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Veh No: 565 7466B	E-mail (within Shrs, AIC 2hrs)			*
D.O.A: 18/6/18-02:30	i-Motor Claim Form	M7/0999779-201	19/1/18	1954
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hr			
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TRICTION	Assessment/Survey Report			ASSALIAGAMA U
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:	
TP Particulars: Veh No: 14	CUSIBH . INC)/Non-INC()	,	
Owner / Driver: (Tel:)	
Policy No: ()	Period: (Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-1	00%]	
Year of Registration: ()	Warranty: YES ()/NO ()		
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General Remarks:-		n all fill for the same of the		2 d
() Walk-In Customer: Customer's in	formation strictly Confidential & St	rictly NO refer of repairer.		
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				,
Remarks: (INC hotline: 6788 6616)		Date&Tamb Completed	Done	by
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Mobile Number

Fax Number Contact Number

EMail Address

- 1. 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 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.
 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 aforesaid.

	ACCIDENT STATEMENT
Date Of Report	19/06/2018 12:22
Date Of Accident	18/06/2018 02:30
Exact Location Of Accident	JUNC STAMFORD RD & VICTORIA ST
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLS7466B
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 USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	5094680775
Cover Note Number	
Driver	
Name of Driver	TEO AI LIN DAPHNE
NRIC No	S6902136J
Date Of Birth	01/01/1969
Occupation	OUTDOOR
Date Of Driving Pass	17/09/1987
Driving Experience	30 YEARS AND 9 MONTHS

(LOCAL) +65-97318994

OFFICE-97318994

FEMALE

NOEMAIL

BLK 469B SENGKANG EAST WAY Address

#23-614

Postcode 792469

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 - CHANGE/CROSS LANE

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?

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

NO

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

NO

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, I TURN ON MY INDICATOR LIGHT AS I WANTED TO CHANGED TO LANE 1 AND MAKING A RIGHT TURN TOWARDS VICTORIA ST. SUDDENLY VEHICLE B TRAVELLING AT VERY HIGH SPEED ALONG LANE 1 (MORE ON THE LEFT) AND HIT ONTO MY VEHICLE FRONT RIGHT 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

SHC4510H Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver TAN TEIK KHUAN S2672722G

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

3

Passenger 1 NAME:

GENDER: ;

Passenger 2 NAME:

GENDER:

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.
- 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:
 - (i) 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

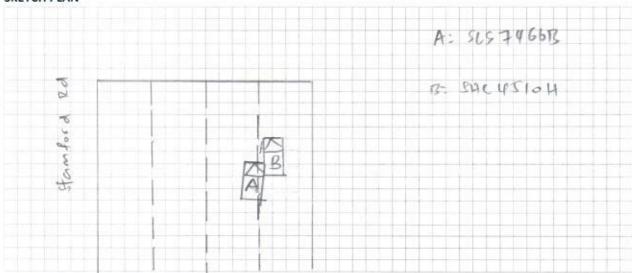
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to	statement.		
	3		
	1		

DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

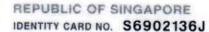
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:









TEO AI LIN DAPHNE

CHINESE 01-01-1969 Country Place of birth SINGAPORE

5563464

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

weight of which unladen exceeds 2500 kilogram

NP 428A





19-02-2016

APT BLK 469B SENGKANG WEST WAY #23-614 SINGAPORE 792469

NRIC No: \$8902136J

Date: 10/10/2017



Policy No.	5094680775	Policyholder Name	RELIABLE R	IDES PTE LTD	Policyholder NRIC	201611527N	
Address	8 KAKI BUKIT AVENUE 4 #05-	O PREMIER @	KAKI BUKIT	SINGAPORE 415875			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	29/09/2017	Effective Date	03/10/2017	00:00	Expiry Date	02/10/2018	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			Your	ng/Inexperience Driver Excess
Agent	TAN INSURANCE BROKERS PT	E Agent Tel.	NIL		GST Flag	Y	
Co- nsurance Flag	No						
Open Policy							
Info Certificate Info							
Info Certificate Info	holder Mailing Address						
Info Certificate Info Policyl	holder Mailing Address 8 KAKI BUKIT AVENUE	4 Addr	ress 2	#05-50 PREMIER	@ KAKI BUK∏	Address 3	SINGAPORE 415875
Info Certificate Info Policyl Address 1	CONTRACTOR OF THE CONTRACTOR O		ress 2 ress Type	#05-50 PREMIER Singapore address	Saltin M. H. S. Vic.	Address 3 Post Code	SINGAPORE 415875 415875
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icy No.	5094680775	Vehicle No.	SL\$7466B	GST Registration No		
cyholder Name	RELIABLE RIDES PTE LTD			Policyholder NR3C	201611	527N
duct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	.0.	
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() - () () () () () () () () () (® No ○Yes	TCA	® No ○ Yes	eCode Reason		
D Protection	No	NCD Entitlement(%)	0	Private Hire	Yes	
Accident Details						
port Date	19/06/2010 19:52	Accident Report Within 24 hrs	Yes	Accident Type	Coltision	- Change / Cross lane
te of Accident	18/06/2018	Time of Accident hh:mm	02:30	Country of Accident	Singapo	re
porting Centre		Orange Force		ICM No.		
		2020050000000		104		
cident Location	JUNC STAMFORD RD & VICTORIA ST					
Benefits						
Excess						
m damage Excess	1,000.00	Additional Excess	0	Windscreen Excess	100.00	
named Driver Excess		Outside Singapore OD Excess	3,000.00			
	. ***		3,000.00			
nd Party Excess	1,500.00	Outside Singapore TP Excess	3,000.00			
GST Registered Inform	ation					
Registered	No		GST Registration Date			
Registration No.			GST Status Verified	No		
dification History						
Policyholder Mailing Ad	idress					CONTA NATIONAL PROPERTY OF THE
dress 1	8 KAKI BUKIT AVENUE 4	Address 2	#05-50 PREMIER @ KAKI BUKIT	Address 3	SINGAP	ORE 415875
Dress 4		Address Type	Singapore address	Post Code	415875	The state of the s
	742.22		CHARLES CONTRACTOR		100000	
rt No.	05-50	Related Policy Number	5101220585			
OI Driver Info						
iver Name	Unnamed Driver	Driver Type	Unnamed Driver			
named driver Name	TEO AT LIN DAPHNE	Driver NRIC	\$6902136)	Driver DOB	01/01/	1969
gister Date of Driver License	17/09/1987	Driver Age	49	Driving Experience	30	
ntact No.(Mobile)	97318994	Contact No.(Office)	0	Contact No.(Home)	0	
dress 1	BLK 4698	Address 2	SENGKANG WEST WAY	Address 3	FERNVI	ALE LEA
Idress 4	SINGAPORE 792469	Address Type	Singapore address	Post Code	792469	
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Attachment		Uploaded By/Date	Category	9	Urgency	Description	Meg Sent? Actio (CO)
ACT	NAC_PAYA_UB1_BD0601(NATI	DNAL ASSESSMENT CENTRE SERVICES) on 19 Ju n J018 19:57	NR3C/ Driving License		Normal	NRIC/ Driving License 2018-6-19	Edit
40	NAC_PAYA_UB1_800601(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 19 July 2018 19:57	SAS		Normal	SAS 2018-6-19	Edit
	NAC_PAYA_UBI_800601(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 19 July 1 2018 19:55	Photos		Normal	Photos 2018-6-19	Edit
_	NAC_PAYA_UBI_800601(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 19 July 2018 19:55	Photos		Normal	Photos 2018-6-19	Edit
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♥ Video List							
	Uploaded By/Date	Folder Date	File Name		9	Source	Action