		NA118 094 678	
Date In: 23/2/18 -12:30	Jeb description	Date &Time Completed	Done by
Ref No: NA INC 180 1339174	SAS e-filing		
Veh No: 5m 7881R	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 213/18- 08:10	i-Motor Claim Form	1 00- EO(1001/LM	27/2/18 18:3
OD TP Reporting Only	i-Motor W/O (Within: OD 2hr		
3.00	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand t	o Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (		Tel: F	ax:
TP Particulars: Veh No: Ym	9979C INC(	)/Non-INC( )	
Owner / Driver: (		Tel:	)
Policy No: ( ) Po	eriod: ( )	Cover Type: (	)
Confirmed by : (	Date:	Time:	-)
Insured/Driver Liability: ( %) [	[Note-Est. Status (WO): N: 0-20	0%; P: 21-79%. P: 30-1	00%]
Year of Registration: ( )	Warranty: YES ( )/NO (	)	
Excess: (\$ ) Loading: \$1,0	000()/\$2,000()		
General Remarks:-	ALT SUIT SECTION	1070 SECTION SECTION (	Section 1
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( ) Walk-In Customer: Customer's info		ictly NO refer of repairer.	
( ) Total Loss Case : to e-mail Insur			
Drive-In ( )/ Towed-In ( ); Invoice	e: YES( ) / NO( ); To	owing Co: (	)
temarks: (INC hotline: 6788 6616)		Dates: Time Completed	Done by
	Courtesy Car ( )		
	courtesy car (	The state of the s	
2) OC Check / Post Renair Inspection	( )		
	( )		
3) Upload Resurvey Photo [Repair Cost > \$3  Injury:			
Dyload Resurvey Photo [Repair Cost > \$3  Injury:			A CANADA
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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.
- 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.

North Carlot Control Control	ACCIDENT STATEMENT
	ACCIDENT STATEMENT
Date Of Report	23/07/2018 12:30
Date Of Accident	21/07/2018 08:10
Exact Location Of Accident	BLK 102 YISHUN AVE 5 OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJM7881R
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	COROLLA AXIO 1.5X A
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 THIRD PARTY FIRE AND/OR THEFT

Fleet Policy NO

Policy Number 5100215222

Cover Note Number

Driver

Name of Driver WONG KAI CHOONG

 NRIC No
 \$8073045D

 Date Of Birth
 25/12/1980

 Occupation
 OUTDOOR

 Date Of Driving Pass
 23/04/2003

Driving Experience 15 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-92292436

Fax Number

Contact Number OFFICE-92292436

EMail Address NOEMAIL

Address BLK 646 JURONG WEST STREET 61

#05-146

Postcode 640646

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTH

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - HIRER

Insurance Company of Driver's Own Vehicle

17

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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.

NO
Number of Passengers (Including Driver) 1

**Details of Police Action** 

Was the accident reported to the police?

NO

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 PARKED ALONG BLK 102 YISHUN AVE 5 OPEN SPACE CARPARK. SUDDENLY VEHICLE B EXITING FROM PARKING LOT AND HIT ONTO MY VEHICLE FRONT RIGHT PORTION. A FEW SECONDS LATER, VEHICLE B REVERSED AND HIT ONTO MY VEHICLE FRONT RIGHT PORTION AGAIN,

#### 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 YM9979C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### SKETCH PLAN

## IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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 withholding of material facts may allow insurance companies to repudiate policy liability.
- 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. 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.
- 7. 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:
  - (i) 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:

Name:

NRIC/FIN No.:

Reporting Centre Personnel's Signature

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to	Hatement.	
	(5)	

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.:

GIARNIC SHOUGHRONI ON AS



# REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8073045D





WONG KAI CHOONG

CHINESE Date of birth 25-12-1980 Country/Place of birth



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

EFFECTIVE DATE

NP 428A

Class 2B Motorcycles =< 200 cc Motor cars with unladen weight =< 3000kg with =< 7 motor cars with unladen weight =< 3000kg with =< 7 motor vehicles with unladen weight =< 2500kg



5323575





02-07-2014

APT BLK 646 JURONG WEST STREET 61 #05-146 SINGAPORE 640646

<b>eBao</b> Tech									Gene	eralClaim
Hello, NAC_PAYA_UBI_80	0601					,	Change Lar	guage	Change Passwo	ord • Log Out
My Desktop	Poli	cy Query								,
Notice of Loss	Policy N	ło.				Date of Ac	cident	21/07	7/2018 08:10	
	Vehicle	No.(For Motor)	S3M7881R							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5100215222	RELIABLE RIDES PTE LTD	201611527N	GPC	Third Party, Fire & Theft	SJM7881R	SJM7881R	25/04/2018	15/01/2019
						Continue				

Policy No.	5100215222	Policyholder Name	RELIABLE	RIDES PTE LTD	Policyholder NRIC	201611527N	
Address	8 KAKI BUKIT AVENUE 4 #05-50	PREMIER @	KAKI BUKIT	SINGAPORE 415875			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy Issue Date	25/04/2018	Effective Date	25/04/201	8 00:00	Expiry Date	15/01/2019 2	3:59
Excess Type		All Claim Excess					
Third Party Excess	1500	Own damage Excess	0		Windscreen Excess	0	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess	0	Outside Singapore TP Excess	3000			Young	/Inexperience Oriver Excess
Agent	TAN INSURANCE BROKERS PTE	Agent Tel.	NIL		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyl	nolder Mailing Address						
Address 1	8 KAKI BUKIT AVENUE 4	Addre	ss 2	#05-50 PREMIER	@ KAKI BUKIT	Address 3	SINGAPORE 415875
Address 4		Addre	ss Type	Singapore address		Post Code	415875
	05-50	Relate	ed Policy er	5092811441-01			
Unit No.							
	d Object: SJM7881R						
	DO SARTINGY O						

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ccident No.						
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Attachment						
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	Jackson	(35)46743337441			5-00000	
	23/07/2018 18:25	Claim Close Date		Date Received	200000000	1018 00:00
	Yes 🔻	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Receive	d Y
ferred Workshop Contact		Insured Liability *	Not at Fault			
	SJM7881R / YM9979C ON 21 Jul 201	18	2	Name of Preferred Wo	rkshop	
all Address		Of Vehicle Number	SJM7881R	TP Vehide Number	YM9979	9
ntact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	6635182	
	00-мх 💟	Insured Name	RELIABLE RIDES PTE LTD	Insured NRIC	2016113	
Claim 001 New						
diffication History						
eathalyser or Blood Test rading?	0 mg	Arry Injury?	○ Yes ® No			
claration						
es he own a Singapore gistered car?	Yes ( No	Driver Vehicle No.		Driver Insurer Compa	ny	
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iress 4		Address Type	Singapore address	Post Code	640646	
	BLK 646	Address 2	SURCING WEST STREET 61	Address 3		ORE 640545
	92292436	Contact No.(Office)	0	Contact No.(Home)	0	
	23/04/2003	Driver Age	37	Driving Experience	15	
named driver Name	WONG KAI CHOONG	Driver NR3C	S8073045D	Driver DOS	25/12/1	980
	Unnamed Driver	Driver Type	Uninamed Driver		29/20/20/2	***
OI Driver Info						
	05-50	Related Policy Number	5092811441-01			
dress 4		Address Type	Singapore address	Post Code	415875	
	B KAKI BUKIT AVENUE 4	Address 2	#05-50 PREMIER @ KAKI BUKTI	Address 3		ORE 415875
Policyholder Mailing Add		- Juganies	DELF SE EXIMAL SE COMPANIES	Years -	-	005 11555
dification History						
T Registration No.			GST Status Verified	No		
T Registered	No		GST Registration Date			
GST Registered Informat	ion					
ind Party Excess	1,500.00	Outside Singapore TP Excess	3,000.00			
named Driver Excess		Outside Singapore OD Excess	0.00			
vn damage Excess	0.00	Additional Excess		Windscreen Excess	0.00	
2 Excess						
Benefits						
	BLK 102 YISHUN AVE 5 OPEN SPACE	CARPARK				
porting Centre		Orange Force		ICM No.		
te of Accident	21/07/2018	Time of Accident hh:mm	08:10	Country of Acodent	Singapor	re
oort Date	23/07/2018 18:23	Accident Report Within 24 hrs.	Yes	Accident Type	Damager	d whilst parked
Accident Details						
D Protection	No	NCD Entitlement(%)	0	Private Hire	Yes	
	® No ○Yes	TCA	® No ○Yes	eCode Reason		
all Address		Special Remark		eCode	tic. V	
reset No.(Mobile)	0	Contact No.(Office)	0	0		
sduct Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0	
icyholder Name 1	RELIABLE RIDES PTE LTD			Poscyholder NRIC	2016115	127N
icy No.	5100215222	Vehicle No.	SJM7881R	GST Registration No.		

Attachment		Uploaded By/Date	Category	9	Urgency	Description	Msg Sent? Action (CO)
NOTE 27	NAC_PAYA_UBI_800601( NATI	ONAL ASSESSMENT CENTRE SERVICES) on 23 Jul 2018 18:26	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-7-23	Edis
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	NAC_PAYA_UB1_800601( NATI	DNAL ASSESSMENT CENTRE SERVICES) on 23 Jul 2018 18:26	Photos		Normal	Photos 2018-7-23	Edit
-10	NAC_PAYA_UBL_BDDBD1( NATI	ONAL ASSESSMENT CENTRE SERVICES) on 23 Jul 2018 18:25	Photos		Normal	Photos 2018-7-23	Edit
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