

NATIONAL Assessment Centre Services (wef 1 Jan'05)

Date In: 18/03/19	Job description	Date & Time Completed	Done by
Ref No: NA/MS19004888/1/3	SAS e-filing		
Veh No: SMH 68184	E-mail (within 8hrs, AIC 2hrs)		
DOA: 17/03/19 1120	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: SHB8695L 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

NA1902055	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	18/03/2019 17:34
Date Of Accident	17/03/2019 11:20
Exact Location Of Accident	PIE ALJUNIED FLYOVER TWDS CHANGI
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	201828333W
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	REPORTING ONLY
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	INDOOR
Date Of Driving Pass	10/07/2002
Driving Experience	16 YEARS AND 8 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	SIDE SWIPE
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)	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	SHB8695L
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)	

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.

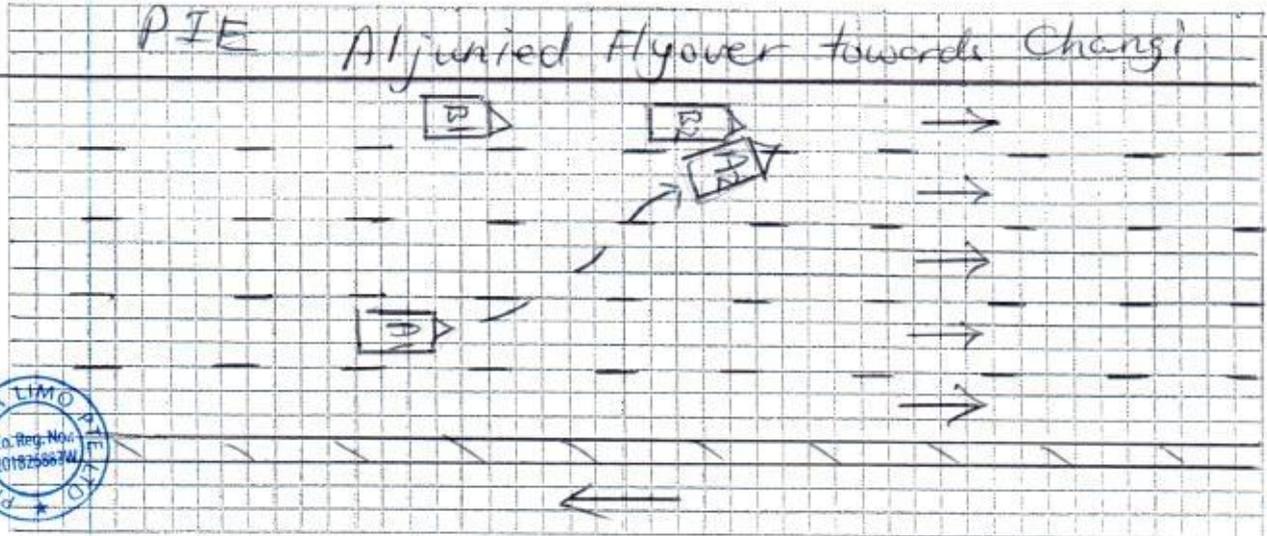


Policyholder's Signature
Date & Time:

76
Driver's Signature
(If driver is not the policyholder)
Date & Time:

shym 18/03/19
Report Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 17/03/2019 at about 1120 hrs at along PTE towards Changi before Puya Lebar Road Exit. I was travelling on the Lane 2 and suddenly my vehicle engine die off as such I try to glide my vehicle from lane 2 towards the road shoulder. While doing so, suddenly a Vehicle (B) on the extreme left lane collided onto my Left Front Portion of my vehicle (A).

(A) SMH 6818 Y

(B) SHB 8695 L



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 that the following 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.:

[Signature] 18/03/19

SINGAPORE ACCIDENT STATEMENT

Accident Date: 17/03/2019	Time: 1120AM	(hh:mm) 24 hr format
Location PIE Aljunied Flyover towards Changi		
Vehicle Number SMH6818Y		
Insured Name PRIME CAR LIMO PTE LTD		
NRIC / FIN UEN : 2018 26883W	Contact Number	
Make HONDA	Model Shuttle Hybrid 1.5 A	
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-MK 000135-R00		
Name of Driver YEO CHOK YANG, LEWIS () Same as Insured		
NRIC / FIN S7921845F	Contact Number 9866 6665	
Date of Birth 01/03/1979		
Driving Pass Date 10/07/2002		
Occupation (/) Indoor () Outdoor		
Gender (/) Male () Female		
Email Address (/) NO EMAIL		
Address of Driver 15A TEO KIM ENG ROAD S(416396)		
Was driver an employee of the Insured's Company? () Yes (/) No		
If No, Relationship of the Driver with the Insured NIEP		
() 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 rd party Name / Nric Contact		
Veh B	SHB 8695L	
Veh C		
Veh D		
Veh E		
Veh F		

1 DRIVER 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



Licence Number: **S7921845F**
 Name: **YEO CHOK YANG, LEWIS
 (YANG ZHUYAN, LEWIS)**
 Birth Date: **01 Mar 1979**
 Issue Date: **28 Sep 2004**

001286393G

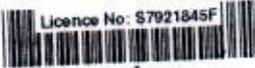


Driver
SMH 68184

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

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

Licence No: S7921845F



NP 428A

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 6818 Y

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

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

Account: 2500DDA

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

Transaction ref 20190129183045392371

Please check that the owner and vehicle details are correct:

- | | |
|--|---|
| 1. Name | : PRIME CAR LIMO PTE LTD |
| 2. Identification No. Type | : Company |
| 3. Identification No. | : 201826883W |
| 4. Country/Region | : - |
| 5. Registered Address | : APT BLK 61 UBI AVENUE 2
#01-03
SINGAPORE 408898 |
| 6. Mailing Address | : - |
| 7. Vehicle Registration No. | : SMH6818Y |
| 8. Effective Date of Ownership | : 29 Jan 2019 |
| 9. Original Registration Date | : 29 Jan 2019 |
| 10. First Registration Date | : 29 Jan 2019 |
| 11. Vehicle Type | : Z11 - Private Hire (Chauffeur) Station
Wagon/Jeep/Land Rover |
| 12. Vehicle Scheme | : Normal |
| 13. Attachment 1 | : No Attachment |
| 14. Attachment 2 | : - |
| 15. Attachment 3 | : - |
| 16. Vehicle Make | : HONDA |
| 17. Vehicle Model | : SHUTTLE HYBRID 1.5 AUTO |
| 18. Year of Manufacture | : 2018 |
| 19. Primary Colour | : Black |
| 20. Secondary Colour | : - |
| 21. Passenger Capacity | : 4 |
| 22. Chassis/Trailer Chassis No. | : GP71218433 / - |
| 23. Propellant/Emission Standard | : Petrol-Electric / Euro VI |
| 24. Engine No./Motor No. | : LEB6562436 / H13722302 |
| 25. Engine Capacity(cc)/Power Rating(kW) | : 1496 / 22.0 |
| 26. Maximum Power Output(kW/bhp) | : 101.0 / 135 |
| 27. Unladen Weight(kg) | : 1190 |
| 28. Maximum Laden Weight(kg) | : 1465 |
| 29. Open Market Value | : \$24,103.00 |
| 30. PARF Eligibility | : Yes |
| 31. PARF Eligibility Expiry Date | : 28 Jan 2029 |
| 32. Minimum PARF Benefit | : \$7,872.00 |