

# NATIONAL Assessment Centre Services

|                              |  |                       |          |
|------------------------------|--|-----------------------|----------|
| Date In: 16/01/19            | Job description                          | Date & Time Completed | Done by: |
| Ref No: NA/5m/19000960/13    | SAS e-filing                             |                       |          |
| Veh No: SLP811A              | E-mail (within 8hrs, AIC 2hrs)           |                       |          |
| D.O.A: 15/01/19 1530         | i-Motor Claim Form                       |                       |          |
| OD TP: <u>Reporting Only</u> | 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: SGP3222P                   | 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

|                                  |   |             |          |
|----------------------------------|---|-------------|----------|
| NA1900674                        | <b>Invoice Preparation Checklist</b>            | Amt (\$)    | Amt (\$) |
|                                  |   | 1st Bill    | Add Bill |
| <b>Claimant's Particulars :-</b> | 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              |             |          |
|                                  | 5) RT: Follow-Through Survey (Resurvey) \$30    |             |          |
|                                  | For claiming against INC Only (wef 10 Jan 2005) |             |          |
|                                  | 6) TR: Re-inspection \$75                       |             |          |
|                                  | 7) N1: Idac DA + SMRT Survey \$160              |             |          |
|                                  | 8) NTUC Additional Services:-                   |             |          |
| QC Checked by (Engr-In-Charge):  | OD*   |             |          |
|                                  | *N5: Courtesy Car / Tpt Allowance \$5           |             |          |
|                                  | *N6: Repair Co-ordination \$10                  |             |          |
|                                  | *N7: Post Repair Inspection \$25                |             |          |
| <b>Auditors' Comments :-</b>     | *N8: DV / Collect Excess Coordination \$5       |             |          |
| Cat. 1:                          | TP (N11): TP (Non INC) against INC \$20         |             |          |
| Cat. 2/3:                        | 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 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   | 16/01/2019 11:36                     |
| Date Of Accident   | 15/01/2019 15:30                     |
| Exact Location Of Accident   | CTE TWDS SLE BESIDE JALAN BAHAGIA    |
| Country/State of Loss  | SINGAPORE                            |
| DETAILS OF OWN VEHICLE   |                                      |
| Vehicle Registration Number  | SLP811A                              |
| <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-99999999                      |
| <b>Vehicle Particulars</b>   |                                      |
| Manufacturer   | TOYOTA                               |
| Model  | PRIUS                                |
| 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? | YES                                  |
| If No, Please state action to be taken                                       |                                      |
| Vehicle Category   | PRIVATE HIRE                         |
| <b>Insurance Company</b>   |                                      |
| Name of Insurance Company  | TOKIO MARINE INSURANCE SINGAPORE LTD |
| Type Of Coverage   | COMPREHENSIVE                        |
| Fleet Policy   | NO                                   |
| Policy Number  | 18-MI000894-R01                      |
| Cover Note Number  |                                      |
| <b>Driver</b>  |                                      |
| Name of Driver   | TAN YONG KEE                         |
| NRIC No  | S1254237B                            |
| Date Of Birth  | 04/01/1957                           |
| Occupation   | OUTDOOR                              |
| Date Of Driving Pass   | 28/10/1975                           |
| Driving Experience   | 43 YEARS AND 2 MONTHS                |
| Gender   | MALE                                 |
| Mobile Number  | (LOCAL) +65-98305423                 |
| Fax Number   |                                      |
| Contact Number   |                                      |
| Email Address  | NOEMAIL                              |

|   |                                     |
|---|-------------------------------------|
| Address   | BLK 33 BEDOK SOUTH AVE 2<br>#09-319 |
| Postcode  | 460033                              |
| 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 (including own vehicle) involved in the accident                         | 2                                   |
| 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: : UNKNOWN<br>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?   | NO  |
| Was there any audio recorded?                 | NO  |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |             |
|-----------------------------|-------------|
| Vehicle Registration Number | SGF3223P    |
| 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:

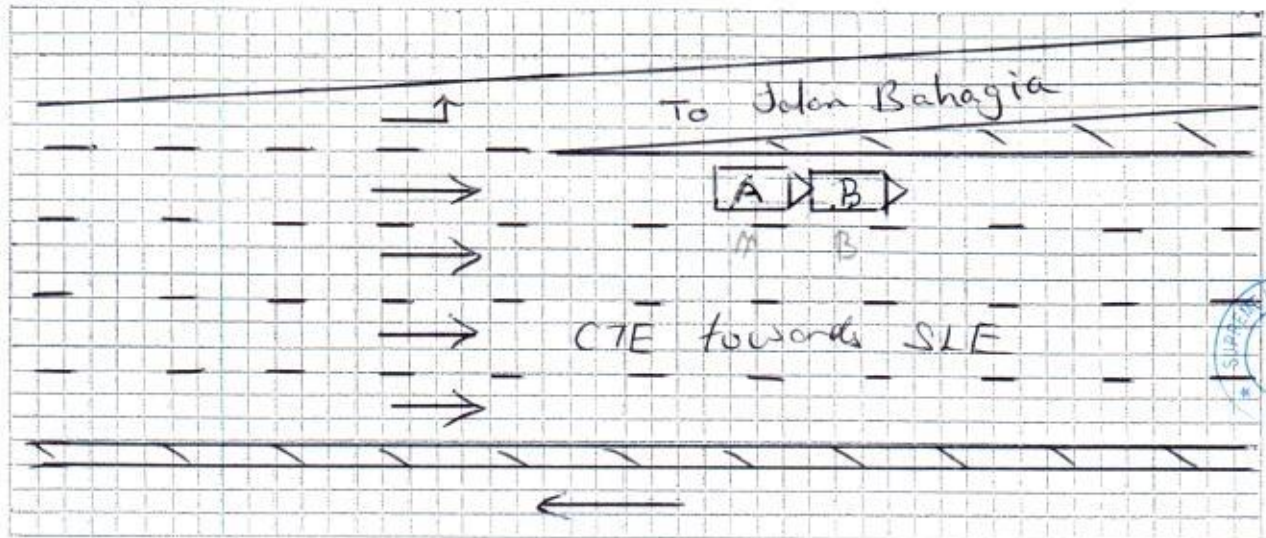
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

 16/01/19  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 15/01/2019 at about 1530 hrs at along CTE towards SLE beside Jalan Bahagia exit. I was travelling on the extreme left lane and when my front vehicle slow down and stop hence I follow suit but was in vain. I have one passenger inside my vehicle.

(A) SLP 811 A  
(B) SGF 3223 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 the foregoing particulars are true in every respect.

Policyholder's Signature  
Date & Time:

Signature of the

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

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

Signature 16/01/19



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

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No.: MN1119007213 Vehicle Registration No.: SLP 811A  
Name of Insured (NRIC): Supreme Leasing Y Limouline He Ltd NRIC/FIN/Passport No.: 201710190R  
(\*Vehicle Driver/Vehicle Owner) (\*): Please delete as appropriate megamart  
Address: 61 Ubi Avenue 2 #01-03/04 Automobile Singapore (408898)  
Contact (Tel): \_\_\_\_\_ Mobile No.: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Date of Accident: 15/01/2019 Time of Accident: 15:30hrs  
Place of Accident: CTE towards SLE beside Jalan Banagia  
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:

Change from 'Reporting only' to

'Own damage claim'

Policyholder/Driver's Signature  
Date: \_\_\_\_\_

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

## SINGAPORE ACCIDENT STATEMENT

|   |                          |                      |
|---|--------------------------|----------------------|
| Accident Date: 15/01/2019   | Time: 1530hrs            | (hh:mm) 24 hr format |
| Location CTE towards SLE beside Jalan Bahagia   |                          |                      |
| Vehicle Number SLP811A  |                          |                      |
| Insured Name Supreme Leasing & Limousine Pte Ltd                                      |                          |                      |
| NRIC / FIN UEN: 201710190R  | Contact Number           |                      |
| Make Toyota   | Model Prius 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 TAN YONG KEE   |                          | ( ) Same as Insured  |
|   |                          |                      |
| NRIC / FIN S 1254237 B  | Contact Number 9830 5423 |                      |
| Date of Birth 04/01/1957  |                          |                      |
| Driving Pass Date 28/10/1975  |                          |                      |
| Occupation ( ) Indoor ( / ) Outdoor   |                          |                      |
| Gender ( / ) Male ( ) Female  |                          |                      |
| Email Address   |                          | ( / ) NO EMAIL       |
| Address of Driver Blk 33 Bedok South Avenue 2 #09-319 S(460033)                       |                          |                      |
|   |                          |                      |
| 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  |                          |                      |
| 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   | SGF 3223 P               |                      |
| Veh C   |                          |                      |
| Veh D   |                          |                      |
| Veh E   |                          |                      |
| Veh F   |                          |                      |


2 persons including driver

- 1 female passenger



driver  
SP 811A

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1254237B



Name  
TAN YONG KEE



Race  
CHINESE  
Date of Birth  
04-01-1957  
Country of Birth  
SINGAPORE

Sex  
M



1092785



NRIC No. S1254237B

Blood Group  
A+

Date of issue  
07-07-1993

APT BLK 33 BEDOK SOUTH AVENUE 2 #09-319  
SINGAPORE 460033  
NRIC No: S1254237B  
Date: 20/04/2013  
No: 7426419

SLP 811A

driver

Land Transport Authority


**VOCATIONAL LICENCE**

Licence No : S1254237B

Name : TAN YONG KEE

Issue Date : 19/10/2013

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       | 02/11/2010 |
| 03   | BUS VL        | 05/10/2010 |
| 04   | BUS ATTENDANT | 05/10/2010 |






driver  
SLP 811A

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




Licence Member: **S1254237B**  
Name: **TAN YONG KEE**

Birth Date: **04 Jan 1957**  
Issue Date: **16 Dec 2002**

 000004864K

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

|   | PASS DATE          |
|---|--------------------|
| <b>Class 3</b> Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms | <b>28 Oct 1975</b> |

 Licence No: S1254237B

NP 428A



## 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** SLP811A **Chassis No.:** ZVW508053033
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 SGD 1,800  
 Windscreen Excess SGD 100  
**Financial Interest:** PRIME CARS CREDIT PTE LTD

Tokio Marine Insurance Singapore Ltd.

Authorised Signature