NATIONAL Assessment Ce.	ntre Services. puet 1 James	MHA119078387	
Date In: 25/3/19-09:36	Jeb description	Date &Time Completed	Done by
Ref No: NA Tony 14005334 24	SAS e-filing		
Veh No: Sy 4784k	E-mail (within Shrs, AIC 2hrs)		(4)
D.O.A:21/19-18:00	i-Motor Claim Form		
	i-Motor W/O (Within: OD:	2hrs, TP 4hrs)	
OD : TP ! Reporting Only	i-Photo Uploaded		
TD	Assessment/Survey Repor		
TP Insurer:	Ass't Report by Fax / Han	d to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW:	(Tel: Fa	x:
TP Particulars: Veh No: sp	of wher. INC	()/Non-INC()	2
Owner / Driver: (Tel:)
Policy No: ()	Period: () Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%	6) [Note-Est. Status (WO): N: 0	-20%; P: 21-79%. P: 80-10	0%]
Year of Registration: (Warranty: YES ()/NO ()	
Excess: (\$) Loading:	\$1,000()/\$2,000()		
		51 (CV-10-30)	3. 7. 7.
() Walk-In Customer : Customer's	Information estable Confidential 8		## 313.53 F
	surer URGENTLY.	Strictly NO rater of repairer.	
		T : 0 / /	
Dive-in ()/ / dwed-in (); inv	oice: YES()/NO();	Towing Co: ()
Remarks: (INC hotline: 6788 6616	0)	Date&Time Completed	Done by
Apply for Transport Allowance () / Courtesy Car ()	71	
2) QC Check / Post Repair Inspection	()	*	
3) Upload Resurvey Photo [Repair Cost	> \$3000] ()		
Injury:			
Date/Time Actions			Michael Commence
			9
			A CHIRCHES WAY BERKEN
<u>e</u> :		AND THE RESIDENCE OF THE PARTY	
-			+
NA190)80	Invoice Pr	eparation Checklist	Anit (\$) Anit (\$)
laimant's Particulars :-	I) AR : Accide		fit Bill Add Bill
	2) DA : Damas	ge Assessment (\$100); INC (\$80)	
river/Owner:	3) TF : Towing 4) FT : Follow	Fee S40/54 Through Survey \$12	
ontact No:	5) FT : Follow-	Through Survey (Resurvey) 53	0
amaged Portion:	6) TR: Re-ins	egainst INC Only (wef 10 Jan 2005) section	15
amaged rordon.	7) N1 : Idao D	A + SMRT Survey	0
C Cl al III	8) NTUC Addi	tional Services:-	-
C Checked by (Engr-In-Charge):	The second secon		35
NOT THE LOUIS SERVICE OF A LOUIS		Co-ordination 51 epair Inspection 52	
uditors! Comments :-			55
.1:		P (Non INC) against INC \$2	0
2/3:	9) N12: Idao M Invoice dated	Fee Charged	enter fan
	Invoice dated	Fee Charged	EE UM

Figure 1 1 and

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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 <u>truthful and accurate</u> 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.
- 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	25/03/2019 09:36	
Date Of Accident	22/03/2019 18:00	
Exact Location Of Accident	KOON SENG RD	
Country/State of Loss	SINGAPORE	
D	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLJ4584K	
Insured/Policyholder		
Name Of Registered Owner	PRIME CARS LEASING PTE LTD	
Co Reg No	201508241D	
Email Address	NOEMAIL	
Mobile Phone No		
Alternative Phone No	OFFICE-89999999	
Vehicle Particulars		
Manufacturer	TOYOTA	
Model	WISH 1.8 CVT	
Exact Purpose for which vehicle was being used at time of accident	t 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-MJ001616-R00	
Cover Note Number		
Driver		
Name of Driver	KELVIN TAN TZE WEI (KELVIN CHEN ZHIWEI)	
NRIC No	S7427337H	
Date Of Birth	01/09/1974	
Occupation	OUTDOOR	
Date Of Driving Pass	13/09/1995	
Driving Experience	23 YEARS AND 6 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-98187202	
Fax Number		
Contact Number	OFFICE-98187202	
223 UNIO UNIO 000000000	12/5/2/2/2/5/19/1/	

NOEMAIL

Address BLK 421 CANBERRA ROAD

#09-427

Postcode 750421

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

1

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident HIT BY FALLEN TREE / OTHER OBJECTS

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

000

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance,

NO 1

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY:

SINGAPORE

Police Station Contact TEL NO: 1800-8529999 - FAX NO: 68522299

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - L/20190322/2110.

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

Vehicle Make/Model/Colour

Details Of Properties SPF OFFICER
Vehicle Category GOVERNMENT

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

- 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:
 - (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.
- (6) 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.

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

Reporting Centre Person Name:

NRIC/FIN No :

SKETCH PLAN A. SUJ USBUIL BESCRIBE CIRCUMSTANCES OF THE ACCIDENT Per to Police Report /2110 20190322 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 icresping particulars are true in every respect.

Policyholder's Signature 1

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

\$16000 shifted out on 18

SINGAPORE ACCIDENT STATEMENT

Accident Date: 22 03 2019 Time: 1800 ha (hh:mm) 24 hr format					
Location Koon Seng Road					
Vehicle Number SIJ 4584K.					
Insured Name PRIME CARS LEASING PIE LTD					
NRIC /FIN 2015 08 241D Contact Number CONTACT FROM					
Make 76 VOTA Model WISH					
Are you claiming under your own insurance policy for repair to your vehicle?					
() Yes If No,Pls select: () Third Party () Reporting					
Insurance Company Tokio war/WE					
m on a d					
Policy Number (8-MJ001616-200) Third Party Fire & Theft () TP Only					
N. CD. CELLER TO THE					
Name of Driver KELVIN TAN (ZE WE) ()Same as Insured					
NINTO JEDY (C) (1 = 27 DI)					
NRIC / FIN 57427337H Contact Number 9818 - 7202					
Date of Birth 61/09/1974					
Driving Pass Date 13/69/1995					
Occupation () Indoor () Outdoor					
Gender () Male () Female					
Email Address mg 3 solution @ gmail. com ()NO EMAIL					
Address of Driver BLK 421 CANBERLA ROAD #09-427 5 (750421)					
Address of Driver BCK 421 CANBEKRA ROAD #09-427 S(756421)					
Address of Driver BCK 421 CANBEKLA ROAD #09-427 S (750421) Was driver an employee of the Insured's Company? () Yes WNo					
Address of Driver BCK 421 CANBERRA ROAD #09-427 S(750421) Was driver an employee of the Insured's Company? () Yes WNo If No, Relationship of the Driver with the Insured HIRER					
Address of Driver BLK 421 CANBEKLA ROAD #09-427 S (750421) 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					
Address of Driver BLK 421 CANBEKRA ROAD #09-427 S (750421) 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					
Address of Driver BLK 421 CANBERLA ROAD #09-427 S (750421) 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					
Address of Driver BLK 421 CANBERLA ROAD #09-427 S (750421) Was driver an employee of the Insured's Company? () Yes					
Address of Driver BLK 421 CANBERTA ROAD #09-427 S (750421) 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					
Address of Driver BLK 421 CANBEKLA ROAD #09-427 S (750421) Was driver an employee of the Insured's Company? () Yes No If No, Relationship of the Driver with the Insured HIREK () 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					
Address of Driver BLK 421 CANBERTA ROAD #09-427 S(751421) Was driver an employee of the Insured's Company? () Yes					
Address of Driver BLK 421 CANDBEKEA ROAD #09-429 S(781421) Was driver an employee of the Insured's Company? () Yes					
Address of Driver BLK 421 CANBERTA ROAD #09-427 S(735421) Was driver an employee of the Insured's Company? () Yes					
Address of Driver BLK 421 CANBEKTA ROAD #09-429 S(735421) Was driver an employee of the Insured's Company? () Yes					
Address of Driver BLK 421 CANBEKLA RAD #09-427 S (738421) Was driver an employee of the Insured's Company? () Yes					
Address of Driver BLK 421 CHNBEKLA RNAD #09-429 S (738421) Was driver an employee of the Insured's Company? () Yes					
Address of Driver BLK 421 CANBEKLA RAD #09-427 S (738421) Was driver an employee of the Insured's Company? () Yes					
Was driver an employee of the Insured's Company? () Yes					
Was driver an employee of the Insured's Company? () Yes					
Was driver an employee of the Insured's Company? () Yes No If No, Relationship of the Driver with the Insured HRER () 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'd party Name / Nric Contact Veh B Against Person (SPF)					





1 of 1

Report No. L/20190322/2110

POLICE REPORT (NP299)

Police Station Of Origin Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999

Date/Time Report Made	Vide Report No. G/20190322/0144		Station Diary No.	
22/03/2019 23:12			189	
Name Of Informant KELVIN TAN TZE WEI	Address APT BLK 421 CANBERRA ROAD #09-427 SINGAPORE 750421			
ID Type / ID No. NRIC NO / S7427337H	Contact No. Home/Office Mobile 98187202			
Nationality SINGAPORE CITIZEN	Email Address			
Occupation	Sex	Age	Date of Birth	Race
PRIVATE HIRE	Male	44	01/09/1974	Chinese
Institution/School Name	Language English			
Date/Time Of Incident 22/03/2019 18:00	Location Of Incident KOON SENG ROAD SINGAPORE			
- Table Carlos Control Control				

Brief details.

On 22/03/2019 at 1800hrs, I was at Koon Seng Road waiting for my friend in my car. While I was waiting for my friend, I saw 3 guys chasing after 1 guy. When they were chasing, they hit onto left rear side of my vehicle. As a result, my rear left side door was dented. The 3 guys then managed to detain one of the guy eventually. The guys told me that they are police officers. They then gave me a case card reference G/20190322/0144 and advised me to lodge a police report to make a claim against the damage on my vehicle. My vehicle number is SLJ4584k.

Signature Of Officer Recording The Report:	Signature Of Informant:
L / Sgt 2 OH HONG LI	T
Signature Of Interpreter: Not applicable	Date/Time: 22/03/2019 23:12
Officer In-Charge Of Case: L / Woodlands Police Divisional Investigation Branch / Insp SHAUN CHANG RONG QUAN Contact No.: 63647559	Classification Of Case:

Authentication Stamp

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$7427337H





KELVIN TAN TZE WEI (KELVIN CHEN ZHIWEI)

陈 Page CHINESE

01-09-1974 M

5-127037-

SINGAPORE

SLJ4584K Driver



No. S7427337H



Date of issue 17-09-2004

APT BLK 421 CANBERRA ROAD #09-427 SINGAPORE 750421

NRIC No: \$7427337H

Date: - 31/08/2007

No: -5727899



SLJ4584K Driver

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 killograms

13 Sep 1995

NP 428A

Licence No: \$7427337H



VOCATIONAL LICENCE Licence No", 87427337H Name : KELVIN TAN TZE WEI

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

SIJ4584K Driver

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

01/08/2018



Tokio Marine Insurance Singapore Ltd.

(Company Reg. No.: 192300014M) (GST Reg. No.: M2-0000023-4) 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 W: www.tokiomarine.com

A member of the Tol to Marine Group



Certificate of Insurance

FORM MXI 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-MJ001616-R00 (Private Motor Car)

1. Index Mark and Registration Number

SLJ4584K

Chassis No.: JTDGG20WX0J006022

of Vehicle

2. Name of Policyholder

PRIME CARS LEASING PTE LTD

3. Effective date of the Commencement of Insurance for the purposes of the Act

14/02/2019

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.
- 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

Financial Interest:

MAYBANK SINGAPORE LIMITED

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

User Name: Yeo Chor Joo Irene - Mot

Printed 13/02/2019