

NATIONAL Assessment Centre Services. [wef 1 Jan'03]

Date In: 16/11/18	Job description	Date & Time Completed	Done by
Ref No: NATM518020800/13	SAS e-filing		
Veh No: SLZ1759J	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 15/11/18 1825	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: SJR193Z	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

NAIS07510	Invoice Preparation Checklist	Am (\$)	Am (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	Inc Bill	Add Bill
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) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	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:-		
	Q1:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Coordination \$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	Fax Charged	
	Invoice dated	Fax 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	16/11/2018 15:50
Date Of Accident	15/11/2018 18:25
Exact Location Of Accident	PARALLEL PARKING LOT BESIDE UNIT NO 18 EAN KIAM PL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ1759J
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-99999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	SIENTA HYBRID
Exact Purpose for which vehicle was being used at time of accident	STATIONARY VEH(PARKED)
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	FAM WEE TENG(FAN WEIDENG)
NRIC No	S7935092C
Date Of Birth	30/10/1979
Occupation	OUTDOOR
Date Of Driving Pass	17/01/2002
Driving Experience	16 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90009089
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 159 BEDOK SOUTH AVE 3 #12-555
Postcode	460159
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	COLLIDED INTO PARKED VEHICLE
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)	2
Passenger 1	
	NAME: : KELLY XIE SUMIN
	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	SJP193Z
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)

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.:

Unit 18 Ean Kiern Place

(A) SLZ 1759 J
(B) S.T.P 193 Z

On 15/11/2018 at about 1822 hrs at Parallel parking lot beside Unit no 18 Ean Kiam Place. My vehicle was parked stationary beside the above mentioned unit at car park lot no. 14 and was inside my vehicle while waiting for the behind vehicle (B) to exit out from the car park lot. While waiting, Vehicle (B) exited out without cautions and without proper judgement hence collided onto my Rear Right Portion of my Vehicle (A)

causing damages to my vehicle. After the incident Vehicle (B) had no intention of stopping but after my repeated honking, the driver of Vehicle (CR) stopped his vehicle before the junction.

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.

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



Signature _____

16/11/18

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA118148621 Vehicle Registration No: SLZ1759J
Name (as shown in NRIC) : FAM WEE TENG (FAM WEIDENG) NRIC/FIN/Passport No : S7935092C
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 159 BEDOK SOUTH AVE 3 #12-555 Singapore(460159)
Contact (Tel) : _____ Mobile No. : 70009089
Email Address : _____
Date of Accident : 15/11/18 Time of Accident : 18:25
Place of Accident : PARALLEL PARKING LOT BESIDE UNIT NO 18 FAN KIN PLAC
Insurance Company: TOKIO MARINE

(B) ADDITIONAL INFORMATION / AMENDMENTS:


I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

ATTACHE WRONG SKETCH PLAN

Policyholder / Driver's Signature
Date:

shy 16/11/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:

Land Transport Authority



VOCATIONAL LICENCE
 Licence No: S7935092C
 Name: ERIC FAM WEE TENG
 Issue Date: 29/5/2016
 Please visit www.lta.gov.sg to check the status of this vocational licence

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S7935092C
 Name: FAM WEE TENG (FAN WEIDENG)
 Birth Date: 30 Oct 1979
 Issue Date: 28 Dec 2002

1000070412D

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. S7935092C



Name: ERIC FAM WEE TENG (FAN WEIDENG)
 范伟登
 Race: CHINESE
 Date of birth: 30-10-1979
 Sex: M
 Country of birth: SINGAPORE

67935092C

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	29/05/2015

Barcode

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

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	17 Jan 2002

JP 429A

Licence No: S7935092C

4490728

Barcode

NRIC No: S7935092C



Date of issue: 21-11-2009

Address: APT BLK 159, BEDOK SOUTH AVENUE 3, #12-555, SINGAPORE 460159

SINGAPORE ACCIDENT STATEMENT

Accident Date: 15/11/2018	Time: 1822hrs	(hh:mm) 24 hr format
Location At Parallel Parking (of beside unit no 18 Ean Kiam Place		
Vehicle Number SLZ1759J		
Insured Name Supreme Leasing & Limousine Pte Ltd		
NRIC / FIN 201710190R	Contact Number	
Make Toyota	Model Sienta Hybrid	
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 Fam wee teng (Fan weideng) () Same as Insured		
NRIC / FIN S7935092C	Contact Number 9000 9089	
Date of Birth 30 Oct 1979		
Driving Pass Date 17 Jan 2002		
Occupation () Indoor (/) Outdoor		
Gender (/) Male () Female		
Email Address m43 Solution@gmail.com (/) NO EMAIL		
Address of Driver Blk 159 Bedok South Avenue 3 #12-555 S(460159)		
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 rd party	Name / Nric	Contact
Veh B	SJP193Z	
Veh C		
Veh D		
Veh E		
Veh F		

2 persons including driver

— 1 female passenger
Kelly Xie Sumin



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 SLZ1759J Chassis No.: NHP1707109013
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

Insurance Plan: Comprehensive Approved Workshop Plan
 Limit for total loss or theft: Prevailing Market Value
 Policy Excess: Excess - All Claims
 Windscreen Excess
 Financial Interest: SING INVESTMENTS & FINANCE LTD

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 Automobile Megamart,
Singapore 408898

Tel: 6316 6000 Fax: 6316 5115

VEHICLE NO SL7 1759B		MAKE/MODEL TOYOTA WISH		CC		CHECK OUT/IN DATES			
HIRER / DRIVER'S PARTICULARS NAME: ERIC FAM WEE TONG ADDRESS: 159 BEDOK SOUTH AVE 3 #12-555 (S)						VEHICLE DATE OUT			
						VEHICLE ACTUAL DATE IN			
						AGREED DATE OF RETURN			
						COLLISION DAMAGE WAIVER NOTE: FURTHER EXCESS OF S\$2000.00 SHALL APPLY IN 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			
HOME NO.		D.O.B.		NON-WAIVERABLE EXCESS PER INCIDENT					
MOBILE				SINGAPORE		\$ 2,500.00			
IC NO.		COUNTRY		MALAYSIA		\$ 3,500.00			
LICENSE NO.		COUNTRY		TOTAL LOSS		\$ 10,000.00			
EXPIRY DATE				SIGNATURE					
ADDITIONAL DRIVER NAME: KELLY XIE SUMIN ADDRESS: AS ABOVE (S)						PERSONAL ACCIDENT INSURANCE (PAI)			
						ACCEPTS PAI []		DECLINES PAI [X]	
						PREMIUM: \$		SIGNATURE	
						SIGNATURE			
HOME NO.		D.O.B.		RENTAL CHARGES					
MOBILE				DAILY @ S\$		x NO. OF DAYS A MT \$77			
IC NO.		COUNTRY		MONTHLY @ S\$					
LICENSE NO.		COUNTRY		PETROL					
EXPIRY DATE				PARKING					
REMARKS \$77 per day @ 12 months contract start 8/10/2018 contract end 27 April 2018 front windscreen excess \$200 9 Day Babysit half day \$2000 + \$100 x 5 weeks						GST @ 7%			
						TOTAL			
						DEPOSIT S\$		\$2000+	
						PRE-PAYMENT S\$		\$	
						MODE OF PAYMENT			
						CREDIT CARD [] CASH [] NETS [] OTHERS []			
						NAME			
PREPARED BY		CARD NUMBER		EXPIRY DATE		CVV			
ATTENDED BY									

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

THE VEHICLE BE DRIVEN TO MALAYSIA WITHOUT OUR KNOWLEDGE.

VEHICLE MUST NOT BE USED FOR ANY ILLEGAL OR

SIGNATURE OF HIRER

SUPREME LEASING & LIMOUSINE PTE LTD

