Date In: 22/12/201/ 16.31	Job description		Date & Time Compl	eted	Done by	
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Preferred Wksp / INC Assign Wksp / QW: (T. 107011	INC ()		
	JV 6879H	inc (Tel:)	
Owner / Driver: (iod: (Cover Type: ()	
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1) Apply for Transport Allowance ()/C	Courtesy Car ()					
2) OC Check / Poet Rengir Inspection	()					
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	()					
3) Upload Resurvey Photo [Repair Cost > \$3	()					
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SINGAPORE ACCIDENT STATEMENT

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.
- 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.

Any false reporting may be referred to the Police for investigation.

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.

PARTY OF THE PARTY	ACCIDENT STATEMENT
Date Of Report	22/12/2017 16:51
Date Of Accident	22/12/2017 09:00
Exact Location Of Accident	EXIT 2 PASIR RIS
Country/State of Loss	SINGAPORE
Color to the color to the color to the color to the	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLR8798S
Insured/Policyholder	
Name Of Registered Owner	RELIABLE RIDES PTE LTD
Co Reg No	201611527N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90405891
Alternative Phone No	OFFICE-90405891
Vehicle Particulars	
Manufacturer	TOYOTA
Model	PRIUS 1.8E HYBRID CVT
Exact Purpose for which vehicle was being used time of accident	at WORK
Are you claiming under your own insurance polic for repair to your vehicle?	y 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	5093843518
Cover Note Number	
Driver	
Name of Driver	TAI ZHI TING, JOEY
NRIC No	S8831687H
Date Of Birth	19/08/1988
Occupation	OUTDOOR
Date Of Driving Pass	19/06/2015
Driving Experience	2 YEARS AND 6 MONTHS

MALE Gender

(LOCAL) +65-90405891 Mobile Number

Fax Number

OTHERS-90405891 Contact Number

NOEMAIL **EMail Address**

BLK 266 PASIR RIS ST 21 Address

#02-408

510266 Postcode

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - HIRER

Insurance Company of Driver's Own Vehicle

General Information of the Accident

CHAIN COLLISION Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO YES

NO

2

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)

Passenger 1 NAME: : DANIEL

> : MALE GENDER:

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?

YES

Remarks/ Reasons:

REVERT

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJV6879H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

LOO HANWEI

NRIC/Passport Number

S8907069D

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 21

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SFW1315T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver CHEW SIEN MING

NRIC/Passport Number S7911135Z

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name TAI ZHI TING, JOEY

Approximate Age

Injuries Sustain NECK PAIN
Injured person in which vehicle? SLR8798S
Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance? 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.
- 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.

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

I INUS.	2 riving vel	icle A	and I	5/00
down w	hile approan	ching a	traffic	Ju
	1.8			0
Vehicle			my rear	7
by be	th varicle C		<u>۸</u>	
1		0-00-0		
4 - 1	A : SLR			
Vehicle		68794		
Vehicle	C : SFW	13157		

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.:







YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) =< 3000kg < 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals =< 2500kg

NP 428A





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)

Certificate Number: 5093843518

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SLR8798S

Chassis Number

: ZVW518036218

2. Name of Policyholder

: RELIABLE RIDES PTE LTD

3. Effective Date of Insurance

: 30 Aug 2017

4. Expiry Date of Insurance

: 29 Aug 2018

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.

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.

 EXCESS (SECTION 1)
 : \$\$1,000

 EXCESS (SECTION 2)
 : \$\$1,500

 WINDSCREEN EXCESS
 : \$\$100

 ADDITIONAL EXCESS
 : N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

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

HIRE PURCHASE COMPANY : TECK WEI CREDIT PTE LTD

SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency

: TAN INSURANCE BROKERS PTE LTD (00000690287)

Date of Issue

: 29 Aug 2017 15:43 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 Passwor	d · Log Ou
My Desktop	Polic	cy Query								
Notice of Loss	Policy N	lo.				Date of Acc	ident	22/12	2017 09:00	
	Vehicle	No.(For Motor)	SLR8798S							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5093843518	RELIABLE RIDES PTE LTD	201611527N	GPC	drivo CLASSIC	SLR8798S	SLR8798S	30/08/2017	29/08/2018

Policy No.	5093843518	Policyholder Name	RELIABLE RI	DES PTE LTD	Policyholder NRIC	201611527N
Address	8 KAKI BUKIT AVENUE 4 #05-50	PREMIER @	KAKI BUKIT S	INGAPORE 415875		
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N
Policy ssue Date	29/08/2017	Effective Date	30/08/2017	00:00	Expiry Date	29/08/2018 23:59
Third Party Excess	1500	Own damage Excess	1000		Windscreen Excess	100
Additional Excess	0	OS Premium	0			
Outside Singapore OD Excess	3000	Outside Singapore TP Excess	3000			
Agent	TAN INSURANCE BROKERS PTE	Agent Tel.	NIL		GST Flag	Υ
Co- Insurance Flag	No					
Open Policy Info						
Certificate Info						
Policyh	older Mailing Address					
Address 1	8 KAKI BUKIT AVENUE 4	Address 2	#05-50 PRE	MIER @ KAKI BUKI	Address 3	SINGAPORE 415875
Address 4		Address Type	Singapore a	ddress	Post Code	415875
Unit No.	05-50	Related Policy Number	5096914765	5		
▶ Insure	d Object: SLR8798S					
▽ Endors	ements					
Sequenc	te Date of Endorsement	Endorse	ement Type	Endorsemer	nt Status	Endorsement Content
1	30/08/2017 00:00	POI Move		Endorsement Tak	e Effective	Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 30 Aug 2017 TO 29 Aug 2018
2	30/08/2017 00:00	Basic Inform Endorsemen		Endorsement Tak	e Effective	Thank you for giving us the opportunity to serve you. We confirm that from 30 Aug 2017, the following amendment(s) is/are made this policy: VEHICLE REGISTRATION NUMBER: SLR8798S

cident MT/0974866				
v	8000040510	Vehicle No.	SLR6796S	GST Registration No.
Hcy No.	5093843518 RELIABLE RIDES PTE LTD	PRINCIP PRO		Policyholder NRIC
licyholder Name	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
oduct Code		Contact No.(Office)	0	Contact No.(Home)
ontact No.(Mobile)	90405891	Special Remark		eCode
nail Address	200.00	TCA	© No ⊕ Yes	eCode Reason
FK	© No		0	Private Hire Ye
CD Protection	No	NCD Entitlement(%)		
Accident Details	CONTRACTOR OF THE PROPERTY OF	Mark the reservation to the party of the same	Dates	Accident Type Ch
eport Date	22/12/2017 17:21	Accident Report Within 24 hrs	Yes	
ate of Accident	22/12/2017	Time of Accident hh:mm	09:00	Country of Accident Sir
oporting Centre		Orange Force		ICM No.
ccident Location	EXIT 2 PASIR RIS			
P Benefits				
♥ Excess				
wn damage Excess	1,000.00	Additional Excess	0.00	Windscreen Excess
nnamed Driver Excess		Outside Singapore OO Excess	3,000.00	
aird Party Excess	1,500.00	Outside Singapore TP Excess	3,000.00	
GST Registered Informa	ation			
ST Registered	No		GST Registration Date	
ST Registration No.			GST Status Verified	No
odification History				
Policyholder Mailing Ad	dress			
ddress 1	8 KAKI BUKIT AVENUE 4	Address 2	#05-50 PREMIER @ KAKI BUKIT	Address 3
ddress 4		Address Type	Singapore address	Post Code
init No.	05-50	Related Policy Number	5096914765	
OI Driver Info				
Oriver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Innamed driver Name	TAI ZHI TING, JOEY	Driver NRIC	58831687H	Driver DOB
egister Date of Driver License	19/06/2015	Driver Age	29	Driving Experience
Contact No.(Mobile)	90405891	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 266	Address 2	PASIR RIS STREET 21	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#02-408			
Does he own a Singapore	ASSOCIATION TO THE RESIDENCE OF THE PERSON O	Driver Vehicle No.		Driver Insurer Company
Registered car?	€ Yes @ No			
70.2002.00				
Declaration Breathalyser or Blood Test	024000	Any intend	€ Yes @ No	
Reading?	0 mg	Any injury?		
Modification History				
	N.			
Claim 001 OD-MX Ne	et.			
and the state of t	OD-MX *	Insured Name	RELIABLE RIDES PTE LTD	Insured NRIC
Claim Type *				Contact No.(Office)
		Contact No.(Home)		
Contact No.(Mobile)		Contact No.(Home) OI Vehicle Number	SLR8798S	TP Vehicle Number
Contact No.(Mobile) Email Address	CI 28798S / ST/6879H ON 22 Dec 201	OI Vehicle Number	SLR87985	TP Vehicle Number Name of Preferred Workshop
Contact No.(Mobile) Email Address Claim Description	SLR8798S / SJV6879H ON 22 Dec 201	OI Vehicle Number		
Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact	SLR8798S / SJV6879H ON 22 Dec 201	OI Vehicle Number 7 Insured Liability *	Partially at Fault	Name of Preferred Workshop
Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No.	SLR8798S / SJV6879H ON 22 Dec 201	OI Vehicle Number 7 Insured Liability * Preferend Repair Option		Name of Preferred Workshop GIA report
Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation		7 Insured Liability * Preferend Repair Option Claim Close Date	Partially at Fault	Name of Preferred Workshop GIA report Date Received
Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered	Yes •	OI Vehicle Number 7 Insured Liability * Preferend Repair Option	Partially at Fault	Name of Preferred Workshop GIA report
Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered	Yes ▼ 22/12/2017 17:30	7 Insured Liability * Preferend Repair Option Claim Close Date	Partially at Fault	Name of Preferred Workshop GIA report Date Received
Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter Attachment	Yes ▼ 22/12/2017 17:30	7 Insured Liability * Preferend Repair Option Claim Close Date	Partially at Fault	Name of Preferred Workshop GIA report Date Received
Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter Attachment	Yes ▼ 22/12/2017 17:30	7 Insured Liability * Preferend Repair Option Claim Close Date	Pertially at Fault Preferred Workshop, Name unknown	Name of Preferred Workshop GIA report Date Received
Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter	Yes: ▼ 22/12/2017 17:30 KRISHNASAMY	Of Vehicle Number Insured Liability * Preferered Repair Option Claim Close Date Workshop Repairer	Partially at Fault Preferred Workshop, Name unknown * Save Submit	Name of Preferred Workshop GIA report Date Received
Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter Attachment	Yes ▼ 22/12/2017 17:30	7 Insured Liability * Preferend Repair Option Claim Close Date	Pertially at Fault Preferred Workshop, Name unknown	Name of Preferred Workshop GIA report Date Received

