Date In: 13/3/18 - 12:24	Jeb description	Date & Time Completed	Done	ò,
	SAS e-filing			
Ref No: NA INC 1800 4727 /24	E-mail (within Shrs, AIC 2hrs)			
Veh No: SLV290B	i-Motor Claim Form	M 1985841	13/3/18	V:50
D.O.A: 12/7/8-16:30	i-Motor W/O (Within: OD 2h			
OD / (TP) Reporting Only	i-Photo Uploaded	1		
TP Insurer:	Assessment/Survey Report	1.0		5 5 5 5
	Ass't Report by Fax / Hand			
Preferred Wksp / INC Assign Wksp / QW: (Fax:	
TP Particulars: Veh No: AN 3	168M INC		· \	
Owner / Driver: (Tel: Cover Type: (-
1000) 1.0. (riod: ()	Time:)	-
Confirmed by : (Date:		100%]	
	Note-Est. Status (WO): N: 0-	2070, F. 21-7970. F. SU-	. 30.0]	
100107116	Warranty: YES ()/NO (1		
	00 ()/\$2,000 ()	CONTRACTOR NOT TO SERVE	लुख्य हुए हुए हुए	
General Remarks:			The state of the s	77 - 1
() Walk-In Customer : Customer's infor		Strictly NO refer of repairer.		
() Total Loss Case : to e-mail Insure				
Drive-In () / Towed-In (); Invoice		Towing Co: (
Remarks:- (INC hotline: 6788 6616)		Date&Time Comple 34	Done	by -
1) Apply for Transport Allowance ()/C				
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost > \$3	000] ()	1 14		
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Injury: Date/Time Actions NA/801624	Inveice P	ent Reporting (\$30);	fitBill	A COLUMN TO SERVICE
Injury: Date/Time Actions NA/80/624 Plaimant's Particulars:-	Inveice P	ent Reporting (\$30); ge Assessment (\$100); INC (g Fee 3	580) (40/545	
Injury: Date/Time Actions NA/80/654 Particulars:-	Inveice P 1) AR: Accid 2) DA: Dame 3) TF: Town 4) FT: Follow	ent Reporting (\$30); ge Assessment (\$100); INC (g Fee S	fit Bill 580)	A COLUMN TO SERVICE
Injury: Date/Time Actions NA/80/604 Elaimant's Particulars:- river/Owner:	Inveice P 1) AR: Acaid 2) DA: Dame 3) TF: Towin 4) FT: Follow 5) FT: Follow For claimin	cat Reporting (\$30); ge Assessment (\$100); INC (g Fee 3 -Through Survey -Through Survey (Resurvey) g against INC Only (wef 10 Jen 20)	\$80) 40/\$45 \$120 \$30 95)	A COLUMN TO SERVICE
Injury: Date/Time Actions NA/80/604 Plaimant's Particulars:- river/Owner: ontact No:	Inveice Particle Part	cnt Reporting (\$30); ge Assessment (\$100); INC (g Fee S -Through Survey -Through Survey (Resurvey) g against INC Only (wef 10 Jen 20) spection	580) 40/545 5120 530	A COLUMN TO SERVICE
Injury: Date/Time Actions NA/801624 Saimant's Particulars:- Driver/Owner: Contact No:	Invoice P 1) AR: Accid 2) DA: Dame 3) TF: Towin 4) FT: Follow 5) FT: Follow For claimin 6) TR: Re-in: 7) N1: Idao D	cat Reporting (\$30); ge Assessment (\$100); INC (g Fee 3 -Through Survey -Through Survey (Resurvey) g against INC Only (wef 10 Jen 20)	\$80) 40/\$45 \$120 \$30 \$5) \$75	A COLUMN TO SERVICE
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Date/Time Actions NA\80162\ Claimant's Particulars:- Oriver/Owner: Contact No: Damaged Portion:	Invoice P 1) AR: Accid 2) DA: Dame 3) TF: Towin 4) FT: Fellow 5) FT: Fellow For claimin 6) TR: Re-in: 7) N1: Idae D 3) NTUC Add OD* *N5: Court	cant Reporting (\$30); ge Assessment (\$100); INC (ge Fee S -Through Survey -Through Survey (Resurvey) gegainst INC Only (wef 10 Jan 20) spection A + SMRT Survey litional Services:- csy Car / Tpl Allowance r Co-ordination	\$80) 40/\$45 \$120 \$30 \$55 \$160	A COLUMN TO SERVICE
Injury: Date/Time Actions NA\801624 Claimant's Particulars:- Contact No: Camaged Portion: Of Checked by (Engr-In-Charge):	Invoice P 1) AR: Accid 2) DA: Darra 3) TF: Towin 4) FT: Fellow 5) FT: Fellow For claimin 6) TR: Re-in: 7) N1: Idae D 3) NTUC Add OD* N5: Court N6: Repa	cant Reporting (\$30); ge Assessment (\$100); INC (ge Fee S -Through Survey (Through Survey (Resurvey) ge against INC Only (wef 10 Jan 20) spection A + SMRT Survey litional Services:- csy Car / Tpl Allowance r Co-ordination Repair Inspection	\$80) 40/\$45 \$120 \$30 \$50 \$51 \$51 \$51 \$51 \$51 \$51 \$51 \$51	A COLUMN TO SERVICE AND ADDRESS OF THE PARTY
Injury: Date/Time Actions NA\80163\ Claimant's Particulars:- Oriver/Owner: Contact No: Damaged Portion: OC Checked by (Engr-In-Charge): Auditors' Comments:-	Invoice P. 1) AR: Acaid 2) DA: Darra 3) TF: Towin 4) FT: Fellow 5) FT: Fellow For claimin 6) TR: Re-in: 7) N1: Idao D 8) NTUC Add OIN* *N5: Court *N6: Repair *N7: Fost I *N8: DV / TP (N11):	cant Reporting (\$30); ge Assessment (\$100); INC (ge Fee South of the second of the se	\$50) \$40/\$45 \$120 \$30 \$55 \$160 \$5 \$5 \$10 \$25 \$5 \$20	No. of the last of
Injury: Date/Time Actions NA\80\60\4 Claimant's Particulars: Contact No: Damaged Portion: C Checked by (Engr-In-Charge):	Invoice P 1) AR: Accid 2) DA: Darra 3) TF: Towin 4) FT: Fellow 5) FT: Fellow For claimin 6) TR: Re-in: 7) N1: Idae D 3) NTUC Add OD* *N5: Court *N6: Repair *N8: DV /	cant Reporting (\$30); ge Assessment (\$100); INC (g Fee 3 -Through Survey -Through Survey (Resurvey) g against INC Only (wef 10 Jen 20) pection A + SMRT Survey litional Services:- csy Car / Tpl Allowance r Co-ordination Repair Inspection Collect Excess Coordination TP (Non INC) against INC Mobile	\$50) \$40/\$45 \$120 \$30 \$55 \$160 \$5 \$5 \$10 \$25 \$3 \$20 \$30	Am(s)

Figure 1 1 12

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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.

- 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

ACCID	ти	СТАТ	451	II ENT	ı
ACCIL		3			ı

13/03/2018 12:24 Date Of Report 12/03/2018 16:30 Date Of Accident

JUNC BUKIT TIMAH RD & SWISS CLUB RD Exact Location Of Accident

SINGAPORE Country/State of Loss

DETAILS OF OWN VEHICLE

SLU290B Vehicle Registration Number

Insured/Policyholder

RELIABLE RIDES PTE LTD Name Of Registered Owner

201611527N Co Reg No NOEMAIL **Email Address**

Mobile Phone No

OFFICE-89999999 Alternative Phone No

Vehicle Particulars

HONDA Manufacturer

FREED 1.5G HYBRID A Model

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?

THIRD PARTY If No. Please state action to be taken PRIVATE HIRE Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

NO

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

5096000542 Policy Number

Cover Note Number

MOHAMED ZAID BIN ITHNIN Name of Driver

S1750520C NRIC No 04/08/1966 Date Of Birth OUTDOOR Occupation 09/09/1986 Date Of Driving Pass

31 YEARS AND 6 MONTHS **Driving Experience**

MALE Gender

(LOCAL) +65-83670825 Mobile Number

Fax Number Contact Number

NOEMAIL **EMail Address**

BLK 509 TAMPINES CENTRAL 1

Postcode

#01-389 520509

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

OTHER - HIRER

Vehicle Registration Number of Driver's Own

Address

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - CHANGE/CROSS LANE Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO Number of vehicles involved in the accident 2 Was any body injured in the Accident? YES Was any injured conveyed to hospital by

ambulance?

NO

NO

YES Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. 2

Number of Passengers (Including Driver)

NAME:

FEMALE GENDER:

Details of Police Action

Passenger 1

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

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED ALONG JUNC BUKIT TIMAH RD TWDS SWISS CLUB RD AS THE TRAFFIC LIGHT WAS RED. SUDDENLY VEHICLE B TRYING TO OVERTAKE TO THE RIGHT THE BMW WHICH IS AT THE BACK OF MY VEHICLE. VEHICLE B TRYING CUT OUT FROM LANE 1 TO LANE 2 AND HIT ONTO MY VEHICLE REAR LEFT PORTION.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO NO Was there any audio recorded?

Details of Witness 1

ROSENSTRAUCH SOLOMON DOMINIQUE NATHALIE Name

97817825 Phone Number

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

AN3768M Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

MOTORCYCLE

Vehicle Category

Name of Driver

MUHAMMAD YAZID BIN AMIR

NRIC/Passport Number

S8813235A

Contact Number

93860403

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

.

DETAILS OF INJURED PERSON 1

Name MOHAMED ZAID BIN ITHNIN

Approximate Age

Injuries Sustain SHOULDER

Injured person in which vehicle?

SLU290B

Were seat belts worn?

YES

Was this injured conveyed to hospital by

NO

ambulance?

Address Postcode

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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.
- 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:

RIDE

Driver's Signature

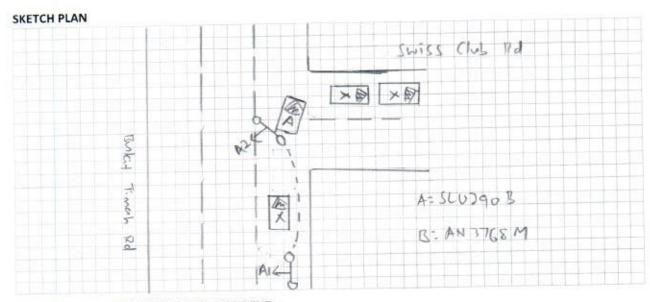
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to	statement.	
	/	

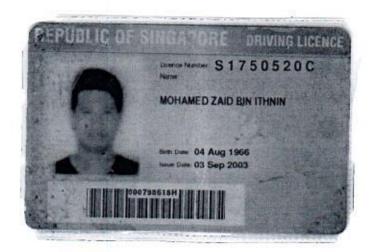
DECLARATION IDE

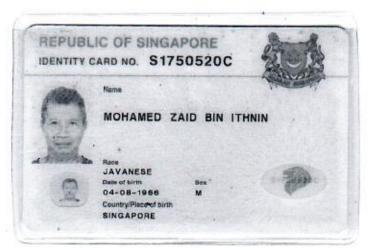
Policyholder's Signature Date & Time:

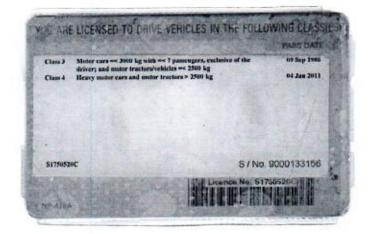
Drivet's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:









eBao Tech									Gene	raiClaim
Hello, NAC_PAYA_UBI_800	0601		100000			. (Change Lan	guage	Change Passwo	rd + Log Out
My Desktop	Polic	y Query								,
Notice of Loss	Policy N	0,				Date of Acci	ident	12/03	3/2018 16:30	
	Vehicle	No.(For Motor)	SLU290B							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5096000542	RELIABLE RIDES PTE LTD	201611527N	GPC	drivo CLASSIC	SLU290B	SLU290B	20/11/2017	19/11/2018
			AME CO.		8	Continue				

▽ Polic	y Information				
Policy No.	5096000542	Policyholder Name	RELIABLE RIDES PTE LTD	Policyholder NRIC	201611527N
Address	8 KAKI BUKIT AVENUE 4 #05-50	PREMIER @	KAKI BUKIT SINGAPORE 41587	5	
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy ssue Date	17/11/2017	Effective Date	20/11/2017 00:00	Expiry Date	19/11/2018 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
insurance Flag Open Policy Info Certificate Info Policyh	No nolder Mailing Address				
Address 1	8 KAKI BUKIT AVENUE 4	Address 2	#05-50 PREMIER @ KAKI BU	IKI1 Address 3	SINGAPORE 415875
Address 4		Address Type	Singapore address	Post Code	415875
Unit No.	05-50	Related Policy Number	5098774910		
D Insure	d Object: SLU290B				
	sements				
Sequen	Date of Endorsement 20/11/2017 00:00	Endors Basic Infor	mation Endorsement	ment Status Take Effective	Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that from 20 Nov 2017, the Vehicle Number is amended as follows: VEHICLE
1000	11 3 40 4 40 4 40 1 40 5 7 7 1 4 5 5 7 7 4 5 5 7 7 4 5 5 7 7 4 5 5 7 7 4 5 5 7 7 5 5 5 5	2133330110	Continue Cancel		REGISTRATION NUMBER: SLU290B

Handling							
nt HT/0985841		00000000	C11/700W	GST Regit	stration No.		
10: 50	96000542	Vehicle No.	SLU2908	Palicyhold		201611	527N
	LIABLE RIDES PTE LTD			Loading	6-100	0	
	RIVATE CAR INSURANCE	Cover Type	STW9 CLASSIC		io (Home)	0	
No.(Mobile) 0		Contact No. (Office)	0		in preside	Tic v	
paress		Special Remark		eCode			
	i No ○Yes	TCA	® No ○ Yes	eCode R4		200	
		NCD Entitlement(%)	0	Private H	ve.	Yes	
onection N	0						
cident Details		Acadent Report Within 24 hrs.	Yes	Accident	Type	Cottisio	n - Change / Cross lane
Oate 1	3/03/2018 14:11	Acodent Report Warm 24 ms		Country	of Accident	Singap	ore
Accident 1	2/03/2018	Time of Accident hhomm	16:30				
		Grange Force		ICM No.			
ng Centre	UNC BUKIT TIMAH RD & SWISS CLUB RD						
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emage Excess	1,000.00	Additional Excess	3,000,00				
ed Driver Excess		Outside Singapore OD Excess					
Party Excess	1,500.00	Outside Singapore TP Excess	3,000.00				
ST Registered Informat	ion						
igistered	No		GST Registration Date		Yes		
egistration No.			GST Status Verified		55-4		
ation History							
Policyholder Mailing Add	ress			1000		Eller	APORE 415875
	8 KAKT BUKIT AVENUE 4	Address 2	#05-50 PREMIER @ KAKI BUKIT	Address		2333	
		Address Type	Singapore address	Post Co	de	4158	73
11.4	70.000	Related Policy Number	5098774910				
10.	05-50	Wilding Lovel statement					
DI Driver Info			Unnamed Driver				
	Unnamed Driver	Driver Type	\$1750520C	Driver	ров	04/0	8/1966
med driver Name	MOHAMED ZAID BIN ITHNIN	Driver NRIC		Drivino	Experience	31	
ter Date of Driver License.	09/09/1986	Driver Age	51		I No.(Home)	0	
ct Ne (Mobile)	83670925	Contact No.(Office)	0				SAPORE 520509
New Parking Commons							and the parties
	RUK 509	Address 2	TAMPINES CENTRAL 1	Addres			
	BLK 509		TAMPINES CENTRAL 1 Singapore address	Post C		5200	509
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ress 4 No. s he own a Singapore	01-389 ○ Yes ® No			Post C		5200	509
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195 4 10. 10. 10. 10. 10. 10. 10. 10	01-389	Address Type Drover Vehicle No. Any many? Insured Name	Singapore address	Post C Driver Insur Const	braurer Compar braurer Compar eg NRIC ect No. (Office) viscie Number	301 663 AN	1611527N 151820
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ne own a Singapore tered car? ration thelyser or Blood Test ling? ication History alm 901	01-389 ○ Yes ® No 0 mg OD-MX Y	Address Type Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liability + Preference Regel: Option	Singapore address No No No No No No No No No	Post C Driver Insur Const TP Ve Name	braurer Compar braurer Compar bed NRIC ct No. (Office) tricle Number e of Preferred W	203 663 AN	1611527N 151820 1768M
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