Invoice Preparation Checklist	NATIONAL Assessment Centre	Nervices	free a straight	MILLA 118087150		
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TP Farticulars:	11º Insurer	Ass't Report b	y Fax/Hand	o Owner/Wksp		
Policy No. (Preferred Wksp / INC Assign Wksp / GW: (of his a second		Tel:	Fax	
Period (TP Particulars: Veh No: 5	KD 68387	INC ()/Non-RVC()		
Date				Tel:)	
Insured/Driver Liability (Policy No: () Peri	od. ()	Cover Type: (1/
NA 1804289	Confirmed by : (Date:	Tinte:)	
Excess (\$) Loading \$1,000 () / \$2,000 ()	Insured/Driver Liability (%) [N	ote-Est Status (V	VO): N: 0-2	0%; P. 21-79%. F: 80-	-100%]	
Walk-In Customer's Customer's Information strictly Confidential & Strictly No rater of repairer.	Year of Registration: () W	arranty: YES ()/NO()		
() Walk-In Customer's Customer's information strictly Confidential & Strictly NO refer of repairer. () Total Loss Case : to e-mail Insurer URGENTLY. Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co. () Remarks: (INC herline: 6788.6616) Date&Time Completed Done by 1) Apply for Transport Allowance () / Courtesy Car () 2) QC Check / Post Repair Inspection () 1) Upload Resurvey Photo [Repair Cost ≥ \$3000] () Injury: Date/Fime Actions MA 18 0428 Invoice Preparation Checklist initial Additional Services () 1) DA : Danage Assistant () () () Invoice Preparation Checklist initial Additional Services () 2) QC Check / Post Repair Inspection () Injury: Date/Fime Actions MA 18 0428 Invoice Preparation Checklist initial Additional Services () 1) DA : Danage Assistant () () () 2) The Towing Fee Support () 2) The Towing Fee Support () 2) The Towing Fee Support () 2) The Refugeration () 3) The Towing Survey () 2) Part Refugeration () 3) The Refugeration () 4) The Refugeration () 3) The Refugeration () 4) The Refugeration () 4) The Refugeration () 5) The Refugeration () 6) The Refugeration () 7) No Cathery Car / Tpt Allowance () 8) Repair Coordination () 10 The Refugeration () 11 (Phi) The On RNC) against the Support () 12 (Phi) The Rnc) against the Support () 13 (Phi) The Rnc) against the Support () 14 (Phi) The Rnc) against the Support () 2) The Charged ()	Excess (\$) Loading \$1,00	0 ()/\$2,000	()			
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### 17 1 1 1 1 1 1 1 1 1		TO THE WOOD PROPERTY	and the same and t			
9) N12: Idea Mobile 101 Invoice dated Fee Charges 12/3			*148: DV / G	Beet Excess Coordination		
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Invalue dated Fee Charges	1.2/3		A Second Second Second		Mark Mark	

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.

- 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	06/07/2018 13:47	
Date Of Accident	02/07/2018 14:35	
Exact Location Of Accident	SINARAN DRIVE	
Country/State of Loss	SINGAPORE	
D	ETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMA3959E	
Insured/Policyholder		1
Name Of Registered Owner	RELIABLE RIDES PTE LTD	
Co Reg No	201611527N	
Email Address	NOEMAIL	
Mobile Phone No		
Alternative Phone No	OFFICE-81669797	
Vehicle Particulars		
Manufacturer	HONDA	
Model	FREED HYBRID 1.5G 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	L
Insurance Company		l.
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD	
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	NO	
Policy Number	5101203584	
Cover Note Number	•	L
Driver		
Name of Driver	WON WEE HENG(YUN WEIXING)	
NRIC No	S7107021B	
Date Of Birth	24/02/1971	
Occupation	OUTDOOR	
Date Of Driving Pass	27/01/1994	
Driving Experience	24 YEARS AND 5 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-81252761	
Fax Number		
Contact Number		
EMail Address	NOEMAIL	
		100

Address

BLK 82 BEDOK NORTH RD #05-318

Postcode

460082

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 - 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? Was any injured conveyed to hospital by YES

ambulance?

NO

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?

YES

If Yes, Please state which Police Station

Police Station Name

BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 30 BEDOK NORTH ROAD, POSTCODE: 469676, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-2449999 - FAX NO: 62447258

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH DRIVER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKD6838J

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category

HEW KUAN CHEONG

Name of Driver

G6145741R

NRIC/Passport Number Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 20

DETAILS OF INJURED PERSON 1

WON WEE HENG(YUN WEIXING) Name

Approximate Age

Injuries Sustain

SMA3959E Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address Postcode BACK

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

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

Co. Reg. No

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

Name:

NRIC/FIN No.:

TCH PLAN		
		A = SMA 3959E
		8 = 5KD 6838 J.
		0 - 5/0 000
A		
[8]		
	Sinaran Drive-	
	↑	
CRIBE CIRCUMSTANCES	OF THE ACCIDENT	
Please	Refer to Po	lice Report
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		/
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RIDES		
CLARATION		/ /
Ve declare the foregoing par	ticulars are true in every respect.	
(* C)		time
		Jones Comments
licyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
te & Time:	(If driver is not the policyholder)	Name:
	Date & Time:	NRIC/FIN No.:

GLARMC ShorthPlant sites V

2



GRAB DRIVER



1 of 3

Report No. T/20180705/2008

Police Station Of Origin: Bedok North N.P.C 30 Bedok North Road SINGAPORE 469676 Tel No: 1800-2449999

REPORT C	F A TRAFFIC	ACCIDENT		Diam No.	
Date/Time Report Made: 05/07/2018 02:21			Vide Report No.:	Station Diary No.	
Informa	nt's Partice	ulars			
	Informant: EE HENG		Address: APT BLK 82 BEDOK NORTH 460082	ROAD #05-318 SINGAPORE	
ID Type / ID No.: NRIC NO / S7107021B Nationality: SINGAPORE CITIZEN		21B	Contact No.: Home/Office: Mobile: 8125 2761		
		S2:00th	Email:		
Sex: Male	Age:	Date of Birth: 24/02/1971	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3	Date of Expiry:	

	nation of the Acci	Drink	Date/Time of	Type of Location:
Type of Accident:	Others	Drive: No	Accident: 02/07/2018 14:35	Straight Road
Location: Along Road 1 SINARAN DE		Road Surface:	F	Road Speed Limit:
Clear		Dry		
		Traffic Control:		Fraffic Volume: Heavy
Traffic Flow: Two Way		Not Controlled	1	icavy

Details of Vo	enicie invo	iveu		THE PROPERTY OF THE PARTY OF TH	0 00-	No of Descensor
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKD6838J	Car .	BMW		White		0
SMA3959E	Car	HONDA		White		0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





2 of 3

Report No. T/20180705/2008

Police Station Of Origin: Bedok North N.P.C 30 Bedok North Road SINGAPORE 469676

Tel No: 1800-2449999

CONTINUATION OF REPORT

Driver			THE REAL PROPERTY.			
Name	HEW KUAN CHEON	G		ID No.		G6145741R
Related Vehicle	SKD6838J (Car)			Contact No.		NIL
Hospital/Clinic	NIL			Class Driving Licence Expiry	e &	Class: NIL Date of Expiry: NIL
Date Treatment	INL			charge	NIL	
	granted Medical Leave NIL Degree			of Injury NIL		
Driver						07407004D
Name	WON WEE HENG			ID No		S7107021B
Related Vehicle	SMA3959E (Car)			Conta	ct No.	8125 2761
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL			Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL
Date Treatment	02/07/2018		Date Dis	scharge	03/0	7/2018
No. of Days granted Medical Leave 03 Degree of					Sligh	it

Brief Details.

On 02/07/2018 at about 1435hrs, I was driving my Grab vehicle, one white Honda car bearing registration number, SMA3959E, along Sinaran Drive after turning right from Moulmein Rd. I was on my way to pick up a passenger from Novena Square. As I was travelling along Sinaran Drive, the traffic was heavy and while my vehicle was stationary, another vehicle suddenly hit my vehicle from behind.

After the collision, I alighted from my vehicle and met up with the driver of the other vehicle. Both of us exchanged particulars and took pictures of the damages on our vehicles. We did not call for Police or ambulance. I was still able to drive my vehicle after the accident.

Due to the accident, I cancelled the job to pick up the passenger. I went to Ng Teng Fong General Hospital and received 3 days of medical leave. I sustained back pain due to the accident.





3 of 3

Report No. T/20180705/2008

Police Station Of Origin: Bedok North N.P.C 30 Bedok North Road SINGAPORE 469676 Tel No: 1800-2449999

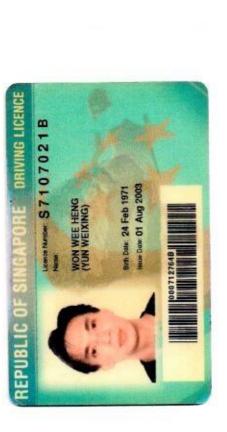
Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: G / Sr Staff Sgt NADIYAH BINTE BASA	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 05/07/2018 02:21
Officer In Charge Of Case: TP / AEIT / SSI 2 SITIMARSITA BINTE BOHARI Contact No.: 65476219	Classification Of Case:
Authentication Stamp NP168	SIGNATURE







eBao Tech									Gene	ralClaim
Hello, NAC_PAYA_UBI_80	0601	10000			THE MINISTER	•	Change Lan	guage '	Change Passwor	rd + Log Out
My Desktop	Polic	y Query								,
Notice of Loss	Policy N	io.				Date of Acc	ident	02/07	2018 13:41	
	Vehicle	No.(For Motor)	SMA3959E							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
		5101203584	RELIABLE RIDES PTE LTD	201611527N	GPC	drivo CLASSIC	SMA3959E	SMA3959E	06/06/2018	05/06/2019
						Continue				

Claim Handling

Heir Ne	5101203584	Vehicle No.	SMA3959E	GST Registration No.	
MARCHAEL 32	RELIABLE RIDES PTE LTD			Policyholder NRIC	201611527N
		Cover Type	drivo CLASSIC	Loading	0
	PRIVATE CAR INSURANCE	Contact No.(Office)		Contact No.(Home)	Personal Property and Property
intact No.(Mobile)	81669797			eCode	No ▼
neil Address		Special Remark	» No Yes	eCode Reason	
K	- No Yes	TCA		Private Hire	Yes
D Protection	No	NCD Entitlement(%)	0	1111400	
Accident Details				Accident Tuno	Collision - Head
port Date	07/07/2018 14:58	Accident Report Within 24 hrs	Yes	Accident Type	
ite of Accident	02/07/2018	Time of Accident hh:mm	14:35	Country of Accident	Singapore
porting Centre		Orange Force		ICM No.	
	SINARAN DRIVE				
72	STRUMA DUTAE				
7 Benefits					
7 Excess	14 37 38 37 14	1335 Gentales (2015)	*	Windscreen Excess	100.00
vn damage Excess	1,000.00	Additional Excess	0	11110201011	
named Driver Excess		Outside Singapore OD Excess	3,000.00		
ird Party Excess	1,500.00	Outside Singapore TP Excess	3,000.00		
GST Registered Informa	tion				
T Registered	No.		GST Registration Date	W.,	
T Registration No.			GST Status Verified	No	
edification History					
Policyholder Mailing Add	iress				
esperate Control	8 KAKI BUKIT AVENUE 4	Address 2	#05-50 PREMIER @ KAKI BUKIT	Address 3	SINGAPORE 41
ddress 1	8 NACI BUILT AVENUE	Address Type	Singapore address	Post Code	415875
ddress 4		Related Policy Number	5092811441-01		
nit No.	05-50	Mariana Forey Harrison	\$\$C\$\$T\$\$\$\$C\$\$\$\$\$\$\$		
OI Driver Info			Unnamed Driver		
river Name	Unnamed Driver	Driver Type		Driver DOB	24/02/1971
nnamed driver Name	WON WEE HENG(YUN WEIXING)	Driver NRIC	\$71070218	Driving Experience	24
egister Date of Driver License	27/01/1994	Driver Age	47	Contact No.(Home)	SSE
contact No.(Mobile)	81252761	Contact No.(Office)			SINGAPORE 4
ddress 1	BLK 82 #05-318	Address 2	BEDOK NORTH ROAD	Address 3	
ddress 4		Address Type	Singapore address	Post Code	460082
init No.	05-318				
Does he own a Singapore	Yes = No	Driver Vehicle No.		Driver Insurer Company	
tegistered car?					
eclaration			- W W -		
			* Yes No		
Breathalyser or Blood Test	0 mg	Any injury?	2.175 - 112		
Breathalyser or Blood Test	0 mg	Any injury?	2.17 112.		
Breathalyser or Blood Test Reading?	0 mg	Any injury?			
Breathalyser or Blood Test Reading?	0 mg	Any injury?	12.00		
reathalyser or Blood Test teading? todification History	0 mg	Any injury?			
reathalyser or Blood Test Reading?	0 mg	Any injury?			
reathalyser or Blood Test leading? lodification History	0 mg	Any injury?			
reathelyser or Blood Test leading? lodification History	0 mg	Any injury? Insured Name	RELIABLE RIDES PTE LTD	Insured NRIC	201611527N
reathelyser or Blood Test leading? lodification History Claim 001 New		9,004 3.70 04.00		Insured NRIC Contact No.(Office)	66351820
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reathelyser or Blood Test leading? codification History Claim 001 New Claim Type * Contact No. (Mobile) Email Address	OD-MX Y	Insured Name Contact No.(Home)	RELIABLE RIDES PTE LTD	Contact No.(Office)	66351820
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reathalyser or Blood Test leading? codification History Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact	OD-MX	Insured Name Contact No.(Home) OI Vehicle Number Insured Liability *	RELIABLE RIDES PTE LTD SMA3959E Not at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	66351820 SKD6838J
creathalyser or Blood Test teading? Indiffication History Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No.	OD-MX	Insured Name Contact No.(Home) OI Vehicle Number	RELIABLE RIDES PTE LTD	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report	66351820 SKD68383 0
reathelyser or Blood Test leading? codification History Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation	OD-MX	Insured Name Contact No.(Home) OI Vehicle Number Insured Liability *	RELIABLE RIDES PTE LTD SMA3959E Not at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	66351820 SKD6838J
creathalyser or Blood Test teading? Indiffication History Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered	OD-MX	Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option	RELIABLE RIDES PTE LTD SMA3959E Not at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report	66351820 SKD68383 0
reathelyser or Blood Test leading? codification History Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By	OD-MX	Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option	RELIABLE RIDES PTE LTD SMA3959E Not at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report	66351820 SKD68383 0
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