NATIONAL Assessment CE	ntre Services wet 1 Jan'05]	MNA118057077		
Date In: 2/8/8-12:46	Jeb description	* Date &Time Completed	Done	pì.
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Veh No: SLV 3659 y	E-mail (within Shrs, AIC 2hr	0)		**
D.O.A. 114/18-03:50	i-Motor Claim Form	MT10997723-001	A7/18 3	20:25
	i-Motor W/O (Within: OD	2hrs, TP 4hrs)		,0.1.
OD : (TP) ' Reporting Only	i-Photo Uploaded			-105-200-
	Assessment/Survey Repor	rt ,	and the same of th	
TP Insurer:	Ass't Report by Fax / Ha	nd to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	:(Tel:	Fax:)
TP Particulars: Veh No: §	013611 . INC	C()/Non-INC()		-
Owner / Driver: (Tcl:)	
Policy No: ()	Period: () Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%	%) [Note-Est. Status (WO): N:		100%]	<u>+</u>
Year of Registration: () Warranty: YES ()/NO ()		
Excess: (\$) Loading:	\$1,000()/\$2,000()		THE PERSON NAMED IN COLUMN	
General Remarks;-	A CONTRACTOR OF THE CONTRACTOR		0.00	
() Walk-In Customer: Customer's	information strictly Confidential &	Strictly NO refer of repairer.		
() Total Loss Case : to e-mail In		3		
		; Towing Co: ()
Remarks;- (INC hotline: 6788 661		Date&Time Completed	Done	by
) / Courtesy Car ()		N. 1927 A	-
Apply for Transport Allowance (QC Check / Post Repair Inspection)/ Courtesy Car ()	***		
3) Upload Resurvey Photo [Repair Cost	> \$30001 ()			
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Injury:				
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•		AND CONTRACTOR STATE	Anit (S)	Amt (\$)
NA 1802739	Invoice	Preparation Checklist	fri Bill	Add Bill
	1) AR : Acc	ident Reporting (\$30);		
laimant's Particulars :-	2) DA : Dar 3) TF : Tow	ing Fee Street (\$100); INC (\$30) 40/ \$ 45	
river/Owner:	4) FT : Follo	w-Through Survey	\$120	
ontact No:	5) FT : Folk	ow-Through Survey (Resurvey) ing against INC Only (wef 10 Jan 200	05)	
amaged Portion:	6) TR : Re-	uspection DA + SMRT Survey	\$160	
Tordon.	3 8) NTUC A	dditional Services:-		
C Checked by (Engr-In-Charge):	OD*	irlesy Cer / Tpt Allowance	25	
c. Checked by (Bilgi-In-Charge).	*N6: Rep	sair Co-ordination	510	
uditors Comments :-	N7: Pos	t Repair Inspection / Collect Excess Coordination	\$25	
An July 2010 William Command Cont. 155, let a Annage Cont.	TP (N11): TP (Non INC) against INC	\$20	
it. 1:	9) N12: Ide		30 d	ust a fee
at. 2 / 3:	Involce dat		MONTH OF THE REAL PROPERTY.	i

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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.

- 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.

是1000 PR 1000	ACCIDENT STATEMENT
Date Of Report	02/05/2018 12:46
Date Of Accident	01/05/2018 02:50
Exact Location Of Accident	JUNC BUYONG RD & CAVENAGH RD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLV3659Y
Insured/Policyholder	
Name Of Registered Owner	RELIABLE RIDES PTE LTD
Co Reg No.	201611527N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL HYBRID 1.5X AUTO
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
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	5096971797
Cover Note Number	
Driver	
N (Delve-	GLENDON SIM CHILEENG

GLENDON SIM CHU FENG Name of Driver

S9827921J NRIC No 19/08/1998 Date Of Birth OUTDOOR Occupation 05/01/2018 Date Of Driving Pass

0 YEAR AND 3 MONTH **Driving Experience**

MALE Gender

(LOCAL) +65-82882932 Mobile Number

Fax Number

OFFICE-82882932 Contact Number

NOEMAIL EMail Address

Address BLK 719 JURONG WEST AVENUE 5

#03-56 640719

Postcode 640

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OT

Vehicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

Vehicle

OTHER - HIRER

.

General Information of the Accident

Type Of Accident

COLLISION - CROSS JUNCTION

Weather Conditions

CLEAR

Road Surface

DRY

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?

NO

Was any injured conveyed to hospital by

ambulance?

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)

3

Passenger 1

NAME:

.

GENDER: : !

MALE

Passenger 2

NAME:

200

GENDER:

: MALE

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

ON STATED DATE AND TIME, I DOUBLE CHECK OPPOSITE DIRECTION OF BUYONG RD AND THE WAS NO INCOMING VEHICLE. THE TRAFFIC LIGHT WAS GREEN SO I MAKE A RIGHT TURN FROM LANE 1 JUNC BUYONG RD TWDS CAVANAGH RD. SUDDENLY VEHICLE B FROM OPPOSITE DIRECTION OF BUYONG RD AND HIT ONTO MY VEHICLE FRONT LEFT PORTION.

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

SJT3611T

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)

1

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- 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.

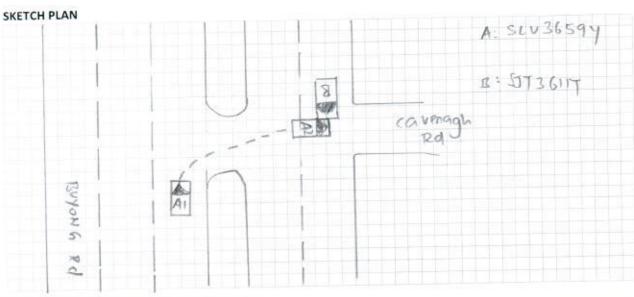
Policyholder's Signature Date & Time:

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

leter to	statement.	

DECLARATION

I/We seclare the foregoing particulars are true in every respect.

Co. Reg. No. 201611527N

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.:



REPUBLIC OF SINGAPORE IDENTITY CARD NO. S9827921J





GLENDON SIM CHU FENG

CHINESE

19-08-1998 SINGAPORE

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

EFFECTIVE DATE

Motor cars with unladen weight =< 3000kg with =< 7 05 Jan 2018 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

Licence No:59627921J

NP 428A

18-02-2013

APT BLK 719 JURONG WEST AVENUE 5 #03-66 SINGAPORE 640719

eBaoTech						TANKS AND			Gene	eralClaim
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Notice of Loss	Policy N	0.				Date of Acc	ident	01/05	2018 02:50	
		Na.(For Motor)	SLV3659Y							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5096971797	RELIABLE RIDES PTE LTD	201611527N	GPC	drive CLASSIC	SLV3659Y	SLV3659Y	28/12/2017	27/12/2018
					0	Continue				

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ddress	8 KAKI	BUKIT AVENUE 4 #05-50	PREMIER @	KAKI BUKIT	SINGAPORE 415875				
roduct lame	PRIVAT	TE CAR INSURANCE	Plan			Group Policy Flag	N		
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scyholder Name	RELIABLE RIDES PTE L'TO				Pelicyholder NRIC	20	01611527N
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cident Location	JUNE BUTCHO RD & CALCUMANT RD						
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ind Party Excess	1,500.00	Outside Singapore TP Excess		3,000.00			
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nnamed driver Name	GLENDON SIM CHU FENG	Onver NASC	\$98279211		Dover DOB		19/08/1998
egezer Date of Driver License.	05/01/2018	Driver Age	19		Driving Expenence	0	1
estact No.(Mobile)	82882932	Contact No.(Office)	0		Contact No.(Home)	0)
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