NATIONAL Assessment Cer	ntre Services wet 1 Jamos M		
Date In: 24/4/18 - 16:40	Jeb description	Date &Time Completed	Done by
Ref No: NA INC 18007579/24	SAS e-filing		
Veh No: \$203644	E-mail (within Shrs, AIC 2hrs)		4
D.O.A .: 27/4/8-7120	i-Motor Claim Form	M 0991716-001	24/4/18 17:38
ACCUPATION OF THE PARTY OF THE	i-Motor W/O (Within: OD 2h	rs, TP 4hrs)	
OD TP Reporting Only	i-Photo Uploaded		
	Assessment/Survey Report	j	
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW:	(Tel:	ax:
TP Particulars: Yeh No: J	mm9902 INC	()/Non-INC()	
Owner / Driver: (Tel:	
Policy No: ()	Period: (Cover Type: (
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%	6) [Note-Est. Status (WO): N: 0-	20%; P: 21-79%. P: 80-	[00%]
Year of Registration: ()	Warranty: YES ()/NO ()	
	\$1,000 ()/\$2,000 ()		NW STEEL STEEL
General Remarks:-		Total Consideration Consideration	Con Silver
() Walk-In Customer: Customer's	information strictly Confidential & S	Strictly NO refer of repairer.	
() Total Loss Case : to e-mail In:		. 7	
		Towing Co: ()
		Date&Time Completed	Done by
Remarks:- (INC hotline: 6788 661)	14 May 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Latex faire compared	A. 337 1 A. 1
) / Courtesy Car ()		-
2) QC Check / Post Repair Inspection			
3) Upload Resurvey Photo [Repair Cost	> \$3000] ()		
Injury:		· · · · · · · · · · · · · · · · · · ·	
Date/Time Actions			Magazu
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The Management of the Manageme			
1 100	Invoice Pi	cparation Checklist	Anit (5) Anit (5 Ist Bill Add Bi
NA1802584 .	1) AR : Accide	ent Reporting (\$30);	357234
laimant's Particulars :-	2) DA : Dame	ge Assessment (\$100); INC (S80) 40/\$45
river/Owner:	3) TF : Towing	Fee S-Through Survey	\$120
	S.FT · Follow	-Through Survey (Resurvey) g against INC Only (wef 10 Jan 20	\$30
ontact No:	6) TR : Re-ins	pection	\$75
amaged Portion:	7) N1 : Idac D	A + SMRT Survey	\$160
The second	OD*	litional Services:-	
C Checked by (Engr-In-Charge):	*NS: Court	csy Cer / Tpt Allowance	510
To the Superior and State Stat	•N7: Fost F	r Co-ordination Repair Inspection	\$25
uditors' Comments :-	*N8: DV /	Collect Excess Coordination	\$5 \$20
at. 1:	TP (N11): 9) N12: Idea l	TP (N:n INC) against INC	30
at 2/3;	Invoice dated	Fee Charge	MANAGED STREET
11. 213.	Invaice dated	Fee Charge	d Described

i per il

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.
- 5. 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.

ACCID	CALV.	T = /	IENT
ACCID	SIA	- 1	

24/04/2018 16:40 Date Of Report 23/04/2018 17:20 Date Of Accident

UPP CHANGI RD EAST BESIDE CASCADALE CONDO Exact Location Of Accident

SINGAPORE Country/State of Loss

DETAILS OF OWN VEHICLE

SLU364Y 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

TOYOTA Manufacturer

PRIUS HYBRID 1.8S 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?

NO

THIRD PARTY If No. Please state action to be taken

Vehicle Category

PRIVATE HIRE

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

5095999022 Policy Number

Cover Note Number

Driver

LEE JONG HSING (LI YONGXING) Name of Driver

S8419537E NRIC No 12/07/1984 Date Of Birth OUTDOOR Occupation 29/07/2011 Date Of Driving Pass

6 YEARS AND 8 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-97601099 Mobile Number

Fax Number

OFFICE-97601099 Contact Number

NOEMAIL EMail Address

BLK 667 WOODLANDS RING ROAD Address

#05-339 730667

Postcode

Was driver an employee of the Insured's Company NO

OTHER - HIRER If No. Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? YES

JMM9902 (COMMERCIAL VEHICLE) Foreign Vehicle Registration Number

Number of vehicles involved in the accident Was any body injured in the Accident? YES

Was any injured conveyed to hospital by NO

ambulance?

YES Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. 1

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

EUNOS NEIGHBOURHOOD POLICE POST Police Station Name

YES

NO

ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE:

Police Station Address 470629, COUNTRY: SINGAPORE

TEL NO: 1800-4439999 - FAX NO: 62444376 Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20180424/2084.

Attachment(s)

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

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1 JMM9902

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

LEE JONG HSING (LI YONGXING) Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

NECK & BACK

SLU364Y

YES

NO

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.
- 5. 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.

A CIL

Policyholder's Signature Date & Time: 1

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

Name:

NRIC/FIN No .:

n - 0	
Refer to potice report-1/2018 0424/2084.	

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:

Name: NRIC/FIN No.:





Date of Expiry:

1 of 3

Report No. T/20180424/2084

Police Station Of Origin: Eunos NPP

629 Bedok Reservoir Road #01-1620 SINGAPORE 470629

Tel No: 1800-4439999

Occupation:

GRAB DRIVER

REPORT OF A TRAFFIC ACCIDENT

	ne Report M 18 16:13	lade:	Vide Report No.:	Station Diary No. 32		
Informa	nt's Partice	ulars		THE RESIDENCE OF THE PARTY OF T		
Name of Informant: LEE JONG HSING			Address: APT BLK 667 WOODL SINGAPORE 730667	ANDS RING ROAD #05-339		
The second secon	/ ID No.: D / S84195;	37E	Contact No.: Home/Office:	Mobile: 97601099		
Nationality: SINGAPORE CITIZEN		Email:	*			
Sex: Male	Age:	Date of Birth: 12/07/1984	Type of Informant: Driver			
Race: Chinese			Language: English	Institution / School Name:		

Driving Licence Information:

Class: 3

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 23/04/2018 17:20	Type of Location Straight Road	
Location: Along Road 1 UPPER CHA beside Casca Weather:	NGI ROAD EAST	Road Surface:		Road Speed Limit:	
Clear		Dry		50 Km/h	
Traffic Flow:		Traffic Control: Traffic Light - Wo	rking	Traffic Volume: Moderate	
Two Way			CRIPINE.	Anyone conveyed by	

Details of Vehicle Involved							
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger	
JMM9902	Lorry				Slightly Damaged	0	
SLU364Y	Car	ТОУОТА		Blue	Seriously Damaged		

Details of Vehicle Insurance							
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date			
SLU364Y	NTUC Income Insurance Co-Operative Limited	5095999022	21/11/2017	20/11/2018			





2 of 3

Report No. T/20180424/2084

Police Station Of Origin: Eunos NPP 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629 Tel No: 1800-4439999

CONTINUATION OF REPORT

Brief Details.

On 23/04/2018 at about 5:20pm, I was driving along Upper Changi Road East and at the junction beside Cascadale Condo I came to a stop as the traffic light turned red. There were pedestrians already crossing the traffic. A few seconds later one Malaysian lorry suddenly collided onto my car from the rear. Seconds later I felt another bump from behind. I was not injured at that point of time and thus I got off my car to make a check. I noticed my car was badly damaged. The Malaysian lorry was slightly damaged. I was not sure why the driver did not stop on time. We took photos and left the vicinity. Later in the day I felt unwell and thus I went to see the doctor who gave me 3 days of MC.

I would like to state that TP and ambulance did came down to scene. However no one was conveyed. I do have in built car camera in my car.





3 of 3

Report No. T/20180424/2084

Police Station Of Origin: Eunos NPP 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629 Tel No: 1800-4439999

CONTINUATION OF REPORT

Sketch Plan

NP168

Informant is not able to provide sketch plan

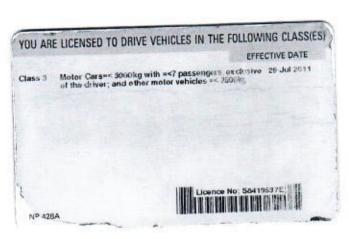
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: G / Staff Sgt IMTIAZ AHAMED BIN HAMID HAJA	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 24/04/2018 16:13
Officer In Charge Of Case: TP / AEIT / SSI 2 SITIMARSITA BINTE BOHARI Contact No.: 65476219	Classification Of Case:
Authentication Stamp	









eBaoTech							See 1		Gene	ralClaim
Hello, NAC_PAYA_UBI_80	0601						Change Lan	guage '	Change Passwo	rd + Log Out
My Desktop	Polic	cy Query								
Notice of Loss	Policy N	0.				Date of Acc	ident	23/04/	2018 17:20	7
	Vehicle	No (For Motor)	SLU364Y							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5095999022	RELIABLE RIDES PTE LTD	201611527N	GPC	drivo CLASSIC	SLU364Y	SLU364Y	21/11/2017	20/11/2018
					I	Continue				

Policy No.	5095999022	Policyholder Name	RELIABLE RIDES PTE LTD	Policyholder NRIC	201611527N
Address	8 KAKI BUKIT AVENUE 4 #05-50	PREMIER @	KAKI BUKIT SINGAPORE 4158	375	
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy ssue Date	17/11/2017	Effective Date	21/11/2017 00:00	Expiry Date	20/11/2018 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	Y
Co- insurance Flag Open	No				
Certificate Info	oolder Mailing Address				
Certificate Info Policyl	nolder Mailing Address 8 KAKI BUKIT AVENUE 4	Address 2	#05-50 PREMIER @ KAKI B	UKIT Address 3	SINGAPORE 415875
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Industration of the Country Sec.								
ident MT/0991716	5095999022	Vehicle No.	SU0364Y	GS	T Registration No.			
0.000		Kellinin J. Till		Po	licyholder NRJC	22	201611527N	
Maria Committee	RELIABLE RIDES PTE LTD PRIVATE CAR INSURANCE	Cover Type	erivo CLASSIC	Lo	ading	- 3	0	
		Contact No (Office)	9	Co	mact No.(Home)	- 5	0	
rract No. (Mobile)	0	Special Remark	**	40	ode	T	90 V	
ail Address	22.000/2000		® No ○Yes		ode Reason			
C	® No ○ Yes	TCA	0		wate Hird		res	
D Protection	No	NCD Enablement(%)	0		KATELIA SEF			
Accident Details				11.00			Collesion - Head to	Rear
port Date	24/04/2018 17:35	Academt Report Within 24 hrs	Yes		cident Type			
te of Accident	23/04/2018	Time of Accident Nh.:mm	17:20		untry of Accident	25	Singapore	
parting Centre		Drange Force		10	H No.			
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rd Party Excess	1,500.00	College Strapped In College						
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dification History								
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tyer Name	bynamed Driver	Onver NR3C	S8419537E	D	river DOB		12/07/1984	
named driver Name	LEE JONG HSING (L) YONGXING		33		riving Experience		6	
gozar Date of Onver License		Driver Age	0		ontact No.(Home)		0	
ontact No.(Mobile)	97601099	Contact No. (Office)	0				SINGAPORE 730	667
			COMPANY AND RESIDENCE BOAD		ddragg 3			
ddress 1	BLK 667	Address I	WOODLANDS RING ROAD		ddress 3			
	BLK 667	Address Type	WIDDDLANDS RING ROAD Singapore address		ddress 3 ost Code		730667	
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Attachment	i i	rproaded By/Date	Category	P	urgency	Description	Msg Sent? Action (CD)
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60	NAC_PAYA_UBI_800601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 24 Ap r 2018 17:38	SAS		Normal	SAS 2018-4-24	Edit
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128	NAC_PAYA_UB3_B00603(NATIO	ONAL ASSESSMENT CENTRE SERVICES) on 24 Au ± 2018 17:36	Photos		Normal	Photos 2018-4-24	Edit
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