

NATIONAL Assessment Centre Services

[Ref: Jan/05]

Date In: 28/08/19	Job description	Date & Time Completed	Done by
Ref No: NA/5M/19015194/13	SAS e-filing		
Veh No: 5J557530	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 26/08/19 1520	i-Motor Claim Form		
OD: (P) 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:

YQ875G

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

NA/1905529

Invoice Preparation Checklist

Amt (\$)

Amt (\$)

1st Bill

Add Bil

Claimant's Particulars:-

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$30)

Driver/Owner:

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

4) FT: Follow-Through Survey \$120

Contact No:

5) RT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (wef 10 Jan 2005)

Damaged Portion:

6) TR: Re-inspection \$75

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

8) NTUC Additional Services:-

QC Checked by (Engr-In-Charge):

OD*

*N5: Courtesy Car / Tpt Allowance \$5

*N6: Repair Co-ordination \$10

*N7: Post Repair Inspection \$25

*N8: DV / Collect Excess Coordination \$5

Auditors' Comments:-

TP (N11): TP (Non INC) against INC \$20

9) N12: Idac Mobile 30

Cat 1:

Invoice dated

Fee Charged

Cat 2/3:

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	28/08/2019 15:25
Date Of Accident	26/08/2019 15:20
Exact Location Of Accident	BRICKLAND RD TWDS BUKIT BATOK WEST AVE 5 AFT CCK G
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJT5753D
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	HYUNDAI
Model	AVANTE
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	18-MH001493-R02
Cover Note Number	
Driver	
Name of Driver	CHIN NYAN SIONG
NRIC No	S6961999A
Date Of Birth	03/03/1969
Occupation	INDOOR
Date Of Driving Pass	28/05/2001
Driving Experience	18 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92711136
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 369 BUKIT BATOK ST 31 #04-511
Postcode	650369
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 - CHANGE/CROSS LANE
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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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)	2
Passenger 1	NAME: : CHIN WEN LE ANSON 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	YQ875G
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 INJURED PERSON 1	
Name	CHIN NYAN SIONG
Approximate Age	
Injuries Sustain	BACK & NECK
Injured person in which vehicle?	SJT5753D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 2	
Name	CHIN WEN LE ANSON
Approximate Age	
Injuries Sustain	BACK & NECK
Injured person in which vehicle?	SJT5753D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

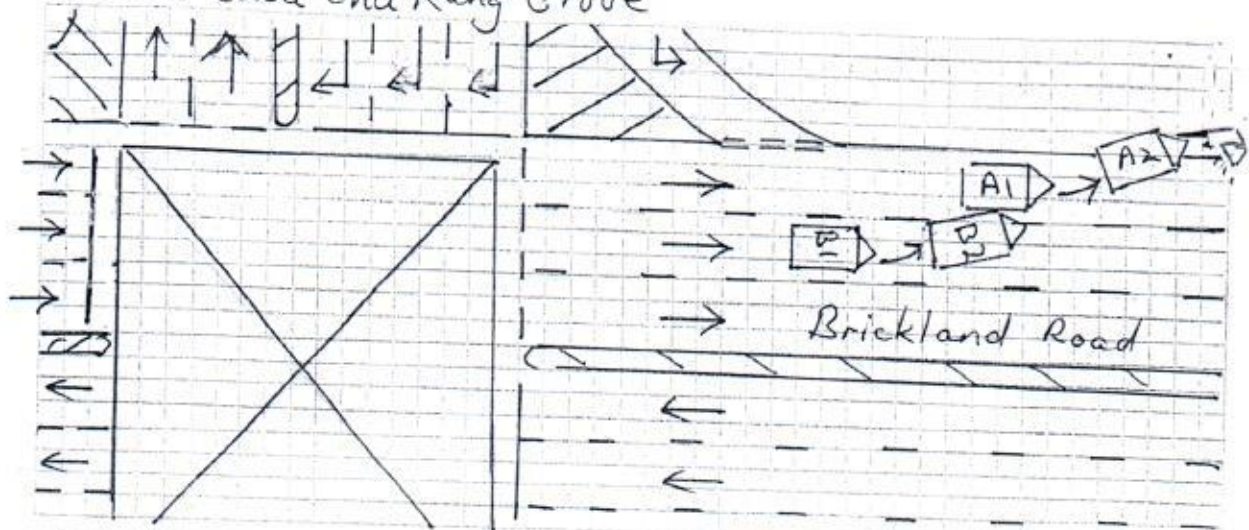
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Approved Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow the insurer to revoke policy liability.
4. The insured's acceptance of this Form by signing the statement below is an admission of policy liability and is a condition of insurance cover.
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 lodging 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 claim and any necessary investigations relating to the claim;
(ii) investigating the claim, fault 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' lawyer/law firm, 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/are be disclosed by any of the Insurers and/or GIA to their respective lawyers/law firm, law firm, agent(s) including their lawyers/law firm, which may be used outside of Singapore, locally or more of the above Purposes;
(d) my Personal Information will also be collected and used to compile and maintain for the purpose of fraud detection, investigation and management and to prevent and all future claims;
(e) All Information collected under (b) may be used for the purpose:
(i) to all Insurers and/or any other law enforcement to assist in detecting, 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/PIN No.:

SKETCH PLAN Choa Chu Kang Grove



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 26/08/2019 at about 1520 hrs at along Brickland Road towards Bukit Batok West Ave 5 after Choa Chu Kang Grove. I was travelling on the extreme left lane and suddenly a Vehicle (B) on my Right veered into my left without checking his blindspot and without proper lookout hence collided onto my Right Rear Portion of my Vehicle (A) causing my Vehicle to hit onto the left road side Lamp Pole. I and my son was conveyed to the hospital.

(A) SJT 5753 D

(B) YQ 875 G

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 to the best of my/our knowledge.

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.:

2/lyn 28/08/19

pls email to

my3solution@gmail.com

SINGAPORE ACCIDENT STATEMENT

Accident Date: 26/08/2019	Time: 15:00	(hh:mm) 24 hr format
Location Brickland Road towards Bukit Batok West Ave 5 after Choa Chu Kang Grove		
Vehicle Number	SJ75153D	
Insured Name	Supreme Leasing & Insurance Services	
NRIC / FIN	NEN 532817310	Contact Number
Make	Hyundai	Model Avante 1.6 AT
Are you claiming under your own insurance policy for repair to your vehicle?		
() Yes If No, Pls select: (/) Third Party () Reporting		
Insurance Company	TUKIO marine	
Type of Policy () Comprehensive () Third Party Fire & Theft (/) TP Only		
Policy Number	18-MH001493-R02	
Name of Driver	Chin NYAN SIUN	() Same as Insured
NRIC / FIN	S6961999A	Contact Number 9291 1136
Date of Birth	03/03/1969	
Driving Pass Date	28/01/2001	
Occupation (/) Indoor () Outdoor		
Gender (/) Male () Female		
Email Address	() NO EMAIL	
Address of Driver B1K 369 Bukit Batok street 31 #04-511 S(650369)		
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 Both driver & passenger		
If yes, injured detail BACK & NECK		
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 3rd party Name / Nric Contact		
Veh B	YA 875 G	
Veh C		
Veh D		
Veh E		
Veh F		

2 person include (1) M - Chin wen Le Anson



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 SJT5753D Chassis No.: KMH DU41BMAU894871
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

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

Account: 2500DDA

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

Enquire Vehicle Registration Details

Owner Particulars	
NRIC/Passport/Company Cert No.:	53287737C
Owner ID Type:	Business
Owner Name:	SUPREME LEASING & LIMOUSINE SERVICES
Registered Address:	23 KAKI BUKIT AVENUE 4 #02-03 AAS KAKI BUKIT CENTRE SINGAPORE 415933
Mailing Address:	-
Birth Date:	-
Vehicle Particulars	
Vehicle No.:	SJT5753D
Previous Vehicle No.:	-
Effective Date of Ownership:	17 Nov 2017
Original Regn Date:	20 Oct 2009
Registration Date:	20 Oct 2009
Year of Manufacture:	2009
Vehicle Type:	Private Hire (Chauffeur) Motor Car
Vehicle Scheme:	-
Vehicle Attachment 1:	No Attachment
Vehicle Attachment 2:	-
Vehicle Attachment 3:	-
Vehicle Make:	HYUNDAI
Vehicle Model:	AVANTE 1.6 AT ABS D/AB 2WD 4DR
Primary Colour:	Silver
Secondary Colour:	-
Passenger Capacity:	4
Chassis No.:	KMH DU41BMAU894871
Engine No.:	G4FC9U747337
Engine Capacity / Power Rating:	1591 cc / -
Maximum Power Output:	89.7 kW (120 bhp)
Propellant:	Petrol
Max Unladen Weight:	1264 kg
Maximum Laden Weight:	1760 kg
Open Market Value:	\$11,539.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	19 Oct 2019
Minimum PARF Benefit:	\$5,769.00
No. of Transfers:	2
IU Label No.:	1123267139
COE No.:	2009110101000491R
COE Expiry Date:	30 Apr 2024
COE Category:	A - Car (1600cc & below)
COE Registration Category:	A - Car (1600cc & below)
Quota Premium (QP) / Prevailing Quota Premium:	\$16,201.00 / -
PQP Paid:	\$13,088.00
QP (Regn Cat):	\$16,201.00
OPC Cash Rebate Eligibility:	No
QP during COE Bidding Exercise:	\$16,201.00
Additional Registration Fee Rate:	100.00 %
Actual ARF Paid:	\$11,539.00
Vehicle Lifespan Expiry Date:	No Lifespan
CO2 Emission:	-
CO Emission:	-
HC Emission:	-
NOx Emission:	-
PM Emission:	-
Message:	The vehicle will be de-registered upon expiry of its 5-year COE on 30 Apr 2024. No further renewal will be allowed. This is a public service vehicle.

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