Date In: 112 12 11 17		1 05 0 00 05 1 1 1	D I
Date In: 117 18 11:30	Jeb description	Date &Time Completed	Done by
Ref No: NA 14C 18012-651 /24	SAS e-filing	i	
Veh No: SLR 7995X	E-mail (within Shrs, AIC 2hrs)		
DC: 05- 81/5/01: A.O.D	i-Motor Claim Form	MT 1002599-001	117/18 17:70
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2)	nrs, TP 4brs)	
OB ATP Reporting Only	i-Photo Uploaded		
TD I	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (		Tel: F	ax:
TP Particulars: Veh No: J6	A38636 INC	( )/Non-INC( )	40
Owner / Driver: (		Tel:	)
Policy No: (	Period: ( )	Cover Type: (	)
Confirmed by: (	Date:	Time:	)
Insured/Driver Liability: ( %)	) [Note-Est. Status (WO): N: 0-	20%; P: 21-79%. P: 30-1	00%]
Year of Registration: ( )	Warranty: YES ( )/NO (	)	
Excess: (\$ ) Loading: \$	1,000 ( )/\$2,000 ( )		
General Remarks:-	AND THE STATE OF THE STATE OF	Herenous Elica	192 4
( ) Walk-In Customer : Customer's in			NAC 101
· · · · · · · · · · · · · · · · · · ·		uicuy NO Tsier of Tepalier.	
( ) Total Loss Case : to e-mail Ins			
Drive-In ( )/ Towed-In ( ); Invo	rice: YES( ) / NO( );	Towing Co: (	• )
Remarks:- (INC hotline: 6788 6616)	r Secretaria	Date&Time Completed	Done by
	/ Courtesy Car ( )		-36.10
	, , , , ,	<del>                                     </del>	
41 OC Uncck / Post Repair Inspection	( )		
	\$30001 ( )	<del>                                     </del>	
3) Upload Resurvey Photo [Repair Cost>	\$3000] ( )		
	\$3000] ( )		
3) Upload Resurvey Photo [Repair Cost > Injury:	\$3000] ( )		024
3) Upload Resurvey Photo [Repair Cost > Injury :	\$3000] ( )		Section 1
3) Upload Resurvey Photo [Repair Cost > Injury:	\$3000] ( )		ESESOS SE
3) Upload Resurvey Photo [Repair Cost > Injury:	\$3000] ( )		
3) Upload Resurvey Photo [Repair Cost > Injury:	\$3000]		\$58 \$0.538 ·
3) Upload Resurvey Photo [Repair Cost > Injury:	\$3000] ( )		
3) Upload Resurvey Photo [Repair Cost > Injury:	\$3000]		
Injury:  Actions		paration Checklist	Ant (S) Am
Injury:  Actions  Actions	1 Invoice Pre		Ant(S) Ami
Upload Resurvey Photo [Repair Cost > Injury : Actions  Actions  Imant's Particulars :-	Invoice Pro  1) AR: Acciden  2) DA: Damege	t Reporting (\$30); Assessment (\$100); INC (\$8)	fitBill Add 1
Upload Resurvey Photo [Repair Cost > Injury : Actions  Actions  Imant's Particulars :-	Invoice Pre  1) AR: Acciden  2) DA: Darnage  3) TF: Towing	t Reporting (\$30); Assessment (\$100); INC (\$8	HEBIII Add I
Upload Resurvey Photo [Repair Cost > Injury :  Pate/Time: Actions  Limant's Particulars :-  ver/Owner:	Invoice Pre  1) AR: Acciden 2) DA: Damage 3) TF: Towing 4) FT: Follow-1 5) iT: Follow-1	t Reporting (\$30); Assessment (\$100), INC (\$80); Fee \$40, Through Survey \$50; Through Survey (Resurvey)	
Upload Resurvey Photo [Repair Cost > Injury : ———————————————————————————————————	Invoice Pro  1) AR: Acciden 2) DA: Damege 3) TF: Towing 4) FT: Follow-1 5) PT: Follow-1 For claiming	t Reporting (\$30); Assessment (\$100); INC (\$8: Fee \$40. Through Survey \$1 Through Survey (Resurvey) Desainst INC Only (wef 10 Jan 2005)	7 Bill Add 1
Injury:  Oate/Time Actions	Invoice Pro  1) AR: Acciden 2) DA: Damege 3) TF: Towing 4) FT: Follow-1 5) FT: Follow-1 For claiming 6) TR: Re-inspe 7) N1: Idae DA	t Reporting (\$30); Assessment (\$100), INC (\$80); Fee \$40, Through Survey (\$100); Through Survey (Resurvey) Assessed INC Only (wef 10 Jan 2005) Setion + SMRT Survey \$200	
July 29  Actions	Invoice Pri  1) AR: Acciden 2) DA: Damage 3) TF: Towing 4) FT: Follow-1 5) FT: Follow-1 For claiming 6) TR: Re-inspe 7) N1: Idae DA 3 8) NTUC Additi	t Reporting (\$30); Assessment (\$100), INC (\$80); Fee \$40, Through Survey (\$100); Through Survey (Resurvey) Assessed INC Only (wef 10 Jan 2005) Setion + SMRT Survey \$200	7 Bill Add 1
Date/Time Actions  Ac	Invoice Pro  1) AR: Acciden 2) DA: Damage 3) TF: Towing 4) FT: Follow-1 5) FT: Follow-1 For claiming 6) TR: Re-inspe 7) N1: Idao DA 3 8) NTUC Additi QD*	t Reporting (\$30); Assessment (\$100); INC (\$8: Fee \$40. hrough Survey (Resurvey) hrough Survey (Resurvey) headinst INC Only (wef 10 Jan 2005) etion + SMRT Survey \$ onal Services:-	76 Bill Add 1
Section 1	Invoice Pro  1) AR: Accident 2) DA: Damage 3) TF: Towing 4) FT: Follow-1 5) FT: Follow-1 For claiming 6) TR: Re-inspe 7) N1: Idae DA 3 8) NTUC Additi OD!* *N5: Courtest *N6: Repair O	t Reporting (\$30); Assessment (\$100); INC (\$8: Fee \$40. hrough Survey (\$2. hrough Survey (Resurvey) hrough Survey (Resurvey) hrough Survey (\$2.005) http://doi.org/10.1006/10.1006 http://doi.org/10.1006 http://doi.org/1	76 Bill Add 1
Date/Time: Actions  Actions  Actions  Actions  Actions  Actions  Actions  Impury:  Checked by (Engr-In-Charge):	Invoice Pri  1) AR: Acciden 2) DA: Damage 3) TF: Towing 4) FT: Follow-1 5) FT: Follow-1 For claiming 6) TR: Re-inspe 7) N1: Idae DA 3 8) NTUC Additi OD!* *N5: Courtes *N6: Repair C *N7: Fost Rep	t Reporting (\$30); Assessment (\$100); INC (\$8: Fee \$40. hrough Survey (\$2. hrough Survey (Resurvey) hrough Survey (Resurvey) hrough Survey (\$2. hr	76 Bill Add 1 0) 7545 1120 530 575 160 55 510 525
Onte/Time Actions  Checked by (Engr-In-Charge):  Checked by (Engr-In-Charge):	Invoice Pri  1) AR: Acciden 2) DA: Damage 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming: 6) TR: Re-inspe 7) N1: Idae DA 3 8) NTUC Additi OD* *N5: Courtes *N6: Repair C *N7: Fost Re; *N8: DV / Co	t Reporting (\$30); Assessment (\$100); INC (\$8: Fee \$40. hrough Survey (\$2. hrough Survey (Resurvey) against INC Only (wef 10 Jan 2005) action + SMRT Survey \$3. cond Services:	76 Bill Add 1
Date/Time Actions  Ac	Invoice Pri  1) AR: Acciden 2) DA: Damage 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming: 6) TR: Re-inspe 7) N1: Idae DA 3 8) NTUC Additi OD* *N5: Courtes *N6: Repair C *N7: Fost Re; *N8: DV / Co	t Reporting (\$30); Assessment (\$100); INC (\$8); Fee \$40; Frough Survey (\$2,000); Assessment (\$100); INC (\$8); Frough Survey (\$2,000); Assessment (\$2,000); A	545 Add 1  20)  545  1120  575  160  55  510  525  55

#### 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
- 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.

	ACCIDENT STATEMENT	
	ACCIDENT STATEMENT	
Date Of Report	11/07/2018 11:30	
Date Of Accident	10/07/2018 20:00	
Exact Location Of Accident	KPE (TPE) NEARBY TUNNEL: P26K	
Country/State of Loss	SINGAPORE	
Her Person Street	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLR7995X	
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

Manufacturer TOYOTA

PRIUS 1.8E HYBRID CVT 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?

If No, Please state action to be taken

THIRD PARTY PRIVATE HIRE

Insurance Company

Vehicle Category

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

Fleet Policy NO

5093728169 Policy Number

Cover Note Number

Driver

Name of Driver LIM BAN AIK NRIC No S7102597G Date Of Birth 17/01/1971 OUTDOOR Occupation Date Of Driving Pass 27/05/1991

Driving Experience 27 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-94520646

Fax Number

Contact Number OFFICE-94520646

EMail Address NOEMAIL

BLK 114 ANG MO KIO AVENUE 4 Address

#08-351

560114 Postcode

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? YES

Was any injured conveyed to hospital by

NO

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

NO

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

3

Passenger 1

NAME: 1 -

GENDER: : MALE

Passenger 2 NAME:

> GENDER: : FEMALE

9.00

#### **Details of Police Action**

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name ANG MO KIO NORTH NEIGHBOURHOOD POLICE CENTRE

ROAD: 51 ANG MO KIO AVE 9, POSTCODE: 569784, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 1800-4849999 - FAX NO: 62181399

Was notice of intended Prosecution given?

NO

If Yes, against whom?

## Circumstances of Accident

REFER TO POLICE REPORT - T/20180711/2001.

## 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 SGA7867G

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR Name of Driver

ANG SHU JUAN

NRIC/Passport Number

S8417587J

Contact Number

90720083

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

## **DETAILS OF INJURED PERSON 1**

Name

LIM BAN AIK

Approximate Age

-----

Injuries Sustain Injured person in which vehicle? NECK & WAIST

SLR7995X

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address Postcode

## 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.

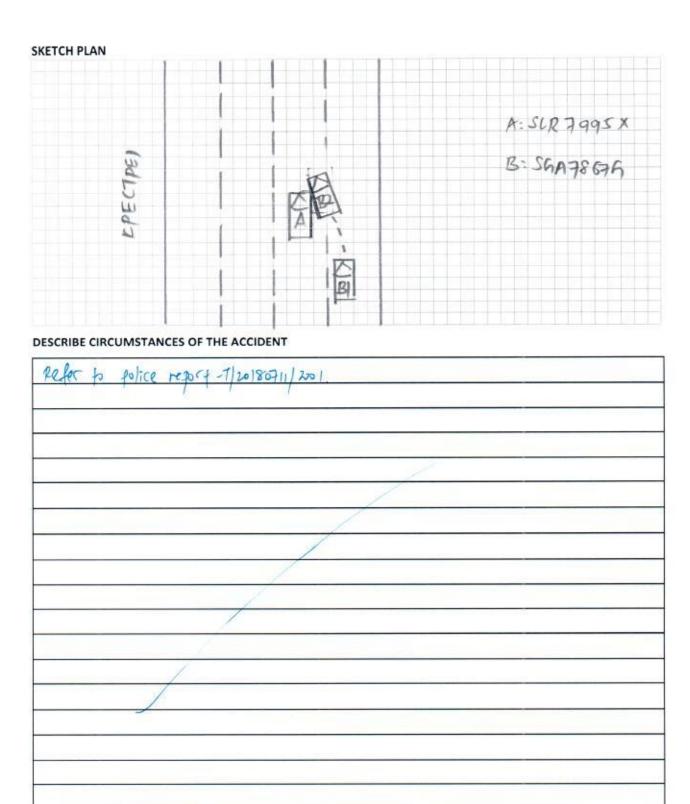
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



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.:





T/20180711/2001

1 of 3

Report No. T/20180711/2001

Police Station Of Origin: Ang Mo Kio North N.P.C 51 Ang Mo Kio Avenue 9 SINGAPORE 569784

Tel No: 1800-4849999

REPORT	OF A	TRAFFIC	ACCIDENT
--------	------	---------	----------

	ne Report M 018 00:21	Made:	Vide Report No.:	Station Diary No.: 9
Informa	inte Partie	ula u		
Name o LIM BAI	f Informant: N AIK		Address: APT BLK 114 ANG MO KIO 560114	AVENUE 4 #08-351 SINGAPORE
	/ ID No.: O / S71025	97G	Contact No.: Home/Office:	Mobile: 94520646
National	lity: PORE CITIZ	EN_	Email:	
Sex: Male	Age:	Date of Birth: 17/01/1971	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupat Grab Dr			Driving Licence Information: Class: 3,4,5	Date of Expiry:

General Infor	reation of the Area	dent to the			et sur		
Type of Accident:	Injury Others	1	Drink Drive: No	Date/Time of Accident: 10/07/2018 20:00	Type of Location Straight Road		
Location: Along Road 1 KALLANG PA	AYA LEBAR EXPRE	ESSWAY					
Weather: Clear		Road St Dry	urface:		Road	d Speed Limit:	
Traffic Flow:		Traffic C			Traff	ic Volume:	
Type of Collis Between Mov	sion: ring Vehicles - Side	Swipe - Same [	Direction		1.00	one conveyed by ulance:	

	TE USE TO SERVICE		THE REAL PROPERTY.			
Vehicle No	Target	ASSESSED TO	Modell	C 100		
SGA7867G					Slightly Damaged	0
SLR7995X	Car				Slightly Damaged	2

Paralistor Assendandent	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





T/20180711/2001

2 of 3

Report No. T/20180711/2001

Police Station Of Origin: Ang Mo Kio North N.P.C 51 Ang Mo Kio Avenue 9 SINGAPORE 569784

Tel No: 1800-4849999

## CONTINUATION OF REPORT

Mana	1110 01111	A CARROLL SHIP OF SEC.	COLUMN TWO IS NOT THE OWNER.		Don't a		
Name	ANG SHU JUAN			ID No	<b>)</b> .	S8417587J	
Related Vehicle	SGA7867G (Car)			Contact No.		90720083	
Hospital/Clinic	NIL			Class Drivin Licen Expin	ng	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Y20-3	Date Disc		NIL		
	ted Medical Leave	NIL	Degree o				
Dover		STATE OF	380		127 300	SE VINDO CONTRACTOR AND ADDRESS OF THE PARTY	
Name	LIM BAN AIK			ID No.		S7102597G	
Related Vehicle	SLR7995X (Car)			Contact No.		94520646	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: 3,4,5 Date of Expiry: NIL	
Date Treatment	10/07/2018	IEWE-80 - E-	Date Disc		10/07	/2018	
No. of Days grant	ed Medical Leave	05	Degree of		Slight		

## Brief Details.

On 10/07/2018 at about 2000hrs, while I was driving my car SLR7995X along KPE on the 2nd lane, another car SGA7867G which was on the 1st lane suddenly side swiped my car. After the collision, she did not stop the car and I gave chase. She only stopped her vehicle when we reach the tunnel P26K. Both of us exchanged particulars. I suffered pains in my neck and waist area. My car was damaged at the right front side.

I went to seek medical attention at Internedical 24 Hr Clinic located at 525 Ang Mo Kio Avenue 10 #01-2407 Singapore 560525. I was given a total of 5 days MC by doctor Ong Swee Seng Raymond.





Police Station Of Origin: Ang Mo Kio North N.P.C 51 Ang Mo Kio Avenue 9 SINGAPORE 569784

3 of 3 Report No. T/20180711/2001

Tel No: 1800-4849999

CONTINUATION OF REPORT

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.

Signature Of Officer Recording The Report: F / Sgt 3 JAYZ TAN ZHANG JIE	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 11/07/2018 00:21
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:
Authentication Stamp	





# YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

EFFECTIVE DATE

Motor cars with uniaden weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with uniaden weight =< 2500kg Motor vehicles which are constructed to carry load or passengers and the uniaden weight > 2500kg Motor vehicles which are not constructed to carry load or passengers and the uniaden weight =< 7250kg Motor vehicles not constructed to carry any load and the uniaden weight > 7250kg 27 May 1991 Class 3 07 Oct 1998 Class 4





NP 428A

<b>eBao</b> Tech							16		Gene	eralClaim
Hello, NAC_PAYA_UBI_80	0601						Change Lan	guage	Change Passwo	rd • Log Out
My Desktop	Poli	cy Query								
Notice of Loss	Policy N	lo,				Date of Acc	ident	10/07	7/2018 20:00	
	Vehicle	No.(For Motor)	SLR7995X	-11	1					
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5093728169	RELIABLE RIDES PTE LTD	201611527N	GPC	drivo CLASSIC	SLR7995X	5LR7995X	29/08/2017	28/08/2018
					- 1	Continue				

Policy No.	5093728169	Policyholder Name	RELIABLE R	IDES PTE LTD	Policyholder NRIC	201611527N	
ddress	8 KAKI BUKIT AVENUE 4 #05-50	PREMIER @	KAKI BUKIT	SINGAPORE 415875			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
olicy ssue Date	25/08/2017	Effective Date	29/08/2017	00:00	Expiry Date	28/08/2018	23:59
xcess ype		All Claim Excess					
hird arty xcess	1500	Own damage Excess	1000		Windscreen Excess	100	
Additional excess	0	OS Premium	0				
Dutside Singapore DD Excess	3000	Outside Singapore TP Excess	3000			Your	ng/Inexperience Driver Excess
Agent	TAN INSURANCE BROKERS PTE	Agent Tel.	NIL		GST Flag	Y	
lag Open Policy							
ertificate							
Certificate nfo	holder Mailing Address						
Certificate nfo Policyl	holder Mailing Address 8 KAKI BUKIT AVENUE 4	Addr	ess 2	#05-50 PREMIER €	⊋ KAKI BUKIT	Address 3	SINGAPORE 415875
Certificate nfo Policyl Address 1			ess 2 ess Type	#05-50 PREMIER &	∌ KAKI BUK∏	Address 3 Post Code	SINGAPORE 415875 415875
Certificate nfo Policyl Address 1		Addr	ess Type ed Policy	VENTOR THE PROPERTY OF	⊋ KAKI BUKIT		
ertificate info Policyl iddress 1 iddress 4 Init No.	8 KAKI BUKIT AVENUE 4	Addr	ess Type ed Policy	Singapore address	Ð KAKI BUKΠ		
Certificate info Policyl Address 1 Address 4 Init No. Insure	8 KAKI BUKIT AVENUE 4 05-50 ed Object: SLR7995X	Addr	ess Type ed Policy	Singapore address	Ð KAKI BUKΠ		
Address 1 Address 4 Unit No.	8 KAKI BUKIT AVENUE 4  05-50  d Object: SLR7995X  sements	Addri Relat Num	ess Type ed Policy	Singapore address 5092811441-01	⊋ KAKI BUKIT	Post Code	
certificate info Policyl iddress 1 iddress 4 Init No. Insure Endors	8 KAKI BUKIT AVENUE 4  05-50  d Object: SLR7995X  sements	Addri Relat Num	ess Type ed Policy ber Endorsemen	Singapore address 5092811441-01 t Type		Post Code	415875

cident MT/1002599							
licy No.	5093728169	Vehicle No.	SLR7995X	GST Registration (	No.		
kcyholder Name	RELIABLE RIDES PTE LTD	ENTERNO.	anningan			201411222	
oduct Code			2.22	Policybolder NRIC		201611527N	
	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading		0	
intact No.(Mobile)	6	Contact No. (Office)	0	Contact No. (Home	1)	0	
mail Address	1210011120000	Special Remark	127/04/2009	eCode		AC Y	
-к	® No ○ Yes	TCA	® No ○Yes	eCode Reason			
CD Protection	No	NCD Entitlement(%)	0	Private Hire		Yes	
Accident Details							
eport Date	11/07/2018 17:28	Accident Report Within 24 hrs.	Yes	Accident Type		Collision - Change / Cross Isn	ne:
ne of Accident	19/07/2018	Time of Accident Informer	20:00	Country of Accide		Singapore	0000
	800000000000000000000000000000000000000		60.00			angepore	
eporting Centre		Orange Force		ICM No.			
coident Location	KPE (TPE) NEARBY TUNNEL; P26K						
♥ Benefits							
Excess							
en damage Excess	1,000.00	Additional Excess	٥	Windscreen Exces	5	100.00	
named Driver Excess		Outside Singapore OD Excess	3,000.00				
ed Party Excess	1,500.00	Outside Singapore TF Excess	3,000.00				
GST Registered Informa							
T Registered	No		GST Registration Date				
T Registration No.	77		GST Status Verified	Yes			
dification History				163			
CHRONICAL CONTROL							
Policyholder Mailing Ad	idress						
dress 1	8 KAKI BUKIT AVENUE 4	Address 2	#05-50 PREMIER @ KAKI BUKIT	Address 3		SINGAPORE 415875	
dress 4		Address Type	Singapore address	Post Code		415875	
it No.	05-50	Related Policy Number	5092811441-01				
OI Driver Info	13238	ASSESSED AND MAINTENANCE					
	Transmist Bullion	warm. warm	Market				
iver Name	Unnamed Driver	Onver Type	Unnamed Driver	DESCRIPTION OF THE PARTY OF THE			
named driver Name	LIM BAN AIK	Driver NRIC	57102597G	Driver DOB		17/01/1971	
gister Date of Driver License	27/05/1991	Driver Age	47	Driving Experience	1	27	
ntact No.(Mobile)	94520646	Contact No.(Office)	0	Contact No.(Home	1	0	
dress 1	BUK 114	Address 2	ANG MO KIO AVENUE 4	Address 3		KEBUN BARU HEIGHTS	
dress 4	51NGAPORE 560114	Address Type		Post Code		560114	
		Address Type	Singapore address	Post Code		560114	
t No. es ne own a Singapore	06-351					560114	
it No. es ne own a Singapore		Address Type  Driver Vehicle No.		Post Code  Driver Insurer Con	npany	560114	
t No. es ne own a Singapore gistered car?	06-351				npany	560114	
t No. es ne own a Singapore gabered car? daration nathelyser or Blood Test	08-351 ○ Yes <b>®</b> No	Driver Vehicle No.	Singapore add/ess		npany	560114	
nt No.  Des he own a Singapore gastered car?  claration mathelyser or Blood Test	06-351				npary	560114	
ddress 4 nit No. oes ne own a Singapore egistered car? iclaration reathelyser or Blood Test eading?	08-351 ○ Yes <b>®</b> No	Driver Vehicle No.	Singapore add/ess		npany	560114	
nt No.  Des he own a Singapore gastered car?  claration mathelyser or Blood Test	08-351 ○ Yes <b>®</b> No	Driver Vehicle No.	Singapore add/ess		npany	560114	
ic No.  es the own a Singapore gathered car?  claration cathelyser or Blood Test ading?  discasion History	08-351 ○ Yes <b>®</b> No	Driver Vehicle No.	Singapore add/ess		npany	560114	
t No.  Is he own a Singapore patered car?  laration athlesser or Blood Test ding?	08-351 ○ Yes <b>®</b> No	Driver Vehicle No.	Singapore add/ess		npany	560114	
t No. es he own a Singapore gatered car? daration nathelyser or blood Test ading? dification History	08-351 ○ Yes	Driver Vehicle No. Any Ingury?	Singapore address	Driver Insurer Con	npany	55-15350	
ic No. es he own a Singapore gathered car? claration eathelyser or Blood Test ading?  Jification History Claim 001 New	08-351 ○ Yes <b>®</b> No	Driver Vehicle No.	Singapore add/ess		ngany	560114 201611527N	
ic No. es he own a Singapore gathered car? claration eathelyser or Blood Test ading?  Jification History Claim 001 New	08-351 ○ Yes	Driver Vehicle No. Any Ingury?	Singapore address	Driver Insurer Con	81	55-15350	
t No.  Is he own a Singapore sidered car?  laration athalyser or Blood Test ding?  ification History  In Type *  Fact No. (Mobile)	08-351 ○ Yes	Driver Vehicle No.  Any Injury?  Insured Name	Singapore address	Driver Insurer Can	1	201611527N	
c No.  es he own a Singapore patiered car?  laration athletyser or Blood Text dring?  lification History  laim 001 New  Im Type *  Kact No. (Mobile) at Address	08-351 ○ Yes	Driver Vehicle No.  Any Injury?  Insured Name Contact No.(Home)	Singapore add/ess	Driver Insurer Con	ı	201611527N 66351820	
ic No.  es he own a Singapore gathered car?  claration  bathalyser or Blood Test dding?  dification History  Claim 001 New  im Type *  meact No. (Mobile)  all Address  all Address  ferred Workshop Contact	06-351 ○ Yes	Driver Vehicle No.  Any Injury?  Insured Name Contact No.(Home) Of Vehicle Number	© Yes ○ No  RELIABLE RIDES PTE LTD  SLR7995X	Driver Insurer Con  Drawned NRIC  Contact No. (Office TP Vehicle Number	ı	201611527N 66351820	
ic No.  es ne own a Singapore gathered car?  claration cathelpser or Blood Test ading?  Claim 001 New  im Type *  neart No. (Mobile) all Address im Description ferred Workshop Contact	06-351 ○ Yes  No  D mg  CO-MX  SLR7995X / SGA7867S ON 10 Jul 2018	Driver Vehicle No.  Any Injury?  Insured Name Contact No.(Home) Of Vehicle Number	© Yes ○ No  RELIABLE RIDES PTE LTD  SLR7995X  Not at Fault	Driver Insurer Con  Insured NRIC  Contact No. (Office  TP Vehicle Number	ı	201611527N 66351820 SGA7867G	
es No.  es ne own a Singapore gathered car?  claration autheligner or blood Test adding?  claim 001 New  im Type *  near No. (Mobile) ail Address im Description ferred workshop Contact  sure Finalisation	06-351  ○ Yes  No  D = g  CO-MX  SLR7995X / SGA7867S ON 10 Jul 2018  Yes	Insured Name Contact No.(Home) Of Vehicle Number  Insured Liability * Preference Repair Option	® Yes ○ No  RELIABLE RIDES PTE LTD  SLR7995X  Not at Fault	Driver Insurer Con  Driver Insurer Con  Driver Insurer NRIC  Contact No. (Office  TP Vehicle Number  Name of Preferred	ı	201611527N 66351820 SGA7867G	
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Attachment	Uplnaties By/Date	Category	P Urgency	Description	Msg Sert? Action (CO)
数に	NAC_PAYA_UBI_B00601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jul 2018 17:34	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-7-11	Edit
193	NAC_PAYA_UBI_BOGGOL( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jul 2018; 17:34	SAS	Normal	SAS 2018-7-11	Edit
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jul 2018 17:34	Photos	Normal	Photos 2018-7-11	Edit
-	NAC_PAYA_UBI_B00601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jul 2018 17:33	Photos	Normal	Photos 2016-7-11	Edit
EV	NAC_PAYA_UBI_800001[ NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jul 2018 17:33	Photos	Normal	Photos 2018-7-11	Edit
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jul 2018 17:33	Photos:	Normal	Photos 2018-7-11	Edit
719	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jul 2018 17:33	Photos	Normal	Photos 2018-7-11	Edit
138	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Jul 2018 17:33	Photos	Normal	Photos 2018-7-11	Edis
37	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jul 2018 17-13	Photos	Normai	Photos 2018-7-11	Edit
<b>S</b>	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jul 2018 17:33	Photos	Normal	Photos 2018-7-11	Edit
711	NAC_PAYA_UBI_BOOKO]( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jul 2018 17:33	Photos	Normal	Photos 2018-7-11	Edit
<b>(</b>	NAC_PAYA_UBI_B00601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jul	Photos	Normal	Photos 2018-7-11	
<b>6</b>	2018 17:33  NAC_PAYA_UBI_800601[ NATIONAL ASSESSMENT CENTRE SERVICES] on 11 Jul	Photos			Edit
Circle Circle	2018 17:33  NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jul		Normal	Photos 2018-7-11	Edit
	2018 17:33  NAC_PAYA_UBI_BODGGI ( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jul	Photos	Normal	Photos 2018-7-11	Edit
	2018 17:33  NAC_PAYA_UBL_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jul	Photos	Normal	Photos 2018-7-11	Edit
7	2018 17:12 NAC_PAYA_UBI_B00601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jul	Photos	Normal	Photos 2018-7-11	Edit
24	2018 17:32	Photos	Normal	Photos 3018-7-11	Edit
	NAC_PAYA_UBI_BD0601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jul 2018 17:32	Photos	Normal	Photos 2018-7-11	Edit
	NAC_RAYA_UBI_BOOGGI( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jul 2018 17:32	Photos	Normal	Photos 2018-7-11	Edit
	NAC_PAYA_UBI_B00601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jul 2018 17:32	Photos	Normal	Photos 2018-7-11	Edit
	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jul 2018 17:32	Photos	Normal	Photos 2018-7-11	Edit
	NAC_PAYA_UBI_B00601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jul 2018 17:31	Photos	Normal	Photos 2018-7-11	Edit
	NAC_PAYA_UBI_B00601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jul 2018 17:31	Photos	Normal	Photos 2018-7-11	Edit
	NAC_MAYA_UBI_B00601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jul 2018 17:31	Photos	Normal	Photos 2018-7-11	Edit
16	NAC_PAYA_URII_RODRO1  NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jul 2018 17:31	Photos	Normal	Photos 2018-7-11	Edit
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jul 2018 17:31	Photos	Normal	Photos 2018-7-11	Edit
	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jul 2018 17:31	Photos	Normal	Photos 2018-7-11	Edit
	NAC_PAYA_URL_BDD601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jul 2018 17:30	Photos	Normal	Photos 2018-7-11	Edit
	NAC_PAYA_UBIL_BOOK01( NATIONAL ASSESSMENT CENTRE SERVICES) on 31 Jul 2016 17:30	Photos	Normal	Photos 2018-7-11	Edit
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jul 2018 17:30	Photos	Normal	Photos 2018-7-11	Edit
1	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jul 2018 17:30	Photos	Normal	Photos 2018-7-11	Edit
*	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jul 2018 17:30	Photos	Normal	Photos 2018-7-11	Edit

♥ Video List	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 11 Jul 2018 17:30		Photos	Normal	Photos 2018-7-11	Edit
	Uploaded By/Date	Folder Date	File Name	7	Source	Action
		Display in N	ew Window Scan ar	nd uploading		