NATIONAL Assessment Cent	re Services - Met 1 Janos A	1 NA 118 06 69 84		
Date In: 23/4/18 - 11:34	Job description	Date &Time Completed	Done	by by
Ref No: NA / INC 1800 9365 /24	SAS e-filing			
Veh No: SCUAVIC	E-mail (within Shrs, AIC 2hrs)	i i		7
D.O.A: 27/1/18 - 08:40	i-Motor Claim Form	M7/0995168-201	23/5/18	F 13
OD TP Reporting Only	i-Motor W/O (Within: OD 2hrs	The second secon	27/1/1	()
OB . 117 Preporting Only	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Report			
	Ass't Report by Fax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (ax:	THE REAL PROPERTY.
TP Particulars: Veh No: SLD	8467X . INC()/Non-INC()	500	
Owner / Driver: (Tel:)	-
Policy No: () Per	riod: (Cover Type: (' 1	
Confirmed by : (Date:	Time:	<u> </u>	
Insured/Driver Liability: (%) [7	Note-Est. Status (WO): N: 0-20	%: P: 21-79% P: 80-10	00%1	
	Warranty: YES ()/NO ()	1. 30-10	7070]	-
Excess: (\$) Loading: \$1,00				
General Remarks:	7,02,000 ()			
Drive-In ()/ Towed-In (); Invoice:	YES()/NO(); Ton	wing Co: ()
Remarks: (INC hotline: 6788 6616)		D. Carrier A. C. Carrier	4.08 W. C. C.	Spirit .
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Apply for Transport Allowance ()/Co	ourtesy Car ()	Date&Time Completed) Done h	iy .
Apply for Transport Allowance ()/Co QC Check / Post Repair Inspection	ourtesy Car ()	Date&Tamb Comple 5d	Doneb	ny -
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30]	ourtesy Car ()	Date&Tamb Comple Sd	, Done b	y .
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Date Of Driving Pass

Driving Experience

Mobile Number

Fax Number Contact Number

EMail Address

Gender

- 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.
- 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.
- 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.

	ACCIDENT STATEMENT
Date Of Report	23/05/2018 11:34
Date Of Accident	23/05/2018 08:40
Exact Location Of Accident	JUNC OLD TOH TUCK RD & TOH TUCK LINK
Country/State of Loss	SINGAPORE
March State of the Control of the Co	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLU7141C
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	FREED 1.5G HYBRID A
Exact Purpose for which vehicle was being used at time of accident	
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	5096639721
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD KHAIRULDIN BIN MAHMUD
NRIC No	S8729919H
Date Of Birth	01/10/1987
Occupation	OUTDOOR

26/11/2014

MALE

NOEMAIL

3 YEARS AND 5 MONTHS

(LOCAL) +65-85187447

OFFICE-85187447

BLK 921 TAMPINES STREET 91 Address

#05-193

Postcode 520921

Was driver an employee of the Insured's Company NO

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

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

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) NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME:

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

NO

2

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 WAS TRAVELLING ALONG OLD TOH TUCK RD. SUDDENLY VEHICLE B MAKE A RIGHT TURN FROM TOH TUCK LINK AND HIT ONTO MY VEHICLE REAR RIGHT PORTION.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLD8467X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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.

STERIORS AND PIN

Policyholder's Signature Date & Time: B

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

				A: Stuziy
Old Toh Tock P	A CO		Toh Tock	B St 58463
CRIBE CIRCUMST.				
TO CINCUINIST	ANCES OF THE A			
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DECLARATION RIDES

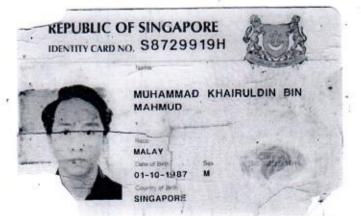
I/We declare the focegoing particulars are true in every respect.

Policyholder's Signature Date & Time:

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

Reporting Centre Personner's Signature

NRIC/FIN No .:









eBao Tech									Gen	eralClaim
ello, NAC_PAYA_UBI_	800601						Change Lar	nguage	Change Passw	CONTRACTO MALE
My Desktop	Police	cy Query						3 4		
lotice of Loss	e of Loss Policy No.					Date of Acc	ident	23/05	/2018 08:40	
	Vehicle	No.(For Mator)	SLU7141C					-		
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence	Expiry Date
	0	5096639721	RELIABLE RIDES PTE LTD	201611527N	GPC	drivo CLASSIC		SLU7141C		11/12/2018
		200000000000000000000000000000000000000	Name RELIABLE	NRIC	GPC	107	No.	Object	Date	

Policy No.	5096639721	Policyholder Name	RELIABLE	RIDES PTE LTD	Policyholder NRIC	2016115	527N	
Address	8 KAKI BUKIT AVENUE 4 #05-5	O PREMIER @	KAKI BUKI	T SINGAPORE 415875				
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N		
Policy Issue Date	11/12/2017	Effective Date	12/12/201	17 00:00	Expiry Date	11/12/20	018 23:59	
Excess Type		All Claim Excess						
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			Y	oung/Inexperien	ce Driver Excess
Agent Co-	TAN INSURANCE BROKERS PTE	Agent Tel.	NIL		GST Flag	Υ		
nsurance Tag	No							
Open Policy nfo								
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Accident MT/0995568 Policy No. Policyholder Name						
Policyholder Name	5096639721	Vehicle No.	SLU7141C	GST Registration N	10.	
	RELIABLE RIDES PTE LTD			Policyholder NRJC		01611527N
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	٥	
Contact No.(Mobile)	D.	Contact No.(Office)	0	Contact No (Home		
Email Address		Special Remark		eCode		· ·
KFK,	® No ○ Yes	TCA	® No ○ Yes		12	
NCD Protection	No.	NCD Entitlement(%)	0	eCode Reason		
Accident Details			0	Private Hire	Ye	5
Report Date	23/05/2018 13/35	***************************************				
Date of Accident		Accident Report Within 24 hrs	Yes	Acodent Type	Co	Hisian - Cross Junction
	23/05/2018	Time of Accident his mm	08:40	Country of Acciden	t Sir	ngapore
Reporting Centre		Orange Force		ICM No.	00 20	3-6
Accident Location	JUNC OLD TOH TUCK RD & TOH TUCK LINK			450000		
▼ Benefits						
♥ Excess						
Nen damage Excess	1,000.00	Additional Excess	0	Manager of Artists	90	
Innamed Driver Excess		Outside Singapore OD Excess		Windschein Excess	10	0.00
hind Party Excess	1,500.00		3,000.00			
GST Registered Inform		Outside Singapore TP Excess	3,000.00			
SY Registered	No		STAND STANDARDS STAND			
ST Registration No.	2000		GST Registration Date			
odification History			GST Status verified	Yes		
Policyholder Hailing Ar	ddress					
ddress 1	II KAKI BUKIT AVENUE 4	Address 2				
ddress 4	A STATE OF THE STA		#05-50 PREMIER © KAKI BUKI	Address 3	Sp	GAPORE 415875
nit No.	46.60	Address Type	Singapore address	Post Code	415	5875
	05-50	Related Policy Number	5100908875			
⇒ OI Driver Info						
river Name	Unnamed Driver	Onver Type	Unnamed Onyer			
nnamed driver Name	MUHAMPAD KHAIRULOIN BIN K	Driver NR3C	58729919H	Driver DOB	7000	10/1987
gister Date of Driver License	36/11/2014	Driver Age	30	Driving Expenence		410 4207
macz No.(Mobile)	85187447	Contact No.(Office)	0		2	
Idress I	BLK 921	Address 2	TAMPINES STREET 91	Contact No.(Home)	0	
Atress 4	SINGAPORE 520921	Address Type		Address 3		PRINES PALMSPRING
		The same cales	Singapore address	Post Code	520	921
III No.						
es he own a Singapore	05-193					
es he own a Singapore	09-193 ○ Yes ® No	Driver Vehicle No.		Driver Insurer Comp.	arty	
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