

**NATIONAL Assessment Centre Services** (wef 1 Jan 2005)

Date In: <b>13/08/19</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/TM/19014041/13</b>	SAS e-filing		
Veh No: <b>SL53735B</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <b>13/08/19</b> <b>0100</b>	i-Motor Claim Form		
OD TP: <b>Reporting Only</b>	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: <b>SHC8629Z</b>	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

**NA1906062**

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
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:-		
	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 willful 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	13/08/2019 18:49
Date Of Accident	13/08/2019 01:00
Exact Location Of Accident	OPEN CARPARK BLK 131 YISHUN ST 11
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS3735B
<b>Insured/Policyholder</b>	
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	C-HR
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	19-MI000894-R02
Cover Note Number	

### Driver

Name of Driver	ONG KIM HUA(WANG JINHUA)
NRIC No	S7714709H
Date Of Birth	02/06/1977
Occupation	OUTDOOR
Date Of Driving Pass	03/05/2003
Driving Experience	16 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86612121
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 218 ANG MO KIO AVE 1 #08-931
Postcode	560218
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	SHC8629Z
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

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 (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:

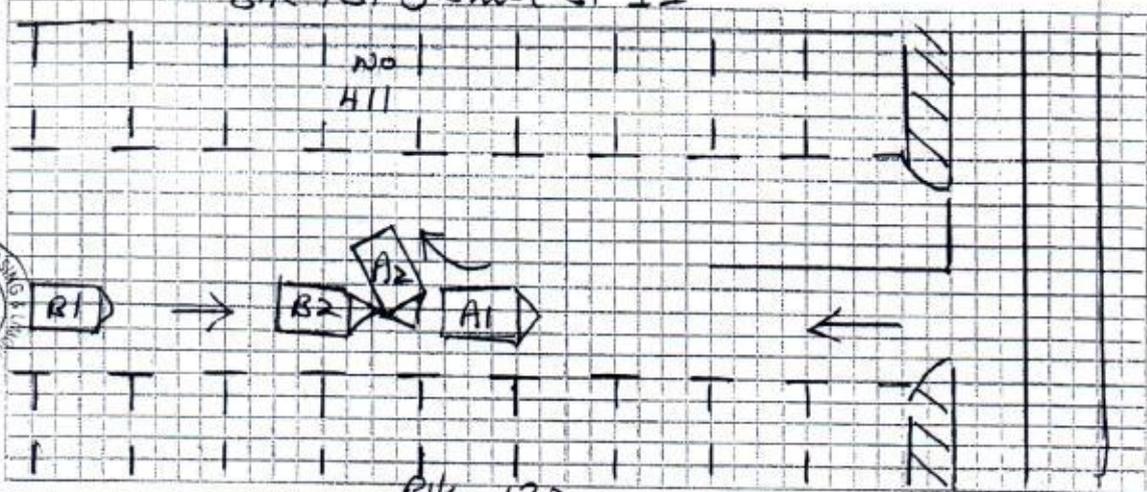
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

*[Signature]* 13/08/19

SKETCH PLAN

Blk 131 Yishun St 11



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13/08/2019 at about 0100 hrs at Open Car Park of Blk 131 Yishun St 11. I was stationary at the above mentioned car park driveway and had saw a lot no. 411 was vacant as such I checked that my Rear was cleared before making a 'Reverse In' parking. I wish to state that I did also notice a Vehicle (B) that was stationary on the Right side of the driveway.

While doing so, Vehicle (B) moved forward and collided onto my Right Front Portion of my Vehicle (A) causing damages to my vehicle. When I alighted, Driver of Vehicle (B) mentioned that it was the decision of his passenger asking him to move forward ahead for alight.

(A) SLS 3735 B  
(B) SHC 8629 Z

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 above 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.:

SINGAPORE ACCIDENT STATEMENT

Accident Date:	13/8/19	Time:	01:00	(hh:mm) 24 hr format
Location	at open BLK 131 Yishuan Street 11 Car park of.			
Vehicle Number	SLS 3735B			
Insured Name	SUPREME LEASING & LIMOUSINE PTE LTD			
NRIC / FIN	201710190R	Contact Number		
Make	TOYOTA	Model	C-HR HYBRID 1.8S CVT	
Are you claiming under your own insurance policy for repair to your vehicle?				
( ) Yes. If No, Pls select: ( ) Third Party ( / ) Reporting				
Insurance Company	Tokio			
Type of Policy	( / ) Comprehensive ( ) Third Party Fire & Theft ( ) TP Only			
Policy Number	1A-MI 000894-R02			
Name of Driver	ONG Kim Hua	( ) Same as Insured		
NRIC / FIN	S7214709H	Contact Number	8661 2121	
Date of Birth	02-06-1977			
Driving Pass Date	03/05/2003			
Occupation	( ) Indoor ( / ) Outdoor			
Gender	( / ) Male ( ) Female			
Email Address	( / ) NO EMAIL			
Address of Driver	BLK 218 ANH MO KIU AVE 1 # 08-931 Q (560218)			
Was driver an employee of the Insured's Company? ( ) Yes ( / ) No				
If No, Relationship of the Driver with the Insured <u>Hiree</u>				
( ) 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 <sup>rd</sup> party				
Veh B	SAC 8629Z	Name / Nric	Contact	
Veh C				
Veh D				
Veh E				
Veh F				

1 person including driver

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7714709H



Name

ONG KIM HUA  
(WANG JINHUA)



For LKK/NAC Use Only

CHINESE

Date of Birth Sex  
02-06-1977 M

Country of Birth  
SINGAPORE

Driver SLS 373513

032817



NAC No. S7714709H

For LKK/NAC Use Only

Blood Group Date of issue  
28-07-2003

Address  
APT BLK 218 ANG MO KIO AVENUE 1  
#08-931  
SINGAPORE 560218

REPUBLIC OF SINGAPORE DRIVING LICENCE

002569280H

ONG KIM HUA  
(WANG JINHUA)

LKK/NAC

02 Jun 1977

20 May 2016



Driver SLS 3735K

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

	EFFECTIVE DATE
Class 2B Motorcycles $\leq$ 200 cc	15 Nov 1983
Class 3 Motor cars with unladen weight $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq$ 2500kg	03 May 2003

For LKK/NAC Use Only



NP 428A



Driver SLS 3735B

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 Sij Ming Drive, Singapore 575701.

Type	Description	Issue Date
13	PRIVATE HIRE CAR VL	27/06/2018

**For LKK/NAC Use Only**





### 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-MI000894-R02 (Private Motor Car)

- |  |  |                           |
|--|--|---------------------------|
| 1. Index Mark and Registration Number of Vehicle                               | SLS3735B   | Chassis No.: ZYX102048466 |
| 2. Name of Policyholder  | SUPREME LEASING & LIMOUSINE PTE LTD  |                           |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 25/05/2019   |                           |
| 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.<br>The hirer.<br>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:	Prevailing Market Value
Policy Excess:	Excess - All Claims Windscreen Excess
Financial Interest:	MAYBANK SINGAPORE LIMITED

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

The owner and vehicle particulars for Vehicle No. SLS3735B as at 20 Sep 2017 are as follows:

1.	Name	: SUPREME LEASING & LIMOUSINE PTE. LTD.
2.	Identification No. Type	: Company
3.	Identification No.	: 201710190R
4.	Place Of Passport Issue	: -
5.	Registered Address	: 61 UBI AVENUE 2 #01-03/04 AUTOMOBILE MEGAMART SINGAPORE 408898
6.	Mailing Address	: -
7.	Vehicle No.	: SLS3735B
8.	Effective Date of Ownership	: 20 Sep 2017
9.	Original Registration Date	: 20 Sep 2017
10.	First Registration Date	: 20 Sep 2017
11.	Vehicle Type	: Z11 - Private Hire (Chauffeur) Station Wagon/Jeep/Land Rover
12.	Vehicle Scheme	: Normal
13.	Attachment 1	: No Attachment
14.	Attachment 2	: -
15.	Attachment 3	: -
16.	Vehicle Make	: TOYOTA
17.	Vehicle Model	: C-HR HYBRID 1.8S CVT
18.	Year of Manufacture	: 2017
19.	Primary Colour	: Silver
20.	Secondary Colour	: -
21.	Passenger Capacity	: 4
22.	Chassis/Trailer Chassis No.	: ZYX102048466 / -
23.	Propellant/Emission Standard	: Petrol-Electric / Euro VI
24.	Engine No./Motor No.	: 2ZR8130892 / 07WA17D06770
25.	Engine Capacity(cc)/Power Rating(kW)	: 1797 / 53.0
26.	Maximum Power Output(kW/bhp)	: 90.0 / 120
27.	Unladen Weight(kg)	: 1440
28.	Maximum Laden Weight(kg)	: 1715
29.	Open Market Value	: \$28,118.00
30.	PARF Eligibility	: Yes
31.	PARF Eligibility Expiry Date	: 19 Sep 2027
32.	Minimum PARF Benefit	: \$2,500.00
33.	IU Label No.	: -
34.	COE No.	: 2017100103000935D
35.	COE Expiry Date	: 19 Sep 2027
36.	COE Category	: B - Car above 1600cc or 97kW (130bhp)
37.	Quota Premium/Prevailing Quota Premium	: \$49,000.00
38.	Actual Quota Premium/PQP Paid	: \$49,000.00
39.	Actual ARF Paid	: \$5,000.00
40.	CO2 Emission(g/km)	: 87.00
41.	Actual CEVS Rebate Utilised	: \$26,366.00
42.	CEVS Surcharge Paid	: -
43.	Actual Green Vehicle Rebate Utilised	: -
44.	Vehicle Lifespan Expiry Date	: -
45.	Road Tax Amount	: \$974.00
46.	Road Tax Start Date	: 20 Sep 2017
47.	Road Tax End Date	: 19 Sep 2018
48.	Remarks	: