NATIONAL Assessment Co	entre Services. puet 1 James	0470808114HM 1	
Date In: 22/6/18-11:48	Jeb description	Date &Time Completed	Done by
Res No: NA / JAIC 80/1423/24	SAS e-filing		
Veh No: SLR69727	E-mail (within 8hrs, AIC 2h	15)	
D.O.A: 28/6/18-00:45	i-Motor Claim Form	M-16099715-001	20/6/18 19:21
	i-Motor W/O (Within: Of	D 2hrs, TP 4hrs)	
OD (TP ) Reporting Only	i-Photo Uploaded		
Th:	Assessment/Survey Repo	ort	
TP Insurer:	Ass't Report by Fax / Ha	and to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW	<b>:</b> (	Tel:	Fax: )
TP Particulars: Veh No:	5726527C IN	C( )/Non-INC( )	
Owner / Driver: (	# The state of the	Tel:	)
Policy No: ( )	Period: (	) Cover Type: (	)
Confirmed by : (	Date:	Time:	)
Insured/Driver Liability: (	%) [Note-Est. Status (WO): N:	0-20%; P: 21-79%. P: 80-	100%]
Year of Registration: (	) Warranty: YES ( )/NO	( )	
Excess: (\$ ) Loading	:\$1,000( )/\$2,000( )		
General Remarks:			Name of the last
( ) Walk-In Customer : Customer			A CONTRACTOR OF THE PARTY OF TH
( ) Total Loss Case : to e-mail I		*	*
		; Towing Co: (	. )
			CAROLINA LIGATI
Remarks:- (INC hotline: 6788 66		Date&Time Completed	New manages by
1) Apply for Transport Allowance (	)/Courtesy Car ( )	-	
2) QC Check / Post Repair Inspection	( )		
3) Upload Resurvey Photo [Repair Cost	t>\$3000] ( )		
Injury:		<del></del>	
Date/Time Actions	77.74.25	19 ASS	State of the state
	6.5		EARDEN SENSON RES
•			
MAIDO 2020	Invoice	Preparation Checklist	Anit (S) Anit (S)
NA1803979	17.50 March 19.50 March 19	ident Reporting (\$30);	fit Bill Add Bill
laimant's Particulars :-	2) DA : Dar	mage Assessment (\$100); INC (\$	
river/Owner:	3) TF : Tow	ing Fee . S4 ow-Through Survey	0/\$45 \$120
ontact No:	5) FT : Follo	ow-Through Survey (Resurvey)	\$30
	For claim 6) TR: Re-i	ing against INC Only (wef 10 Jan 200)	\$75
amaged Portion:	7) N1 : Idao	DA + SMRT Survey	\$160
	8) NTUC A	dditional Services:-	
C Checked by (Engr-In-Charge):	*N5: Cou	urtesy Cer / Tpt Allowance	\$5
Lo Varo monte esso in mil. E monte della contra di la calca		nair Co-ordination It Repair Inspection	\$10
uditors' Comments :-	+NB: DV	/ Collect Excess Coordination	55
LI	TP (N11) 9) N12: Ida	): TP (Non INC) against INC	30
1.2/3;	Invoice date	ed Fee Charged	MARKET STREET
ALCOHOL MAN AND AND AND AND AND AND AND AND AND A	Invoice date	ed Fee Charged	

in part of the

#### SINGAPORE ACCIDENT STATEMENT

# IMPORTANT NOTICE

- 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.
- 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.

	ACCIDENT STATEMENT
Date Of Report	22/06/2018 11:48
Date Of Accident	22/06/2018 00:45
Exact Location Of Accident	JUNC UPPER CHANGI RD & JLN CHEMPAKA KUNING
Country/State of Loss	SINGAPORE
AND THE RESERVE AND A SERVE SERVE OF	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLR6972T
Insured/Policyholder	
Name Of Registered Owner	RELIABLE RIDES PTE LTD
Co Reg No	201611527N
Email Address	NOEMAIL
Mobile Phone No	

Alternative Phone No
Vehicle Particulars

HONDA Manufacturer

SHUTTLE HYBRID 1.5X AUTO Model

Exact Purpose for which vehicle was being used at

time of accident

COMMERCIAL USE

OFFICE-89999999

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

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

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

5093725622 Policy Number

Cover Note Number

Driver

Name of Driver MOHAMED IZMIL BIN CHOMIL

S72224011 NRIC No 28/06/1972 Date Of Birth OUTDOOR Occupation 05/10/1995 Date Of Driving Pass

22 YEARS AND 8 MONTHS **Driving Experience** 

MALE Gender

(LOCAL) +65-97354285 Mobile Number

Fax Number

OFFICE-97354285 Contact Number

**EMail Address** NOEMAIL Address BLK 118 EDGEFIELD PLAINS

#06-304

Postcode 820118

Was driver an employee of the Insured's Company NC

If No, Relationship of the Driver with the Insured OT

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - HIRER

Insurance Company of Driver's Own Vehicle

•

2

NO

NO

5

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? YES

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.

Number of Passengers (Including Driver)

Passenger 1

NAME:

.

GENDER:

: FEMALE

Passenger 2

NAME:

. .

GENDER:

: FEMALE

Passenger 3

NAME:

.

GENDER: : MALE

Passenger 4

NAME:

1 -

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, MY VEHICLE WAS STATIONARY ALONG LANE 3 UPPER CHANGI RD AS THE TRAFFIC LIGHT WAS RED. SUDDENLY VEHICLE B REVERSED HIS VEHICLE AND HIT ONTO MY VEHICLE FRONT PORTION WHICH MY VEHICLE WAS ON STATIONARY POSITION.

Attachment(s)

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

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

SJZ6527C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

ory

Name of Driver

PRIVATE CAR GOH BEE YAN

NRIC/Passport Number

S1755336D

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

## **DETAILS OF INJURED PERSON 1**

Name

MOHAMED IZMIL BIN CHOMIL

Approximate Age

Injuries Sustain

LEG

Injured person in which vehicle?

**SLR6972T** 

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

#### SKETCH PLAN

## IMPORTANT NOTICE

- 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:
  - 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:

16115271

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

NRIC/FIN No.:

00/4689	A: SLR69727
	B:1J26527C
S Crovo	
be de la	

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A	The state of the s		
nefer to	statement.		
	/		
7			

DECLARATION

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

Policyholder's Signature Date & Time:

Drivor's Signature

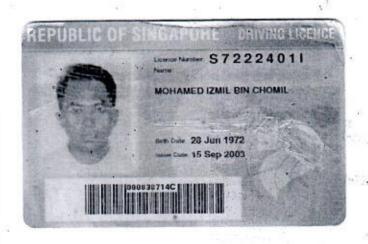
of driver is not the policyholder)

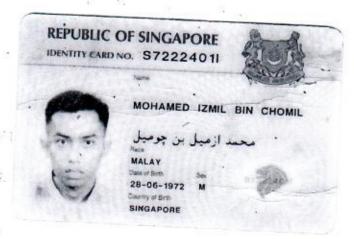
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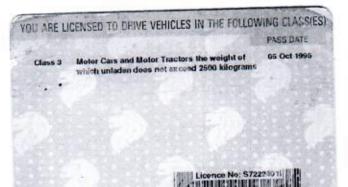
Reporting Centre Personne's Signature

Name:

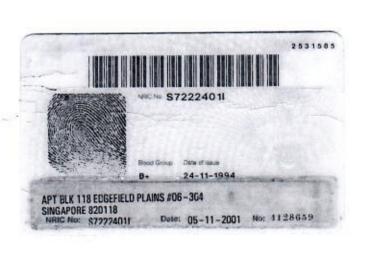
NRIC/FIN No.:







NP 428A



<b>eBao</b> Tech							GeneralClaim			
Hello, NAC_PAYA_UBI_80	0601						Change La	nguage	· Change Passw	ord + Log Ou
My Desktop	Poli	cy Query								
Notice of Loss	Policy N	10.				Date of Acc	cident	22/0	6/2018 00:45	100
	Vehicle	No.(Far Matar)	SLR6972T							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5093725622	RELIABLE RIDES PTE LTD	201611527N	GPC	drivo CLASSIC	SLR6972T	SLR6972T		23/08/2018
	0	5093725622		201611527N	11.000	drivo CLASSIC	SLR6972T	SLR6972T	24/08/2017	23/08

Policy No.	5093725622	Policyholder Name	RELIABLE	RIDES PTE LTD	Policyholder NRIC	201611527N	
Address	8 KAKI BUKIT AVENUE 4 #05-50	PREMIER @	KAKI BUKI	T SINGAPORE 41587	00000000		
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	25/08/2017	Effective Date	24/08/20:	17 00:00	Expiry Date	23/08/2018	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			Youn	g/Inexperience Driver Excess
Agent	TAN INSURANCE BROKERS PTE	Agent Tel.	NIL		GST Flag	Y	
Co- insurance Flag Open	No						
Policy Info							
Certificate Info							
Policyh	older Mailing Address						
Address 1	8 KAKI BUKIT AVENUE 4	Addre	ss 2	#05-50 PREMIER	@ KAKI BUKIT	Address 3	SINGAPORE 415875
Address 4		Addre	ss Type	Singapore address	s 1	Post Code	415875
Unit No.	05-50	Relate Numb	d Policy er	5101220585			
D Insured	d Object: SLR6972T						
♥ Endors	ements						
	ce Date of Endorsemen	V 82	ndorseme			Status	

intact No. (Mobile)  mail Address  sent Description  eterned Workshop Contact  quire Finalisation  yes  te Registered  22X	86972T / S)26527C ON 22 Jun 2018	Claim Close Bace	Clear Please Select V Clear Please Select V Clear Please Select V	Normal	201611527N 66351820 S126527C  Received 22/06/2016 00:00
ntact No. (Mobile)  sol Address  seri Description  ferred Workshop Centect  yes  so Registered  point Taken By  Print AK letter  with solution and solution  sol	R69727 / S126S27C ON 22 Jun 2018  S  V  OG/2018 19:21  kson  MT/0999715  Ves O No	Contact No (Home) Of Vehicle Number  Under Classity *  Preference Repair Option Claim Class Date  Coim No. Upload Date  Browse  Browse  Browse	SLR6972T    SLR6972T   SLR6972T   SLR6972T   Slave   Submit   Slave	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received  Confidencial Urgen III V Normal III V Normal	66351820  5126537C  Received  22/06/2018 00:00
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Address SLR	R6972T / S)26S27C ON 22 Jun 2018	Contact No.(Home) Of Vehicle Number	SLR6972*	Contact No. (Office) TP Vehicle Number	66351820
Address SLR		Contact No.(Home)		Contact No. (Office) TP Vehicle Number	66351820
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ficación History					
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	Yes (i) No	Driver Vehicle No.		Driver Insurer Company	
		***************************************		and accompany of the party of	
	-304	Address Type	Singapore address	Post Code	820118
ess 4	K 118	Address 2	EDGEFIELD PLAINS	Address 3	SINGAPORE 820118
	354285	Contact No.(Office)	0	Contact No.(Home)	٥
	/10/1995	Driver Age	45	Driving Experience	22
	DHAMED IZMIL BEN CHOMIL	Driver NRIC	572224011	Driver DDB	28/06/1972
	named Driver	Driver Type	Unnamed Driver		
OI Driver Info					
	-50	Related Policy Number	S101671108		
ress 4		Address Type	Singapore address	Post Code	415875
iress 1 5 K	KAKI BUKIT AVENUE 4	Address 2	KOS-50 PREMIER © KAKI BUKTI	Address 3	SINGAPORE 415875
Policyholder Halling Addres	15				
SHANDWINE W					
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named Driver Excess		Outside Singapore OD Excess	3,000.00		
n damage Excess	1,000,00	Additional Excess	0	Windscreen Excess	100.00
Excess					
Benefits					
cident Location 301	NC UPPER CHANGERD & JUN CHEMPAKA KUI	NING			
porting Centre		Orange Force		ICM No.	
te of Accident 22	2/06/2018	Time of Accident hhumm	00:45	Country of Accident	Singapore
port Date 22	2/06/2018 19:19	Acadent Report Within 24 hrs.	Yes	Accident Type	Damaged whilst parked
Accident Details			35)		1975)
D Protection No		NCD Entitlement(%)	0	Private Hire	Yes
	) No (Yes	TCA	® No ⊜Yes	eCode Reason	196.53
eli Address		Special Remark	24	eCode	nc V
mact No.(Mobile) 0		Contact No.(Office)	6	Contact No.(Home)	0
duct Code bit	RIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	201611527N 0
cyholder Name RE	ELIABLE RIDES PTE LTD	10000000	aranto a (a)	Policyholder NRIC	201411722
key No. 50	093725622	Vehicle No.	SLR6972T	GST Registration No.	

chment d Fir		Uploaded By/Date	Category	Urgency	Description	Sent? (CD)
3 AT	NAC_PAYA_UB1_800601( N	NTIONAL ASSESSMENT CENTRE SERVICES) on 22 July n 2018 19:28	NRIC/ Driving License	Normal	NRIIC/ Driving License 2018-6-22	
13	NAC_PAYA_UB1_800601( N	NTIONAL ASSESSMENT CENTRE SERVICES) on 22 July n 2018 19:27	SAS	Normal	SAS 2018-6-22	
	NAC_PAYA_UBI_B00601( No	TIDNAL ASSESSMENT CENTRE SERVICES) on 22 July n 2018 19:27	Photos	Normal	Photos 2018-6-22	
	NAC_PAVA_UBI_800601  NA	TTICNAL ASSESSMENT CENTRE SERVICES) on 22 July n 2018 19:27	Photos	Normal	Photos 2018-6-22	
9	NAC_PAYA_UBI_800601( NJ	TIONAL ASSESSMENT CENTRE SERVICES) on 22 July 12018 19:27	Photos	Normal	Photos 2018-6-22	
Sir.	NAC_PAYA_USI_800601( NA	TIONAL ASSESSMENT CENTRE SERVICES) on 22 July 2018 19:27	Photos	Normal	Photos 2018-6-22	
1	NAC_PAYA_URI_800601( NA	TIONAL ASSESSMENT CENTRE SERVICES) on 22 July n 2018 19:27	Photos	Normal	Photos 2018-6-22	
	NAC_PAYA_UBI_800601( NA	TIONAL ASSESSMENT CINTRE SERVICES) on 22 July 2018 19:27	Photos	Normal	Photos 2018-6-22	
	NAC_PAYA_UBI_800501  NA	TIONAL ASSESSMENT CENTRE SERVICES) on 22 July 2018 19:27	Photos	Normal	Photos 2018-6-22	
9	NAC_PAYA_UBI_800601( NA	TIONAL ASSESSMENT CENTRE SERVICES) on 22 July n 2018 19:26	Photos	Normal	Photos 2018-6-22	
S)	NAC_PAYA_US1_800603( NA	TIONAL ASSESSMENT CENTRE SERVICES) on 22 July 19:26	Photos	Normal	Photos 2018-6-22	
	NAC_PAYA_URI_BD0601( NA	TIONAL ASSESSMENT CENTRE SERVICES) on 22 July 19:26	Photos	Normal	Phetos 2018-6-22	
1	NAC_PAYA_UBI_800601[ NA	TIONAL ASSESSMENT CENTRE SERVICES) on 22 July 2018 19:26	Photos	Normal	Photos 2018-6-22	
	NAC_PAYA_UBI_800601( NA	FIDNAL ASSESSMENT CENTRE SERVICES) on 22 July 2018 19:26	Photos	Normal	Photos 2018-6-22	
1	NAC_PAYA_UB1_800601( NA	FIDNAL ASSESSMENT CENTRE SERVICES) on 22 July 2018 19:26	Photos	Normal	Photos 2018-6-22	
1	NAC_PAYA_UBI_BD0601( NA	FIDMAL ASSESSMENT CENTRE SERVICES) on 22 July 7018 19:22	Photos	Normal	Photos 2018-6-22	
7	NAC_PAYA_UBI_600601( NA	DONAL ASSESSMENT CENTRE SERVICES) on 22 July n 2018 19:22	Photos	Normal	Photos 2018-6-22	
	NAC_PAYA_UB1_800601( NA	TONAL ASSESSMENT CENTRE SERVICES) on 22 July n 2018 19:22	Photos	Normal	Pricess 2018-6-22	
	NAC_PAYA_UBI_800603( NA	TONAL ASSESSMENT CENTRE SERVICES) on 22 Ju in 2018 19:22	Photos	Normal	Photos 2018-6-22	
	NAC_PAYA_UBL_BOOKDLE NA	TONAL ASSESSMENT CENTRE SERVICES) on 22 July n 2018 19:22	Photos	Normal	Photos 2018-6-22	
List	NAC_PAYA_UBI_800601[ NA	TOWAL ASSESSMENT CENTRE SERVICES) on 22 July n 2018 19:22	Photos	Normal	Photos 2018-6-22	
	Uploaded Sy/Date	Folder Dete	File Name	9	Source	Action