NATIONAL Assessment Centre .	Services :	u, . 19.403!	2, 4	Committee of the Commit			
Date In: 17/04/2019 [7:0]	Job description		Date &	Time Complete	ed .	Done b	i,
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D.OA: 17/04/2019 14:15	i-Motor Claim	Form .	1		i		
OD /TP Reporting Only	i-Motor W/O (Within: OD 2hrs.	TP 4lirs)		1		
John Marketing Only	i-Photo Upload	ied	!				
TP fisurer:	Assessment/Sur	rcy Report	i				
	Ass't Report by	Fax / Hand to	Owner	Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Tel:		Fax:)
TP Particulars: Veh No: Sk	<56829G	. INC(.)/No	n-INC (
Owner / Driver: (1	Tel:)	
Policy No: () Perio	d: ()	Cover				
Confirmed by : (Date:		Time:)	
	te-Est. Status (W)%; P:	21-79%. F:	30-100%	1	
Excess: (\$) Loading: \$1,000	ranty: YES ()/NO(,				
General Remarks:			20000	Ericus 12			
() Walk-In Customer's inform							
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Drive-In ()/ Towed-In (); Invoice:) () : To	owing C	io. ()
Remarks: (100 horling: 6788 6616)				Time Complet	4817736	O Dinna	
	irtesy Car ()	81. 81. 91. 92. 52. 53 61. 81. 91. 92. 52. 53	A PARTIES	Third Collibie:	4	. Dono.	-
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3) Upload Resurvey Photo [Repair Cost > \$300	001 ()					The same of the same of	
Injury:							
			Transaction	42000000 A 71 CM	17,077.5		
Date/Time Actions			N. Year		Manager Control	<u> </u>	<u> </u>
		- w-m	pr - 300-507/				
NA 19028	10 .	Invoice Pre	paratio	n Checklist	のでは	Anit (S)>	Ant (\$) Add Bill
Claimant's Particulars :-	CONTRACTOR AND A STREET	1) AR : Accident 2) DA : Damage	Reporting	(\$30);	NC (\$80)		
Driver/Owner:		3) TF : Towing F	Foe		\$40/\$45		
		4) FT : Follow-T 5) FT : Follow-T			\$120 \$30		
Contact No:			gelust INC	Only (wef 10 Je	n 2005) \$75		
Damäged Portion:		7) N1 : Idao DA	+ SMRT		. \$160		
OC Checked by (Page In Charach		8) NTUC Additi					
QC Checked by (Engr-In-Charge):		*NS: Courlesy *NG: Repair C			\$5 \$10		
Auditors Comments 12	2530235A	. N7: Post Re	onir Inspec	tion	\$25 \$3		
Pat. 1:	- Apply 18 to 19 (2) only		and the same of th	os Coordination against INC	\$3 \$20	- Colored to	
		9) N12; Idao Mo		Fee Chi	30		19:07
Cat. 2/3;		invoice dated		Fee Chi	100	:16-5	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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 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.
- 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.

AGES BERKERLES CONTRACTOR STORY	ACCIDENT STATEMENT
Date Of Report	17/04/2019 17:01
Date Of Accident	17/04/2019 14:15
Exact Location Of Accident	MOULMEIN ROAD TWDS THOMSON ROAD AFTER CTE(SLE)EXIT
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLU9795C
Insured/Policyholder	
Name Of Registered Owner	SUPREME LEASING & LIMOUSINE PTE LTD
Co Reg No	201710190R
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98759578
Alternative Phone No	OFFICE-98759578
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	PRIUS ALPHA HYBRID 1.8S AT ABS AIRBAGS
Exact Purpose for which vehicle was being used at time of accident	WORK
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	LEE YOKE HENG
NRIC No	S1719516F
Date Of Birth	19/02/1965
Occupation	OUTDOOR
Date Of Driving Pass	30/03/1985
Driving Experience	34 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98759578
Fax Number	The control to a representation of the control of t
Contact Number	OTHERS-98759578

NOEMAIL

BLK 269 BUKIT BATOK EAST AVENUE 4 Address

#11-188

650269

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

Postcode

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO YES

NO

2

2

Was any other material or property damaged?

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

Number of Passengers (Including Driver)

Passenger 1

NAME:

: NIL

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

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 NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Was there any audio recorded?

SKS6829G

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

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 aforessid.
- 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 insurers) 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 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:
 - 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.

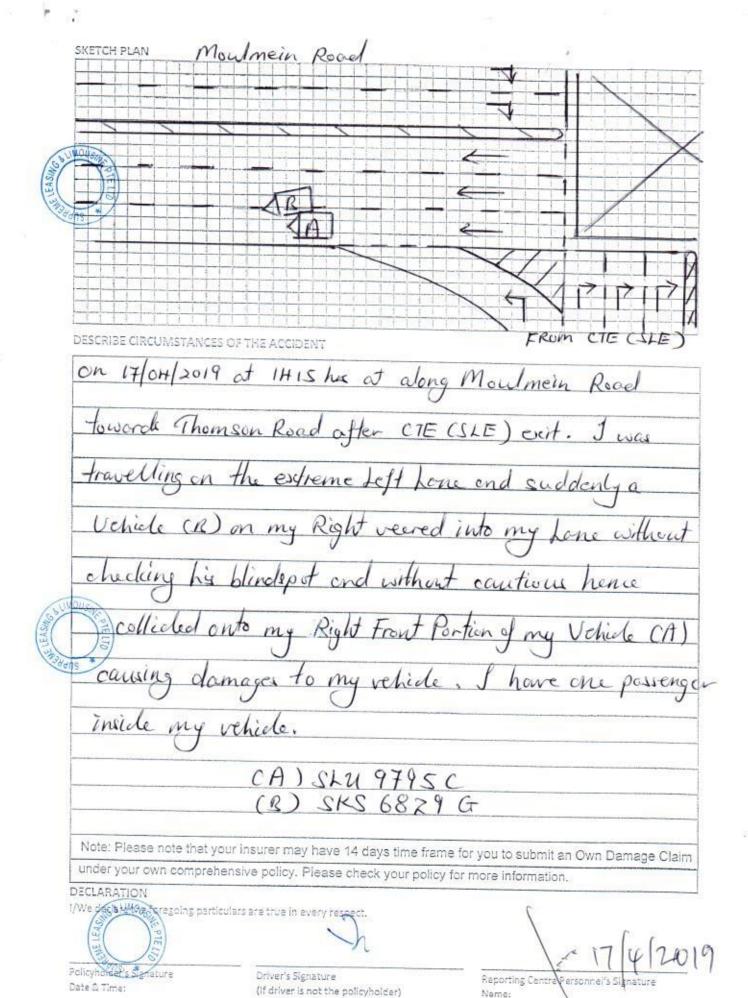
Policyholder's Signature Date & Time:

SING & LIE

S

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

Name: NRIC/FIN No.:



CMDHO SHARD DOUTERS; 53

Date & Time:

NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

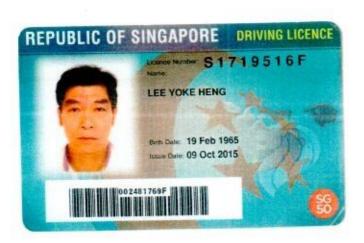
Accident Date: 17/04/2019 Time: 1415hp (hh:mm) 24 hr format
Location Along Moulmein Road towards Thomson Road
Vehicle Number C MARCA after CTE (SLE) oxt.
Vehicle Number SLu 97956
Insured Name Supreme learning & Limonine He Ltd
NRIC/FIN 2017 10190R Contact Number
Make Toyota Model Phas Alpha Hybrid
Are you claiming under your own insurance policy for repair to your vehicle?
() Yes If No,Pls select: (/) Third Party () Reporting
Insurance Company Tokio Mann
Type of Policy () Comphensive () Third Party Fire & Theft () TP Only
Policy Number 18-M1000894-R01
Name of Driver 188 Value Halls
Name of Driver Lee Yoke Heng ()Same as Insured
NDIC / FDV
NRIC / FIN \$ 171 9516 F Contact Number 9875 9578
Date of Birth 19/02/1965
Driving Pass Date 30/03/1985
Occupation () Indoor (/) Outdoor
Gender () Male () Female
Email Address (-)NO EMAIL
Address of Driver BIH 269 BUKIT BATOK EAST AVENUE 4 HII- 188
5 (650269)
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
P. 10. 6 () Jaming () Others
Was any foreign vehicle involved in the
Was anybody injured in the annia 100
If yes, injured detail () Yes (/) No
Was there any video captured by Car Camera? () Yes (/) No
Was the Assidant remark 1 to 1 To 1: 0
DETAILS OF 3 rd party Name / Nric Name / Nric Ocontact
Veh B SKS 6829 G
Veh C
Veh D
Veh E
Veh F

duur sin gaasc





SLU 97956 duur



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

EFFECTIVE DATE

Motorcycles =< 200 cc
Motor Cars =< 3000kg with =<7 passengers, exclusive 30 Mar 1985 of the driver; and other motor vehicles =< 2500kg
*Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg
Motor vehicles not constructed to carry any load and the unladen weight > 7250kg

Licence No:S1719516F

NP 428A

sly 97956 down



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 LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type

Description

Issue Date

13

PRIVATE HIRE CAR VL

11/10/2018







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

SLU9795C

Chassis No.: ZVW400026760

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
- * 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

Comprehensive Approved Workshop Plan

Limit for total loss or theft: Policy Excess:

Prevailing Market Value Excess - All Claims

SGD 1,800

Financial Interest:

Insurance Plan:

Windscreen Excess SGD 100 SING INVESTMENTS & FINANCE LTD

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

User Name: Intermediaries from TM O

Printed 22/05/2018