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Veh No: SLUZYZGH	E-mail (with	in Shrs, AIC 2hrs)			- 1A.
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OD: 11 - Peporting Only	i-Photo Up				.,
TP Insurer:	Assessment/	Survey Report		111-17-17-1	
Tr insurer:		by Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (ax:	
TP Particulars: Veh No: (NA)	2640P	INC ()/Non-INC()		7000
Owner / Driver: (*	Tel:	,	
Policy No: () Po	criod: ()	Cover Type: (
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Note-Est Status	(WO): N: 0-20	%; P: 21-79%. P: 30-1	00%1	
	Warranty: YES ()		
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Date Of Birth

Occupation

Gender

Date Of Driving Pass

Driving Experience

Mobile Number

EMail Address

Fax Number Contact Number

- 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</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.
- 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.
- 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

	ACCIDENT STATEMENT
Date Of Report	04/10/2018 11:30
Date Of Accident	04/10/2018 04:45
Exact Location Of Accident	JLN BESAR AFTER JUNC SYED ALWI RD
Country/State of Loss	SINGAPORE
TO STATE OF CONTRACTOR STATES OF THE CONTRACTOR	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLU3426H
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	SHUTTLE HYBRID 1.5 AUTO
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	5096225905
Cover Note Number	
Driver	
Name of Driver	AHMAD BIN SUBDI
NRIC No	S7441723Z

29/12/1974

OUTDOOR

20/07/2001

MALE

NOEMAIL

17 YEARS AND 2 MONTHS

(LOCAL) +65-84310174

OFFICE-84310174

BLK 435 YISHUN AVENUE 6 Address

#04-2108

Postcode 760435

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

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

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) NO soliciting/offering accident claims assistance. 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 STOPPED ALONG LANE 2 JLN BESAR AS VEHICLE IN FRONT OF ME WAS STATIONARY. AS I PROCEED FORWARD, VEHICLE B WAS ON LANE 1 SUDDENLY CUT ONTO MY LANE. AS A RESULT, VEHICLE B HIT ONTO MY VEHICLE FRONT RIGHT PORTION.

Attachment(s)

Are accident photos available for attachment? YES NO Was there any video captured by Car Camera? Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHA2640P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver LIM MENG LEE NRIC/Passport Number S1115091H

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

TAXI

Passenger 1

NAME: :

GENDER: :

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.
- 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.

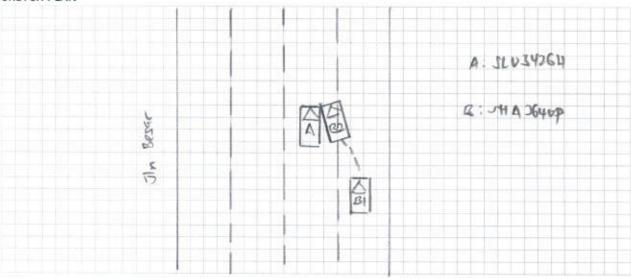
Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time:

Name:

Reporting Centre Personnel's Signature

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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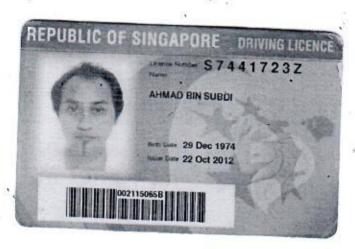
DECLARATION

I/We declare the foregoing particulars are true in every respect.

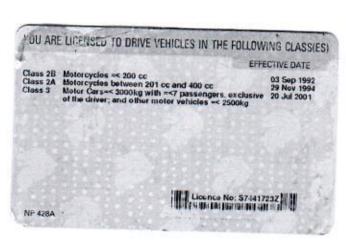
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:









eBao Tech										Genera	alClaim
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My Desktop	Polic	y Query									
Notice of Loss	Policy N	0.				Date	of Accident		04/10/2018 (04:45	
	Vehicle I	No.(For Motor)	SLU34	26H		Certi	ficate Number	0			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5096225905		RELIABLE RIDES PTE LTD	201611527N	GPC	drivo CLASSIC	SLU34261	SLU3426H	29/11/2017	28/11/2018
					1	Continue					

Policy No.	5096225905	Policyholder Name	RELIABLE R	IDES PTE LTD	Policyholder NRIC	201611527	N
Certificate No.					,,,,,		
Address	8 KAKI BUKIT AVENUE 4 #05-5	O PREMIER @	KAKI BUKIT S	SINGAPORE 415875			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy Issue Date	24/11/2017	Effective Date	29/11/2017	00:00	Expiry Date	28/11/2018	23:59
Excess Type	200	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 Co- insurance	TAN INSURANCE BROKERS PTE No.	Agent Tel.	NIL		GST Flag	Y	
Flag Open Policy Info							
Open Policy Info Certificate Info	holder Mailing Address						
Open Policy Info Certificate Info Policy	holder Mailing Address 8 KAKI BUKIT AVENUE 4	Addre	ess 2	#05-50 PREMIER 6	D KAKI BUKIT	Address 3	SINGAPORE 415875
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Open Policy Info Certificate Info Policy Address 1	CAST OF A SHALL SHARL WAS DEFINED AS	Addre	ess Type ed Policy	#05-50 PREMIER 6 Singapore address 5095494095-01		Address 3 Post Code	SINGAPORE 415875 415875
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Open Policy Info Dertificate Info Policy Address 1 Address 4 Unit No. Insure	8 KAKI BUKIT AVENUE 4 05-50 d Object: SLU3426H	Addre Relati	ess Type ed Policy	Singapore address			
Open Policy Info Certificate Info Policy Address 1 Address 4 Unit No.	8 KAKI BUKIT AVENUE 4 05-50 ed Object: SLU3426H sements	Addre Relat Numb	ess Type ed Policy	Singapore address 5095494095-01		Post Code	415875 Endorsement Content
Policy Info Policy Policy Address 1 Address 4 Init No. Insure Endors	8 KAKI BUKIT AVENUE 4 05-50 ed Object: SLU3426H sements	Addre Relati Numb	ess Type ed Policy er	Singapore address 5095494095-01 Type		Post Code Status	415875

cident HT/1014302					
olicy ha	5096225905	Vehicle No.	SLU3426H	GST Registration No.	
ertificate No.					
Styhsider Name	RELIABLE RIDES FTE LTD			Policyholder NRIC	2016115220
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC		201611527N
ntact No. (Mobile)	0	Contact No.(Office)	0	Loading	0
all Address				Contact No. (Home)	0
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	® No ○Yes	TCA	No Yes Yes Yes O No No Yes No No No No No No No No No N	eCode Reason	
2 Protection	No	NCO Entitlement(%)	0	Private Hire	Yes
Accident Details					
ort Date	04/10/2018 13:20	Accident Report Within 24 hrs.	Ves	Accident Type	Collision - Change / Cross lane
e of Accident	04/10/2018	Time of Accident housen	04:45	Country of Accident	Singapore
orting Centre		Orange Force		ICM No.	Star Mahoura
dent Location:	TUN BESAR AFTER JUNC SYED ALWI RD			72027	
Excess					
damage Excess	1,000.00	Additional Excess			
amed Driver Excess	2,000.00		0	Windscreen Excess	300.00
	V6-032007	Outside Singapore OD Excess	3,000.00		
Perty Excess	1,500.00	Outside Singapore TP Excess	3,000.00		
Benefits					
GST Registered Inform					
Ingistered	No		GST Registration Date		
Registration No.			GST Status Verified	No	
lication History					
Policyholder Mailing Ad					
ess I	8 KAKI BUKIT AVENUE 4	Address 2	#05-50 PREMIER @ KAKI BUKIT	Address 3	SINGAPORE 415875
ess 4		Address Type	Singapore address	Post Code	415875
No.	05-50	Related Policy Number	5095494095-01		
OI Driver Info					
r Name	Unnamed Driver	Onver Type	Unnamed Driver		
ned driver Name	AHMAD BIN SUBDI	Driver NA3C	S7441723Z	Driver DOB	29/12/1974
ter Date of Driver License	20/07/2001	Driver Age	43	Driving Experience	17
rct No.(Mobile)	84310174	Contact No.(Office)	0	Contact No. (Home)	0
188 1	BLK 435	Address 2	YISHUN AVENUE 6		
111 4				Address 3	53NGAPORE 260435
No.	04-2108	Address Type	Singapore address	Post Code	760435
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Type +	OD-MX	Insured Name	RELIABLE RIDES PTE LTD	Insured NR3C	201611527N
ect No.(Mobile)		Contact No.(Home)		Contact No.(Office)	66351820
Address		Of Vehicle Number	SLU3426H	TP Vehicle Number	SHA2640P
ent Type Claimant Type *	Please Select.	Type of Benefit *	Please Select		
int Name *	22	Oalmant NRIC *			
nt Address	122				
Description	SUITABLE FRANCISCO ON A DAY YOUR				
red Workshop Contact	SLU3426H / SHA2540P ON 4 Oct 2018			Name of Preferred Workshop	
		Insured Liability •	Not at Fault		
	Yes 💟	Preferenced Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Registered	04/10/2018 13:22	Claim Close Date		Date Received	04/10/2018 00:00
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