NATIONAL Assessment Centre Date In 14/61/19		Job description	Date & Time Completed	Done	by	
I are a common and		SAS e-filing				
Ref No NA/7m 119000775/13 Veh No 5452657A					-	
D.O.A 12/01/19		F-mail (within 8hrs, AfC 2hrs)				
1.0.4 30701717	/303					
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 As	sign Wksp / QW: (M GARAGE	Tel: Fax:	0	150-111	
TP Particulars:	Veh No:	SKC815M INC)/Non-INC()	7700-1100		
Owner / Driver: (Tel:)		
Policy No: () Peri	od: ()	Cover Type: ()		
Confirmed by :	: (Date:	Time:)		
Insured/Driver Liabili	ity: (%) [N	ote-Est. Status (WO): N: 0-2	20%; P: 21-79%. F: 80-100	%]		
Year of Registration: (() W	/arranty: YES () / NO ()			
Excess: (\$) Loading: \$1,00	0 ()/\$2,000 ()		3000		
General Remarks:-		TO HAMPING TO BE	Treatment of the second	7-		
Apply for Transport A QC Check / Post Rep	air Inspection	ourtesy Car ()	Date&Time Completed	Done	by	
Apply for Transport A QC Check / Post Rep	Allowance ()/Co	()	Date&Time Completed	Done	by	
1) Apply for Transport (2) QC Check / Post Rep 3) Upload Resurvey Pho Injury:	Allowance ()/Co	()	Date&Time Completed	Done	by	
1) Apply for Transport A 2) QC Check / Post Rep 3) Upload Resurvey Pho Injury:	Allowance ()/Co	()	Date&Time Completed			
1) Apply for Transport A 2) QC Check / Post Rep 3) Upload Resurvey Pho Injury: Date/Time Actions	Allowance ()/Co	()	Paration Checklist	Anit (5)	Amt	
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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.
- 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

	ACCIDENT STATEMENT		
Date Of Report	14/01/2019 09:32		
Date Of Accident	12/01/2019 13:05		
Exact Location Of Accident	B4 JUNC OF NEW UPP CHANGI RD & BEDOK RD TWDS XILIN		
Country/State of Loss	SINGAPORE		
ALL ALC DE COLO TO BE AND THE TOTAL SECTION SE	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SLS2657A		
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-63166000		
Vehicle Particulars			
Manufacturer	ТОУОТА		
Model	PRIUS		
Exact Purpose for which vehicle was being used at time of accident	WORK		
Are you claiming under your own insurance policy for repair to your vehicle?	NO		
If No, Please state action to be taken	REPORTING ONLY		
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
 TAN JIEREN,KEN KEN

 NRIC No
 \$8412761B

 Date Of Birth
 30/04/1984

 Occupation
 OUTDOOR

 Date Of Driving Pass
 08/05/2008

Driving Experience 10 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90708819

Fax Number

Contact Number

EMail Address NOEMAIL

Address BLK 523D TAMPINES CENTRAL 7

#08-115

Postcode 524523

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

ehicle

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 (including own vehicle)

involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

2

2

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: :

: UNKNOWN

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

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 SKC815M

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 addident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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.
- 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.
- 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.
- S. 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:
 - processing, handling and/or dealing with my daims 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.
- (b) the Personal Information will also be collected and used to compile claims history for the purpose of froud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - 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.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reparting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Policyholders Signature Date & Time:

before junction of New Upper change Road and Bedok Road SKETCH PLAN DESCRIBE CIRCLINAS

New Upper Changi Road and befox Road towards Xilin Avenue. I was travelling on the third lane, when suddenly my front vehicle stop, I tried to follow Suit but was in vain and collider on the near patien of Vehicle (B). I have one passenger onboard. (A) SLS2657A (B) SKC815M	On 12/01/2019 at about 1303 hrs at before function of
I was travelling on the third lane, when suddenly my front vehicle stop, I tried to follow suit but was in vain and collider on the near pation of vehicle (B). I have one passenger onboard. (A) S1S2657A	New
vehicle stop, I tried to follow suit but was in vain and collided On the near patien of vehicle (B). I have one passenger embourd. (A) SLS2657A	Upper Changi Road and befox Road towards Xilin Avenue.
On the near position of vehicle (B). I have one passenger onboard. (A) SLS2657A	I was travelling on the third lane, when suddenly my front
(A) SLS2657A	vehicle stop, I tried to follow suit but was in vain and collider
	on the near position of vehicle (B). I have one passenger onboard.
(B) SKC815M	(A) SLS2657A
	(B) SKC815M

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

ym 14/01/19

Name: NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

Accident Date: 12/01/2019 Time: 1303 up (hh:mm) 24 hr format
Location before Junition of New Upper Changi Road and Bedok
Road towards XIIIn Ave
Vehicle Number 5L1 2657A
Insured Name suprame learns & impurine He Ltd
NRIC /FIN 201710190 R Contact Number
Make Tota Model Puns
Are you claiming under your own insurance policy for repair to your vehicle?
() Yes If No.Pls select: () Third Party (/) Reporting
Insurance Company Tokio Marke
Type of Policy (/) Comphensive () Third Party Fire & Theft () TP Only
Policy Number 18- M1000694- Rol
Name of Driver Tan Treven, ken ken ()Same as Insured
NDIG (ED)
NRIC / FIN 5 9 4 12 7 6 1 B Contact Number 9070 8819
Date of Birth 30 Apr 1184
Driving Pass Date OF MAS 2008
Occupation () Indoor (/) Outdoor
Gender (/ Male () Female
Email Address – (/)NO EMAIL
Address of Driver BIK 523D TampMe Central 7 #08-115 s(524523)
Was driver an employee of the Insured's Company? () Yes (/) No
If No, Relationship of the Driver with the Insured HIPP
() 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
W. C. Therefore
Was any foreign vehicle involved in this accident? () Yes (/) No Was anybody injured in the accident? () Yes (/) No
Was anybody injured in the accident? () Yes (/) No If yes, injured detail
W
117 - al . A . 1 . A
DETAILS OF 3 rd party Name / Nric No If yes attach police report Contact
Veh B Sh C FIS M
Veh C
Veh D
Veh E
Veh F

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8412761B





TAN JIEREN, KEN KEN









\$84127618

Country/Place of birth SINGAPORE

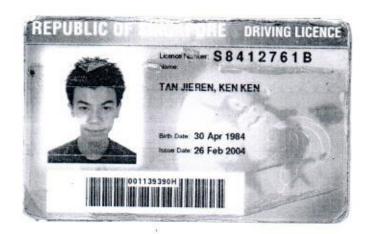
5460067



Date of radius 19-03-2015

APT BLK 523D TAMPINES CENTRAL 7 #08-115 SINGAPORE 524523

DRIVEY SLS 2657A



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

PASS DATE

Class 28 Motorcycles == 300 CC Class 2A Motorcycles between 201 CC and 400 CC Class 3 Motor cars == 5000 kg with =< 7 prosengers, exclusive of the driver; and motor transpress behicles =< 2500 kg

26 Feb 2004 24 May 2005 08 May 2008

584127618

NP 428A







VOCATIONAL LICENCE

Licence No : \$8412761B Name : TAN JIEREN, KEN KEN

Card Issue Date : 14/02/2018

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 LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type

Description

Issue Date

13

PRIVATE HIRE CAR VL

14/02/2018



20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046

(65) 6221 6111 (65) 6221 4355 / (65) 6224 0895 [tmis@tokiomarine.com.sg | www.tokiomarine.com



Certificate of Insurance

FORM MX1 H

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

SLS2657A

Chassis No.: ZVW506085856

of Vehicle

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.

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.

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 Excess - All Claims

Policy Excess:

Windscreen Excess

Financial Interest:

MAYBANK

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

User Name: Intermediaries from TM O

Printed 22/05/2018