NATIONA!	Assessment Centre	Services :	ret i Jamotj			
Date In: 01/0		Jeb description	-	Date &Time Completed	Done	by
Ref No NA/	mi 19008916 /13	SAS e-filing				
Veli Nor SZX	6520H	E-mail (water st	irs, AIC 2hrs)			
DOA 18/05/19 0810		i-Motor Claim		in i		
OD (TP) Reporting Only TP Insurer		i-Motor W/O (Within: OD 2hrs. TP 4hrs) i-Photo Uploaded Assessment/Survey Report				
TP Particulars:	INC Assign Wksp / QW: (0.0	DIG/	Tel: Fax:		
Owner / Driver		HC5148P	INC ()/Non-INC()	1	e participation
Policy No: (iod: (Tel:		
	ned by : (iou. (Date	Cover Type: (
Insured/Driver		Into Est Status (W	Date:	Time:)	
Year of Regist				0%; P: 21-79%. F: 80-100	70]	
Excess: (\$) Loading: \$1,00	Varranty: YES (00 () / \$2,000 ()/NO(,		3777
General Remark		77 32,000 (77 - F 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Supplies to the supplies to th		-
/ \Walle La	Customer: Customer's infor	THE REPORT OF THE PARTY		1 110		-
2) QC Check / P 3) Upload Resur	nsport Allowance () / Co ost Repair Inspection vey Photo [Repair Cost > \$30	() (000] ()	H			
Injury :			1000			
Date/Time Ac	tions					
	N91903785		Invoice Pre	paration Checklist	Anit (\$)	Amt (S
Claimant's Partic	culars :-		1) AR : Acciden		521 E/III	
Driver/Owner:			2) DA: Damage Assessment (\$100); INC (\$80) 3) TF: Towing Fee \$40/\$45		5	-
			4) FT : Follow-T	hrough Survey \$12	-	
Contact No:			For claiming	Through Survey (Resurvey) \$3 gainst INC Only (wef 10 Jan 2005)	1	
Damaged Portion:				+ SMRT Survey \$16	And the second s	
QC Checked by (Engr-In-Charge):			CONTRACTOR OF SECURITY AND ADDRESS.	y Car / Tpt Allowan:e \$		
Auditors' Comments :-			the second second second second second	oair Inspection \$2	5	
at. 1:			*N8: DV / Collect Excess Coordination \$5 TP (N11): TP (N:n INC) against INC \$20			
			9) N12: Idae Me	bile 3	0	
at. 2 / 3:			Invoice dated	Fee Charged	Coll 14	SHOP
		1	Invoice dated	Fee Charged	BUILD AND	

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.
- 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	21/05/2019 16:13
Date Of Accident	18/05/2019 08:10
Exact Location Of Accident	OPEN CARPARK OF BLK 293 TAMPINES ST 22
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLX6520H
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	TOYOTA
Model	PRIUS
Exact Purpose for which vehicle was being used at time of accident	
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	TAN KIM CHENG
NRIC No	S1769636Z
Date Of Birth	11/04/1966
Occupation	OUTDOOR
Date Of Driving Pass	13/01/1988
Driving Experience	31 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93293725
Fax Number	
Contact Number	
EMail Address	NOEMAIL

BLK 295 TAMPINES ST 22 Address

#12-512 520295

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

Postcode

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO YES

2

Was any other material or property damaged?

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

NO 2

Number of Passengers (Including Driver)

Passenger 1

NAME:

: UNKNOWN

GENDER:

: FEMALE

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?

YES

Remarks/ Reasons:

WITH WORKSHOP

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SHC5148P

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

- 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 occurate 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 sked 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
 - (i) for complying with requirements under any regulations, laws or court orders.

STANSING & CHONSINE

Policyholder's Signature Date & Time: ·fr

Oriver's Signature (If driver is not the policyholder) Date & Timer Ayu 21/05/19

Report of Centre Personnel's Signature Name:

NRIC/FIN No.1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	MOTANCE OF THE ACCIDENT
On 18/	05/2019 at about 0808 hrs at Open Cor Pork
of BIK 2	93 Tampines Street 22. I was travelling on the above
mention	ed car park driveway and suddenly a Vehicle (R)
at the 1	Reserve 1 of beside Lot no. 206 exit out without
prope	er lookout and without caution hence collided
onto my	Left Rear Portion of my Vehicle (A) causing
	s to my vehicle. I have one passenger inside
my veh	icle.
10 01	HOSZ3 X12 (A)
	(B) SHC 5148 P

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/Wa day SANG # 10 going particulars are true in every respect.

Policyhold Date & Time:

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

Reporting Centre Personnel's Signature Name:

NRIG/FIN No.:

SINGAPORE ACCIDENT STATEMENT

Accident Date: 18/05/2019 Time: 0508hs (hh:mm) 24 hr format
Location Open Cor Pork of RIK 293 Tampines St 22
Vehicle Number SLX 6520 H
Insured Name Suprane reasing & Limourine Pte Ltd
NRIC /FIN 201710140R Contact Number
Make Toyota Model Phus Alpha Homa
Are you claiming under your own insurance policy for repair to your vehicle?
() Yes If No,Pls select: (/) Third Party () Reporting
Insurance Company Tokio Manne
Type of Policy (/) Comphensive () Third Party Fire & Theft () TP Only
Policy Number 18-M1000894-R01
Name of Driver Tan kim theng ()Same as Insured
() Same as histing
NDIC/FIN S 12 / 0 21 -
NRIC/FIN S 17 69 636 Z Contact Number 9329 3725
Date of Birth 11 04 1966
Driving Pass Date 13 / 01 / 1988
Occupation () Indoor (/) Outdoor Gender (/) Male () Female
TP 21 6.11
(>)NO EMPAIL
Address of Driver BIK 295 Tompines (Helt 22 #12-512 S (520295)
Was driver an ampleyee of the Laure II C
Was driver an employee of the Insured's Company? () Yes (/) No If No, Relationship of the Driver with the Insured Hilly
/ \0
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 SHC 5148P
Veh C
Veh D
Veh E
Veh F

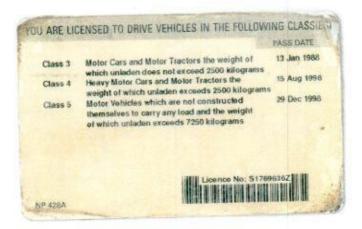
durr 51x 6520H





SLY 6520H





durer SZX 6520H



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

03 BUS VL 24/09/1997

02 TAXI VL 25/05/1999

04 BUS ATTENDANT 24/09/1997



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

(65) 6221 6111 (65) 6221 4355 / (65) 6224 0895 tmis®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

SLX6520H

Chassis No.: ZVW400026954

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.

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

Comprehensive Approved Workshop Plan

Limit for total loss or theft:

Prevailing Market Value

Insurance Plan: Policy Excess:

Excess - All Claims Windscreen Excess

Financial Interest:

SING INVESTMENTS & FINANCE LTD

Tokio Marine Insurance Singapore Ltd.

Account: 2662DDA

Authorised Signature

User Name: Intermediaries from TM O

Printed 22/05/2018