

# NATIONAL Assessment Centre Services

Date In: <b>22/08/20</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/TM20008837/13</b>	SAS e-filing		
Veh No: <b>SLX 6320 H.</b>	E-mail (within 8hrs, AOC 2hrs)		
D.O.A: <b>22/08/20 1050</b>	i-Motor Claim Form		
OD: <b>TP</b> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner / Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( <b>M GARAGE</b> )	Tel:	Fax:
TP Particulars:	Veh No: <b>SKA8161E</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

<b>NA2004388</b> Claimant's Particulars: Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments: Cat. 1: Cat. 2/3:	<b>Invoice Preparation Checklist</b>		Amt (\$) Int Bill	Amt (\$) Add Bill
	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 (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) NI: Idao DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
ON* *N5: Courtesy Car / Tp 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: Idao Mobile \$30				
Invoice dated Invoice dated		Fee Charged 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	22/08/2020 14:34
Date Of Accident	22/08/2020 10:50
Exact Location Of Accident	INWELL BANK ROAD AFT GRANGE RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX6520H
<b>Insured/Policyholder</b>	
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	TOYOTA
Model	PRIUS ALPHA
Exact Purpose for which vehicle was being used at time of accident	WORK
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	AZHAR BIN ISMAIL
NRIC No	SXXXX487A
Date Of Birth	22/12/1966
Occupation	OUTDOOR
Date Of Driving Pass	19/09/1997
Driving Experience	22 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82330383
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 546 WOODLANDS DRIVE #11-213
Postcode	730546
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?	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	SKA8161E
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)	

## 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:

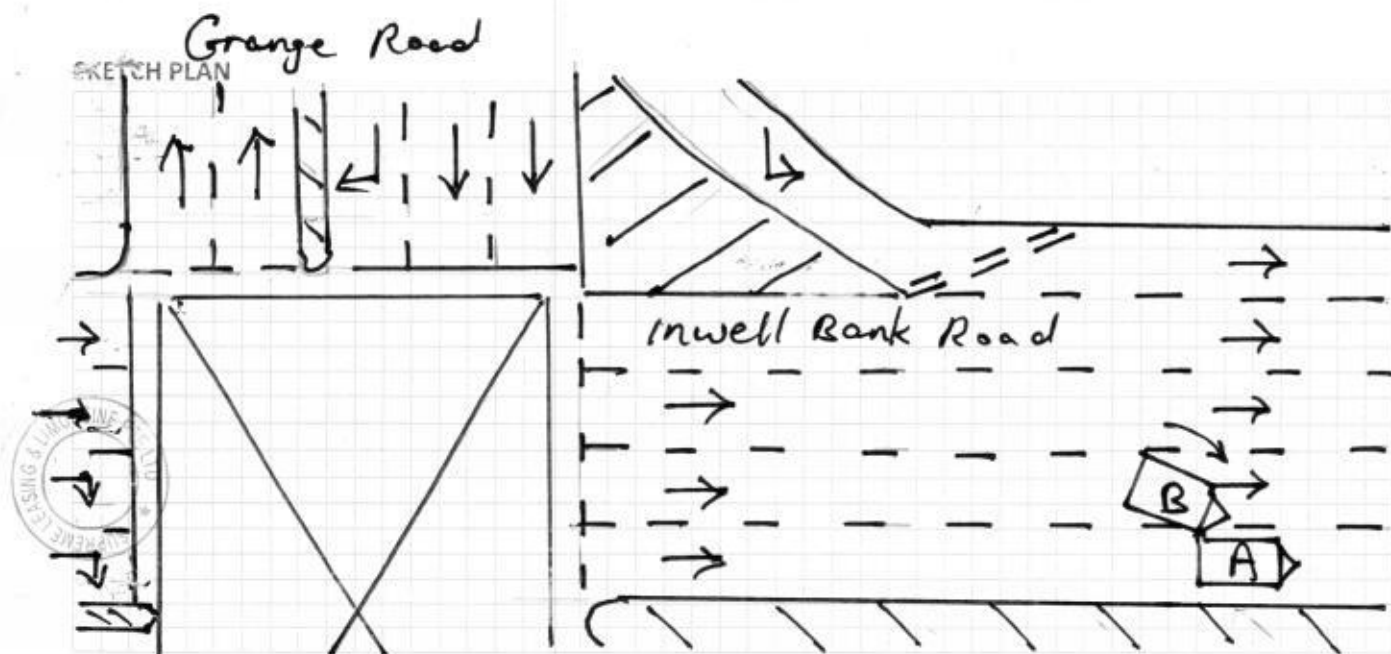
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

 22/08/20  
Report Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 22/08/2020 at about 1050 hrs at along Inwell Bank Road after Grange Road. I was travelling on the extreme Right Lane and suddenly a Vehicle (B) on my left veered into my lane without checking his blindspot and hence collided onto my Rear Left Portion of my Vehicle (A) causing damages to my vehicle.

(A) SX GS20 H  
(B) SKA 8161 E

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:

2/ym 22/08/20  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



## SINGAPORE ACCIDENT STATEMENT

Accident Date: 22/08/2020		Time: 1050hrs		(hh:mm) 24 hr format	
Location Inwell Bank Road after Grange Road					
Vehicle Number SLX 6520H					
Insured Name Supreme Leasing & Limousine Pte Ltd					
NRIC / FIN 201710190R		Contact Number			
Make Toyota		Model Prius Alpha			
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 00058-R00					
Name of Driver Azhar Bin Umar		( ) Same as Insured			
NRIC / FIN S1780487A		Contact Number 8233 0383			
Date of Birth 22/12/1966					
Driving Pass Date 19/09/1997					
Occupation ( ) Indoor ( / ) Outdoor					
Gender ( / ) Male ( ) Female					
Email Address ( / ) NO EMAIL					
Address of Driver Blk 54b Woodlands Drive 16 #11-213 S(730546)					
Was driver an employee of the Insured's Company? ( ) Yes ( / ) No					
If No, Relationship of the Driver with the Insured HUSB					
( ) 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		Name / Nric		Contact	
Veh B SKA 8161E					
Veh C					
Veh D					
Veh E					
Veh F					

1 person including driver

**Tokio Marine Insurance Singapore Ltd.**

Company Reg. No: 192300014M (GST Reg No: M2-000023-4)  
20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046  
T: (65) 62215111 F: (65) 6221 4355 / (65) 6224 0895 E: tmis@tokiomarine.com.sg W: www.tokiomarine.com

A member of the  
Tokio Marine Group



**TOKIO MARINE**  
INSURANCE GROUP

FORM MX1 H

**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                               | SLX6520H   | Chassis No.: ZVW400026954 |
| 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.<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
Financial Interest:	SING INVESTMENTS & FINANCE LTD

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

Transaction ref 20180403152237430454

The owner and vehicle particulars for Vehicle No. SLX6520H as at 03 Apr 2018 are as follows:

1.	Name	: SUPREME LEASING & LIMOUSINE 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 No.	: SLX6520H
8.	Effective Date of Ownership	: 03 Apr 2018
9.	Original Registration Date	: 03 Apr 2018
10.	First Registration Date	: 03 Apr 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	: TOYOTA
17.	Vehicle Model	: PRIUS ALPHA HYBRID 1.8S CVT
18.	Year of Manufacture	: 2017
19.	Primary Colour	: Black
20.	Secondary Colour	: -
21.	Passenger Capacity	: 6
22.	Chassis/Trailer Chassis No.	: ZVW400026954 / -
23.	Propellant/Emission Standard	: Petrol-Electric / Euro VI
24.	Engine No./Motor No.	: 2ZR0A16447 / 317H04409
25.	Engine Capacity(cc)/Power Rating(kW)	: 1797 / 60.0
26.	Maximum Power Output(kW/bhp)	: 100.0 / 134
27.	Unladen Weight(kg)	: 1460
28.	Maximum Laden Weight(kg)	: 1845
29.	Open Market Value	: \$28,467.00
30.	PARF Eligibility	: Yes
31.	PARF Eligibility Expiry Date	: 02 Apr 2028
32.	Minimum PARF Benefit	: \$10,927.00
33.	IU Label No.	: -
34.	COE No.	: 2018030107000595N
35.	COE Expiry Date	: 02 Apr 2028
36.	COE Category	: E - Open - all except motorcycle
37.	Quota Premium/Prevailing Quota Premium	: \$38,801.00
38.	Actual Quota Premium/PQP Paid	: \$38,801.00
39.	Actual ARF Paid	: \$21,854.00
40.	CO2 Emission(g/km)	: 98.00
41.	CO Emission(g/km)	: 0.030000
42.	HC Emission(g/km)	: 0.003000
43.	NOx Emission(g/km)	: 0.008000
44.	PM Emission(mg/km)	: 7.800000
45.	Actual CEVS/VES Rebate Utilised	: \$10,000.00
46.	CEVS/VES Surcharge Paid	: -
47.	Actual Green Vehicle Rebate Utilised	: -
48.	Vehicle Lifespan Expiry Date	: -