NATIONAL Assessment Contre Services	[kel : 12 kol]	
Date In 19/12/2017 12:36 Jeb descriptio	n Date & Time Completed	Done by
Reino NA INC 17024016 F4 SAS e-filing		
and the same of th	n Shra, A1C 2hraj	
DOA (9[12/2017 (0:30 i-Motor Cla	15/27:22	19/12/17 13:30
The second secon	O (Within: OD 2hrs. TP 4hrs)	
OD TP 'Reporting Only i-Photo Upl	oaded :	
Assessment/S	Survey Report	
TP Insurer: Ass't Report	by Fax / Hand to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tel;	Fax:
TP Particulars: Veh No: SHB 3721	C INC()/Non-INC()	and the second s
Owner / Driver: (Tcl:)
Policy No: () Period: (') Cover Type: ()
Confirmed by: (Date: Time:)
Insured/Driver Liability: (%) [Note-Est. Status	(WO): N: 0-20%; P: 21-79%. F: SO	-100%]
Year of Registration: () Warranty: YES ()/NO()	
Excess: (\$) Loading: \$1,000 ()/\$2,00	00()	
General Remarks:-		67 1 67
() Walk-In Customer: Customer's information strictly C	Confidential & Strictly NO rafer of repaire	f
() Total Loss Case : to e-mail Insurer URGENTLY		
	NO (); Towing Co. ()
The distance of the second sec	Date&Time Completed	Done by
Remarks:- (INC horline: 6788 6616) 1) Apply for Transport Allowance () / Courtesy Car ()	
-71.		
2) QC Check / Post Repair Inspection ()	
3) Upload Resurvey Photo [Repair Cost > \$3000] (
Injury:		
Date/Time Actions		Walter Commence
Date Time Actions, 1888 and the second secon	100000 3 (0000400 100) - A 20000 100	
	4. Constitution (1)	
		Amt(S) Amt (S)
: NA1707821	Invoice Preparation Checklist	Arut (\$) Arut (3)
1011 10 1821	1) AR : Accident Reporting (\$30);	
Claimant's Particulars :-	2) DA : Damage Assessment (\$100); INC	(\$30) \$40/\$45
Priver/Owner:	3) TF: Towing Fee 4) FT: Follow-Through Survey	\$120
Contact No:	5) FT : Follow-Through Survey (Resurvey) For claiming against INC Only (wef 10 Jan	\$30 2005)
	6) TR : Re-inspection	\$160
Damäged Portion:	7) N1 : Idac DA + SMRT Survey 8) NTUC Additional Services:-	
	OD.	\$5
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance *N6: Repair Co-ordination	310
	*N7: Post Repair Inspection *N8: DV / Collect Excess Coordination	\$25
Auditors' Comments :-	TP (N11): TP (N: a INC) against INC	\$20
Cat. 1:	9) N12: Idne Mobile Invoice dated Fee Cha-	ged Conf
Cat. 2 / 3:	Invoice dated Fee Cha	THE RESERVE THE PARTY OF THE PA

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 witholding of material facts may allow insurance companies to repudiate policy ability.
- 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 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.	
at the second state of the second state of the	ACCIDENT STATEMENT
Date Of Report	19/12/2017 12:36
Date Of Accident	19/12/2017 10:30
Exact Location Of Accident	MERCHANT ROAD
Country/State of Loss	SINGAPORE
Control of the Contro	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLS9209P
Insured/Policyholder	
Name Of Registered Owner	RELIABLE RIDES PTE LTD
Co Reg No	201611527N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88666161
Alternative Phone No	OFFICE-88666161
Vehicle Particulars	
Manufacturer	TOYOTA
Model	C-HR HYBRID 1.8S CVT
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5094910330
Cover Note Number	
Driver	
Name of Driver	PANG HEE JIT LATVAIN (FENG OIRI)

Name of Driver PANG HEE JIT LATVAIN (FENG QIRI)

 NRIC No
 \$7702200G

 Date Of Birth
 18/01/1977

 Occupation
 OUTDOOR

 Date Of Driving Pass
 26/02/2014

Driving Experience 3 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-88666161

Fax Number

Contact Number OTHERS-88666161

EMail Address NOEMAIL

BLK 31 TRANSIT ROAD Address

#05-23

NO

NO

YES

REVERT

778893 Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

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

DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Was any body injured in the Accident? NO

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 2

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?

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera? YES

Remarks/ Reasons:

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHB3721C

Vehicle Make/Model/Colour

Details Of Properties

CHONG KIANG LEONG Name of Driver

NRIC/Passport Number S1731170J Contact Number 90671268

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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:
 - 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:
 - 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.

Co. Reg. No: 170 201611527N

RIDES

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.:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Collision. DECLARATION I/We declare the foregoing particulars are true in every respect Reporting Centre Personnel's Signature Driver's Signature Policyholder's Signature (If griver is not the policyholder) Name: Date & Time: NRIC/FIN No.: Date & Time:

SKETCH PLAN

GLARMC SketchPlanForm_V3

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7702200G





PANG HEE JIT LATVAIN (FENG QIRI)

日

Race

Date of birth

18-01-1977

Country/Place of birth SINGAPORE



5350034



Date of lease

08-09-2014

APT BLK 31 TRANSIT ROAD #05-23

SINGAPORE 778893

NRIC No: \$7702200G

Date: 05/06/2016

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

EFFECTIVE DATE

Motor Cars=< 3000kg with =<7 passengers, exclusive 26 Feb 2014 of the driver; and other motor vehicles =< 2500kg

NP 428A





陳保險經紀私營有限公司 TAN INSURANCE BROKERS PTE LTD

3A/5A Aliwal Street, Chenn Loonn Building Singapore 199896 www.tib.com.sg

Tel: (65) 6742 6766 Fax: (65) 6742 8669

Certificate of Insurance

MOTOR VEHICLES (THIRD PA	RTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PA	RTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987	(MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA) Cover : drivo CLASSIC

Certificate Number: 5094910330

1. Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her 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.

: SLS9209P : ZYX102042593

: 11 Oct 2017

· 10 Oct 2018

: RELIABLE RIDES PTE LTD

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing.

(b) Use for the carriage of goods (other than samples) in connection with any trade or business.

(c) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (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.

: \$\$1,000 EXCESS (SECTION 1) : \$\$1,500 **EXCESS (SECTION 2)** : 5\$100 WINDSCREEN EXCESS : N/A ADDITIONAL EXCESS

: PLEASE REFER OVERLEAF UNNAMED DRIVER EXCESS

: NO REPAIR AT OWNER'S PREFERRED WORKSHOP : YES INSURE WITH COE : NO NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : N/A PRIMARY DRIVER : N/A NAMED DRIVER (1) : N/A NAMED DRIVER (2)

: DICKSON CAPITAL PTE LTD HIRE PURCHASE COMPANY

SUM INSURED

The beads Centh that the Palicy of which the Centhicate relate is also memory "Third Party Roles and Compensation] Act (Chapter 185) and Part IV of the Road Transport Act, 1987 (Malaysia)

Epamey

: TAN INSURANCE BROKERS PTE LTD (00000690287)

Date of Issue

: 09 Oct 2017 13:33 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

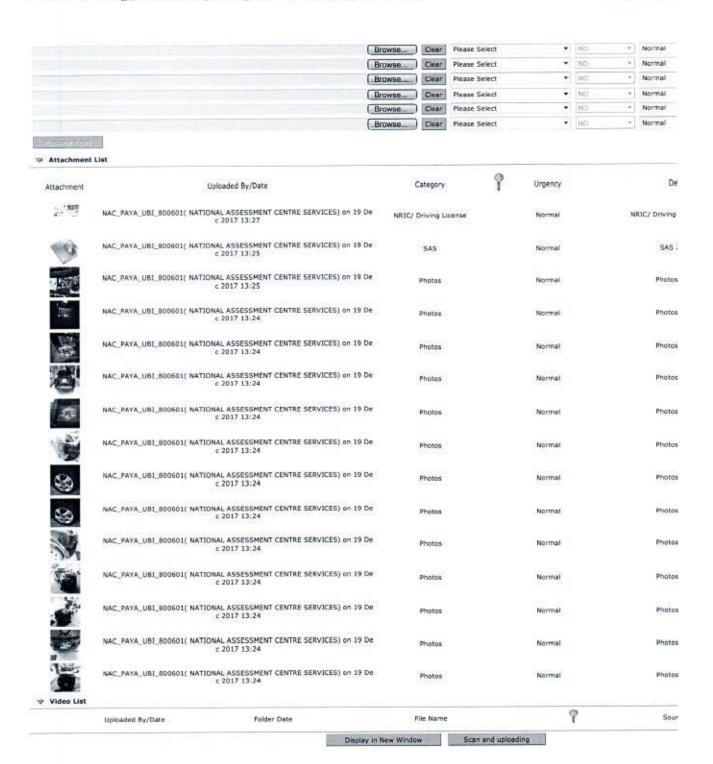
Authorised Officer

Chief Executive

eBao Tech									Gene	ralClaim
Hello, NAC_PAYA_UBI_80	0601						Change La	nguage	Change Passwo	rd · Log Ou
My Desktop	Polic	cy Query								
Notice of Loss	Policy N	io.				Date of Acc	ident	19/12	/2017 10:30	
	Vehicle	No.(For Motor)	SLS9209P							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5094910330	RELIABLE RIDES PTE LTD	201611527N	GPC	drive CLASSIC	SLS9209P	SLS9209P	11/10/2017	10/10/2018

Address 1 Address 4 Unit No.	8 KAKI BUKIT AVENUE 4 05-50	Address 2 Address Type Related Policy Number	#05-50 PREMIER ® KAKI BU Singapore address 5096759308	KI1 Address 3 Post Code	SINGAPORE 415875 415875
Address 1	8 KAKI BUKIT AVENUE 4	Address			
in internal	8 KAKI BUKIT AVENUE 4	Address 2	#05-50 PREMIER @ KAKI BU	KIT Address 3	SINGAPORE 415875
	loider Mailing Address				
Info	holder Mailing Address				
Policy Info Certificate					
Flag Open					
Co- insurance	No				
Agent	TAN INSURANCE BROKERS PTE	Agent Tel.	NIL	GST Flag	Y
Outside Singapore OD Excess	3000	Outside Singapore TP Excess	3000		
Additional Excess	0	os Premium	1400.00		
Party Excess	1500	damage Excess	1000	Windscreen Excess	100
Policy issue Date Third	09/10/2017	Date Own	11/10/2017 00:00	Expiry Date	10/10/2018 23:59
Product Name	PRIVATE CAR INSURANCE	Plan Effective		Policy Flag	N _
Address	8 KAKI BUKIT AVENUE 4 #05-50	PREMIER @	KAKI BUKIT SINGAPORE 41587	Group	
	5094910330	Policyholder Name	RELIABLE RIDES PTE LTD	Policyholder NRIC	201611527N

laim Handling ne premium on this policy has coldent MT/0974335	not been collected.			
Policy No.	5094910330	Vehicle No.	SLS9209P	GST Registration No.
Policyholder Name	RELIABLE RIDES PTE LTD	Tallian 1761,		Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)	88666161	Contact No.(Office)	0	Contact No.(Home)
mail Address		Special Remark		eCode
(FK	© No	TCA	@ No □ Yes	eCode Reason
4CD Protection	No	NCD Entitlement(%)	o .	Private Mire
Accident Details				
eport Date	19/12/2017 13:18	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	19/12/2017	Time of Accident hh:mm	10:30	Country of Accident
eporting Centre		Orange Force		ICM No.
ccident Location	MERCHANT ROAD			
□ Benefits				
♥ Excess				
wn damage Excess	1,000.00	Additional Excess	0.00	Windscreen Excess
nnamed Driver Excess		Outside Singapore OD Excess	3,000.00	
hird Party Excess	1,500.00	Outside Singapore TP Excess	3,000.00	
GST Registered Informa		***************************************		
ST Registered	No.		GST Registration Date	
IST Registration No.			GST Status Verified	No
odification History				
Policyholder Mailing Ad				***********
ddress 1	8 KAKI BUKIT AVENUE 4	Address 2	#05-50 PREMIER @ KAKI BUKIT	Address 3
Address 4		Address Type	Singapore address	Post Code
Init No.	05-50	Related Policy Number	5096759308	
OI Driver Info	Janesi September 1906	Politica de la composition	Caronadore (n. 1204)	
briver Name	Unnamed Driver	Driver Type Driver NRIC	Unnamed Driver 57702200G	Driver DOB
Innamed driver Name	PANG HEE JIT LATVAIN (PENG C		40	Driving Experience
register Date of Driver License	88666161	Driver Age Contact No.(Office)	0	Contact No.(Home)
Contact No.(Mobile)	31 TRANSIT ROAD	Address 2	# FOREST HILLS CONDOMINIUP	Address 3
ddress 4	31 Indiast, none	Address Type	Singapore address	Post Code
Init No.		rido cas Type	30,000	1.000.000000
Does he own a Singapore Registered car?	⊕ Yes @ No	Driver Vehicle No.		Driver Insurer Company
eclaration				
reathalyser or Blood Test Rading?	0 mg	Any injury?	P Yes No	
lodification History				
Claim 001 OD-MX New	a contract of			
laim Type •	OD-MX *	Insured Name	RELIABLE RIDES PTE LTD	Insured NRIC
ontact No.(Mobile)		Contact No.(Home)		Contact No.(Office)
mail Address		OI Vehicle Number	SLS9209P	TP Vehicle Number
mail Address Jaim Description	SLS9209P / SHB3721C ON 19 Dec 2017	S. T.	Control 1	Name of Preferred Workshop
referred Workshop Contact	2527503F / 311037 22C ON 13 Dec 2017	Insured Liability #	Partially at Fault ▼	
0.		Insured Liability *	1522000 Mossiy 20400	
equire Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report
vate Registered	19/12/2017 13:27	Claim Close Date		Date Received
eport Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired
Print AK letter				
Attachment			Save Submit	
9				
scrident No.	MT/0974335	Claim No.	001	
		Upload Date	19/12/2017 13:30	
ast Doc. Received	Yes No			



19/12/2017