

NATIONAL Assessment Centre Services

[wef 1 Jan 05]

Date In: 10/06/19	Job description	Date & Time Completed	Done by
Ref No: NA/MI/19010116/13	SAS e-filing		
Veh No: 5LC9543H	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 19/05/19	i-Motor Claim Form		
OD: TP (Reporting Only)	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	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: 5LP78615 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

NA1904190

Invoice Preparation Checklist

Amt (\$)

Amt (\$)

1st Bill

Add Bill

- 1) AR: Accident Reporting (\$30);
- 2) DA: Damage Assessment (\$100); INC (\$80)
- 3) TF: Towing Fee \$40/\$45
- 4) FT: Follow-Through Survey \$120
- 5) FT: Follow-Through Survey (Resurvey) \$30
- For claiming against INC Only (wef 10 Jan 2005)
- 6) TR: Re-inspection \$75
- 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	10/06/2019 09:20
Date Of Accident	19/03/2019 16:50
Exact Location Of Accident	SERANGOON RD TWDS BALESTIER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC9543H
Insured/Policyholder	
Name Of Registered Owner	SUPREME LEASING & LIMOUSINE PTE LTD
Co Reg No	53287737C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-86836000

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS
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	18-MH001493-R02
Cover Note Number	

Driver

Name of Driver	JOHAN HISHAM BIN IBRAHIM
NRIC No	S7233747F
Date Of Birth	01/08/1972
Occupation	OUTDOOR
Date Of Driving Pass	17/10/2006
Driving Experience	12 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82505230
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 336 BUKIT BATOK ST 32 #05-305
Postcode	650336
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) 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?	YES
If Yes, Please state which Police Station	
Police Station Name	EUNOS NPP
Police Station Address	ROAD: 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:G/20190531/2109

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	SLP7861J
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

No. Of Passenger (Including Driver)

SKETCH PLAN

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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:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please find attached documents as requested.
Driver was unco-operative, kindly direct to driver.

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 foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

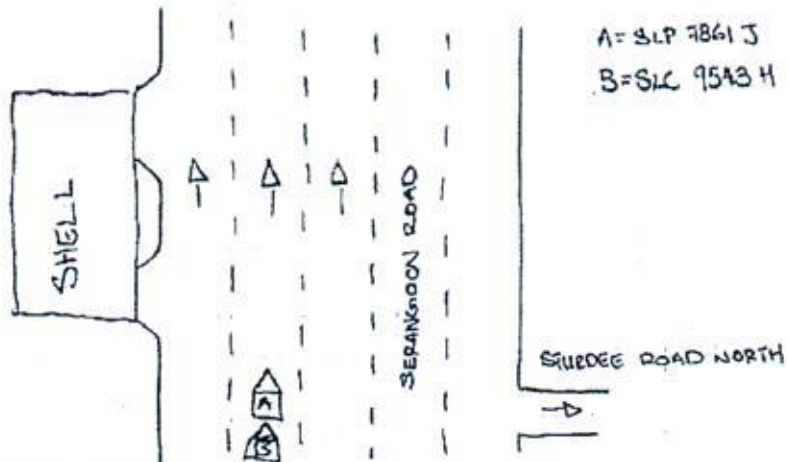
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2

TP

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 19/03/19, at about 1850hrs, I was driving my vehicle, SLP 7861 J, along Seranggon Road towards Balestier. As the traffic was congested and the light was red. I had my vehicle stopped for over 30 seconds. When suddenly, there was a loud thud coming from the rear portion of my vehicle. Nobody was injured.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 1850hrs
18/3/19

Reporting Centre Personnel's Signature
Name: Rafiqi
NRIC/FIN No:



**SINGAPORE
POLICE FORCE**



G/20190531/2109

1 of 2

POLICE REPORT (NP299)

Report No. G/20190531/2109

Police Station Of Origin
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

Date/Time Report Made 31/05/2019 16:17		Vide Report No.		Station Diary No. 28	
Name Of Informant ALAN CHIA TECK SHENG		Address APT BLK 175A YUNG KUANG ROAD #19-05 SINGAPORE 611175			
ID Type / ID No. NRIC NO / S7421227A		Contact No. Home/Office Mobile 86836000			
Nationality SINGAPORE CITIZEN		Email Address			
Occupation MANAGER		Sex Male	Age 44	Date of Birth 03/07/1974	Race Chinese
Institution/School Name		Language			
Date/Time Of Incident 28/05/2019 18:00 - 31/05/2019 16:00		Location Of Incident APT BLK 785 WOODLANDS RISE WOODLANDS PASTURE II SINGAPORE 730785 Multi-Storey Carpark			

Brief details.

On 28/05/19 at about 1000hrs, my company towed our rental vehicle, a silver colour Toyota Altis bearing plate number SLC9543H from Blk 785 Woodlands Rise multi-storey carpark as the hirer was unable to repay the rental charges. The hirer has at times defaulted his monthly payments and failed to report an accident on 19/03/19 which involved the vehicle. He made a partial payment a few months ago, and promised to pay off the remaining instalments at a later date. Even though multiple requests have been

Signature Of Officer Recording The Report: G / Staff Sgt NG ZHENG YANG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 31/05/2019 16:17
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Staff Sgt MOHAMAD RAFEEQ BIN HAJI MOHAMAD RASHID Contact No.: 62447200	Classification Of Case:

Authentication Stamp





**SINGAPORE
POLICE FORCE**



G/20190531/2109

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POLICE REPORT (NP299)



CONTINUATION OF REPORT

Report No. G/20190531/2109

made known to the hirer to settle his outstanding payments, he ignored calls and messages from the company to do so.

I am lodging this report for my company's record purposes and to follow up on any legal action that we might take against him.

Subjects Involved			
Defendant			
Person Name	JOHAN HISHAM BIN IBRAHIM		
ID Type	NRIC NO	ID No	S7233747F
Gender	Male	Age	47
Nationality	SINGAPORE CITIZEN	Race	Javanese
Address Type	Apt Blk	Address	APT BLK 336 Bukit Batok Street 32 #05-305 SINGAPORE 650336
Mobile No	82505230		

Signature Of Officer Recording The Report: G / Staff Sgt NG ZHENG YANG	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 31/05/2019 16:17
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Staff Sgt MOHAMAD RAFEEQ BIN HAJI MOHAMAD RASHID Contact No.: 62447200	Classification Of Case:
Authentication Stamp 	

SINGAPORE ACCIDENT STATEMENT

Accident Date: 19/03/2019	Time: SLP7861J	(hh:mm) 24 hr format
Location		
Vehicle Number SLC9543H		
Insured Name Supreme Leasing & Limousine services		
NRIC / FIN UEN 53287737C	Contact Number 8683 6000	
Make Toyota	Model Corolla Altis	
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 18 - MH001493 - R02		
Name of Driver Johan Hisham Bin Ibrahim () Same as Insured		
NRIC / FIN S7233747 F		
Contact Number 8250 5230		
Date of Birth 01/08/1972		
Driving Pass Date 17/10/2006		
Occupation (/) Indoor () Outdoor		
Gender (/) Male () Female		
Email Address - () NO EMAIL		
Address of Driver B/K 336 Bukit Batok Street 32		
# 05-305 S(630336)		
Was driver an employee of the Insured's Company? () Yes (/) No		
If No, Relationship of the Driver with the Insured WIFE		
() 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	SLP7861J	
Veh C		
Veh D		
Veh E		
Veh F		

DRIVER
SLC9548

REPUBLIC OF SINGAPORE

JOHAN HISHAM BIN IBRAHIM S7233747F



 Name
JOHAN HISHAM BIN IBRAHIM

Race
JAVANESE

Date of birth
01-08-1972

Sex
M

Country/Place of birth
SINGAPORE

S7233747F

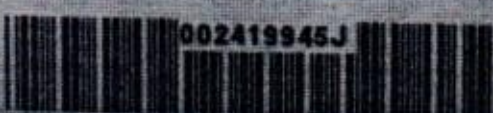

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7233747F

Name:
JOHAN HISHAM BIN IBRAHIM

Birth Date: 01 Aug 1972

Issue Date: 24 Apr 2015



002419945J

For LKK/NAC Use Only

DRIVER
SLC954

5402567



Lic No: S7233747F



Date of issue

04-12-2014

Address

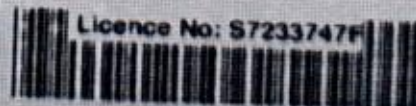
APT BLK 336 BUKIT BATOK STREET 32
#05-305
SINGAPORE 650336

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

EFFECTIVE DATE

Class 2B	Motorcycles =< 200 cc	26 Jun 1989
Class 2A	Motorcycles between 201 cc and 400 cc	22 Apr 2008
Class 3	Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	17 Oct 2006
Class 4	*Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg *Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg	16 Jun 2009

NP 428A



Licence No: S7233747F

For LKK/NAC Use Only

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: tmsis@tokiomarine.com.sg W: www.tokiomarine.com

A member of the
Tokio Marine Group



**TOKIO MARINE
INSURANCE GROUP**

FORM MX1H

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.: 18-MH001493-R02 (Private Motor Car)

- | | | |
|--|--------------------------------------|---------------------------------------|
| 1. Index Mark and Registration Number of Vehicle | SLC9543H | Chassis No.: MR053ZEE106164039 |
| 2. Name of Policyholder | SUPREME LEASING & LIMOUSINE SERVICES | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 03/10/2018 | |
| 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

Account: 2500DDA

Insurance Plan: Third Party Cover Only
Policy Excess: Excess-Third Party (Sect II)

Tokio Marine Insurance Singapore Ltd.

Authorised Signature



SUPREME LEASING & LIMOUSINE SERVICES

Member of Prime Group of Companies

23 Kaki Bukit Avenue 4 (South Wing) #02-03

AAS Kaki Bukit Centre, Singapore 415933.

Tel : 6747 9400 Fax: 6444 3900

Co.Registration No.: 53287737C

Name of Chauffeur: Johan Hisham Bin Ibrahim
Vehicle No.: SLC 9543C

Chauffeur Agreement No.: _____
Make & Model: T/Alfa 16 A

VEHICLE CHECK OUT REPORT

Please tick appropriate bases below: YES (V) NO (X)			
INTERIOR	EXTERIOR	LUGGAGE COMPARTMENT	Petrol
Road Tax Disc	Wiper	Carpet	E 1/4 1/2 3/4 F
Air-Conditioning	Doors & Locks	Board	
Rear Window Demister	Boat & Lock	Spare Tyre	
Side Mirror Control	Fuel Lid	Tool Kit	
Power Windows & Controls	Petrol Cap	Jack	
Radio/Cassette/CD Player	Tyres & 4 Hup Caps	CD Changer	
Ash Tray	Lights		
Cigarette Lighter	Number Plates		
Rear View Mirror			
Vanity Mirror			

Date: 11/3/19
Time: 11:40 am
Mileage: 414467
Cash Card: _____

Rental Start
11/03/2019

rental rate per day
\$48

NOTE: Please ensure that all personal items are removed from the Vehicle before handover as Supreme Leasing & Limousine Services will not be responsible for any loss of personal belongings in the Vehicle.

BODY EXTERIOR INSPECTION

LEFT:

REAR:

FRONT:

RIGHT:

Checked Out By: _____
Date: 11/3/2019

Signature of Driver: Johan
Date: 11/03/2019

VEHICLE CHECK IN REPORT

Please tick appropriate bases below: YES (V) NO (X)			
INTERIOR	EXTERIOR	LUGGAGE COMPARTMENT	Petrol
Road Tax Disc	Wiper	Carpet	E 1/4 1/2 3/4 F
Air-Conditioning	Doors & Locks	Board	
Rear Window Demister	Boat & Lock	Spare Tyre	
Side Mirror Control	Fuel Lid	Tool Kit	
Power Windows & Controls	Petrol Cap	Jack	
Radio/Cassette/CD Player	Tyres & 4 Hup Caps	CD Changer	
Ash Tray	Lights		
Cigarette Lighter	Number Plates		
Rear View Mirror			
Vanity Mirror			

Date: _____
Time: _____
Mileage: _____
Cash Card: _____

NOTE: Please ensure that all personal items are removed from the Vehicle before handover as Supreme Leasing & Limousine Services will not be responsible for any loss of personal belongings in the Vehicle.

BODY EXTERIOR INSPECTION

LEFT:

REAR:

FRONT:

RIGHT:

Checked Out By: _____
Date: _____

Signature of Driver: _____
Date: _____

**SUPREME LEASING & LIMOUSINE SERVICES**

Member of Prime Group of Companies
Co. Registration No: 53287737C
23 Kaki Bukit Avenue 4 (South Wing)
#02-03 Vicom Inspection Centre
Singapore 415933
Tel: 6316 6000 Fax: 6316 5115

ORIGINAL

VEHICLE NO	MAKE/MODEL	CC	CHECK OUT/ IN DATES	
SLC 9543H	Toyota Altis 1.6 A			
HIRER / DRIVER'S PARTICULARS			VEHICLE DATE OUT 11/3/19 (Monday)	
NAME : Johan Hisham Bin Ibrahim			VEHICLE ACTUAL DATE IN 28/5/19 6pm	
ADDRESS : Blk 336 Bl. Batok St 32 #05-305 S 650 336			AGREED DATE OF RETURN	
			COLLISION DAMAGE WAIVER	
			NOTE: FURTHER EXCESS OF S\$2000.00 SHALL APPLY IN ADDITION TO THE AMOUNT STATED IN THIS AGREEMENT SHOULD THE NAMED DRIVER BE ANY PERSON WHO IS LESS THAN 25 OR MORE THAN 65 YEARS OF AGE WITH LESS THAN 3 YEARS OF DRIVING EXPERIENCE	
			NON-WAIVERABLE EXCESS PER INCIDENT	
HOME NO.			SINGAPORE	\$ 2,500.00
MOBILE			MALAYSIA	\$ 3,500.00
IC NO.			TOTAL LOSS	\$ 10,000.00
LICENSE NO. S7233747F			SIGNATURE rnan	
EXPIRY DATE				
ADDITIONAL DRIVER			PERSONAL ACCIDENT INSURANCE (PAI)	
NAME :			ACCEPTS PAI []	DECLINES PAI [X]
ADDRESS : Redging International Asia Pacific Tuas South Boulevard TTP Phase 2.			PREMIUM: \$	
			SIGNATURE rnan	SIGNATURE rnan
			RENTAL CHARGES	
HOME NO.			DAILY @ S\$	x NO. OF DAYS
MOBILE			MONTHLY @ S\$	Weekly rental - \$336
IC NO.			PETROL	
LICENSE NO.			PARKING	
EXPIRY DATE			GST @ 7%	
REMARKS			TOTAL	
Daily Rental : Front windscreen excess : \$200			DEPOSIT S\$	
Contract Start : Weekly rental of \$336			PRE-PAYMENT S\$	\$
Contract End : Every week to top-up \$100 for damages			MODE OF PAYMENT	
Front Windscreen Excess: on SLV 3848 T for 18 weeks				
			CREDIT CARD []	CASH []
			NETS []	OTHERS []
PREPARED BY rnan			NAME	
ATTENDED BY			CARD NUMBER	
			EXPIRY DATE	CVV

I HEREBY AGREE TO ABIDE BY THE TERMS AND CONDITIONS STATED ON THIS AGREEMENT AND THE ACCOMPANYING VEHICLE RENTAL CONTRACT

THE VEHICLE BE DRIVEN TO MALAYSIA WITHOUT OUR KNOWLEDGE.
VEHICLE MUST NOT BE USED FOR ANY ILLEGAL OR

SIGNATURE OF HIRER

SUPREME LEASING & LIMOUSINE SERVICES

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
Tokio Marine Group



TOKIO MARINE
INSURANCE GROUP

PRIVATE MOTOR CAR (FLEET) CLAIM

ACKNOWLEDGEMENT OF CLAIM NOTIFICATION

SUPREME LEASING & LIMOUSINE SERVICES
61 UBI AVENUE 2
#02-08 AUTOMOBILE MEGAMART
SINGAPORE 408898

22/05/2019

Our Claim No : M1903683
Policy No : MH001493
Date of Loss : 19/03/2019
Your Ref :
Description of Loss : ACCIDENT INVOLVING SLC9543H & SLP7861J

Dear Sirs

Insured Vehicle No.: SLC9543H. Potential Claim from: SLP 7861J

1. As you have not reported this accident, please proceed to do so at one of the Reporting Centres. All accidents need to be reported within 24 hrs.
2. Enclosed copies of the Third Party's GIA report, for your perusal.

Yours faithfully,

Tokio Marine Insurance Singapore Ltd.

This is a computer generated document. It requires no signature.

Email - Bist, Petrol & Diesel Supply Pte Ltd

Handler Dillen Senthilan