N. CERCANIAL A			- Progr		
NATIONAL Assessment Centre	1	(we' t Jan'03)			4
Date In 31/01/19	Jc-b description		Date &Tune Completed	Done	pż
Ref No NA/FMI19002095/13	SAS e-filing				
Veh No. SLZ / 7595	E-mail (within	8hrs, AIC 2hrs)			
DOA 31/01/19	31/01/19 i-Motor Clai				
OD (TP) Reporting Only	i-Motor W/C	(Within: OD 2hrs	TP 4hrs)		No. 1800 or section
is the reporting only	i-Photo Uplo	aded		The same of the	
TP Insurer	rvey Report				
	Ass't Report b	y Fax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (	M GARA	46	Tel: Fax	:	
TP Particulars: Veh No:	SCK 17631	9 INC	)/Non-INC( )		
Owner / Driver: (			Tel:	)	
	iod: (	)	Cover Type: (	)	
Confirmed by : (		Date:	Time:	)	
			%; P: 21-79%. F: 80-100	)%]	
	Varranty: YES (	)/NO(	)		
Excess: (\$ ) Loading: \$1,00	00 ( )/\$2,000	( )			
General Remarks:-	or the property of				
( ) Walk-In Customer: Customer's inform		nfidential & Str	ictly NO rafer of repairer.		
( ) Total Loss Case : to e-mail Insurer	r URGENTLY.				
Drive-In ( )/ Towed-In ( ); Invoice:	YES ( ) / N	(O ( ) ; To	owing Co. (		)
Remarks:- (INC horline: 6788 6616)			Date&Time Completed	Done	by
Apply for Transport Allowance ( )/Co	ourtesy Car (	)			
2) QC Check / Post Repair Inspection	. ( )		<del></del>		
3) Upload Resurvey Photo [Repair Cost > \$30	000] (	)			
Injury :					
Date/Time Actions				(20) 1500 - 47-4	
		Lancada - Constantino	and the second	1 4-400	A-4 (\$)
NA1900968		Invoice Prep	aration Checklist	Anit (\$)	Amt (\$) Add Bill
aimant's Particulars :-		1) AR : Accident l		1	
iver/Owner:		2) DA : Damage A 3) TF : Towing Fe	Assessment (\$100); INC (\$30) e \$40/\$4	5	
		4) FT : Follow-Th			
ntact No:			ainst INC Only (wef 10 Jan 2005)		
maged Portion:		6) TR : Re-inspect 7) N1 : Idac DA +		-	
	1	8) NTUC Addition			
Checked by (Engr-In-Charge):	0	*N5: Courtesy (	Car / Tpt Allowance \$	5	
		*N6: Repair Co	-ordination \$1	0	
iditors' Comments :-		*N7: Fost Repair Inspection \$25 *N8: DV / Collect Excess Coordination \$5			
<u> </u>	TP (N11): TP (N:m INC) against INC \$20				
2/3;	A-100	9) N12: Idac Mobi Invoice dated	ile 3 Fee Charged		Mary S
Control of the Contro	Invoice dated Fee Charged				

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 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 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.

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	31/01/2019 16:48
Date Of Accident	31/01/2019 13:35
Exact Location Of Accident	TEMASEK AVE BESIDE CONRAD INTERNATIONAL HOTEL
Country/State of Loss	SINGAPORE
D	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	ТОУОТА
Model	SIENTA
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 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 17 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90089089

Fax Number Contact Number

EMail Address NOEMAIL

BLK 159 BEDOK SOUTH AVE 3 Address

#12-555

460159 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - HIRER

Insurance Company of Driver's Own Vehicle

# General Information of the Accident

SIDE SWIPE Type Of Accident CLEAR Weather Conditions DRY Road Surface

#### Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO YES

NO

1

2

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

# **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

SLK1763A

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.
- 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 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 egents (including their lawyers/law firms), which may be sited outside of Singaporo, 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:
  - 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.

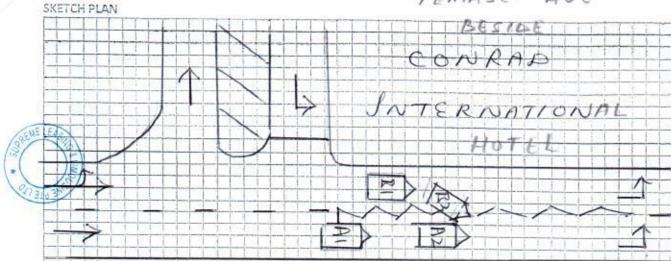
SUPREME LE SUISON

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

Reporting Centre Personnel's Signature

NRIC/FIN No.:

TEMASEK AUE



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

			1,90			
On	31/01/2	019 at abo	ut 1335/	in at a	long Ter	nasek
-		Conrad J				
-		eme Right		and the second second		
on	my Left	moving of	If from	a stati	onery pos	ition
1000	-1	into my				
		t cautions				
Po	rtion of n	ny Vehicle	(A) caus	ing don	nages to	my Vehicl
	CAL	0171759	T			

(B) SLX 1759 J (B) SLK 1763 A

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

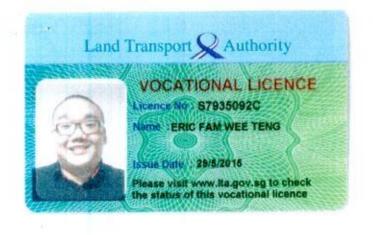
I/We declar and the property and a particulars are true in every report.

Policyholder & Barrelle Date & Time: Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SMADWE ASKIDENTING AS

# SINGAPORE ACCIDENT STATEMENT

Accident Date: 31/01/2019 Time: 1335 No (hh:mm) 24 hr format
Location Temasek Are beside Conrad Internation
Vehicle Number 52 Z 1759 J
Insured Name superve leasing & Limonine Pte Ltd
NRIC /FIN 201710190 R Contact Number
Make Tonota 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 manne
Type of Policy ( / ) Comphensive ( ) Third Party Fire & Theft ( ) TP Only
Policy Number   F - M1000894 - R01
Name of Driver Fam Wee tens (Fan weidens) ( )Same as Insured
NRIC / FIN 57935092 C Contact Number 9008 9089
Date of Birth 30 004 1979
Driving Pass Date 14 Jan 2002
Occupation ( ) Indoor ( ~) Outdoor
Gender ( /) Male ( ) Female
Email Address ( / )NO EMAIL
Address of Driver Blh 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 Hier
( ) 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 S L K 1763A
Veh C
Veh D
Veh E
Veh F





REPUBLIC OF SINGAPORE
IDENTITY CARD NO. \$7935092C





ERIC FAM WEE TENG

(FAN WEIDENG) 范 伟 登

0ete of birth 30-10-1979

SINGAPORE

CHINESE

1979 M 579350920

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
02 TAXI VL

Issue Date 29/05/2015

4490725



% 87935092C



21-11-2009

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

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

T (65) 6221 6111 F (65) 6221 4355 / (65) 6224 0895 E 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

SLZ1759J

Chassis No.: NHP1707109013

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.

## 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

Comprehensive Approved Workshop Plan

Limit for total loss or theft:

Prevailing Market Value

Insurance Plan: Policy Excess:

Excess - All Claims Windscreen Excess

Financial Interest:

SING INVESTMENTS & FINANCE LTD

Tokio Marine Insurance Singapore Ltd.

Account: 2662DDA

Authorised Signature

Printed 22/05/2018 User Name: Intermediaries from TM O