NATIONAL Assessment	Centre Services	(waf 1 Jan/hr)			
Date In: 03/04/19	Job description		Date & Time Completed	Done	by
Ref No NA /7 mz 1 9005 90	SAS e-filing	3			
Veh No SCU9676M		n Shrs, AIC 2hrs)			
The state of the s	///5 i-Motor Cla				
		O (Within: OD 2hr	s. TP 4brs)		* - <del>1 * - *</del> * * * * * * * * * * * * * * * *
OD (TP)' Reporting Only	i-Photo Upl		1		1001
TP Insurer:	Assessment/S	Survey Report			
. Hisurer.	Ass't Report	by Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp /	QW: ( MGARA	GE	Tel: Fa	x:	e di Manes I. e. e e e
TP Particulars: Veh N	0: 5145697	C 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	0%; P: 21-79%. F: 80-10	0%]	
Year of Registration: (	) Warranty: YES (	23 - 32 - 32 - 32 - 32 - 32 - 32 - 32 -	)		
	ng:\$1,000()/\$2,00	0()			
General Remarks:-				gir i	
( ) Walk-In Customer: Custom	er's information strictly C	onfidential & Str	rictly NO refer of repairer.		
( ) Total Loss Case : to e-mai	il Insurer URGENTLY.	66			
Drive-In ( )/ Towed-In ( );	; Invoice: YES ( ) /	NO( ); T	owing Co. (		)
Remarks:- (INC hotline: 6788	6616)		Date&Time Completed	Done	hv
1) Apply for Transport Allowance (		)	,	DONO.	-
2) QC Check / Post Repair Inspection	Control of	)			
3) Upload Resurvey Photo [Repair C		)	1		
Injury :	4.6,74	IRCHI.			
		halle			
Date/Time Actions		- Chamber		5 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	e e e e e e e e e e e e e e e e e e e
	3				
			Ä		
			- A. J A. L		
				.,	
NA1903	561	Invoice Prep	paration Checklist	Amt (\$)	Amt (\$) Add Bill
laimant's Particulars :-		1) AR : Accident			Add Dill
river/Owner:		2) DA : Damage / 3) TF : Towing Fe	Assessment (\$100); INC (\$80) se \$40/5	-	
		4) FT : Follow-Through Survey \$120			
ontact No:		PRINCE AND DESCRIPTION OF THE PERSON ASSESSMENT	arough Survey (Resurvey) \$ sainst INC Only (wef 10 Jan 2005)	30	
amaged Portion:		6) TR : Re-inspec	tion 5	75	
	1	7) N1 : Idac DA + 8) NTUC Additio		60	
C Checked by (Engr-In-Charge):		OD*	Car / Tpt Allowance	\$5	
62 NO. 10 TO		•N6: Repair Co	o-ordination 3	10	
uditors' Comments :-		*N7: Post Repair Inspection \$25 *N8: DV / Collect Excess Coordination \$5			
t. 1:	THE PARTY OF THE P			20	
1 2/3:		9) N12: Idne Mob	ile Fee Charged	30	
and the second s		Invoice dated	Fee Charged	SOLAT THE SA	

### 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 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.
- 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	03/04/2019 15:04	
Date Of Accident	03/04/2019 11:15	
Exact Location Of Accident	SELEGIE RD TWDS SERANGOON RD BESIDE WILKIE EDGE	
Country/State of Loss	SINGAPORE	
D	ETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLU9676M	
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	ТОУОТА	
Model	PRIUS	
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-MI000894-R01	
Cover Note Number		
Driver		
Name of Driver	SEOW TZE CHIANG(XIAO ZHIQIANG)	
NRIC No	S7819898B	
Date Of Birth	04/07/1978	
Occupation	OUTDOOR	
Date Of Driving Pass	23/04/2007	
Driving Experience	11 YEARS AND 11 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-97553408	
Fax Number		
Contact Number		
EMail Address	NOEMAIL	

Address

BLK 512 HOUGANG AVE 10

#01-55

Postcode

530512

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)

2

involved in the accident

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged? I have been approached by unknown person(s) YES

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

### **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?

### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

SJU5697C

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR

Vehicle Category 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,
- 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)

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:
  - 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 Singaporo, 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.

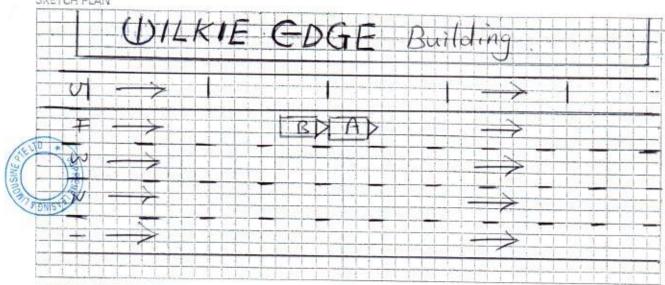
Policyholder's Signature

Oriver's Signature
(If driver is not the policyholder)
Date & Timer

Report of Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 03/04/2019 at about 1115/vs at along Selegie Road
towards Serangoon Road beside Wilkie Edge Building

I was travelling on the Lone 4 and when my front

Vehicle slow down and stop hence I follow suit. Suddent.

I heard a loud bong and a great impact from behind

and when I alighted, I realised that it was Vehicle

(B) who hit outo my Rear Portion of my Vehide (A)

causing domages to my vehicle.

CA) SIU 9676M CB) SJU 5697 C

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 torstoing particulars are true in any respect.

Policyhoida 90 8 1900

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

CHARAC destructions of the

# SINGAPORE ACCIDENT STATEMENT

Date of Birth  Oriving Pass Date  23   04   2007  Decupation ( ) Indoor ( ) Outdoor  Gender ( ) Male ( ) Female  Email Address  Address of Driver  BIN 512 Howgang Annul 10 # 01- 55 \$ (550 512)  Was driver an employee of the Insured's Company? ( ) Yes ( ) No  If No, Relationship of the Driver with the Insured  ( ) 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  Was there any video captured by Car Camera? ( ) Yes ( ) No  Was the Accident reported to the Police? ( ) Yes ( ) No  Was the Accident reported to the Police? ( ) Yes ( ) No If yes attach police report  DETAILS OF 3rd party Name / Nric Contact  Veh C  Veh D  Veh E	Accident Date: 03/04/2019 Time: (115kg) (hh:mm) 24 hr format
Vehicle Number    SLM   96+6 M	Location Selegie Road towards Scrangoon Rd beside wilking
Vehicle Number 5LM 9676M  Insured Name Superior Learner 1968 Contact Number  Make Top to Model Find Alpin Individ  Are you claiming under your own insurance policy for repair to your vehicle?  ( ) Yes If No.Pls select: ( / ) Third Party ( ) Reporting  Insurance Company Tokio Mannel  Type of Policy ( ) Comphensive ( ) Third Party Fire & Theft ( ) TP Only  Policy Number 18-M 1000114-Rol  Name of Driver Seow T28 (himm) ( ) Same as Insured  NRIC / FIN 57111918 Contact Number 9755 3407  Date of Birth 04/07 / 1978  Date of Birth 04/07 / 1978  Date of Birth 04/07 / 1978  Decupation ( ) Indoor ( / ) Outdoor  Gender ( / ) Male ( ) Female  Email Address  Address of Driver BIN 512 Hongang Aranel 10 # 61-55 \$ (530 512)  Was driver an employee of the Insured's Company? ( ) Yes ( / ) No  If No, Relationship of the Driver with the Insured Hippy  ( ) 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  Meas any foreign vehicle involved in this accident? ( ) Yes ( / ) No  Was any foreign vehicle involved in this accident? ( ) Yes ( / ) No  Was anybody injured in the accident? ( ) Yes ( / ) No  Was the Accident reported to the Police? ( ) Yes ( / ) No  Was the Accident reported to the Police? ( ) Yes ( / ) No  Was the Accident reported to the Police? ( ) Yes ( / ) No  Was the Accident reported to the Police? ( ) Yes ( / ) No  Was the Accident reported to the Police? ( ) Yes ( / ) No  Was the Accident reported to the Police? ( ) Yes ( / ) No  Was the Accident reported to the Police? ( ) Yes ( / ) No  Was the Accident reported to the Police? ( ) Yes ( / ) No  Was the Accident reported to the Police? ( ) Yes ( / ) No  Was the Accident reported to the Police? ( ) Yes ( / ) No  Was the Accident reported to the Police? ( ) Yes ( / ) No  Web B S J M S 6 97 C	Edge.
Insured Name	
Make Top to Model Find Alpina 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 Manuel  Type of Policy ( ) Comphensive ( ) Third Party Fire & Theft ( ) TP Only  Policy Number	
Make Topota Model Pand Alpha habed  Are you claiming under your own insurance policy for repair to your vehicle?  ( ) Yes If No,Pls select: ( ) Third Party ( ) Reporting  Insurance Company Toke Manual  Type of Policy ( ) Comphensive ( ) Third Party Fire & Theft ( ) TP Only  Policy Number   1/2 - M   000 P14 - Rol  Name of Driver Seow Tze Chiang ( ) Same as Insured  NRIC / FIN	NRIC/FIN 2012 10100 Contact Number
Are you claiming under your own insurance policy for repair to your vehicle?  ( ) Yes If No.Pls select: ( ) Third Party ( ) Reporting  Insurance Company Tokeo Manue  Type of Policy ( ) Comphensive ( ) Third Party Fire & Theft ( ) TP Only  Policy Number   \$ - M   000 F14 - Rol  Name of Driver Seow Tze Chiang ( ) Same as Insured  NRIC / FIN	Make Tourts Model Print Almes Line
( ) Yes If No,Pls select: ( ) Third Party ( ) Reporting Insurance Company Toked Manual Type of Policy ( ) Complensive ( ) Third Party Fire & Theft ( ) TP Only Policy Number   \$\beta - M \cdot 0.00 \text{ P1 - R d} \cdot   Name of Driver Seow Tz & Chiang ( ) Same as Insured  NRIC / FIN	Are you claiming under your own increases action for any interest
Insurance Company Tokio Mannel Type of Policy ( ) Comphensive ( ) Third Party Fire & Theft ( ) TP Only Policy Number	( ) Yes If No Pls select ( / ) Third Party ( ) Perperting
Type of Policy ( ) Comphensive ( ) Third Party Fire & Theft ( ) TP Only Policy Number   18 - M   000 P14 - R 0   Name of Driver   Seow   T26   Chiang ( ) Same as Insured  NRIC / FIN   S 7 8 1 9 8 9 8 8 8 9 9 9 9 9 9 9 9 9 9 9 9	
Name of Driver Seow T26 (hiding ()Same as Insured  NRIC / FIN S 7 1 1 1 1 1 B Contact Number 9755 340 l  Date of Birth 0 4 1 0 7 / 197 l  Driving Pass Date 23   0 4   200 +  Occupation () Indoor () Outdoor  Gender () Male () Female  Email Address  Address of Driver BIN 512 Hongang Annul 10 # 01-55 5 (530 512)  Was driver an employee of the Insured's Company? () Yes () No  If No, Relationship of the Driver with the Insured Hinly  Oces the Driver Own Any Other Vehicle? () Yes () No  If Yes , Vehicle Registration Number 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  Was anybody injured detail  Was the Accident reported to the Police? () Yes () No If yes attach police report  Det Alls Of 3 any any Name / Nric Contact  Veh C  Veh D  Veh E	
Name of Driver Seow 126 Chang () Same as Insured  NRIC / FIN S + 1 1 1 1 1 8 Contact Number 0755 340 /  Date of Birth 04 07 / 1978  Driving Pass Date 23   04   2007  Decupation () Indoor ( ) Outdoor  Gender ( ) Male () Female  Email Address  Address of Driver BIN 512 Howgang Arangle [0 # 01- 55 s (530512)]  Was driver an employee of the Insured's Company? () Yes ( ) No  If No, Relationship of the Driver with the Insured Hirry  () 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  Was anybody injured in the accident? () Yes ( ) No  Was the Accident reported to the Police? () Yes ( ) No If yes attach police report  DETAILS OF 3 marty Name / Nric Contact  Veh B  S J M 56 97 C  Veh D  Veh E	
NRIC / FIN	
Date of Birth  Oriving Pass Date  23   04   2007  Decupation ( ) Indoor ( ) Outdoor  Gender ( ) Male ( ) Female  Email Address  Address of Driver  BIN 512 Howgang Annul 10 #01-55 \$(530512)  Was driver an employee of the Insured's Company? ( ) Yes ( ) No  If No, Relationship of the Driver with the Insured  ( ) 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  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 C  Veh D  Veh E	Name of Driver Seow Tze chiang ( )Same as Insured
Date of Birth  Oriving Pass Date  23   04   2007  Decupation ( ) Indoor ( ) Outdoor  Gender ( ) Male ( ) Female  Email Address  Address of Driver  BIN 512 Howgang Annul 10 #01-55 \$(530512)  Was driver an employee of the Insured's Company? ( ) Yes ( ) No  If No, Relationship of the Driver with the Insured  ( ) 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  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 C  Veh D  Veh E	
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Gender ( ) Male ( ) Female  Email Address  ( ) NO EMAIL  Address of Driver BIX 5 2 Howgang Arang 10 # 01- 55 \$ (530 512)  Was driver an employee of the Insured's Company? ( ) Yes ( ) No  If No, Relationship of the Driver with the Insured ( ) 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 J M 56 97 C  Veh C  Veh C	Occupation ( ) Indoor ( / ) Outdoor
Email Address  Address of Driver BIN 512 Hongang Annue 10 # 61- 55 \$ (530 512)  Was driver an employee of the Insured's Company? ( ) Yes ( ) No  If No, Relationship of the Driver with the Insured Hiver ( ) 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  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 3rd party Name / Nric Contact  Weh B S JM 56 97 C  Weh C	Gender (/) Male ( ) Female
Address of Driver BIN 512- Hongang Annul 10 # 01- 55 s(530 512)  Was driver an employee of the Insured's Company? ( ) Yes ( ) No  If No, Relationship of the Driver with the Insured Hiney ( ) 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 3rd party Name / Nric Contact  Weh B JM 5697 C  Weh D  Weh E	240 9200 1636
Was driver an employee of the Insured's Company? ( ) Yes ( ) No  If No, Relationship of the Driver with the Insured Hiver ( ) 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 <sup>rd</sup> party Name / Nric Contact  Veh B S M 56 97 C  Veh C  Veh D  Veh E	
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Veh C Veh D Veh E	
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Veh E	Veh C
	Veh D
Veh F	Veh E
	Veh F

## REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7819898B



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SEOW TZE CHIANG (XIAO ZHIQIANG)

萧 志 强

CHINESE

Oate of birth Sec 04-07-1978 M

1.519895?

Country of birth SINGAPORE

4348508

NRIC No. S7819898B

05-02-2009

APT BLK 512 HOUGANG AVENUE 10 #01-55 SINGAPORE 530512 NRIC No: \$78198986 Date: 31/12/2

Date: 31/12/2015



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

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 23 Apr 2007 of the driver; and other motor vehicles =< 2500kg

NP 428A



sen tillen





VOCATIONAL LICENCE

SEOW TZE CHIANG

(seue Date) 23/11/2012

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

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type Description

Issue Date

02

TAXI VL

23/11/2012



Tokio Marine Insurance Singapore Ltd.

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

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



### Certificate of Insurance

FORM MX1 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-MI000894-R01 (Private Motor Car)

1. Index Mark and Registration Number of Vehicle

SLU9676M

Chassis No.: ZVW400026302

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.

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: 2662DDA

Insurance Plan:

Comprehensive Approved Workshop Plan

Limit for total loss or theft: Policy Excess:

Prevailing Market Value Excess - All Claims

Financial Interest:

Windscreen Excess SING INVESTMENTS & FINANCE LTD

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

User Name: Intermediaries from TM O

Printed 22/05/2018