NATIONAL Assessment Cent		Control of the last of the las			
Date In: 13 9/18 - 15: 24	Jeb description	Date & Time Completed	Don	e piz.	
Ref No: NA / IN (180/6937/24	SAS e-filing	i			
Veh No: Supston	E-mail (within Shrs, AIC 2hrs)				
D.O.A: 16/9/18-18:45	i-Motor Claim Form	M7 1011829-001	17/4/18 1	18:44	
	i-Motor W/O (Within: OD 2hrs, TP 4hrs)				
OD / TP / Reporting Only	i-Photo Uploaded				
	Assessment/Survey Report				
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp				
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:		
TP Particulars: Veh No: Jkv	13760R INC	()/Non-INC().	10		
Owner / Driver: (Tel:)	avourse.	
Policy No: () P	eriod: (Cover Type: ()		
Confirmed by : (Date:	Time:)		
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-2	20%; P: 21-79%. P: 80-	100%]		
Year of Registration: ()	Warranty: YES () / NO ()			
Excess: (\$) Loading: \$1,	,000 ()/\$2,000 ()				
General Remarks;-	A transport to a service	CASADA ANG ANG ANG ANG ANG ANG ANG ANG ANG AN		F 5	
() Walk-In Customer : Customer's inf	the state of the s	<u> </u>			
() Total Loss Case : to e-mail Insur		nitrody NO 13ter of reporter.			
			- 2007		
Drive-In ()/ Towed-In (); Invoice	ce: YES() / NO();	Towing Co: ()	
, , m.o.					
Remarks:- (INC hotline: 6788 6616)		Date&Time Completed	Done	by	
Remarks: (INC hotline: 6788 6616)		Date&Taris Completed	Done	by	
Remarks:- (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/		Date&Tarib Comple 34	Done	by	
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection	Courtesy Car ()	Date&Tims Completed	Done	by	
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$	Courtesy Car ()	Date&Tame Comple od	Done	by	
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection	Courtesy Car ()	Date&Time Completed	Done	by	
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Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions	Courtesy Car ()	paration Checklist.	Ant (5)	Ami (\$)	
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions NAIROLA 18 laimant's Particulars:	Courtesy Car ()	eparation Checklist It Reporting (330); Assessment (5100); INC (Amt (5) (it Bill (80) ()/\$45	Ami (\$)	
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions NAIROLA 18 Laimant's Particulars:- river/Owner:	Courtesy Car ()	paration Checklist Reporting (330); Assessment (5100); INC (50); Fee S40 Through Survey	Ant (5) (1st Bill	Ami (\$)	
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Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions Actions Actions	Courtesy Car () () () () () () () () () ()	t Reporting (\$30); Assessment (\$100); INC (\$80); Fee \$40 Through Survey (Resurvey) against INC Only (wef 10 Jan 2005) setion	Ant (5) (it Bill 0)/\$45 \$120 \$30) \$75	Ami (5)	
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Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions NAIPOT 8 Inimant's Particulars: river/Owner: ontact No: amaged Portion:	Courtesy Car () () () () () () () () () ()	paration Checklist. It Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 Through Survey Through Survey (Resurvey) Against INC Only (wef 10 Jan 2905) action + SMRT Survey onal Services:-	Ant (5) (1st Bill 80) 0/\$45 \$120 \$30) \$75 \$160	Amt (5)	
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Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions Actions	Courtesy Car () () () () () () () () () ()	paration Checklist. It Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 Fee \$40 Fee \$40 Fee Fee \$40 Fee Fee Fee Fee Fee Fee Fee Fee Fee Fe	Ant (5) (1st Bill 50) (7545 5120 530) \$75 \$160 \$5 510 525 53	Aint (3)	
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions	Courtesy Car () () () () () () () () () ()	paration Checklist. It Reporting (\$30); Assessment (\$100); INC (\$8 Prough Survey (Resurvey)) Against INC Only (wef 10 Jan 2005) Assessment (\$100); INC (\$8 Prough Survey (Resurvey)) Against INC Only (wef 10 Jan 2005) Against I	Ant((\$)) fit Bill	Aint (3)	

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 <u>truthful and accurate</u> 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.

	ACCIDENT STATEMENT		
Date Of Report	17/09/2018 15:24		
Date Of Accident	16/09/2018 18:45		
Exact Location Of Accident	SLIP RD UPP SERANGOON RD TWDS HOUGANG CENTRAL		
Country/State of Loss	SINGAPORE		
Control of the Contro	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SLP580R		
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	HONDA		
Model	STREAM SUNROOF 1.8L 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	REPORTING ONLY		
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	5093978865-01		
Cover Note Number			

Driver

Name of Driver ENG CHEN YONG NRIC No S8333378B Date Of Birth 22/10/1983 Occupation OUTDOOR Date Of Driving Pass 21/11/2007 Driving Experience 10 YEARS AND 9 MONTHS Gender MALE Mobile Number (LOCAL) +65-87522134 Fax Number Contact Number OFFICE-87522134 **EMail Address** NOEMAIL

Address BLK 775 WOODLANDS CRECENT

#07-14

Postcode 730775

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? 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) 1

Details of Police Action

Was the accident reported to the police?

NO

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes,against whom?

Circumstances of Accident

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG SLIP RD UPPER SERANGOON RD TWDS HOUGANG CENTRAL. SUDDENLY VEHICLE B JAMMED BRAKE OF HIS VEHICLE. I COULDN'T BRAKE MY VEHICLE IN TIME AND SLIGHTLY GRAZED ONTO VEHICLE B 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 SKU5760R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

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.
- 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.
- 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:

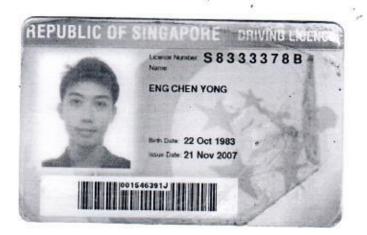
Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personne's Signature

Name:

NRIC/FIN No .:



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

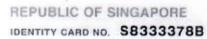
PASS DAT

lass 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 21 Nov 2007

of the driver; and other motor vehicles =< 2500kg

BA

Licence No: 583333788







Name

ENG CHEN YONG

翁 鎮

Place CHINESE Date of birth 22-10-1983

M

Country/Place of birth SINGAPORE





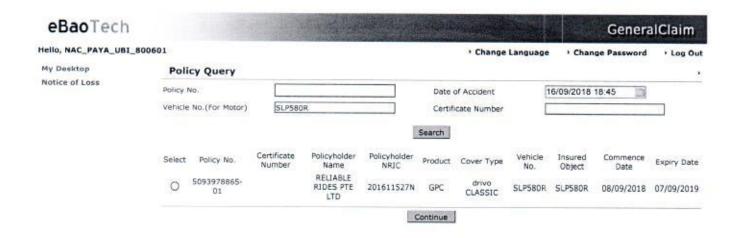


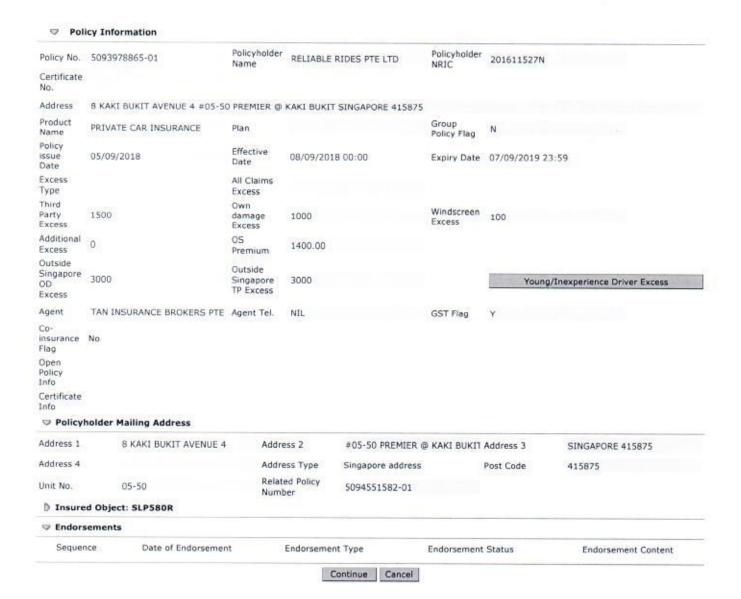
NUTIC No. S8333378B



02-01-2014

Address
APT BLK 775 WOODLANDS CRESCENT #07-14
SINGAPORE 730775





Claim Handling The premium on this policy has	s not been collected				· E
Accident MT/1011829	Principality Constitution				
Policy No.	5093978865-01	Vehicle No.	SLP580R	GST Registration No.	
Certificate No.					
Policyholder Name	RELIABLE RIDES PTE LTD			Policybolder NRIC	20161152?N
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	0		0
Email Address		Special Remark		Contact No.(Home)	
KFK	® No ⊜Yes	TCA	00	eCode	161. 🗸
NCD Protection	No		® No. ○Yes	eCode Reason	
☑ Accident Details	30	NCD Entitlement(%)	0	Private Hire	Yes
	10103000000000	White the second second second			
Report Date	17/09/2018 18:42	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	16/09/2018	Time of Accident hhomm	18:45	Country of Academt	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SLIP RD UPP SERANGOON RD TWDS HOUGH	ANG CENTRAL			
□ 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		
™ Benefits					
GST Registered Inform	ation				
GST Registered	No		GST Registration Date		
GST Registration No.			GST Status Verified	No	
Modification History					
⇒ Policyholder Hailing Ad	ldress				
Address 1	8 KAKI BUKIT AVENUE 4	Address 2	#05-50 PREMIER & KAKI BUKIT	Address 3	SINGAPORE 415875
Address 4		Address Type	Singapore address	Post Code	415875
Unit No.	05-50	Related Folicy Number	5094551582-01	Trade Come	4130/5
♥ OI Driver Info		Sharmon Sarak saknasars	202732202		
Oriver Name:	Unnamed Driver	Oriver Type	Unnamed Driver		
Unnamed driver Name	ENG CHEN YONG	Driver NRIC	583333788	Driver DOB	22/10/1983
Register Date of Driver License	21/11/2099	Driver Age	34	Driving Expenence	-81
Contact No (Mobile)	67522134	Contact No.(Office)	0	Contact No.(Home)	0
Address I	BLK 775	Address 2	WOODLANDS CRESCENT	Address 3	
Address 4		Address Type	Singapore address		SINGAPORE 730775
Line No.	07-14		angapore access	Post Code	730775
Does he own a Singapore					
Registered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test					
Reading?	0 mg	Any injury?	○ Yes ® No		
Modification History					
all control of the control					
Claim 001 New					
Claim Type *	00-MX	Insured Name	RELIABLE RIDES PTE LTD	Total and Market	
Contact No.(Mobile)		Contact No.(Home)	RELIMBLE KIDES PIE LID	Insured NRIC	201611527N
Email Address			C. OCDAR	Contact No.(Office)	66351820
Claimant Type Claimant Type *	State Salar	OI Vehicle Number	SLPSBOR	TP Vehicle Number	SKU5760R
		Type of Benefit •	Please Select		
Claimant Name .*	22	Claimant NRIC *			
Claimant Address					44
Claim Description	SLP580R / SKU5760R ON 16 Sept 2018	A		Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault		
Require Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	17/09/2018 18:44	Claim Close Date		Date Received	17/09/2018 00:00
Report Taken By	Jackson				All the same of th
Print AK letter					
ACCOUNTERED IN					
			Save Submit		
Attachment					
	000000000000	\$50450 ESC	80%V		
Accident No.	MT/1011829	Claim No.	100		
Last Doc. Received	Yes ○ No	Upload Date	17/09/2018 18:45		
	Pach •		Category •	Confidential Urgen	cy • Description •
		Browse	Clear Please Select	1177	<u> </u>
		Browse	. Clear Please Select V	The second second	V
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