LMA118089354 / National Assessment Centre Services - Ubi ENTRY DATE & TIME 11/07/2018 12:37 SUBMITTED BY Jackson Ho Zhao Tian Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 11/07/2018 12:50

SINGAPORE ACCIDENT STATEMENT

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.
- 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 hability 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	11/07/2018 12:37
Date Of Accident	09/07/2018 21:30
Exact Location Of Accident	JUNC BALESTIER RD & AH HOOD RD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLR1533K
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	TOYOTA
Model	PRIUS HYBRID 1.8S CVT
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	5092730370
Cover Note Number	
Driver	
Name of Driver	NG KOK HAU
NRIC No	S6934889J
Date Of Birth	06/10/1969
Occupation	OUTDOOR
Date Of Driving Pass	17/03/2014
Driving Experience	4 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93692615
Fax Number	
Contact Number	OFFICE-93692615
EMail Address	NOEMAIL

Address BLK 12 KAMPONG ARANG ROAD

#12-15

Postcode 431012

Was driver an employee of the Insured's Company NO

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

-

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 2

Was any body injured in the Accident? NO

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)

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

If Yes against whom?

Circumstances of Accident

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY WAS STOPPED ALONG BALESTIER RD AS TRAFFIC LIGHT WAS RED. SUDDENLY VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

NO

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

Vehicle Registration Number SHD6791U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver ONG CHOON LIM

NRIC/Passport Number S1157064Z

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME:

GENDER

Accident Sketch Plan

SKETCH PLAN

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- Empert under the Personal Data Protection Act (PDPA)

understand, a knowledge, agree and consent that

- We insure another, my workthop and the General insurance Association of Singapore ("GIA") may/are permitted to collect, use, discover another process my personal data/personal information set out in this [form] and any other personal information or revided 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 (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involv
 - processing, harding 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,
 - in jearning out and/or dealing with my instructions or responding to any enquines by me,
 - is lader distering my claims (including the making of correspondence, statements, invoices, reports or notices to me, which could invoice 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) comoving with applicable law-in administering, processing, handling and/or dealing with my claims (collectively the Purposes).
- (ii) at incurrent who have insured vehiclest involved in this accident and the insurers' lawyers/law firms, may/are permitted to solicit use, disclose and/ar processing Personal information for one or more of the above Purposes, and
- [7] my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agent windlicing their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (c) 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.
- $|\sigma| = t \omega$ information to collected under (d) above may be shared f disclosed.
 - 1 1 and incorrer uniting are 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

in for complying with reguliements under any regulations, laws or court orders

Face product is defined.

Date & Servi

Otiver's lighature off driver is not the policyholderi Date & Time Reporting Centre Personnell's Signature Name NBIC/FrN No.

My

Accident Sketch Plan

SKETCH PLAN

Date & Time

A: SER IS \$3H g Shoganu ()AK)D0 DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Teler to stortement DECLARATION

We dry are the formore part cutars are true in every respect Reporting Centre Personnel's Signature Name Policyholder's Signature Driver's Signature (if driver is not the policyholder)

Date & Time

NRIC/FIN No.

REFUEL CAR SINGAPORE реточано по \$6934889Ј





NG KOK HALL

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CHINESE

06-10-1969

SINGAPORE

М

REPUBLIC OF SINGAPORE DRIVING LICENCE S6934889J MG KOK HAU Brit Date: 06 Oct 1969 ue Date: 24 Feb 2016

5566635



Cape of result 26-02-2016

APT BLK 12 KAMPONG ARANG ROAD SINGAPORE 431012

Actions

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

EFFECTIVE DATE

Motor cars with unladen weight =< 3000kg with =< 7 17 Mar 2014 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg Motor vehicles which are constructed to carry load or passingers and the unladen weight > 2500kg Motor vehicles which are not constructed to carry load or passengers and the unladen weight =< 750kg Motor vehicles not constructed to carry and the unladen weight = 7250kg Motor vehicles not constructed to carry and the unladen weight > 7250kg Class 3

Class 4

Class 5

Licence No:S5834888J

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