

NATIONAL Assessment Centre Services: [ver 1 Jan'03] MNA 119166985

Date In: 19/12/19 13:24	Job description	Date & Time Completed	Done by
Ref No: MNA/TM319022326/h4	SAS e-illing		
Veh No: 5GV 1744G	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 18/12/19 10:30	I-Motor Claim Form		
OD: <input checked="" type="radio"/> 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: (	Tel:	Fax:
TP Particulars:	Veh No: SMD 6467 Y	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% P: 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: 6789 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

MNA 1909443

Claimant's Particulars:	Invoice Preparation Checklist	Am (\$)	RAH (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$10)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) PT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (ver 10 Jan 2003)		
	6) TR: Re-Inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*NS: Courtesy Car / Tpt Allowance \$5		
	*NG: Repair Co-ordination \$10		
	*NJ: Post Repair Inspection \$25		
	*NB: DV / Collect Excess Coordination \$5		
	TE (N11): TP (Non INC) against INC \$20		
	9) N12: Idao Mobile \$0		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments:	Invoice dated	Fee Charged	
Tel: 2/3			



## 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	19/12/2019 13:24
Date Of Accident	18/12/2019 10:30
Exact Location Of Accident	HARVEY AVE OUTSIDE UNIT NO 11
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGV1744G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SUPREME LEASING & LIMOUSINE SERVICES
Co Reg No	53287737C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90073320

### Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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-MK000857-R00
Cover Note Number	

### Driver

Name of Driver	TAHIR BIN ABDUL RAHMAN
NRIC No	S1461977A
Date Of Birth	11/12/1961
Occupation	OUTDOOR
Date Of Driving Pass	09/09/1993
Driving Experience	26 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90073320
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 566 PASIR RIS ST 51 #12-114
Postcode	510566
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 - MAJOR/MINOR RD
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?	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

REFER TO 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	SMD6467Y
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	TAHIR BIN ABDUL RAHMAN
------	------------------------

Approximate Age	
Injuries Sustain	SHOULDER & BACK
Injured person in which vehicle?	SGV1744G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
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 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:

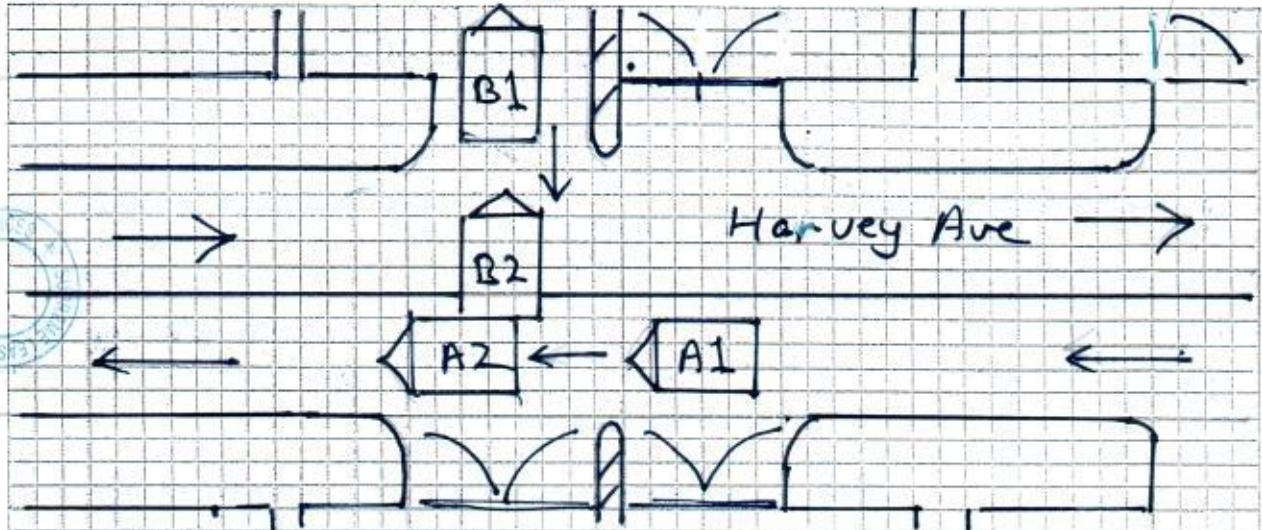
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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



SKETCH PLAN

Unit no 11



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 18/12/2019 at about 1030 hrs at along Harvey Ave outside Unit 11. I was travelling along Harvey Ave towards Harvey Crescent and when coming towards the above mentioned unit, a Vehicle (B) reversing out from unit 11 without proper lookout hence collided onto my Right Portion of my Vehicle (A) causing damages to my vehicle.

(A) SGV 1744 G

(B) SMD 6467 Y

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.:



AK.

## SINGAPORE ACCIDENT STATEMENT

Accident Date: 18/12/2019	Time: 1030hrs	(hh:mm) 24 hr format
Location Harvey Ave outside unit no 11		
Vehicle Number SGV 17446		
Insured Name Supriye Learning & Limousine services		
NRIC / FIN 53287737C	Contact Number	
Make Toyota	Model WISH 1.8A	
Are you claiming under your own insurance policy for repair to your vehicle?		
( ) Yes If No, Pls select: ( / ) Third Party ( ) Reporting		
Insurance Company TOKIO MANGU		
Type of Policy ( / ) Comprehensive ( ) Third Party Fire & Theft ( ) TP Only		
Policy Number 19-MK000857-R00		
Name of Driver Tahir Bin Abdul Rahman ( ) Same as Insured		
NRIC / FIN S1461977A		
Contact Number 9007 3320		
Date of Birth 11/12/1961		
Driving Pass Date 09/09/1993		
Occupation ( ) Indoor ( / ) Outdoor		
Gender ( / ) Male ( ) Female		
Email Address ( / ) NO EMAIL		
Address of Driver Blk 566 PASIR RIS Street 51 #12-114 S(510561)		
Was driver an employee of the Insured's Company? ( ) Yes ( / ) No		
If No, Relationship of the Driver with the Insured HILF		
( ) 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 Shoulders & Back		
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	Name / Nric	Contact
Veh B SMD 6467Y		
Veh C		
Veh D		
Veh E		
Veh F		

1 person including driver



## 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-MK000857-R00 (Private Motor Car)

- |  |                                      |                           |
|--|--------------------------------------|---------------------------|
| 1. Index Mark and Registration Number of Vehicle   | SGV1744G                             | Chassis No.: ZNE100362511 |
| 2. Name of Policyholder  | SUPREME LEASING & LIMOUSINE SERVICES |                           |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act   | 15/10/2019                           |                           |
| 4. Date of Expiry of Insurance   | 14/10/2020                           |                           |
| 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: Third Party Cover Only  
 Policy Excess: Excess-Third Party (Sect II)

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.: SGV1744G  
Previous Vehicle No.: -  
Effective Date of Ownership: 11 Apr 2017  
Original Regn Date: 06 Jun 2007  
Registration Date: 06 Jun 2007  
Year of Manufacture: 2007  
Vehicle Type: Private Hire (Chauffeur) Station Wagon/Jeep/Land Rover  
Vehicle Scheme: -  
Vehicle Attachment 1: No Attachment  
Vehicle Attachment 2: -  
Vehicle Attachment 3: -  
Vehicle Make: TOYOTA  
Vehicle Model: WISH 1.8 A  
Primary Colour: Grey  
Secondary Colour: -  
Passenger Capacity: 6  
Chassis No.: ZNE100362511  
Engine No.: 1ZZ2888876  
Engine Capacity / Power Rating: 1794 cc / -  
Maximum Power Output: 97.0 kW (130 bhp)  
Propellant: Petrol  
Max Unladen Weight: 1300 kg  
Maximum Laden Weight: 1685 kg  
Open Market Value: \$17,174.00  
PARF Eligibility: Forfeited  
PARF Eligibility Expiry Date: -  
Minimum PARF Benefit: -  
No. of Transfers: 1  
IU Label No.: 1121107197  
COE No.: 2007060103000758Z  
COE Expiry Date: 05 Jun 2022  
COE Category: B - Car (1601cc & above)  
COE Registration Category: B - Car (1601cc & above)  
Quota Premium (QP) / Prevailing Quota Premium: \$17,879.00 / -  
PQP Paid: \$27,044.00  
QP (Regn Cat): \$17,879.00  
OPC Cash Rebate Eligibility: No  
QP during COE Bidding Exercise: \$17,879.00  
Additional Registration Fee Rate: 110.00 %  
Actual ARF Paid: \$18,892.00  
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 05 Jun 2022. No further renewal will be allowed. This is a public service vehicle.