Date In: 26 6 18-16:42	Job description		Date & Time Compl	leted	Done	οż
Res No: NA JINC 180 11669 try	SAS e-filing		4			
Veh No: SUS76096	E-mail (within S)	irs, AIC 2hrs)				•
D.O.A : 26/6/18-15:35	i-Motor Claim	Form	MT 1000442-0	2001	6 6 18	20:27
OD/: TP 'PReporting Only	i-Motor W/O	(Within: OD 2hrs,	TP 4hrs)			
ODY: 17 - Reporting Only	i-Photo Uploa	ded				-
TP Insurer:	Assessment/Sur	vey Report				
1P insurer:	Ass't Report by	Fax / Hand to	Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:)
TP Particulars: Veh No: 507	4336D .	. INC()/Non-INC().	77	
Owner / Driver: (Tel:)	
Policy No: () P	eriod: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (W	O): N: 0-20	%; P: 21-79%. P:	: 80-1009	6]	
Year of Registration: ()	Warranty: YES (**************************************)			
	,000 ()/\$2,000 (CAR STEE	C197 3710	
General Remarks:-				1000	* S	
() Walk-In Customer: Customer's inf						
() Total Loss Case : to e-mail Insur	rer URGENTLY.					
Drive-In ()/ Towed-In (); Invoice	ce: YES () / NO) () · To	wing Co: (,)
Remarks:- (INC horline: 6788 6616)	Courtesy Car ()	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Date&Time Comple	154	Done	by
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection	Courtesy Car ()		Date&Time Comple	iod i		by
Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > S Injury:	Courtesy Car ()		Date&Time Comple			by
Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > S Injury:	Courtesy Car ()		Date&Time Comple			by
Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > S Injury:	Courtesy Car ()		Date&Time Comple			
Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > S Injury: Date/Time Actions	Courtesy Car ()		Date&Time Comple		Anic (S)	Am (3)
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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.
- 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	26/06/2018 16:42
Date Of Accident	26/06/2018 15:35
Exact Location Of Accident	UBI RD 1 TWDS AIRPORT RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLS7609G
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	SHUTTLE HYBRID 1.5 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	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	5094680971

Cover Note Number

Driver

 Name of Driver
 KOH KOK HUA

 NRIC No
 \$1663811J

 Date Of Birth
 22/08/1963

 Occupation
 OUTDOOR

 Date Of Driving Pass
 06/10/1988

Driving Experience 29 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93620940

Fax Number

Contact Number OFFICE-93620940

EMail Address NOEMAIL

BLK 483 PASIR RIS DRIVE 4 Address

#11-467

Postcode 510483

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

OTHER - HIRER

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

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 NO 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) 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?

If Yes, against whom?

NO

NO

Circumstances of Accident

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY WAITING A PRIVATE VEHICLE-BMW TO FILTER OUT. SUDDENLY VEHICLE B HIT ONTO MY VEHICLE REAR RIGHT PORTION.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLP4336D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver SULAIMAN BIN ABDUL WAHAB

NRIC/Passport Number S8937574F

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name KOH KOK HUA 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

SLS7609G

YES

NO

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:

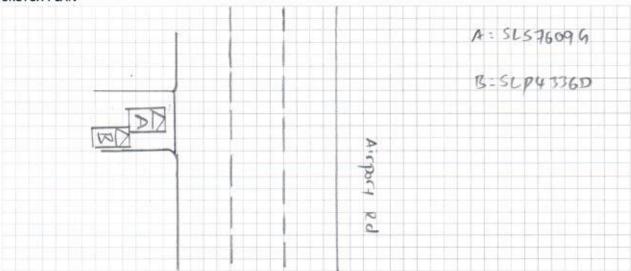
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:
 - (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.

(Co. Rep. No. 1717) 201611527N

Policyholder's Signature Date & Time: JK.

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

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to	atement.

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: NRIC/FIN No.:



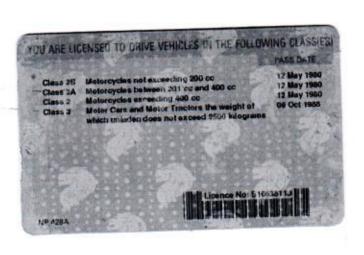
KOH KOK HUA

許 各 華

Race
CHINESE
Date of birth
22-08-1963 M
Country of birth
SINGAPORE







eBao Tech									Gene	eralClaim
Hello, NAC_PAYA_UBI_80	0601					,	Change Lan	guage '	Change Passwo	ord Log Out
My Desktop	Poli	Policy Query								
Notice of Loss	Policy N	io.				Date of Acc	ident	26/06	/2018 15:35	
	Vehicle	No.(For Motor)	SLS7609G							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5094680971	RELIABLE RIDES PTE LTD	201611527N	GPC	drivo CLASSIC	SLS7609G	SLS7609G	03/10/2017	02/10/2018
						Continue				

Policy Information

Policy Information

Policy No.	5094680971	Policyholder Name	RELIABLE R	IDES PTE LTD	Policyholder NRIC	201611527	V
Address	8 KAKI BUKIT AVENUE 4 #05-5	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			You	ng/Inexperience Driver Excess
Agent	TAN INSURANCE BROKERS PTE	Agent Tel.	NIL		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Certificate Info	holder Mailing Address						
Certificate Info Policyl Address 1			CONTRACTOR AND	#05-50 PREMIER (@ KAKI BUKIT		SINGAPORE 415875
Certificate Info	holder Mailing Address	Addre	ess Type	#05-50 PREMIER (Singapore address	Ð KAKI BUKIT	Address 3 Post Code	SINGAPORE 415875 415875
Certificate info Policyl Address 1 Address 4	holder Mailing Address	Addre	ess Type ed Policy		@ KAKI BUKIT		
Certificate Info Policyl Address 1 Address 4 Unit No.	holder Mailing Address 8 KAKI BUKIT AVENUE 4	Addre Relat	ess Type ed Policy	Singapore address	® KAKI BUK∏		
Certificate info Policyl Address 1 Address 4 Jnit No. D Insure	8 KAKI BUKIT AVENUE 4 05-50 od Object: SLS7609G	Addre Relat	ess Type ed Policy	Singapore address	® KAKI BUK∏		
Certificate Info Policyl Address 1 Address 4 Unit No.	8 KAKI BUKIT AVENUE 4 05-50 ad Object: SLS7609G	Addre Relat Numb	ess Type ed Policy	Singapore address 5101745783	KAKI BUKIT Endorsement	Post Code	
Certificate Info Policyl Address 1 Address 4 Unit No. Insure Endors	8 KAKI BUKIT AVENUE 4 05-50 ad Object: SLS7609G	Addre Relat Numb	ess Type ed Policy ber Endorsemen	Singapore address 5101745783 t Type		Post Code	415875

aim Handling								
licy No.	5094680971	Vehicle No.	SLS7609G		ST Registration No			
	RELIABLE RIDES PTE LTD	VEHILLE HOL	36370090		adalbilan 1	8	2016115	Christian Christ
ircyholder Name					oncyholder NRIC			2279
duct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC		pading		0	
rtact No (Mobile)	D	Contact No.(Office)	0	C	ontact No.(Home)		0	
eli Address		Special Remark			Code		AL.	
0	® No ○ Yes	TCA	No ○Yes		Code Reason			
D Protection	No	NCD Entrement(%)	0	21	rivate Hire		Yes.	
Accident Details								
	26/06/2016 20:25	Annual Manager Manager Annual Manager	Man	100	and the same		-eumour	Secretary Reserve
oort Date		Accident Report Within 24 hrs	Yes		codent Type		Conston	- Head to Rear
e of Accident	26/06/2018	Time of Accident hh:mm	15:35	c	ountry of Accident		Singapor	e
orting Centre		Orange Force		10	CM No.			
ident Location	UBI RD 1 TWOS AIRPORT RD							
Benefits								
Excess								
n damage Excess	5,000.00	Additional Excess	0	M	Vindscreen Excess		100,00	
arried Driver Excess		Outside Singapore OD Excess	3,000.00					
S Party Excess	1,500.00	Outside Singapore TP Excess	3,000.00					
GST Registered Informa								
Registered	No		GST Registration Date					
Registration No.			GST Status Venfied		No			
Cation History			and assess territory		148			
Comment (comment in								
Policyholder Mailing Ad	ddress							
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ess 4	ALL ALL STORY I CHANGE AND A CO.	Address Type	Singapore address		ost Code		415875	
	or re						742073	
No.	05-50	Related Policy Number	5101745783					
OI Driver Info								
r Name	Unnamed Driver	Driver Type	Unnamed Driver					
med driver Name	KOH KOK HUA	Driver NRIC	\$16638113	D	river DDB		22/08/1	963
ter Date of Driver License	06/10/1988	Driver Age	54	: D	inving Experience		29	
	93620940		0					
ect No (Mobile)		Contact No.(Office)			ontact No.(Home)		0	
ess 1	BLK 483							DRE 510483
		Address 2	PASIR RIS DRIVE 4	A	ddress 3		SINGAR	
ess 4		Address Type	PASIR RIS DRIVE 4 Singapore address		ost Code		510483	
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ness 4 No. s he own a Singapore istered car?	11-467 ○ Yes ③ No					pany		
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to the cash a Singapore tered car? ation halyser or Blood Test. ng?	○ Yes ® No	Address Type Oriver Vehicle No.	Singapore address		ost Code	pany		
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No. The own a Singapore stered Car? Tacion Thelyser or Blood Testing? Costion History Lim 001 Name	○ Yes ® No	Address Type Oriver Vehicle No. Any Injury? Insured Name	Singapore address	Ph D	osi Code river Traurer Comy	plany -	510463	d section and a section of
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No. Type * Type * Type * Type * Type * Type *	○ Yes ® No	Address Type Oriver Vehicle No. Any Injury? Insured Name	Singapore address	Pr 0	osi Code river Traurer Comy	sany	510463	10
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