

NATIONAL Assessment Centre Services

Date In: 14/06/19	Job description	Date & Time Completed	Done by
Ref No: NA/TME19010584/13	SAS e-filing		
Veh No: SJN1854B	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 13/06/19 1200	i-Motor Claim Form		
OD: (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	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: SKU4255P 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

NA1904458 Invoice Preparation Checklist Amt (\$)

Claimant's Particulars :- 1st Bill Amt (\$)

Driver/Owner: 1) AR: Accident Reporting (\$30);

Contact No: 2) DA: Damage Assessment (\$100); INC (\$80)

Damaged Portion: 3) TF: Towing Fee \$40/\$45

QC Checked by (Engr-In-Charge): 4) FT: Follow-Through Survey \$120

Auditors' Comments :- 5) FT: Follow-Through Survey (Resurvey) \$30

Cat. 1: For claiming against INC Only (wef 10 Jan 2005)

Cat. 2/3: 6) TR: Re-inspection \$75

7) N1: Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

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	14/06/2019 15:16
Date Of Accident	13/06/2019 12:00
Exact Location Of Accident	JUNC OF CASHEW CRESCENT & CHESTNUT DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN1854D
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-99999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
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	THIRD PARTY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	19-MG000197-R04
Cover Note Number	

Driver

Name of Driver	ANG WEE TNG, DESMOND (HONG WEITANG)
NRIC No	S8714525E
Date Of Birth	22/05/1987
Occupation	OUTDOOR
Date Of Driving Pass	04/01/2008
Driving Experience	11 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83896969
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 237 BUKIT PANJANG RING RD #11-75
Postcode	670237
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

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?	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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKU4255P
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)	

p/s email to

mg3 solution@gmail.com

SINGAPORE ACCIDENT STATEMENT

Accident Date: 13/06/2019	Time: 1200hrs	(hh:mm) 24 hr format
Location at Junction of Cashew Crescent and Chestnut Drive		
Vehicle Number SJN 1854D		
Insured Name SUPREME LEASING & LIMOUSINE SERVICES		
NRIC / FIN 53287737C	Contact Number	
Make TOYOTA	Model WISH 1.8 AUTO	
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 19-MG600197-R04		
Name of Driver Ang wee hng, demand	() Same as Insured	
NRIC / FIN S8714525E		
Date of Birth 22/05/1987		Contact Number 8389 6969
Driving Pass Date 04/01/2008		
Occupation () Indoor (/) Outdoor		
Gender (/) Male () Female		
Email Address		(/) NO EMAIL
Address of Driver Blk 237 Bukit Panjang Ring Road #11-75 5(670237)		
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		
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	Sku 4255P	
Veh C		
Veh D		
Veh E		
Veh F		

1 person 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.
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. 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:

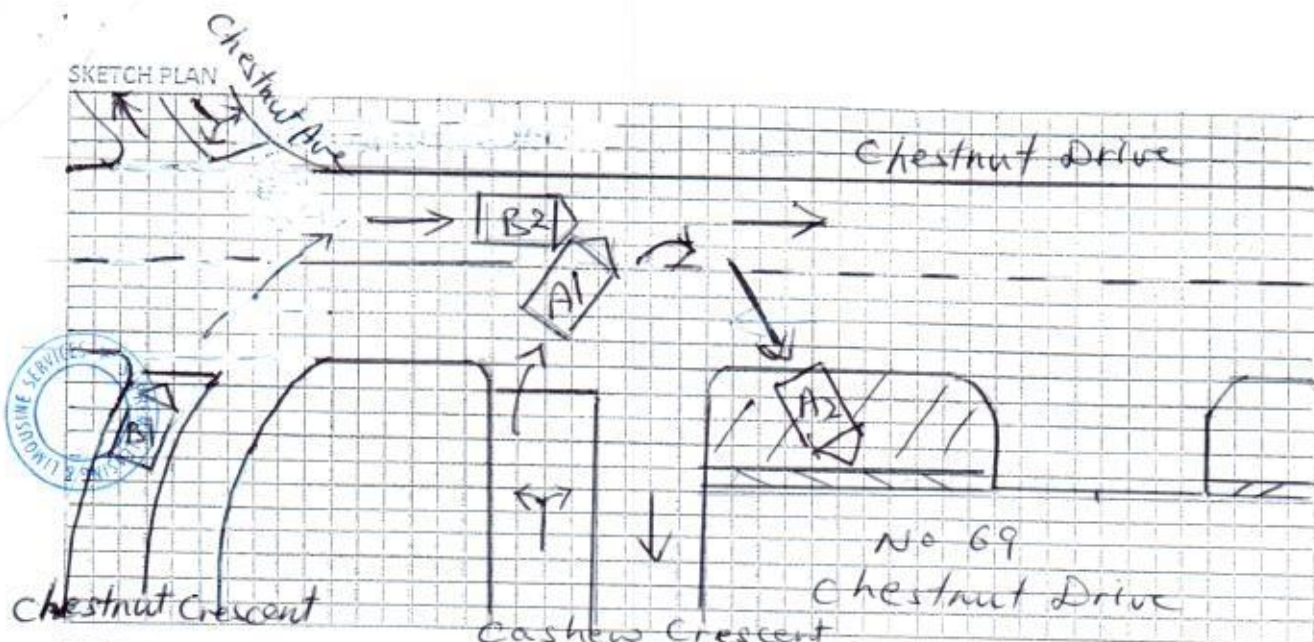
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 (4) 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.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13/06/2019 at about 1200 hrs at Junction of Cashew Crescent and Chestnut Drive. I was making a Right turn from Cashew Crescent into Chestnut Drive and suddenly a Vehicle (B) coming out from Chestnut Crescent at a fast speed and hence collided onto my Left front Portion of my vehicle (A) causing my vehicle to mount up the right kerb along Chestnut Drive outside unit No 69. I wish to state that I did check that the traffic was cleared before I proceed with my Right turn.

(A) SJN 1854 D

(B) SKU 4255 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/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.:

NKKK
SIN
FAT 1854D

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8714525E



Name
ANG WEE TNG, DESMOND
(HONG WEITANG)
洪偉堂

Place
CHINESE

Date of Birth
22-05-1987

Country of Birth
SINGAPORE

Sex
M

For LKK/NAC Use Only

A0146030



Identity No. S8714525E



For LKK/NAC Use Only

Blood Group
O+

Date of issue
17-06-2002

Address
APT BLK 237 BUKIT PANJANG RING ROAD
#11-75
SINGAPORE 670237

drink
STN 1859D

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8714525E**

Name: **ANG WEE TNG, DESMOND
(HONG WEITANG)**

Birth Date: **22 May 1987**

Issue Date: **23 Feb 2006**

001401873H

For LKK/NAC Use Only

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

	PASS DATE:
Class 2B Motorcycles <= 200 CC	23 Feb 2006
Class 2A Motorcycles between 201 CC and 400 CC	24 Apr 2007
Class 2 Motorcycles > 400 CC	31 May 2009
Class 3 Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg	04 Jan 2008
Class 4 Heavy motor cars and motor tractors > 2500 kg	23 Mar 2006
Class 5 Motor vehicles > 7250 kg not constructed to carry any load	10 Jun 2010

For LKK/NAC Use Only

S / No. 9000127532

S8714525E

NP 428A

Licence No: S8714525E

driver
SIN
1854D

Land Transport Authority

PDVL/TDVL
33 888 8888
262724

VOCATIONAL LICENCE

Licence No: S8714525E
Name: ANG WEE TNG, DESMOND
(HONG WEITANG)

Card Issue Date: 16/03/2018

Please visit www.lta.gov.sg to check the status of this Vocational Licence

For LKK/NAC Use Only

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	16/03/2018
03	BUS VL	12/10/2011
04	BUS HIRE VL	12/10/2011

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. tmis@tokiomarine.com.sg W www.tokiomarine.com

A member of the
Tokio Marine Group



TOKIO MARINE
INSURANCE GROUP
FORM MXT1H

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.: 19-MG000197-R04 (Private Motor Car)

1. Index Mark and Registration Number of Vehicle SJN1854D Chassis No.: JTDER12W403001749
2. Name of Policyholder SUPREME LEASING & LIMOUSINE SERVICES
3. Effective date of the Commencement of Insurance for the purposes of the Act 14/01/2019
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.
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

Insurance Plan: Third Party Cover Only
Policy Excess: Excess-Third Party (Sect II) SGD 1,800

Account: 2500DDA

Tokio Marine Insurance Singapore Ltd.

Authorised Signature