

Date In: 30/01/20	Job description	Date & Time Completed	Done by
Ref No: NW/IM/2000/626/13	SAS e-filing		
Veh No: SMF2594D	E-install (within 3hrs, A/C 2hrs)		
DOA: 29/01/20 1005	i-Motor Claim Form		
OC: (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/Wksn		

Preferred Wksp / INC Assign Wksp / QW: (**M GARAGE (MAR)**) Tel: _____ Fax: _____

TP Particulars: Veh No: **SGJ8860X** 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

	Invoice Preparation Checklist	Amt (\$) in Bill	Amt (\$) Add Bill
NA2000737 Claimant's Particulars:- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments:- Cat 1: Cat 2/3:	1) AR: Accident Reporting (\$30)		
	2) DA: Damage Assessment (\$100); INC (\$30)		
	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (waf 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
*N3: 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 \$30			
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	30/01/2020 11:28
Date Of Accident	29/01/2020 10:05
Exact Location Of Accident	JUNC OF BT BATOK EAST AVE 6 & BT BATOK EAST AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF2594D
Insured/Policyholder	
Name Of Registered Owner	SUPREME LEASING & LIMOUSINE PTE LTD
Co Reg No	2XXXXX190R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-99999999

Vehicle Particulars

Manufacturer	HONDA
Model	FREED
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	19-MK000858-R00
Cover Note Number	

Driver

Name of Driver	JAN ROMI
NRIC No	SXXXX028E
Date Of Birth	15/01/1975
Occupation	OUTDOOR
Date Of Driving Pass	19/11/2005
Driving Experience	14 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84989818
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 480 SEMBAWANG DRIVE #06-457
Postcode	750480
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?	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)	2
Passenger 1	NAME: : UNKNOWN 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	SGJ8860X
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	JAN ROMI
Approximate Age	
Injuries Sustain	WHOLE ARM
Injured person in which vehicle?	SMF2594D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address:	
Postcode	

SKETCH PLAN

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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 (a) 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.

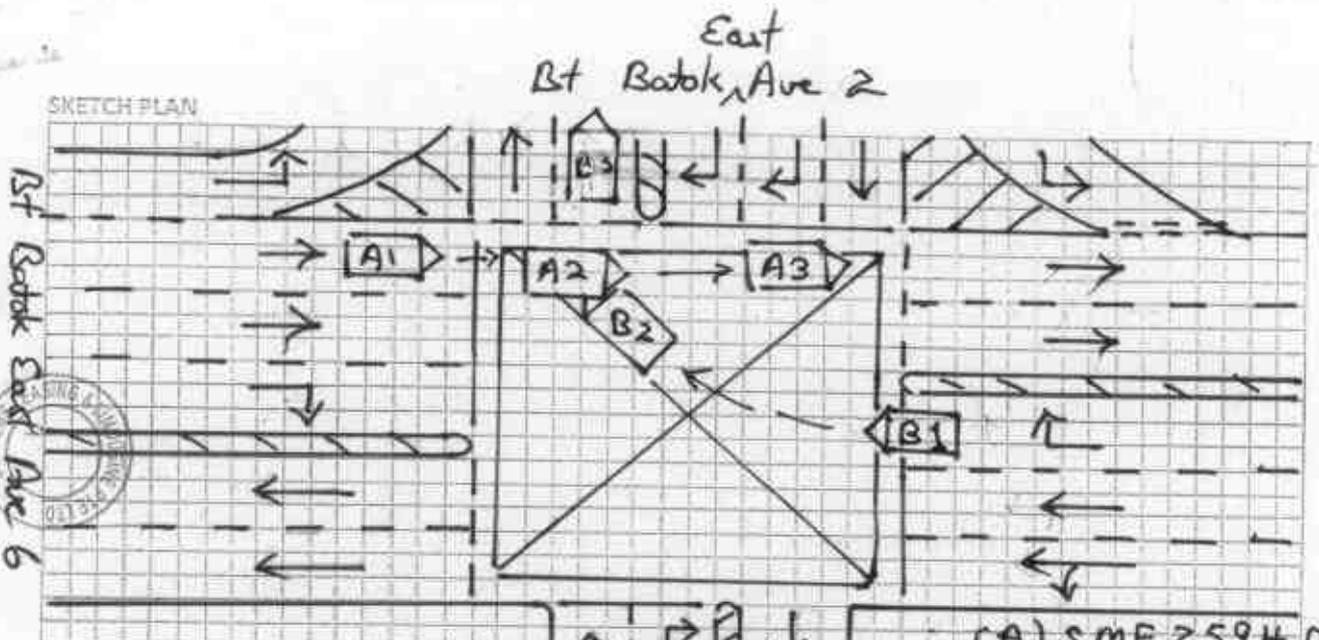


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Bt Batok St 25

(A) SMFZ594 D
(B) SGJ8860 X

On 29/01/2020 at about 1005 hrs at Junction of Bt Batok East Ave 6 and Bt Batok East Ave 2. I was travelling on the extreme left lane along Bt Batok East Ave 6 and when coming towards the above mentioned junction, suddenly a Vehicle (B) from the opposite direction making a Right turn into Bt Batok Ave 2 without stopping and without giving way to my on coming traffic hence collided onto my Right Portion of my Vehicle (A) causing damages to my Vehicle. I wish to state that during the incident the traffic was 'GREEN' to my favors. I have one passenger 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 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.:

Lyew 30/01/20

SINGAPORE ACCIDENT STATEMENT

Accident Date:	29/01/2020	Time:	1005 hrs	(hh:mm) 24 hr format
Location	Junction of Bt Botol East Ave 6 x Bt Botol East Ave 2			
Vehicle Number	SMF 2594D			
Insured Name	Supreme Leasing & Leasing Pte Ltd			
NRIC / FIN	201710190R	Contact Number		
Make	Honda	Model	freed hybrid	
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- MK 000758- R00			
Name of Driver	Jan Romi	() Same as Insured		
NRIC / FIN	57597028E	Contact Number	8499 9818	
Date of Birth	15/01/1975			
Driving Pass Date	19/11/2005			
Occupation	() Indoor	(/) Outdoor		
Gender	(/) Male	() Female		
Email Address	(/) NO EMAIL			
Address of Driver	Blk 490 Sembawang Drive #06-457 S(750470)			
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 whole arm				
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	SGJ 8860 X			
Veh C				
Veh D				
Veh E				
Veh F				

mobile
856

2 persons including driver

- 1 male passenger



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-MK000858-R00 (Private Motor Car)

- | | | |
|---|-------------------------------------|--------------------------------|
| 1. Index Mark and Registration Number of Vehicle | SMF2594D | Chassis No.: GB71060163 |
| 2. Name of Policyholder | SUPREME LEASING & LIMOUSINE PTE LTD | |
| 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.
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:	Prevailing Market Value
Policy Excess:	Excess - All Claims SGD 1,800
Financial Interest:	PRIME MOTOR & LEASING PTE LTD

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

Transaction ref 20181031121228843199

Please check that the owner and vehicle details are correct:

- | | |
|--|---|
| 1. Name | : SUPREME LEASING & LIMOSINE PTE. LTD. |
| 2. Identification No. Type | : Company |
| 3. Identification No. | : 201710190R |
| 4. Country/Region | : - |
| 5. Registered Address | : 61 UBI AVENUE 2
#01-03/04
AUTOMOBILE MEGAMART
SINGAPORE 408898 |
| 6. Mailing Address | : - |
| 7. Vehicle Registration No. | : SMF2594D |
| 8. Effective Date of Ownership | : 31 Oct 2018 |
| 9. Original Registration Date | : 31 Oct 2018 |
| 10. First Registration Date | : 31 Oct 2018 |
| 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 | : HONDA |
| 17. Vehicle Model | : FREED HYBRID 1.5G AUTO |
| 18. Year of Manufacture | : 2018 |
| 19. Primary Colour | : Blue |
| 20. Secondary Colour | : - |
| 21. Passenger Capacity | : 6 |
| 22. Chassis/Trailer Chassis No. | : GB71060163 / - |
| 23. Propellant/Emission Standard | : Petrol-Electric / Euro VI |
| 24. Engine No./Motor No. | : LEB5591757 / H14072089 |
| 25. Engine Capacity(cc)/Power Rating(kW) | : 1496 / 22.0 |
| 26. Maximum Power Output(kW/bhp) | : 101.0 / 135 |
| 27. Unladen Weight(kg) | : 1430 |
| 28. Maximum Laden Weight(kg) | : 1815 |
| 29. Open Market Value | : \$25,209.00 |
| 30. PARF Eligibility | : Yes |
| 31. PARF Eligibility Expiry Date | : 30 Oct 2028 |
| 32. Minimum PARF Benefit | : \$8,646.00 |