

NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

Date In: 18/03/19	Job description	Date & Time Completed	Done by
Ref No: NA/MT1900 6885/13	SAS e-filing		
Veh No: SME6340Z	E-mail (within 8hrs, AIC 2hrs)		
DOA: 16/03/19 1300	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: SLX 7037E	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

NA1902054	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	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		
	5) FT : 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:-		
	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 (N11 INC) against INC \$20		
	9) N12: Idac Mobile 30		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments :-	Invoice dated	Fee Charged	
Cat. 1:			
Cat. 2 / 3:			

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	18/03/2019 16:23
Date Of Accident	16/03/2019 13:00
Exact Location Of Accident	KPE DEFU FLYOVER TWDS CITY
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SME6340Z
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	HONDA
Model	FREED
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-MJ001287-R01
Cover Note Number	
Driver	
Name of Driver	HO JOON KIANG
NRIC No	S1778201J
Date Of Birth	30/07/1966
Occupation	OUTDOOR
Date Of Driving Pass	01/08/1991
Driving Experience	27 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96657126
Fax Number	(LOCAL) +65-84858633
Contact Number	
E-Mail Address	NOEMAIL

Address	BLK 407B FERNVALE ROAD #10-03
Postcode	792407
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	CHAIN COLLISION
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	4
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)	2
Passenger 1	NAME: : JESELLE TERENCE 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	SLX7037E
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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJA5643M
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)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SJV3431K
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)

DETAILS OF INJURED PERSON 1

Name HO JOON KIANG
Approximate Age
Injuries Sustain BACK & NECK
Injured person in which vehicle? SME6340Z
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.



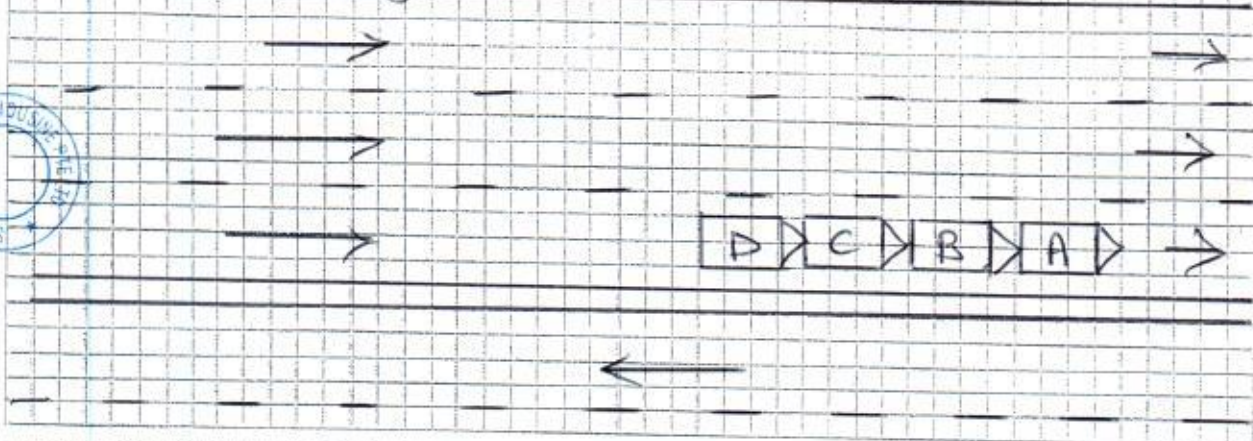
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

KPE Defu Flyover towards City



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 16/03/2019 at about 1300 hrs at along KPE Defu Flyover towards city. I was travelling on the extreme Right lane and when my front vehicle slow down and stop due to heavy traffic hence I follow suit.

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. It was a chain collision of total 4 vehicles involved.

(A) SME 6340Z

(B) SLX 7037E

(C) SJA 5643M

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. (D) SJV 3431K

DECLARATION

I/We declare that 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/IN No.:

SINGAPORE ACCIDENT STATEMENT

Accident Date:	16/03/2019	Time:	1300hrs	(hh:mm) 24 hr format
Location	KPE Defu Flyover towards City			
Vehicle Number	SME 6340 Z			
Insured Name	Supreme Leasing & Limousine Pte Ltd			
NRIC / FIN	201710190R	Contact Number		
Make	Honda	Model	Freel 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-MJ00287-R01			
Name of Driver	Ho Joon Kiang	() Same as Insured		
NRIC / FIN	S 177 8201 J	Contact Number	9665 7126	
Date of Birth	30/07 / 1966	8485 8633		
Driving Pass Date	01/08 / 1991			
Occupation () Indoor (/) Outdoor				
Gender (/) Male () Female				
Email Address	(/) NO EMAIL			
Address of Driver	Blk 407 B Fernvale Road #10-03 S(792407)			
Was driver an employee of the Insured's Company? () Yes (/) No				
If No, Relationship of the Driver with the Insured Hiler				
() 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 Dam & neck				
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	SLX 7037E			
Veh C	SJA 5643M			
Veh D	SJV 3431K			
Veh E				
Veh F				

2 person including driver

Jerelle Terence
1 female passenger

dwier
SME 63402

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1778201J



HO JOON KIANG
何运江

CHINESE
Date of birth: 30-07-1966 Sex: M
Country of birth: SINGAPORE



2120770



NRIC No: S1778201J



Blood Group: O+ Date of issue: 11-06-1994

Address:
APT BLK 407B FERNVALE ROAD #10-03
SINGAPORE 792407

NRIC No: S1778201J Date: 20/12/2009 No: 6385752

driver
SME 6340 Z

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S1778201J

HO JOON KIANG

Birth Date: 30 Jul 1966
Issue Date: 29 Jul 2003

1000695667F



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


Class 2B	Motorcycles not exceeding 200 cc	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	11 Sep 1990 01 Aug 1991

NP 428A

Licence No: S1778201J


driver
SME 63422

Land Transport Authority



VOCATIONAL LICENCE
Licence No : 61778201J
Name : HO JOON KIANG
Card Issue Date : 12/03/2018
Please visit www.lta.gov.sg to check
the status of this vocational licence

13 PRIVATE HIRE CAR VE 12/03/2018



Tokio Marine Insurance Singapore Ltd.

Incorporated in Singapore (Pte) Ltd. (Tokio Marine Insurance Co., Ltd.)

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

Tel: (65) 6221 6111 / (65) 6221 4355 / (65) 6224 0895 | Email: tmls@tokiomarine.com.sg | www.tokiomarine.com

Incorporated in Singapore
(Pte) Ltd.
TOKIO MARINE
 INSURANCE GROUP
 FORM MX1H

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-MJ001287-R01 (Private Motor Car)

1. Index Mark and Registration Number of Vehicle **SME6340Z** Chassis No.: **GB71052489**
2. Name of Policyholder **SUPREME LEASING & LIMOUSINE PTE LTD**
3. Effective date of the Commencement of Insurance for the purposes of the Act **15/10/2018**
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	SGD 1,800
	Windscreen Excess	SGD 100
Financial Interest:	PRIME MOTOR & LEASING PTE LTD	

Tokio Marine Insurance Singapore Ltd.

Authorised Signature