

NATIONAL Assessment Centre Services. [wef 1 Jan 05]

Date In: 26/11/18	Job description	Date & Time Completed	Done by
Ref No: NA/TM/18021340/13	SAS e-filing		
Veh No: SLLS 4614P	E-mail (within 8hrs, AIC 2hrs)		
DDA: 24/11/18 2000	I-Motor Claim Form		
OD: (IP) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
IP Particulars:	Veh No: SHD 462J	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:	Date & Time Completed	Done by
(INC Hotline: 6788 6616)		
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

NA 1807889	Invoice Preparation Checklist	Am (S)	Am (S)
Insured's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)		
	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 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	26/11/2018 18:44
Date Of Accident	24/11/2018 20:00
Exact Location Of Accident	SLIP RD FROM TPE(PIE) TWDS PASIR RIS DR 8
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW4614P
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	C-HR HYBRID
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	LEE KWONG SING
NRIC No	S6901364C
Date Of Birth	14/01/1969
Occupation	OUTDOOR
Date Of Driving Pass	24/07/1987
Driving Experience	31 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94560808
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 15 MARSILING LANE #06-169
Postcode	730015
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: : FEMALE
Passenger 2	NAME: : UNKNOWN GENDER: : MALE

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	SHD462J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

SKETCH PLAN

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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.



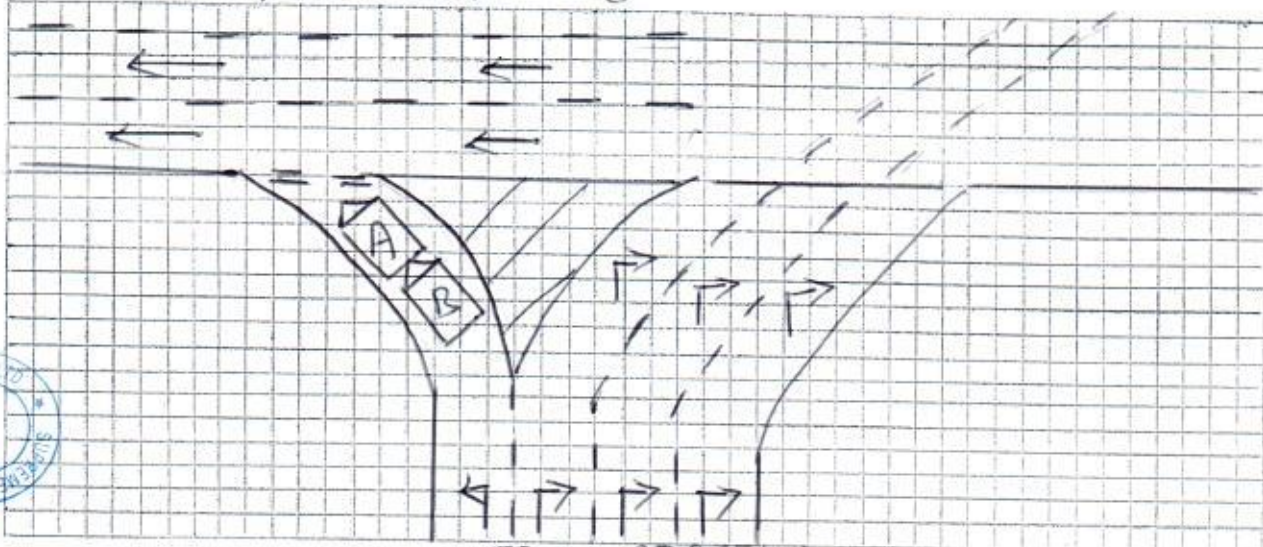
Policyholder's Signature
Date & Time:

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

afm 26/11/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

Pasir Ris Drive 8



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 24/11/2018 at about 2000 hrs at slip road from TPE (PIE) towards Pasir Ris Drive 8. I was travelling on the above mentioned slip road and came to a stop while giving way to the main traffic along Pasir Ris Drive 8, 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 2 passengers inside my vehicle.

(A) SLW 4614 P
(B) SHD 462 J

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: 24/11/2018		Time: 2000hr		(hh:mm) 24 hr format
Location Slip road from TPE (PIE) towards Pasir Ris Dr 8				
Vehicle Number SLW 4614P				
Insured Name Supreme Leasing & Leasing Pte Ltd				
NRIC / FIN 201710190R		Contact Number		
Make Toyota		Model CHR - 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 Lee Kwong Sing () Same as Insured				
NRIC / FIN 56901364C		Contact Number 9456 0808		
Date of Birth 14/01/1969				
Driving Pass Date 24/07/1987				
Occupation () Indoor (/) Outdoor				
Gender (/) Male () Female				
Email Address - (/) NO EMAIL				
Address of Driver Blk 15 Marling Lane #06-169 S (730015)				
Was driver an employee of the Insured's Company? () Yes (/) No				
If No, Relationship of the Driver with the Insured Hired				
() 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 SHD 462 J				
Veh C				
Veh D				
Veh E				
Veh F				

3 persons including driver

- 1 Female

- 1 Male

DNH
JLW 4614P

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S6901364C



Name

LEE KWONG SING

李 廣 勝

Race

CHINESE

Date of birth

14-01-1969

Sex

M

Country of birth

SINGAPORE

S6901364C



3759922



NRIC No. S6901364C

Date of issue

25-08-2005

Address

APT BLK 15 MARSILING LANE #06-169
SINGAPORE 730015

NRIC No: S6901364C

Date: 08-02-2006

No: 5363916

Driver
SLW 4614P

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait of a man in a white shirt with epaulettes.

License Number: **S6901364C**
Name: **LEE KWONG SING**
Birth Date: **14 Jan 1969**
Issue Date: **24 May 2011**

Barcode: 001957184K

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

		EFFECTIVE DATE
Class 2B	Motorcycles ≤ 200 cc	10 Oct 1988
Class 3	Motor Cars ≤ 3000 kg with ≤ 7 passengers, exclusive of the driver, and other motor vehicles ≤ 2500 kg	24 Jul 1987
Class 4	*Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500 kg *Motor vehicles which are not constructed to carry load and the unladen weight < 7250 kg	20 Dec 1990
Class 5	Motor vehicles not constructed to carry any load and the unladen weight > 7250 kg	14 Mar 1991

NP 428A



DLR
SLW 4614P.

Land Transport Authority


VOCATIONAL LICENCE

Licence No : S6901364C

Name : LEE KWONG SING

Issue Date : 10/2/2015

Please visit 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	10/08/2007
03	BUS VL	10/02/2015
04	BUS ATTENDANT	10/02/2015



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** SLW4614P **Chassis No.:** ZYX102068405
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

Tel: 63166000 Fax: 63165115

VEHICLE NO SW4614P		MAKE/MODEL TOYOTA CHR HYBRID		CC 1.8		CHECK OUT/ IN DATES			
HIRER / DRIVER'S PARTICULARS NAME: Lee KWONG SING ADDRESS: 15 MARSELIN LANE #06-169						VEHICLE DATE OUT			
						VEHICLE ACTUAL DATE IN			
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			
						SINGAPORE \$ 2,500.00			
						MALAYSIA \$ 3,500.00			
HOME NO.		D.O.B.		TOTAL LOSS & THEFT \$ 10,000.00		SIGNATURE			
MOBILE 94500808						KWONG S.			
IC NO. 56701564C		COUNTRY							
LICENSE NO.		COUNTRY							
EXPIRY DATE									
ADDITIONAL DRIVER (License only) NAME: CHANG LIAH ADDRESS: AS ABOVE						PERSONAL ACCIDENT INSURANCE (PAI)			
						ACCEPTS PAI []		DECLINES PAI [X]	
						PREMIUM: \$		SIGNATURE KWONG S.	
RENTAL CHARGES DAILY @ S\$ 82.00 MONTHLY @ S\$ 12 months PETROL PARKING KWONG S. TOTAL						DEPOSIT S\$ 2500.00			
						PRE-PAYMENT S\$			
						MODE OF PAYMENT			
REMARKS \$82 per Day @ 12 months First month excess \$200 Contract start 14/12/2018 Contract end 14/12/2019 Deposit \$2500 Termination By word, license returned, liability of terminal excess. Early Termination Forfeited Deposit of \$2500.						CREDIT CARD CASH [] NETS [] OTHERS []			
						NAME			
						CARD NUMBER			
PREPARED BY Edwin Teo		EXPIRY DATE		CVV					
ATTENDED BY Edwin Teo									

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

KWONG S. 14/12/2018

SIGNATURE OF HIRER

SUPREME LEASING & LIMOUSINE PTE LTD

