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TP Particulars:	Veh No: JABS	hour		ax:
Owner / Driver: (INC ()/Non-INC().	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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 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.
- 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.

A. C.	ACCIDENT STATEMENT
Date Of Report	15/10/2018 12:28
Date Of Accident	13/10/2018 03:15
Exact Location Of Accident	JUNC SUNGEI RD & WELD RD
Country/State of Loss	SINGAPORE
De la completa del completa de la completa del completa de la completa del la completa de la completa del la completa de la co	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJQ9086K
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 ALTIS 1.6 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	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	5091528858-01
Cover Note Number	
Driver	
Name of Driver	NG ZHONG HOW, DARREN (HUANG ZONGHAO)
NRIC No	S9130408B
Date Of Birth	27/08/1991
Occupation	OUTDOOR
Date Of Driving Pass	23/04/2015
Driving Experience	3 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84482024
Fax Number	70 75
Contact Number	OFFICE-84482024

NOEMAIL

Address B;LK 98 LORONG 1 TOA PAYOH

#04-289

Postcode 310098

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 - MAJOR/MINOR RD

Weather Conditions CLEAR Road Surface WET

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

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 SUNGEI RD APPROACHING THE JUNC. I CHECK MY BLIND SPOT BEFORE I CAN PROCEED. WHEN MY VEHICLE INCH OUT A LITTLE. SUDDENLY VEHICLE B TRAVELLING ALONG LANE 2 WELD RD. AS A RESULT, MY VEHICLE SLIGHTLY GRAZED ONTO VEHICLE B REAR LEFT PORTION.

NO

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 SHB8664B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver TEO KIM THYE
NRIC/Passport Number S7120457Z

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.
- 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:
 - 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 Personnell's Signature Name:

NRIC/FIN No.:

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.:

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$9130408B



NG ZHONG HOW, DARREN (HUANG ZONGHAO)







CHINESE

SINGAPORE

Date of birth 27-08-1991 M

REPUBLIC OF SINGAPORE DRIVING LICENCE



S9130408B

NG ZHONG HOW, DARREN (HUANG ZONGHAO)

Birth Dale: 27 Aug 1991 10000 Table: 23 Apr 2015





3940841





03-10-2006

APT BLK 98 LORONG 1 TOA PAYOH #04-289 SINGAPORE 310098

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

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 23 Apr 2015 of the driver; and other motor vehicles =< 2500kg

NP 428A





Policy No.	5091528858-01	Policyholder Name	RELIABLE	RIDES PTE LTD	Policyholder NRIC	201611527N	
Certificate No.		in services			NRIC		
Address	8 KAKI BUKIT AVENUE 4 #05-50	PREMIER @	KAKI BUKIT	SINGAPORE 41587	5		
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	25/04/2018	Effective Date	29/05/201	8 00:00	Expiry Date	28/05/2019 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			Young/	Inexperience Driver Excess
Agent	TAN INSURANCE BROKERS PTE	Agent Tel.	NIL		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policy	holder Mailing Address						
Address 1	8 KAKI BUKIT AVENUE 4	Addi	ess 2	#05-50 PREMIER	@ KAKI BUKIT	Address 3	SINGAPORE 415875
Address 4		Addi	ess Type	Singapore address	5	Post Code	415875
	05-50	Rela Num	ted Policy ber	5095494095-01			
Unit No.							
BISHOW THE POST OF	ed Object: SJQ9086K						
BISHOW THE POST OF							

ocident MT/1015780					
Hick No.					
	5091528858-01	Vehicle No.	53Q9086K	GST Registration No.	
rtificate No.					
	RELIABLE RIDES PTE LTO			Policyholder NRIC	201611527N
duct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
ract No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
wil Address		Special Remark		eCode	No. 🕶
	● No ○ Yes	TCA	® No ○ Yes	eCode Reason	
2 Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details					777
ort Date	15/10/2018 19:41	Acadent Report Within 24 hrs.	Yes	Acodem Type	Collision - Major Minor Road
of Accident	13/10/2018	Time of Accident hnown	03:15		
orting Centre	13/10/10/10	Orange Force	03:15	Country of Accident	Singapore
dent Location	NAME OF PERSONS ASSESSED.	Strange Force		ICM No.	
Excess	JUNC SUNGET RD & WELD RD				
damage Excess	1,000.00	Additional Excess	0	Windscreen Excess	100.00
amed Driver Excess		Outside Singapore OD Excess	2,000.00		
Party Excess	1,500.00	Outside Singapore TP Excess	3,000.00		
Benefita					
GST Registered Informa	ition				
Registered	No		GST Registration Date		
Registration No.			GST Status Venfied	No	
fication History					
	Y-22				
Policyholder Hailing Add		17731120	2.10.10.10.10.10.10.10.10.10.10.10.10.10.		
ess 1	8 KAK) BUKIT AVENUE 4	Address 2	#05-50 PREMIER @ KAKI BUKIT	Address 3	SINGAPORE #15875
ress 4		Address Type	Singapore address	Post Code	415075
No.	05-50	Related Policy Number	5095494095-01		
OI Oriver Info					
er Name	unnamed Driver	Driver Type	Unnamed Driver		
imed driver Name	NG ZHONG HOW, DARREN (HLV	Driver NRIC	591304088	Driver DOB	27/08/1991
ater Date of Driver License	23/04/2015	Driver Age	27	Driving Experience	1
tact No.(Mobile)	84482024	Contact No.(Office)	0	Contact No.(Home)	0
vess 1	BLK 98	Address 2	LORONG 1 TOA PAYOH	Address 3	TOA PAYOH PALM SPRING
ress 4	SINGAPORE 310098	Address Type	Singapore address	Post Code	310098
No.	04-289				
is he own a Singapore	○ Yes ® No	Driver Vehicle No.		Deliver has one Commence	
istered car?	3.25	Differ verice its.		Driver Insurer Company	
laration					
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