

NATIONAL Assessment Centre Services

Date In: 06/03/19	Job description	Date & Time Completed	Done by
Ref No: NA/MI19004088/13	SAS e-filing		
Veh No: SMH68189	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 05/03/19 1440	i-Motor Claim Form		
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 Assign Wksp / QW: (M GARAGE Tel: Fax:)

TP Particulars:	Veh No: Gx96076	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

NA1901710	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant'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		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR: Re-inspection \$75		
Cat. 2 / 3:	7) N1: 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 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	06/03/2019 10:55
Date Of Accident	05/03/2019 14:40
Exact Location Of Accident	SLIP RD FROM PIE(JURONG)TWDS PAYA LEBAR RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH6818Y
Insured/Policyholder	
Name Of Registered Owner	PRIME CAR LIMO PTE LTD
Co Reg No	201826883W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-99999999

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE
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	19-MK000135-R00
Cover Note Number	

Driver

Name of Driver	YEO CHOK YANG,LEWIS(YANG ZHUYAN,LEWIS)
NRIC No	S7921845F
Date Of Birth	01/03/1979
Occupation	OUTDOOR
Date Of Driving Pass	10/07/2002
Driving Experience	16 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98666665
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	15A TEO KIM ENG ROAD
Postcode	416386
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?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GX9607G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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	YEO CHOK YANG,LEWIS(YANG ZHUYAN,LEWIS)
Approximate Age	
Injuries Sustain	BACK & NECK
Injured person in which vehicle?	SMH6818Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.

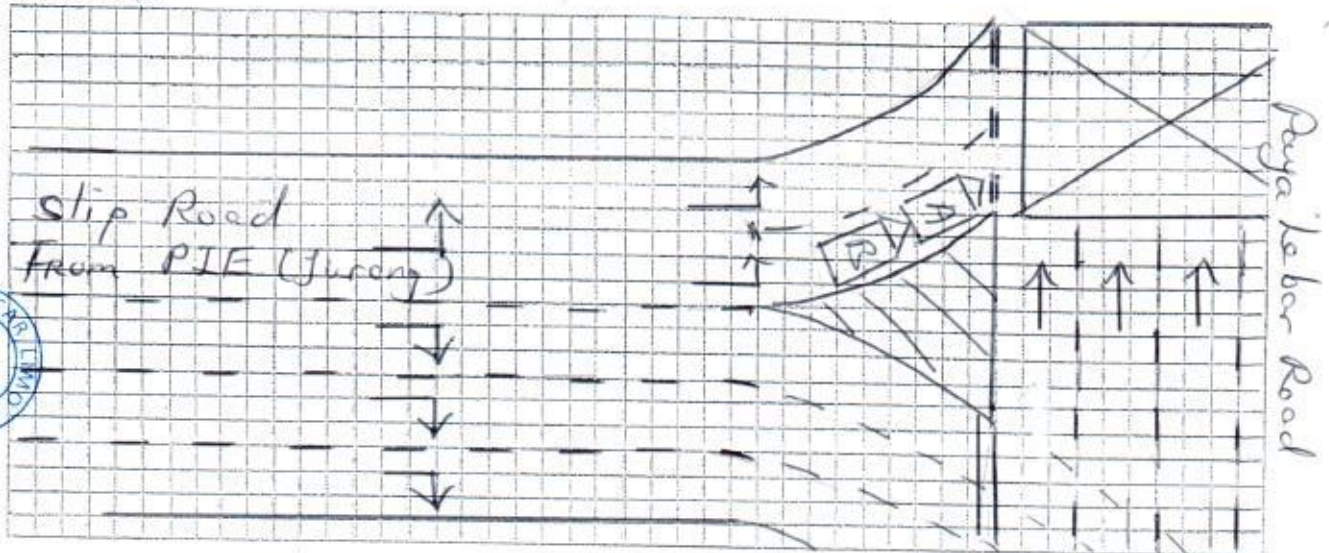


Policyholder's Signature
Date & Time:

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

[Signature] 06/03/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 05/03/2019 at about 1440 hrs at slip road from PIE (Jurong) towards Paya Lebar Road (Sime Ave). I was travelling on the extreme Right Lane along the above mentioned slip road and came to a stop while giving way to the main traffic along Paya Lebar Road. Suddenly 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) SMH 6818 Y
(B) GX 9607 G

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
Date & Time:

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

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

SINGAPORE ACCIDENT STATEMENT

Accident Date: 5/3/19	Time: 14.40	(hh:mm) 24 hr format
Location Slip road from PIE (Jurong) towards Paya Lebar Rd (Sims Ave)		
Vehicle Number	SMH 6818Y	
Insured Name	PRIME CAR LIMU PTE LTD	
NRIC/FIN 201826883W	Contact Number	
Make HONDA	Model SHUTTLE HYBRID 1.5 AUTO	
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	19-MK000135-ROU	
Name of Driver YEO CHOK YAN, LEWIS	() Same as Insured	
NRIC/FIN 57921945F	Contact Number 9866 6665	
Date of Birth 01-03-1979		
Driving Pass Date 10-Jul-2002		
Occupation () Indoor (/) Outdoor		
Gender (/) Male () Female		
Email Address	() NO EMAIL	
Address of Driver 15A YEO Kim Ean ROAD	S (46386)	
Was driver an employee of the Insured's Company? (/) Yes () No		
If No, Relationship of the Driver with the Insured HIRER		
() 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 Driver - Back & neck pain		
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 6x 96075		
Veh C		
Veh D		
Veh E		
Veh F		

Include Driver 1 person only.

REPUBLIC OF SINGAPORE
IDENTITY CARD NO S7921845F



Name

YEO CHOK YANG, LEWIS
(YANG ZHUYAN, LEWIS)

杨祝炎

Race

CHINESE

Date of birth

01-03-1979

Sex

M

Country of birth

SINGAPORE

S7921845F

Driver SMH 68184



3923503



NRIC No S7921845F

Date of issue

10-08-2006

Address

15A TEO KIM ENG ROAD
SINGAPORE 416386

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait of a man

Licence Number: **S7921845F**

Name: **YEO CHOK YANG, LEWIS
(YANG ZHUYAN, LEWIS)**

Birth Date: **01 Mar 1979**

Issue Date: **28 Sep 2004**

Barcode: **001286393G**

Driver SMH 68184

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

	PASS DATE
Class 3 Motor cars \leq 3000 kg with \leq 7 passengers, exclusive of the driver, and motor tractors / vehicles \leq 2500 kg	10 Jul 2002

NP 428A

Licence No: **S7921845F**

Land Transport Authority

PDVL/TDVL
33 888 8888
252486

VOCATIONAL LICENCE


Licence No : **S7921845F**
Name : **YEO CHOK YANG LEWIS**

Please visit www.lta.gov.sg to check the status of this vocational licence

Driver SMH 68184

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
12	TAXI VL	28/12/2018





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.: 19-MK000135-R00 (Private Motor Car)

1. Index Mark and Registration Number of Vehicle SMH6818Y Chassis No.: GP71218433
2. Name of Policyholder PRIME CAR LIMO PTE LTD
3. Effective date of the Commencement of Insurance for the purposes of the Act 29/01/2019
4. Date of Expiry of Insurance 14/10/2019
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: 2500DDA

Insurance Plan:	Comprehensive Approved Workshop Plan
Limit for total loss or theft:	Prevailing Market Value
Policy Excess:	Excess - All Claims
Financial Interest:	PRIME MOTOR & LEASING PTE LTD

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

**PRIME CAR LIMO PTE LTD**

Member of Prime Group of Companies

Co. Registration No: 201826883W

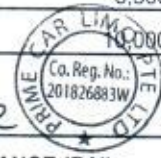

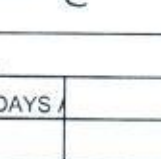
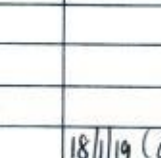
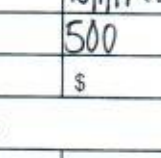
61 Ubi Avenue 2 #01-03 Automobile Megamart
Singapore 408898.

Tel: 6747 9400

Fax: 6444 3900

Deposit till \$1500

ORIGINAL

VEHICLE NO SMH 6818Y		MAKE/MODEL Honda Shuttle Hybrid		CC 1.5 A		CHECK OUT/ IN DATES	
HIRER / DRIVER'S PARTICULARS NAME: Yeo Chok Yang, Lewis ADDRESS: 15A Teo Kim Eng Road (S) 416386						VEHICLE DATE OUT 31/1/19	
						VEHICLE ACTUAL DATE IN	
						AGREED DATE OF RETURN	
						COLLISION DAMAGE WAIVER NOTE: FURTHER EXCESS OF S\$2000.00 SHALL APPLY IN 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 TOTAL LOSS \$ 6,000.00	
HOME NO. 67425724		D.O.B. 1/3/79		SIGNATURE			
MOBILE 98666665				SIGNATURE			
IC NO.		COUNTRY		SIGNATURE			
LICENSE NO. S7921845F		COUNTRY		SIGNATURE			
EXPIRY DATE				SIGNATURE			
ADDITIONAL DRIVER NAME: NA ADDRESS: NA (S)						PERSONAL ACCIDENT INSURANCE (PAI) ACCEPTS PAI <input type="checkbox"/> DECLINES PAI <input checked="" type="checkbox"/>	
						PREMIUM:	
						SIGNATURE	
						SIGNATURE	
RENTAL CHARGES						DAILY @ S\$ x NO. OF DAYS / MONTHLY @ S\$ PETROL PARKING GST @ 7% TOTAL 18/1/19 CASH	
REMARKS * Front windscreen excess : \$200 * Daily rental of \$77 * Contract of 01 year (start: 1/2/19 End: 1/2/20) * To top-up \$100 x 5 weeks for deposit * Rental starts 1/2/19						DEPOSIT S\$ 500 PRE-PAYMENT S\$ \$	
MODE OF PAYMENT						CREDIT CARD <input type="checkbox"/> CASH <input type="checkbox"/> NETS <input type="checkbox"/> OTHERS <input type="checkbox"/>	
PREPARED BY						NAME	
ATTENDED BY						CARD NUMBER	
						EXPIRY DATE CVV	

I HEREBY AGREE TO ABIDE BY THE TERMS AND CONDITIONS STATED ON THIS AGREEMENT AND THE ACCOMPANYING VEHICLE RENTAL CONTRACT

THE VEHICLE BE DRIVEN TO MALAYSIA WITHOUT OUR KNOWLEDGE.

VEHICLE MUST NOT BE USED FOR ANY ILLEGAL OR

SIGNATURE OF HIRER

PRIME CAR LIMO PTE LTD