Date In: 17/3 18-117/		Date & Time Completed	Don	e by
W 1997	Jeb description	Date to I into ovinpation		
Res No. NA/BY (1801300 7/14	SAS e-filing			
Veh No: SMC 2670H	E-mail (within Shrs, AIC 2hrs)			29
D.O.A: K/7/18-19-50	i-Motor Claim Form	MT/1007451-001	12/2/18	19:12
OD (TPY Reporting Only	i-Motor W/O (Within: OD 2hr	s, TP 4hrs)		
OB Try Reporting Only	i-Photo Uploaded			
Th.	Assessment/Survey Report		OPA STREET, IN	
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / Q	W: (Tel: F	ax:	
TP Particulars: Veh No.	: Shr7799 . INC()/Non-INC()		San Zeroso
Owner / Driver: (0/1/1/19	Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-1	00%]	
Year of Registration: () Warranty: YES ()/NO ()		
Excess: (\$) Loading	g:\$1,000()/\$2,000()			
General Remarks		eren eren eren er	131	
() Walk-In Customer : Custome	r's information strictly Confidential & St			
Remarks: (INC horline: 6788 6) 1) Apply for Transport Allowance () / Courtesy Car ()	Date&Tarie Completed."	Jan V. (Don	o jo j
2) QC Check / Post Repair Inspection			-	
-) An outper Last Websit Inspection	()	and the same of th		
		 		
3) Upload Resurvey Photo [Repair Co	ost > \$3000] ()			27 . 57. 2
3) Upload Resurvey Photo [Repair Co				
3) Upload Resurvey Photo [Repair Co Injury: Date/Time Actions	invoice Pre	paration Checklist.	Ant(s)	Am.
Onte/Time Actions VAISO 4502	Inveice Pre	paration Checklist	Ant (S)	Am.
Onte/Time Actions Actions Actions Actions Also 4602	Invoice Pre	paration Checklist; Reporting (\$30); Assessment (\$100); INC (\$8	Ant (S) St Bill 0) /545	Am.
Upload Resurvey Photo [Repair Co Injury: Date/Time Actions NAISO USO 2 alimant's Particulars:- iver/Owner:	Invoice Pro 1) AR: Accident	Paration Chrcklist: Reporting (\$30); Assessment (\$100); INC (\$8 ee \$40 hrough Survey through Survey (Resurvey)	Ant (S) fit Bill 0) 7545 5120 530	Am.
Upload Resurvey Photo [Repair Co Injury : Date/Time Actions Actions Actions Actions Actions iver/Owner: ntact No:	Invoice Pre 1) AR : Accident 2) DA : Damage 3) TF : Towing F 4) FT : Follow-T 5) FT : Follow-T For claiming as	Paration Checklist; Reporting (\$30); Assessment (\$100); INC (\$8 ee \$40 erough Survey frough Survey (Resurvey) Reinst INC Only (wef 10 Jan 2005)	Ant (5) 7§ Bill 0) 7545 5120 530	Am.
Upload Resurvey Photo [Repair Co Injury: Date/Time Actions Actions Actions Simant's Particulars:- iver/Owner: ntact No:	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming as 6) TR: Re-inspec 7) N1: Idae DA	Paration Checklist. Reporting (\$30); Assessment (\$100); INC (\$8 ee \$40 hrough Survey hrough Survey (Resurvey) Reinst INC Only (wef 10 Jan 2005 thion	Ant (S) fit Bill 0) 7545 5120 530	Am.
Upload Resurvey Photo [Repair Co Injury: Date/Time Actions Actions Actions Simant's Particulars:- iver/Owner: ntact No:	Invoice Pre 1) AR : Accident 2) DA : Damage 3) TF : Towing F 4) FT : Follow-Ti 5) FT : Follow-Ti For claiming as 6) TR : Re-inspec 7) N1 : Idae DA 8) NTUC Addition	Paration Checklist. Reporting (\$30); Assessment (\$100); INC (\$8 ee \$40 hrough Survey hrough Survey (Resurvey) Reinst INC Only (wef 10 Jan 2005 thion	Amt (\$) 7st Bill 0) /\$45 5120 \$30) \$75	(Amu)
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Oate/Time Actions Marko Grant Serviculars:- iver/Owner: ntact No: maged Portion: Checked by (Engr-In-Charge):	Invoice Pre 1) AR: Accident 2) DA: Darnage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming at 6) TR: Re-inspec 7) N1: Idae DA: 8) NTUC Additio OD: *N5: Courtesy *N6: Repair Co *N7: Post Repair Co *N8: DV / Coll *TP (N11) : TP	Reporting (\$30); Assessment (\$100); INC (\$8 ee \$40 hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005 thon + SMRT Survey (Manual Services:- Car / Tpl Allowance co-ordination air Inspection lect Excess Coordination (Non INC) against INC	\$ Amt (\$) Tit Bill O)	Amt (1
3) Upload Resurvey Photo [Repair Co Injury: Date/Time Actions	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming at 6) TR: Re-inspec 7) N1: Idae DA: 8) NTUC Additio OD: *N5: Courtesy *N6: Repair Co *N7: Post Repair Co *N8: DV / Coll	Reporting (\$30); Assessment (\$100); INC (\$8 ee \$40 hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005 thon + SMRT Survey (Manual Services:- Car / Tpl Allowance co-ordination air Inspection lect Excess Coordination (Non INC) against INC	\$ Amt (\$) Tit Bill O)	Add B

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number Contact Number

EMail Address

- 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.
- 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

510/1079/209	
NEW TOTAL STATE OF THE STATE OF	ACCIDENT STATEMENT
Date Of Report	17/07/2018 11:41
Date Of Accident	15/07/2018 19:50
Exact Location Of Accident	ALONG GEYLANG RD BEFORE LOR 16 GEYLANG
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SMC2670H
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	C-HR 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
f No, Please state action to be taken	THIRD PARTY
/ehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5101671135
Cover Note Number	
Driver	
Name of Driver	RAJVINDER SINGH REHILL S/O SARJIT SINGH
NRIC No	S9230976B
Date Of Birth	22/08/1992
Occupation	OUTDOOR
Date Of Driving Pass	05/01/2016
Driving Experience	2 YEARS AND 6 MONTHS
Sender	F
	MALE

OFFICE-87426231

NOEMAIL

Address BLK 148 WOODLANDS STREET 13

#04-825

Postcode 730148

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 2

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by ambulance?

NO

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) 3

NAME: : -

GENDER: : MALE

Passenger 2

Passenger 1

NAME: : -

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name KAKI BUKIT NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 526 BEDOK NORTH STREET 3 #01-448 , POSTCODE: 460526

, COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-4429999 - FAX NO: 62444377

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20180716/2143.

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 SGN7779J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver ONG MUN CHAY

NRIC/Passport Number

S7340928D

Contact Number

90907779

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name RAJVINDER SINGH REHILL S/O SARJIT SINGH

Approximate Age

Injuries Sustain NECK & BACK
Injured person in which vehicle? SMC2670H

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

YES

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:

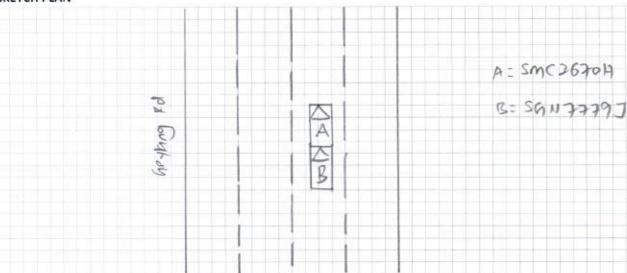
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/20180716/2147.

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.:





1 of 3

Report No. T/20180716/2143

Police Station Of Origin: Kaki Bukit NPP 526 Bedok North Street 3 #01-448 SINGAPORE 460526 Tel No: 1800-4429999

REPORT OF A TRAFFIC ACCIDENT

REPORT OF A TRAFFIC ACCIDENT		
KEPOKT OF A TIGHT TO THE TELE	Time B (No.	Station Diary No.:
Date/Time Report Made:	Vide Report No.:	30
16/07/2018 18:03		30

16/07/20	18 18:03			00
Informa	nt's Particu	ılars		
Name of	Informant: DER SINGH	REHILL S/O	Address: APT BLK 148 WOODL/ SINGAPORE 730148	ANDS STREET 13 #04-825
ID Type		76B	Contact No.: Home/Office:	Mobile: 87426231
National		areas area	Email:	
Sex: Male	Age: 25	Date of Birth: 22/08/1992	Type of Informant: Driver	
Race: Sikh			Language:	Institution / School Name:
Occupat GRAB D			Driving Licence Information Class: 3	ation: Date of Expiry:

Marie Control	nation of the Accid	Drink	Date/Time of	Type of Location
Type of Accident:	Others	Drive: No	Accident: 15/07/2018 19:50	Straight Road
		16 A Geylang. Road Surface:		Road Speed Limit:
Weather: Clear		Dry		000000000000000000000000000000000000000
Traffic Flow: One Way		Traffic Control: Traffic Light - Wo	rking	Traffic Volume: Moderate
Type of Collis	sion: cle Against - Parked	Vehicle	-	Anyone conveyed by ambulance: No

Details of Volume Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SGN7779J	Car	BMW	520I 2.0L AT D/AB 2WD 4DR GAS/D NAV	P-12-79-0200	Seriously Damaged	1
SMC2670H	Car	ТОУОТА	C-HR HYBRID 1.8S CVT	Silver	Slightly Damaged	3





Police Station Of Origin; Kaki Bukit NPP 526 Bedok North Street 3 #01-448 SINGAPORE 460526 Tel No: 1800-4429999

2 of 3 Report No. T/20180716/2143

CONTINUATION OF REPORT

Details of Ve	ehicle Insurance			Particular Management
	Insurance Company	Insurance No	Effective	Expiry Date
SMC2670H	NTUC Income Insurance Co-Operative Limited	5101671135	28/06/2018	27/06/2019

Details of Perso		Maria Contra			
Any Pedestrian I					
No. of Pedestria	ns Injured: NIL	Use of Pe	edestria	Cross	sing: NA
Driver		NAMES OF STREET		101000	Maria Constant
Name	Ong Mun Chay		ID No	3-10	S7340928D
Related Vehicle	SGN7779J (Car)		Conta	ct No.	90907779
Hospital/Clinic	NIL		Class Drivin Licend Expire	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc		NIL	
No. of Days gran	ted Medical Leave NIL	Degree o		NIL	
Driver			a many		
Name	RAJVINDER SINGH REHILL S/ SINGH	O SARJIT	ID No		S9230976B
Related Vehicle	SMC2670H (Car)	(\$)	Conta	ct No.	87426231
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class Driving Licence Expiry	g e &	Class: 3 Date of Expiry: NIL
Date Treatment	16/07/2018	Date Disc		16/07	/2018
No. of Days grant	ted Medical Leave 03	Degree of		NIL	

Brief Details.

On 15/7/2018 at around 1950 hrs, I stopped my vehicle at the traffic light along Geylang Road, near to Lorong 16a Geylang as the traffic was red, I was rear ended by a black BMW, plate number: SGN7779J. I am lodging this report for insurance claim.





Police Station Of Origin: Kaki Bukit NPP 526 Bedok North Street 3 #01-448 SINGAPORE 460526 Tel No: 1800-4429999 3 of 3 Report No. T/20180716/2143

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: G / Sgt 3 TAN MENG LIANG	Signature Of Informant:
Signature Of Interpreter:	Date/Time:
Not applicable	16/07/2018 18:03
	69
Officer In Charge Of Case:	Classification Of Case:
TP / AEIT /	
Sr Staff Sgt ONG YONG HOCK	
Contact No.: 65476436	
Authentication Stamp	

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$9230976B





RAJVINDER SINGH REHILL S/O SARJIT SINGH

SIKH

22-08-1992

SINGAPORE



NAIC No. S9230976B

01-09-2007

APT BLK 148 WOODLANDS STREET 13 #04-825 SINGAPORE 730148

4093479

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

Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

NP 428A

eBaoTech			100						Gene	eralClaim
Hello, NAC_PAYA_UBI_800	0601						Change Lan	guage)	Change Passwo	rd • Log Out
My Desktop	Polic	cy Query								,
Notice of Loss	Policy N	io.				Date of Ac	cident	15/07/	2018 19:50	3
	Vehicle	No.(For Motor)	SMC2670H							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5101671135	RELIABLE RIDES PTE LTD	201611527N	GPC	drivo CLASSIC	SMC2670H	SMC2670H	28/06/2018	27/06/2019
					1	Continue				

Policy No.	5101671135	Policyholder Name	RELIABLE R	IDES PTE LTD	Policyholder NRIC	2016115271	N.
Address	8 KAKI BUKIT AVENUE 4 #05-50	PREMIER @	KAKI BUKIT	SINGAPORE 415875			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	22/06/2018	Effective Date	28/06/2018	00:00	Expiry Date	27/06/2019	23:59
Excess Type		All Claim Excess					
Third Party Excess	1500	Own damage Excess	1000		Windscreen Excess	100	
Additional Excess	0	OS Premium	1400.00				
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 Open Policy Info	No						
Certificate Info							
Policy	holder Mailing Address						
	· · · · · · · · · · · · · · · · · · ·						ALPOARDANG MARK MARK MINE
Address 1	8 KAKI BUKIT AVENUE 4	Addr	ess 2	#05-50 PREMIER @	KAKI BUKIT	Address 3	SINGAPORE 415875
Address 1 Address 4 Unit No.	8 KAKI BUKIT AVENUE 4	Addr Relat	ess Type ted Policy	#05-50 PREMIER @ Singapore address 5092811441-01	KAKI BUKIT	Address 3 Post Code	SINGAPORE 415875 415875
Address 4 Unit No.	05-50	Addr	ess Type ted Policy	Singapore address	₿ KAKI BUKIT		
Address 4 Unit No. D Insure	05-50 ed Object: SMC2670H	Addr Relat	ess Type ted Policy	Singapore address	® KAKI BUKIT		
Address 4 Unit No. D Insure	05-50 ed Object: SMC2670H sements	Addri Relat Numl	ess Type ted Policy ber	Singapore address 5092811441-01		Post Code	415875
Address 4 Juit No. D Insure	05-50 ed Object: SMC2670H sements	Addri Relat Numi	ess Type ted Policy	Singapore address 5092811441-01 t Type	Endorsement	Post Code	

Claim Handling	AND ADDRESS OF THE PARTY OF THE				- East
The premium on this policy has Accident MT/1003451	not been collected.				
PORCY No.	\$101671135	Vehicle No.	SMC2870H	GST Registration No.	
Policyholder Name	RELIABLE RIDES PTE LTD			Policyholder NRIC	201611527N
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive QLASSIC	Loading	-0
Contact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
Email Address -		Special Remark		eCode	N. A.
KFK	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details					
Report Date	17/07/2018 19:10	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	15/07/2018	Time of Accident hh:mm	19:50	Country of Acadent	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG GEYLANG RD BEFORE LOR 16 GEYLA	ANS		-78-10-01	
▽ Benefits					
♥ Excess					
Own damage Excess	1,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	3,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	3,000.00		
ST Registered Inform	ation				
GST Registered	No		GST Registration Date		
GST Registration No.			GST Status Verified	No	
Modification History					
→ Policyholder Mailing Ad					
Address 1	8 KAKI BUKIT AVENUE 4	Address 2	#05-50 PREMIER & KAKI BUKIT	Address 3	SINGAPORE 415875
Address 4	20.02.17	Address Type	Singapore address	Post Code	415875
Unit No.	05-50	Related Policy Number	5092811441-01		
W OI Driver Info Driver Name	Unnamed Oriver	Driver Type	Unnamed Driver		
Unnamed driver Name	RAZVINDER SINGH REHILL SVO	Driver NRIC	592309768	Driver DOS	22/08/1992
Register Date of Driver License		Driver Age	25	Driving Experience	2
Contact No.(Mobile)	87426231	Contact No.(Office)	0	Contact No.(Home)	D
Address 1	BLK 148	Address 2	WOODLANDS STREET 13	Address 3	SINGAPORE 730148
Address 4		Address Type	Singapore address	Post Code	730148
Unit Na.	04-825				
Does he own a Singapore Registered car?	○ Yes ® No.	Driver Vehicle No.		Driver Insurer Company	
A CONTRACTOR OF THE PARTY OF TH				0.000	
Declaration					
Breathalyser or Blood Test Reading?	Omg	Any injury?	® Yes ○ No		
97500E00					
Modification History					54
Production reality					
Claim 001 New					
100 H					
Claim Type +	OD-MX	Insured Name	RELIABLE RIDES PTE LTD	Insured NRIC	201611527N
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	66351820
Email Address		Of Vehicle Number SMC267		TP Vehicle Number	SGN77793
Claim Description	SMC2670H / SGN77793 ON 15 Jul 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability •	Not at Fault		
Require Finalisation	Yes.	Preference Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	17/07/2018 19:12	Claim Close Date		Date Received	17/07/2018 00:00
Report Taken By	Jackson			Date colleges	1110112010 0030
Print AK letter					
			PERSONAL PROPERTY AND ADDRESS OF THE PERSONAL PR		
6			Save Submit		
Attachment					
~					
Accident No.	MT/1003451	Caim No.	001		
Last Doc. Received	® Yes ○ No	Upload Date	17/07/2018 19:14		
	Path *		Category *	Confidential Urgen	cy * Description *
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chment	Uploaded By/Date	Category	9	Urgency	Description	Meg Sent? Ar (CO)
Tes.	NAC_PAYA_UBL_BD0603(NATIONAL ASSESSMENT CENTRE SERVICES) on 1 2018 19:14	7 Jul NRIC/ Driving License		Normal	NRIC/ Driving License 2018-7-17	
G.	NAC_PAYA_UBI_BD0601(NATIONAL ASSESSMENT CENTRE SERVICES) on 1 2018 19:14	7 Jul SAS		Normal	SAS 2018-7-17	
	NAC_PAYA_UBI_800001(NATIONAL ASSESSMENT CENTRE SERVICES) on 1 2018 19:13	7 Jul Photos		Normal	Photos 2018-7-17	
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 1 2018 19:13	7 Jul Photos		Normal	Photos 2018-7-17)
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10	NAC_PAYA_UBI_BDD601(NATIONAL ASSESSMENT CENTRE SERVICES) on 1 2018 19:13	7 Jul Photos		Normal	Photos 2018-7-17	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 1 2016 19:11	7 Jul Photos		Normal	Photos 2018-7-17	3
	NAC_PAYA_URL_RD0601(NATIONAL ASSESSMENT CENTRE SERVICES) on 1 2018 19:13	7 Jul Photok		Normal	Photos 2018-7-17	èi
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K	NAC_PAYA_UBJ_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) on 1 2018 19:13	7 Jul Photos		Normal	Photos 2018-7-17	- 5
3	NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) on 1 2018 19:13	7 Jul Photos		Normal	Photos 2018-7-17	8
5	NAC_PAYA_URI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) on 1 2018 19:12	7 Jul Photos		Normal	Photos 2018-7-17	
7	NAC_PAYA_UBI_800603(NATIONAL ASSESSMENT CENTRE SERVICES) on 1 2016 19:12	7 Jul Photos		Normal	Photos 2018-7-17	
7	NAC_PAYA_UBI_800603(NATIONAL ASSESSMENT CENTRE SERVICES) on 1 2018 19:12	7 Jul Photos		Normal	Photos 2018-7-17	
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	NAC_PAYA_UBI_B00601(NATYONAL ASSESSMENT CENTRE SERVICES) on 1 2018 19:12	7 Jul Photos		Normal	Photos 2018-7-17	
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11/2	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 1 2018 19:12	2 Jul Photos		Normal	Photos 2018-7-17	
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