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Veh No: 543657M	E-mail (within Shrs, AIC 2hrs)		
D.O.A : 8/10/18-14:40	i-Motor Claim Form	M7/10/4994-001	1/10/18 17:50
	i-Motor W/O (Within: OD :		
OD TP/ Reporting Only	i-Photo Uploaded		
TD L	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Han		
Preferred Wksp / INC Assign Wksp / QW: (The second secon		Fax:
TP Particulars: Veh No: Ju	07344 . INC	()/Non-INC()	
Owner / Driver: (Tel:)
	Period: (Cover Type: ()
Confirmed by : (Date:	Time:)
	[Note-Est. Status (WO): N: 0	-20%; P: 21-79%. P: 80-	100%]
Year of Registration: ()	Warranty: YES ()/NO()	
Excess: (\$) Loading: \$1	1,000 ()/\$2,000 ()		
General Remarks;-			See See
() Walk-In Customer: Customer's in	The state of the s		
() Total Loss Case : to e-mail Insu		The rate of reporter.	
		Towing Co. (
	/ / 10 / / /	TO THE CO. (,
Remarks: (INC hotline: 6788 6616)		Date&Time Completed	Done by
	/ Courtesy Car ()	Date&Time Completed	
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SINGAPORE ACCIDENT STATEMENT

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 witholding 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. 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 aforesaid.	ou hereby consent to the archiving of this report at the centre and to copies of the report being made available
The suppose of the State of St	ACCIDENT STATEMENT
Date Of Report	09/10/2018 16:08
Date Of Accident	08/10/2018 14:40
Exact Location Of Accident	SLIP RD PENANG RD TWDS CHIN SWEE TUNNEL
Country/State of Loss	SINGAPORE
ASSOCIATION STREET	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLT3657M
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?

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 5095299974

Cover Note Number

Driver

Name of Driver KOH JING WEN NRIC No S8737512I

Date Of Birth 17/11/1987 Occupation OUTDOOR Date Of Driving Pass 03/04/2008

Driving Experience 10 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97475605

Fax Number

Contact Number OFFICE-97475605

EMail Address NOEMAIL

BLK 845 WOODLANDS STREET 82 Address

#05-135 730845

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Postcode

OTHER - HIRER

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident SIDE SWIPE Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO Number of vehicles involved in the accident Was any body injured in the Accident? YES Was any injured conveyed to hospital by NO ambulance? YES

Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME:

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

NO

2

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, I WAS LANE 5 SLIP RD PENANG RD TWDS CHIN SWEE TUNNEL. SUDDENLY I FELT AN IMPACT OF MY VEHICLE. I ALIGHT FROM MY VEHICLE AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE REAR LEFT PORTION.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHD734A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

NAME:

GENDER:

2

DETAILS OF INJURED PERSON 1

.

Name KOH JING WEN

Approximate Age

Injuries Sustain NECK Injured person in which vehicle? SLT3657M Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

NO

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:

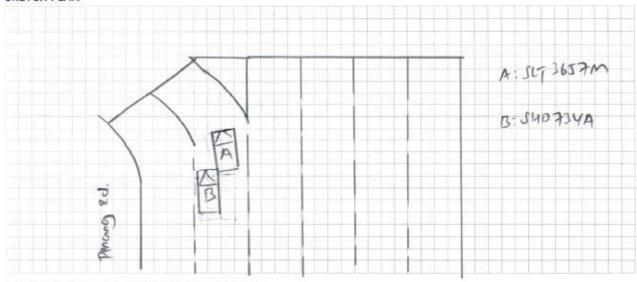
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

Name: NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to	statement.

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.:

JIREH FAMILY CLINIC

BLK 883 WOODLANDS ST 82 #02-468A

SINGAPORE 730883 TEL: 63660373

Medical Certificate

Date

: 09 Oct 2018

MC No.

: 0000188891

This is to certify that:

Name

: KOH JING WEN

NRIC : S8

: S8737512I

is UNFIT FOR WORK / SCHOOL for 2 days

from 09/10/2018 to 10/10/2018 inclusive.

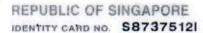
Remarks: NECK MUSCLE STRAIN (ROAD TRAFFIC ACCIDENT)

DR HO YOW CHAN

DR. HO YOW CHAN M.B., B.S. (SPORE)

^{*}This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.









KOH JING WEN

許 競 文

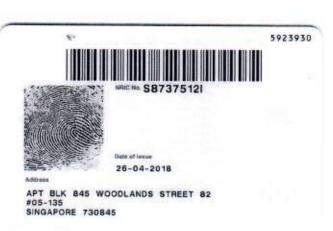
CHINESE Date of birth

Date of birth 17-11-1987

Country/Place of birth SINGAPORE







Hello, NAC_PAYA_UBI_80	0601						• Change	e Language	+ Chan	e Password	+ Log Ou
My Desktop	Polic	y Query									
Notice of Loss	Policy No	0.				Date	of Accident	-	08/10/2018	14:40	
	Vehicle 1	No.(For Motor)	SLT36	57M		Certi	ficate Number	[
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5095299974		RELIABLE RIDES PTE LTD	201611527N	GPC	drivo CLASSIC	SLT3657M	SLT3657M	26/10/2017	25/10/2018

Policy No.	5095299974	Policyholder Name	RELIABLE F	RIDES PTE LTD	Policyholder NRIC	201611527	N
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ddress	8 KAKI BUKIT AVENUE 4 #05-5	O PREMIER @	KAKI BUKIT	SINGAPORE 415875			
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Additional excess	0	OS Premium	0				
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Driver Type Unitaries Driver	
named driver Name KCH JING WEN Driver NRIC \$42275321 Driver DDB 17/11/10/87	
Driver Dole of Debugs Transp. (1) (sections	
Driving Expenses 10	
Contact no. [Plants]	
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dress 4 Address Type Singapore address Post Code 730845	
K No. 05-135	
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