

**NATIONAL Assessment Centre Services** (wef 1 Jan 2005)

Date In: <b>04/03/19</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NAT/MT19003947/13</b>	SAS e-filing		
Veh No: <b>SLX6S20H</b>	E-mail (within 8hrs, AIC 2hrs)		
DOA: <b>01/03/19</b> <b>1545</b>	i-Motor Claim Form		
OD: <b>(TP)</b> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: ( **M GARAGE** ) Tel: Fax: )

TP Particulars:	Veh No: <b>SAD 9006J</b>	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

<b>NA1901695</b>	<b>Invoice Preparation Checklist</b>	Amt (\$) 1st Bill	Amt (\$) Add Bill
<b>Claimant's Particulars :-</b>	1) AR : Accident Reporting (\$30);		
<b>Driver/Owner:</b>	2) DA : Damage Assessment (\$100); INC (\$80)		
<b>Contact No:</b>	3) TF : Towing Fee \$40/\$45		
<b>Damaged Portion:</b>	4) FT : Follow-Through Survey \$120		
<b>QC Checked by (Engr-In-Charge):</b>	5) FT : Follow-Through Survey (Resurvey) \$30		
<b>Auditors' Comments :-</b>	For claiming against INC Only (wef 10 Jan 2005)		
<b>Cat. 1:</b>	6) TR : Re-inspection \$75		
<b>Cat. 2 / 3:</b>	7) NI : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) : TP (Non INC) against INC \$20		
	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 willful 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	04/03/2019 14:30
Date Of Accident	01/03/2019 15:45
Exact Location Of Accident	KALLANG BAHRU JUNC OF KALLANG AVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX6520H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SUPREME LEASING & LIMOUSINE PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-99999999

### Vehicle Particulars

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?	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	TAN KIM CHENG
NRIC No	S1769636Z
Date Of Birth	11/04/1966
Occupation	OUTDOOR
Date Of Driving Pass	13/01/1988
Driving Experience	31 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93293725
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address BLK 295 TAMPINES ST 22  
 #12-512  
 Postcode 520295  
 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? YES  
 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) 1

#### 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 SHD9006J  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category TAXI  
 Name of Driver  
 NRIC/Passport Number  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name TAN KIM CHENG

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BACK & NECK

SLX6520H

YES

NO

## 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 lodging 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.



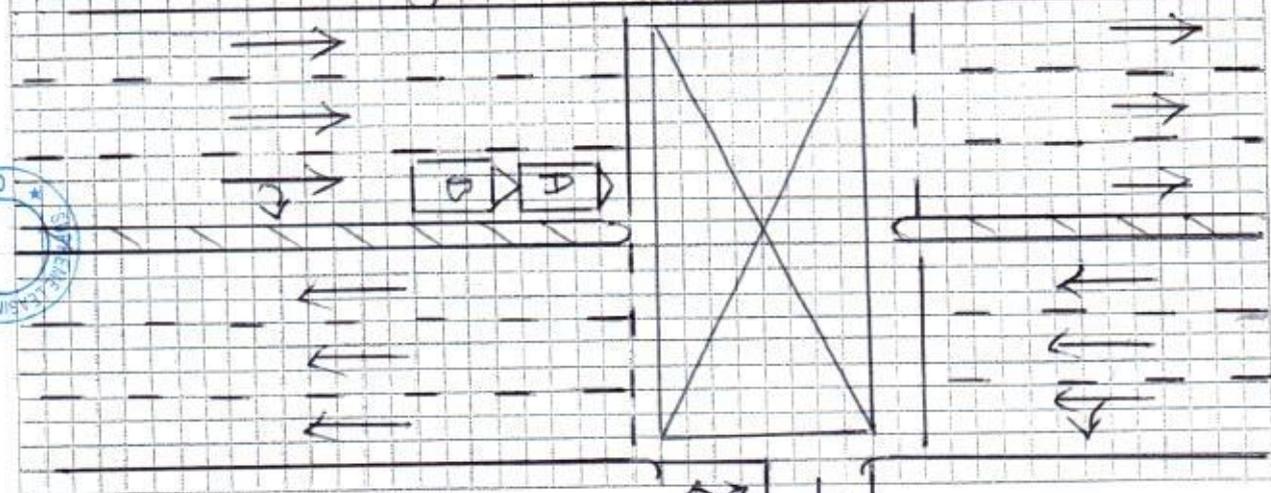
Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN

Kallang Bahru



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Kallang Ave

On 01/03/2019 at about 1545 hrs at along Kallang Bahru

Junction of Kallang Ave. I was travelling on the extreme

Right Lane along Kallang Bahru and came to a stop

at the above mentioned junction while waiting to

turn Right into Kallang Ave. 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.

(A) SLX 6520 H

(B) SHD 9006 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.:

pls email to

mg3solution@gmail.com

### SINGAPORE ACCIDENT STATEMENT

Accident Date:	1/3/19	Time:	15:45	(hh:mm) 24 hr format
Location	Kallang Bahru junction of Kallang Ave			
Vehicle Number	SLX 6520H			
Insured Name	SUPREME LEASING & Leasing PTE LTD			
NRIC/FIN	201710190R	Contact Number		
Make	TOYOTA	Model	PRIUS ALPHA HYBRID 1.5 CVT	
Are you claiming under your own insurance policy for repair to your vehicle?				
( ) Yes If No, Pls select: ( / ) Third Party ( ) Reporting				
Insurance Company	TORIO MARINE			
Type of Policy	( / ) Comprehensive	( ) Third Party Fire & Theft	( ) TP Only	
Policy Number	18-MI000894-RO1			
Name of Driver	TAN Kim CHENG			( ) Same as Insured
NRIC/FIN	517696362	Contact Number	9329 3725	
Date of Birth	11-04-1966			
Driving Pass Date	13-JAN 1988			
Occupation	( ) Indoor	( / ) Outdoor		
Gender	( / ) Male	( ) Female		
Email Address	( / ) NO EMAIL			
Address of Driver	BLK 295 TAMPINES STREET 22 #12-512 S (520295)			
Was driver an employee of the Insured's Company? ( / ) Yes ( ) No				
If No, Relationship of the Driver with the Insured <u>Hiree</u>				
( ) 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 <u>Driver - back &amp; neck pain</u>				
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	SHD9006J Trans Cab.			
Veh C				
Veh D				
Veh E				
Veh F				

Include Driver 1 person only

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1769636Z



Name  
TAN KIM CHENG

陳錦清

Race

CHINESE

Date of Birth

11-04-1966

Sex

M

Country of Birth

SINGAPORE



Driver Lic 6500H

1644781



NRIC No: S1769636Z



Blood Group

B+

Date of issue

01-02-1994

APT BLK 295 TAMPINES STREET 22 #12-512  
SINGAPORE 520295

NRIC No: S1769636Z

Date: 03-08-2004 (RI) No: 4967767

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

License Number: **S1769636Z**  
 Name: **TAN KIM CHENG**

Birth Date: **11 Apr 1966**  
 Issue Date: **20 Jan 2004**

001092171G




*Driver CK65204*

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

		PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	13 Jan 1998
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	15 Aug 1998
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	29 Dec 1998

NP 428A

Licence No: S1769636Z



**VOCATIONAL LICENCE**  
Licence No : S1769636Z  
Name : TAN KIM CHENG  
Issue Date : 26/4/2008  
Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence

Driver SLX 6520H

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
03	BUS VL	24/09/1997
02	TAXI VL	25/05/1999
04	BUS ATTENDANT	24/09/1997





## 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                               | SLX6520H   | Chassis No.: ZVW400026954 |
| 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.<br>The hirer.<br>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