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	Assessment/Survey Report			
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Preferred Wksp / INC Assign Wksp / QW:	(Tol:	Fax:	
TP Particulars: Yeh No: 6x	KJOSVR INC	()/Non-INC()	,	
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ((-)	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%	6) [Note-Est. Status (WO): N: 0-	20%; P: 21-79%. F: 80-	100%]	97 1
Year of Registration: ()	Warranty: YES ()/NO ()		
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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.
- 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.

the sale, and had a few property of the	ACCIDENT STATEMENT
Date Of Report	24/08/2018 11:52
Date Of Accident	24/08/2018 10:15
Exact Location Of Accident	SLIP RD PIE (CHANGI) TWDS PAYA LEBAR RD
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLU2302M
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	тоуота
Model	C-HR 1.8 HYBRID S AUTO 5DR
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	5096233523
Cover Note Number	
Driver	
Name of Driver	LIU HOCK CHYE
NRIC No	S1790239C
Date Of Birth	15/11/1967
Occupation	OUTDOOR
Date Of Driving Pass	08/01/2008
Driving Experience	10 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98948874
Fax Number	
Contact Number	OFFICE-98948874
EMail Address	NOEMAIL

BLK 52 CIRCUIT ROAD Address

#01-821 370052

Was driver an employee of the Insured's Company NO

OTHER - HIRER If No, Relationship of the Driver with the Insured

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 WET

Other Information

Postcode

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

YES Was any other material or property damaged?

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 ALONG SLIP RD PIE (CHANGI) TWDS PAYA LEBAR RD AS IT WAS CONGESTED. SUDDENLY I FELT AN IMPACT OF MY VEHICLE. I ALIGHT FROM MY VÉHICLE AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

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

GX5032R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

SIEW WENFENG, LIONEL (SHAO WENFENG, LIONEL) Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

S8306332G

DETAILS OF INJURED PERSON 1

Name

Approximate Age Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

LIU HOCK CHYE

NECK & BACK SLU2302M

YES

NO

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.
- 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.

Co. Reg. No: 177

RIDE

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.:

PE (changi)

NAKIB



A: 5602302M

B: 6x5032R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

reter in	Hatemed.

DECLARATION

I/We deciare the longering particulars are true injevery respect.

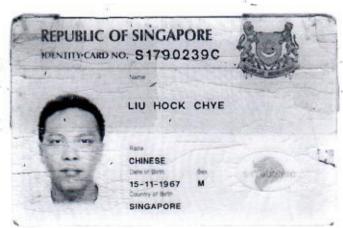
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

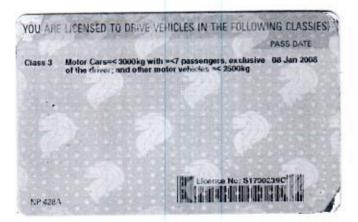
NRIC/FIN No.:

GUARTE MARKET STORY NA

7









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Hello, NAC_PAYA_UBI_BO	0601					· Change	e Language	e • Chan	ge Password	· Log Out
My Desktop	Policy Query									
Notice of Loss	Policy No.					of Accident	. 0	24/08/2018	10:15	
	Vehicle No. (For Motor)	SLU230	02M		Cert	ificate Number				
					Search	I				
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5096233523		RELIABLE RIDES PTE LTD	201611527N	GPC	drivo CLASSIC	SLU2302N	1 SLU2302M	27/11/2017	26/11/2018
					Continue					

▽ Poli	icy Information						
Policy No.	5096233523	Policyholder Name	RELIABLE R	IDES PTE LTD	Policyholder NRIC	201611527	N
No.							
Address	8 KAKI BUKIT AVENUE 4 #05-50	PREMIER @	KAKI BUKIT	SINGAPORE 41587			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	24/11/2017	Effective Date	27/11/2017	00:00	Expiry Date	26/11/2018	23:59
Excess Type		All Claims Excess					
Third Party Excess	1500	Own damage Excess	1000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
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- nsurance Flag Open Policy Info	No						
Certificate Info							
Policyt	holder 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
Jnit No.	05-50	Relate Numb	ed Policy er	5103003028			
D Insure	d Object: SLU2302M						
□ Endors	sements						
Sequen	ncé Date of Endorsemen	it	Endorsement	Туре	Endorsement	Status	Endorsement Content
ı	27/11/2017 00:00		Information sement	Endors	sement Take Ef	fective	Thank you for giving us the opportunity to serve you. We confirm that from 27 Nov 2017, the Vehicle Number is amended a follows: VEHICLE REGISTRATION NUMBER: SLU2302M
			-	ontinue Cancel			

domess 4 me No. 05-50 or OI Driver Info river Name Unnamed Dith Hock of egister Date of Driver License ontact No. (Mubile) 98948874 ddress 1 BUS 52 ddress 4 SINGAPORE main No. 01-821 odes no own a Singapore egistered car? Ves ® N eclaration meethalyser or Blood Test eading? Claim 901 New Claim 1 New Claim 1 New Claim 2 New Claim 2 New Claim 3 New Claim 3 New Claim 4 Address Lament Type Claimant Type * Samant Address Lament Name * Lament Name Name Name Name Name Name Name Name	2370052 100 115(15	Address Type Related Policy Number Driver Type Driver NRIC Driver Age Contact No.(Office) Address 2 Address Type Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit + Claim NIC + Insured Liability + Preferend Repair Dotton Claim Close Date Browse Browse		Driver DOB Driving Experience Contact No.(Home) Address I Post Code Driver Insurer Company Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received Confidential Urgent V	15/11/1967 10 0: MACOHERSON GARDEN 370052 201611527N 66351820 GX5032R Received 24/08/2018 00:00
Address 4 Jine No. 05-50 OI Driver Info Driver Name Unnamed Driver Name LIJ HCCK of Register Date of Driver License Contact No. (Mobile) 98948874 Address 1 BUS 52 Address 4 SINGAPORE Jones No. 01-821 Ories no own a Singapore Registered car? Prederation Breathwayser or Blood Test Reading? Claim 001 New Claim 1/pe * Contact No. (Mobile) Simal Address Claim 2 New Claim 2 New Claim 3 New Claim 4 New Claim 4 New Claim 5 New Claim 5 New Claim 6 New Claim 7 New Claim 7 New Claim 7 New Claim 6 New Claim 8 New Claim 6 New Claim 7 New Claim 7 New Claim 7 New Claim 8 New Claim 9 New Claim 9 New Claim 9 New Claim 1 New Claim 1 New Claim 1 New Claim 7 New	370052 to tall ≥≥ (GX5032R ON 24 Aug 2018: 15:15	Related Policy Number Driver Type Driver NRIC Driver Age Corract No.(Office) Address 2 Address Type Driver Vehicle No. Any Injury? Insured Name Corract No.(Home) QS Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option Claim Close Date Claim No. Upload Date	Unnamed Driver \$1790239C 30 0 CIRCUIT ROAD Singapore address ® Yes	Driver DOB Driving Experience Contact No. (Home) Address 3 Post Code Driver Insurer Company Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Sectived	15/11/1967 10 0: MACOHERSON GARDEN 370052 201611527N 66351820 GX5032R Received 24/08/2018 00:00
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			Singapore address	FORE WOOLS	T420/2
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Policyholder Mailing Address		******	and to obtain a contract	10000	PROPERTY ALEXAN
Policyholder Halling & Co.					
dification History					
IT Registration No.			GST Status Verified	Yes	
T Registered	No		GST Registration Date	7860	
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ne of Accident Z4/08/2018		Time of Accident hhomm	10:15	Country of Acadent	Singapore
port Date 24/08/2016	15:10	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Accident Details					
D Protection No		NCD Entitlement(%)	0	Private Hire	Yes
K ®No⊜Ye	s .	TCA	® No ○ Yes	eCode Reason	
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oduct Code PRIVATE CA	R INSURANCE	Cover Type	drivo CLASSIC	Loading	0
RELIABLE R	IDES PTE LTD			Policyholder NRIC	201611527N
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