CHANGI B4 KPE(TPE)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS5574K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SUPREME LEASING & LIMOUSINE PTE LTD
Co Reg No	201710190R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63166000

### Vehicle Particulars

Manufacturer	TOYOTA
Model	CHR HYBRID 1.8
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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### 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	LOW CHOR TECK
NRIC No	S1736396D
Date Of Birth	25/11/1966
Occupation	INDOOR
Date Of Driving Pass	23/07/1990
Driving Experience	28 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93607799
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 122A EDGEDALE PLAINS #14-177
Postcode	821122
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?	YES
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)	1

#### 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?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLN9826J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	LOW CHOR TECK
------	---------------

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BACK & NECK

SLS5574K

YES

NO



## 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 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 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.

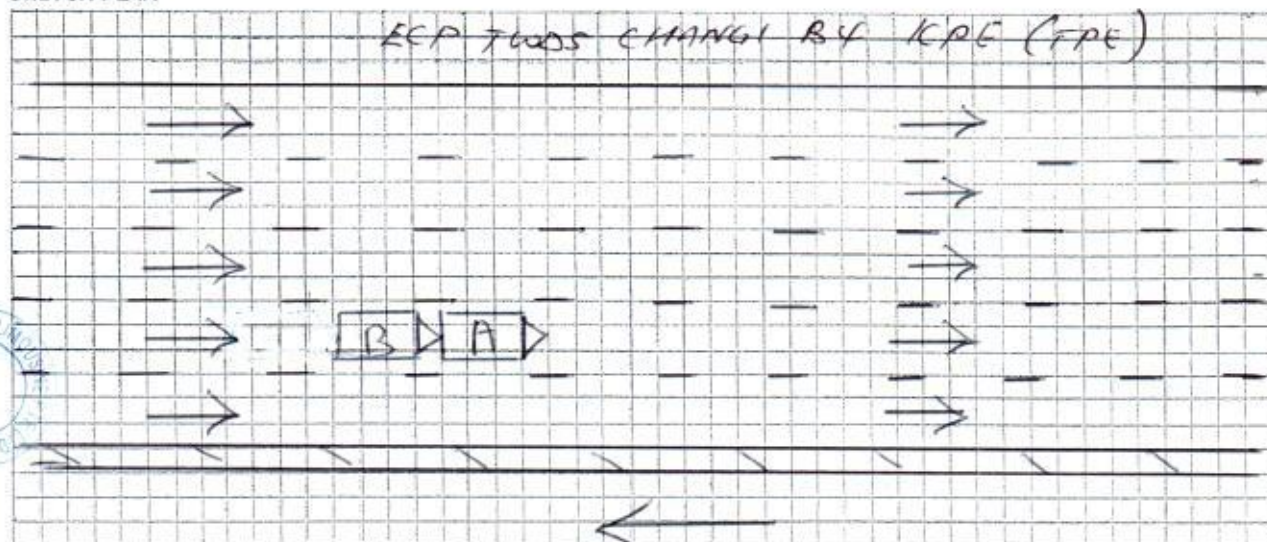


Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 14/11/2018 at about 0905 hrs at along ECP towards Changi before KPE (TPE). I was travelling on the Lane 2 and when my front vehicle slow down and stop due to heavy traffic hence I follow suit. 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.

(A) SL5 5574K  
(B) SLN 9826J

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 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: 14/11/2018	Time: 0905AM	(hh:mm) 24 hr format
Location ECP towards Changi before KPE (TPE)		
Vehicle Number SLS5574K		
Insured Name SUPREME LEASING & FINANCE Pte Ltd		
NRIC / FIN UEN: 201710190R	Contact Number	
Make TOYOTA	Model CHR HYBRID 1.8S CVT	
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-M1000874-R01		
Name of Driver LOW CHOW TECK ( ) Same as Insured		
NRIC / FIN S1736396D	Contact Number 9360 7799	
Date of Birth 25/11/1966		
Driving Pass Date 23/07/1990		
Occupation ( / ) Indoor ( ) Outdoor		
Gender ( / ) Male ( ) Female		
Email Address ( ) NO EMAIL		
Address of Driver B1K 122A GARDEN PLAINS #14-177		
S(821122)		
Was driver an employee of the Insured's Company? ( ) Yes ( / ) No		
If No, Relationship of the Driver with the Insured driver		
( ) 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 driver - back & neck pain		
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	SLN9826J	
Veh C		
Veh D		
Veh E		
Veh F		

Include driver 1 person only.

DRIVER  
SL5574K

REPUBLIC OF SINGAPORE  
\* IDENTITY CARD NO. S1736396D

Name  
LOW CHOR TECK

刘祖德

Race  
CHINESE

Date of Birth  
25-11-1966

Sex  
M

Country of Birth  
SINGAPORE



1309945

Barcode

NRIC No. S1736396D

Fingerprint

Blood Group  
O+

Date of issue  
27-09-1993

BLK 122A EDGEDALE PLAINS #14-177  
SINGAPORE 821122

NRIC No. S1736396D

Date: 13/05/2018



DRIVER  
SL5574K

**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

License Number: **S1736396D**  
Name: **LOW CHOR TECK**

Birth Date: **25 Nov 1966**  
Issue Date: **17 Jun 2003**

1000573907C




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

	PASS DATE
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	23 Jul 1990

NP 428A

Licence No: S1736396D



DRIVER  
SL55574K

Land Transport Authority


**VOCATIONAL LICENCE**

Licence No: **S1736398D**

Name: **LOW CHOR TECK**

Issue Date: **5/6/2013**

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	13/10/1997





TOKIO MARINE  
INSURANCE GROUP

FORM MX1 H

## 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** SLS5574K **Chassis No.:** ZYX102046066
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.
- \* 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\***  
 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



# SUPREME LEASING & LIMOUSINE PTE LTD

Member of Prime Group of Companies

Co. Registration No: 201710190R

61 UBI AVENUE 2 #01-03/04

Tel: 63166000 Fax: 63165115

VEHICLE NO		MAKE/MODEL		CC	CHECK OUT/IN DATES	
SLS 55746		CHH Hybrid Toyota				
HIRER / DRIVER'S PARTICULARS					VEHICLE DATE OUT	
NAME: Low Chor Teck					VEHICLE ACTUAL DATE IN	
ADDRESS: 122A Edgefield Place #14-177						
					COLLISION DAMAGE WAIVER	
					ADDITION TO THE AMOUNT STATED IN THIS AGREEMENT SHOULD THE NAMED DRIVER BE ANY PERSON WHO IS LESS THAN 25 OR MORE THAN 65 YEARS OF AGE WITH LESS THAN 3 YEARS OF DRIVING EXPERIENCE	
					NON-WAIVERABLE EXCESS PER INCIDENT	
HOME NO.		D.O.B.	25/11/66	SINGAPORE	\$	2,500.00
MOBILE	93677799			MALAYSIA	\$	3,500.00
IC NO.	51736396D	COUNTRY		TOTAL LOSS & THEFT	\$	10,000.00
LICENSE NO.		COUNTRY		SIGNATURE		
EXPIRY DATE						
ADDITIONAL DRIVER (Loh Chor Teck)				PERSONAL ACCIDENT INSURANCE (PAI)		
NAME:				ACCEPTS PAI <input type="checkbox"/> DECLINES PAI <input checked="" type="checkbox"/>		
ADDRESS:				PREMIUM: \$		
				SIGNATURE SIGNATURE		
				RENTAL CHARGES		
				DAILY @ S\$ \$72.00		
				MONTHLY @ S\$ 6 months		
HOME NO.		D.O.B.		PETROL		
MOBILE				PARKING		
IC NO.		COUNTRY				
LICENSE NO.		COUNTRY		TOTAL		
EXPIRY DATE				DEPOSIT S\$		
\$72 per Day @ 6 months REMARKS (9 Days off Day) Agent will be on call \$200 Contract start 20/1/2018 Contract end 20/3/2019 Deposit \$2000 Termination by both, license returned, booking or payment issues. Early Termination fee/loss of deposit \$250.				PRE-PAYMENT S\$ \$		
				MODE OF PAYMENT		
CREDIT CARD CASH <input type="checkbox"/> NETS <input type="checkbox"/> OTHERS <input type="checkbox"/>						
NAME						
CARD NUMBER						
EXPIRY DATE				CVV		

I HEREBY AGREE TO ABIDE BY THE TERMS AND CONDITIONS STATED ON THIS AGREEMENT AND THE ACCOMPANYING VEHICLE RENTAL CONTRACT

FULL LIABILITY WILL BE IMPOSED ON THE HIRER SHOULD THE VEHICLE BE DRIVEN TO MALAYSIA WITHOUT OUR KNOWLEDGE. VEHICLE MUST NOT BE USED FOR ANY ILLEGAL OR IMMORAL

SIGNATURE OF HIRER

SUPREME LEASING & LIMOUSINE PTE LTD