NATIO	ONAL Assessment Centre	Services	feat classes				
Date In 17/06/19 Jeb descrip							
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	SU19676M		E-mail (within 8hrs, AIC 2hrs)				
			aim Form				
i Mu			O (Within: OD 2hrs	TP Alica)			
OD (II	P) * Reporting Only	i-Photo Up		152057			
TP Insure	er.		Assessment/Survey Report				
		Ass't Report					
		m GARAGE		Tel: Fa	x:		
TP Partic	9	TBC25240	INC ()/Non-INC()		4	
	Driver: (Tel:)		
Policy N	- / City	od: ()	Cover Type: ()		
	Confirmed by : (Date:	Time;)		
	Driver Liability: (%) [No	ote-Est. Status	(WO): N: 0-20	0%; P: 21-79%. F: 80-10	0%]		
		arranty: YES (Superior Superior N)			
Excess:)()/\$2,00	0()				
General R	emarks:-						
	ck / Post Repair Inspection Resurvey Photo [Repair Cost > \$300	(00))				
Injury:							
Date/Time	Actions		ST STATE		10% T	-	
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			P10008 1-10006 00		4		
	NAIPOUSYY		Invoice Prep	aration Checklist	Amt (\$)	Amt (
laimant's Particulars :-			1) AR : Accident R				
Priver/Owner:			2) DA : Damage Assessment (\$100); INC (\$80) 3) TF : Towing Fee \$40/\$45				
ontact No:			4) FT : Follow-Through Survey \$120 5) FT : Follow-Through Survey (Resurvey) \$30				
amaged Portion:			For claiming age 6) TR : Re-inspecti	on \$5	15		
	3		7) N1 : Idae DA + :	SMRT Survey \$16	-		
C Checked by (Engr-In-Charge):			8) NTUC Additional Services:- OD*				
			*N5: Courtesy Car / Tpt Allowance \$5 *N6: Repair Co-ordination \$10				
uditors' Comments :-			*N7: Post Repair Inspection \$25				
L.L.			*N8: DV / Collect Excess Coordination \$5 TP (N11): TP (N2n INC) against INC \$20				
it 2/3;			9) N12: Idae Mobil	E 3	0	1000	
			Invoice dated Fee Charged				

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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.
- 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

ACCIDENT STATEMENT				
17/06/2019 16:55				
15/06/2019 11:40				
ALONG JLN EUNOS TWDS STILL RD B4 JLN AWANG EVIT				
SINGAPORE				
DETAILS OF OWN VEHICLE				
SLU9676M				
SUPREME LEASING & LIMOUSINE PTE LTD				
	17/06/2019 16:55 15/06/2019 11:40 ALONG JLN EUNOS TWDS STILL RD B4 JLN AWANG EXIT SINGAPORE DETAILS OF OWN VEHICLE SLU9676M			

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

COMMERCIAL USE

Are you claiming under your own insurance policy

for repair to your vehicle?

If No. Please state action to be taken Vehicle Category

THIRD PARTY PRIVATE HIRE

Insurance Company

Name of Insurance Company TOKIO MARINE INSURANCE SINGAPORE LTD

NO

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 19-MI000894-R02

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 12 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-97553408

Fax Number Contact Number

EMail Address NOEMAIL

BLK 512 HOUGANG AVE 10 Address

#01-55 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

Postcode

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident CHAIN COLLISION

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

3

involved in the accident

YES

Was any body injured in the Accident?

Was any injured conveyed to hospital by

NO

ambulance? Was any other material or property damaged?

YES

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

Number of Passengers (Including Driver)

NO

5

Passenger 1

NAME:

: UNKNOWN

GENDER:

MALE

Passenger 2

NAME:

: UNKNOWN

GENDER:

: MALE

Passenger 3

NAME:

UNKNOWN

GENDER:

MALE

Passenger 4

NAME:

: UNKOWN

GENDER:

: MALE

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

GBC2524C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SLS3253A

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)

DETAILS OF INJURED PERSON 1

Name

SEOW TZE CHIANG_XIAO ZHIQIANG)

Approximate Age

Injuries Sustain

BACK & NECK

Injured person in which vehicle?

SLU9676M

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

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- 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 misrapresentation 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
- 5. Any false reporting may be referred to the Police for investigation.
- 5. The report will be forwarded by the insurers of the GIA Records Management Control 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
- 7. By the lodgment of this report to the insurers, you hareby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- Consect 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 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 Psurer(s) who have insured vehicle(s) involved in this actident 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 on egents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes
 - my Personal Information will also be collected and used to compile distras 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.

Date & Time:

MOUSIN

(If driver is not the policyholder)

Date & Time:

Report g Centre Personnel's Signature

Name

NRIC/FIN No.:

CC) SLS 3253A (B) C-BC Z524C SKETCH PLAN (A) SLU9676M alon Awang Joden Eunos DESCRIBE CIRCUMSTANCES OF THE ACCIDENT 15/06/2019 at about 1140 hm at along Jalon Eunos road before Jalon Awang Exit, I was travelling and when my front replice slow down one stop hence I follow suit and ame to a stop behind Suddenly J felt a great impact and) forwards to hit onto the Rear Porten of Vehicle (C). I realisted that it was Vehicle (B) who hit outo my Rear Porter of my Vehicle (A) causing damages to my relide. It was a chain collision of total 3 relides involved. A passengers inside my vehicle 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 declared the plant particulars are true in every respect. Kyw 17/06/19 Policyholder & 2 may tire Personnel's Signature Date & Time: (if driver is not the policyholder) Name: Date & Time: NRIC/FIN No.:

pls emal mg3 solution agmail-com

SINGAPORE ACCIDENT STATEMENT

Accident Date: 15/06/2019 Tin	ne: 1140	his	(hh:n	m) 24 1	nr format
Location along Jalan Funos -	Micardi C	till page	Lotara	- ala	ii ioiiiiat
exit	ionaras s	TILL KONG	betone	Jalan	Awang
Vehicle Number SLM 9676M	14				
Insured Name Supreme rearing	V. 11	C1	h. J	-	
NRIC/FIN 2017101908	1 LIMON	THE HE	Ltq		
Make Toyota Model		tact Numbe	Т		
Are you claiming under your own insurance	Prins Al	ma			
() Yes If No,Pls select: (/) Third Pa	policy for re	epair to you	ir vehicle?		
Insurance Company Tokio Marin	and () Reportir	1g		
Type of Policy (/) Comphensive (A Third Day	-t T' 0 T	DI 0		
Policy Number 19 - M1000894 -) Iniiu Pa	rty Fire &	nen	()	TP Only
Name of Driver	K02				
Name of Driver Seow Tze (h	ang		()Same a	s Insured
				7-1-	
NRIC/FIN S 7819898B	Con	ntact Numb	er 975	3+0	1
Date of Birth 04 07 / 1978			**) (0	70
Driving Pass Date 23 04/ 2007					
Occupation () Indoor (/) Outdoor					
Gender (/) Male () Female					
Email Address			(-	MO	EMAIL
Address of Driver BK 512 Hongang	ALPHIAD	10 401	== 0/	FRACIO	CIVIAIL
1100	71111010	10 # 01-	23 21	33031	-)
Was driver an employee of the Insured's Cor	nnany? ()	Vac /	· N. N.		
If No, Relationship of the Driver with the Ins		ter (r) No		
() Owner () Spouse () Friend () Relative		ildren () Siblir	
Does the Driver Own Any Other Vehicle?) Yes	(<) No	шатен () Sibili	g
If Yes, Vehicle Registration Number of Driv	er's Own Ve	ehicle			
Insurance Company of Driver's Own Vehicle		- Inoic			
Woother Can Jit's 1	Raining () Others			
Road Surface (/) Dry (Wet()(Others			
Was any foreign vehicle involved in this acci	dent? ()	Yes (-) No		
Was anybody injured in the accident?		Yes () No		
If yes, injured detail	ark Y	recu) 110		
Was there any video captured by Car Camera	? () Ye.		lo .		
Was the Accident reported to the Police?	() Ye:		lo If yes a	tach poli	ce report
DETAILS OF 3 rd party Name / N			, , , ,	Contact	cereport
Veh B GB(2524C					
Veh C SL S 3253 A					
Veh D					
Veh E					
Veh F					

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$7819898B





SEOW TZE CHIANG (XIAO ZHIQIANG)

志

CHINESE

SINGAPORE

Out of birth O4-07-1978 MFOR LKK/NAC Use Only



For LKK/NAC Use Only

4348508

Oute of leasur 05-02-2009

APT BLK 512 HOUGANG AVENUE 10 #01--55 SINGAPORE 530512

NRIC No: \$76198986

Date: 31/12/2015



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

Class 3 Motor Cars =< 3000kg with =<7 passengers, exclusive 25 Apr 2007 of the driver, and other motor vehicles =< 2500kg

For LKK/NAC Use Only

NP 4284



daur Ju 917(M Land Transport Q Authority



VOCATIONAL LICENCE

Licence No. \$7819898B

FOR LKK/NAC USE Only

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

TAXT VI

Issue Date

23/11/2012

For LKK/NAC Use Only



o Marine Insurance Singapore Ltd.

Zinpany Reg. No. 1923/00014M) (GST Reg. No. IMZ-0000023-4) 20 McCallum Street #09-01 Toklo Marine Centre Singapore 069046 T. (65) 6221 6117 F. (65) 6227 4355 / (65) 6224 0895 F. Imperior of the Control of the Contr

T (65) 6221 6117 F (65) 6221 4355 / (65) 6224 0895 E tmls@toklomarine.com.sg W vww.toklomarine.com

A member of the Tokio Marine Group



Certificate of Insurance

FORM MXIII

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-M1000894-R02 (Private Motor Car)

 Index Mark and Registration Number of Vehicle

SLU9676M

Chassis No.: ZVW400026302

2. Name of Policyholder

SUPREME LEASING & LIMOUSINE PTE LTD

 Effective date of the Commencement of Insurance for the purposes of the Act

25/05/2019

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

Account: 2500DDA

Insurance Plan:

Comprehensive Approved Workshop Plan

Limit for total loss or theft: Policy Excess:

Prevailing Market Value Excess - All Claims

SGD 1,800

Financial Interest:

Windscreen Excess SGD 100

SING INVESTMENTS & FINANCE LTD

Tokio Marine Insurance Singapore Ltd.

Authorised Signature