Date In: MI, L.c.	ntre Services   well Jamos	11/4/11/0 - 100		
Date In: 1/10/18-11:08	Job description	Date & Time Completed	Do	ne by
Ref No: NA 1 HC 18019506/24	SAS e-filing			
Veh No: SUR MAYIC	E-mail (within 8hrs, AIC 2hrs			
D.O.A: 76/10/18-07:50	i-Motor Claim Form	M1/07268-201	26/10/18	ירי טו
OD (TP)' Reporting Only	i-Motor W/O (Within: OD		2011410	10
Taporting Only	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Repor	t		
	Ass't Report by Fax / Han	d to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Fax:	
TP Particulars: Veh No: Jh	A JI6JL INC	( )/Non-INC( ).	20 B	
Owner / Driver: (		Tel:	)	Description of the control of the co
	Period: (	) Cover Type: (	)	
Confirmed by: (	Date:	Time:	)	
The state of the s	[Note-Est. Status (WO): N: 0	-20%; P: 21-79%. P: 80-	100%]	
Year of Registration: ( )	Warranty: YES ( ) / NO (	)		
	1,000 ( )/\$2,000 ( )			
General Remarks:-			773 - 17	
( ) Walk-In Customer : Customer's in	formation strictly Confidential &	Strictly NO refer of repairer		
( ) Total Loss Case : to e-mail Insu	arer URGENTLY	h		
		Towing Co: (		
		Towing Co. (		)
Remarks: (INC horline: 6788 6616)	March Colors (Carlot	Date&Time Completed	Don	e by
		The state of the s		
1) Apply for Transport Allowance ( )	Courtesy Car ( )			-
	/ Courtesy Car ( )			
2) QC Check / Post Repair Inspection	( )			
QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost > ]	( )			
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : ———————————————————————————————————	Invoice Pr	at Reporting (330);  Assessment (\$100); INC (\$8 Fee \$40 Through Survey (Resurvey)  against INC Only (wef 10 Jan 2005)  action  + SMRT Survey  onal Services:  y Car / Tpt Allowance Co-ordination  pair Inspection  llect Excess Coordination  P (Non INC) against INC	\$16.Bill    0)	C. Francisco

Figure 1 Com

## 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 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

archesaid.	
Section 1997 to the section of the s	ACCIDENT STATEMENT
Date Of Report	26/10/2018 11:08
Date Of Accident	26/10/2018 07:50
Exact Location Of Accident	EXETER RD BESIDE SINGTEL COMCENTRE
Country/State of Loss	SINGAPORE
A CONTRACTOR SERVICE AND A SERVICE DE	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLR1533K
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	PRIUS HYBRID 1.8S CVT
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	5092730370-01
Cover Note Number	
Driver	
Name of Driver	NG KOK HAU
NRIC No	S6934889J

Date Of Birth 06/10/1969 Occupation OUTDOOR Date Of Driving Pass 17/03/2014

Driving Experience 4 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93692615

Fax Number

Contact Number OFFICE-93692615

EMail Address NOEMAIL

BLK 12 KAMPONG ARANG ROAD Address

#12-15

Postcode 431012

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 - 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)

Passenger 1

2

NAME:

GENDER: : FEMALE

**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, I WAS TRAVELLING ALONG LANE 4 EXETER RD. SUDDENLY VEHICLE B TRAVELLING ALONG LANE 1 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 Was there any video captured by Car Camera? NO Was there any audio recorded? NO

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SGA5165L

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

#### SKETCH PLAN

#### **IMPORTANT NOTICE**

- 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 Signature Date & Time:

Driver's Signature

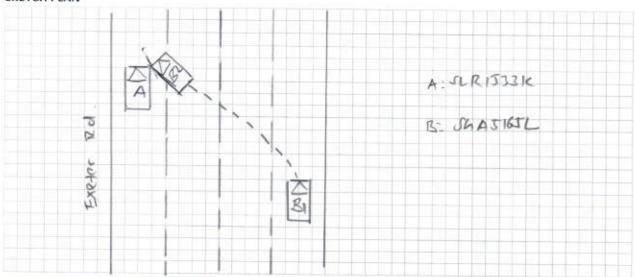
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Lefer to sta	rment.		

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.:

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S6934889J





NG KOK HAU









CHINESE 06-10-1969 Country/Place of hirth SINGAPORE





5566635





26-02-2016

APT BLK 12 KAMPONG ARANG ROAD #12-15 SINGAPORE 431012

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

EFFECTIVE DATE

Class 4

Motor cars with unladen weight =< 3000kg with =< 7
passengers, exclusive of driver; and other motor
vehicles with unladen weight =< 2500kg
Motor vehicles which are constructed to carry load
or passengers and the unladen weight > 2500kg
Motor vehicles which are not constructed to carry
load or passengers and the unladen weight =< 7250kg
Motor vehicles not constructed to carry
load or passengers and the unladen weight =< 7250kg
Motor vehicles not constructed to carry any load
and the unladen weight > 7250kg

NF 428A





Policy No.	5092730370-01	Policyholder Name	RELIABLE	RIDES PTE LTD	Policyholder NRIC	201611527N	
Certificate No.					NRIC		
Address	8 KAKI BUKIT AVENUE 4 #05-5	O PREMIER @	KAKI BUKI	SINGAPORE 41587	75		
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	25/06/2018	Effective Date	01/08/201	8 00:00	Expiry Date	31/07/2019 23	3:59
Excess Type		All Claims Excess					
Third Party Excess	1500	Own damage Excess	1000		Windscreen Excess	100	
Additional Excess	0	OS Premium	1400.00				
Outside Singapore OD Excess	3000	Outside Singapore TP Excess	3000			Young/	Inexperience Driver Excess
Agent	TAN INSURANCE BROKERS PTE	Agent Tel.	NIL		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
	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	5095584236-01			
	d Object: SLR1533K						
) Insure							

folicy No.	5092730370-01	Vehicle No.	SUR1533K	GST Registration No.	
ertificate No.					
okcyholder Name	RELIABLE RIDES PTE LTD			Poscyholder NRIC	201611527N
voduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
ontact No. (Mobile).	0	Contact No.(Office)	D	Contact No. (Home)	0
mail Address		Special Remark		eCode	No. V
FK	® No ○ Yes	TCA	® No ○Yes	eCode Reason	Control of the contro
CD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details					2017.02
sport Date	26/10/2018 12:06	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
ate of Accident	26/10/2018	Time of Academ hh:mm	07:50	Country of Accident	
sporting Centre		Drange Force		IOM No.	Singapore
codent Location	EXETER RD BESIDE SINGTEL COMCENTRE	The second of th		ICM NO.	
7 Excess					
wn damage Excess	1,000.00	Additional Excess	0		
named Driver Excess	4,000.00			Windscreen Excess	100.00
and Party Excess		Outside Singapore OD Excess	3,000.00		
7 Benefits	1,500.00	Outside Singapore TP Excess	3,000.00		
	04000				
F GST Registered Inform T Registeres	No No		CONTRACTOR OF THE PARTY OF THE		
ST Registration No.	700		GST Registration Date GST Status Verified	***	
edification History			Service service	Yes	
Policyholder Mailing Ad	dress				
dress 1	8 KAKI BUKIT AVENUE 4	Address 2	#05-50 PREMIER @ KAKI BUKIT	Address 3	SINGAPORE 415875
idress 4		Address Type	Singapore address	Post Code	
nt No.	05-50	Related Policy Number	5095584236-01	(C)(C)(C)	415875
OI Driver Info		COSTON CONTRACTOR	3033304230-01		
Iver Name	Unnamed Driver	Onver Type	Unnamed Driver		
named driver Name	NG KOK HAU	Driver NR3C	569348891	Driver DOB	06/10/1969
gister Date of Driver License	17/03/2014	Driver Age	49		
ntact No.(Mobile)	93692615	Contact No.(Office)		Driving Experience	4
dress 1	BLK 12	Address 2	0	Contact No.(Home)	0
dress 4	SINGAPORE 431012		KAMPONG ARANG ROAD	Address 3	DI TANDONG RHU
it No.		Address Type	Singapore address	Post Code	431012
es he own a Singapore	12-15				
gistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
Claration					
eathalyser or Blood Test	Com 2001	Landistance	Inchine and the second		
ading?	0 mg	Any injury?	○ Yes ® No		
diffication History					
Claim 001 New					
im Type •	OO-MX 🔻	Insured Name	RELIABLE RIDES PTE LTD	Insured NRIC	Table Carrows
ntact No.(Mobile)		Contact No.(Home)	The state of the s		201611527N
eil Address		Of Vehicle Number	C(01E33W	Contact No. (Office)	66351820
mant Type Claimant Type *	Please Select	Type of Benefit *	SLR1533K	TP Vehicle Number	SGA5165L
	121	Type of Benefit * Claimant NRIC *	Please Select		
mant Name *	1	Marriagne WEST T			
	22	1900/25/36/32/36/7			
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imant Address im Description ferred Workshop Contact sure Finalisation e Registered sort Taken By Print AK letter  ttachment	SLR1533K / SGA516SL ON 26 Oct 2018  Ves  26/10/2018 12:08  Jackson  MT/1017288	Insured Liability * Preference Repair Option Claim Close Date	Preferred Workshop, Name unknown	GIA report	and the second s
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mant Address  m Description erred Warkshop Contact uire Finalisation Registered ort Taken By Print AK letter  tachment	SLR1533K / SGA516SL ON 26 Oct 2018  Ves  26/10/2018 12:08  Jackson  MT/1017288	Insured Liability * Preference Repair Option Claim Close Date	Preferred Workshop, Name unknown  Save Submit	GIA report	26/10/2016 00:00
mant Address  m Description ferred Workshop Contact ferred Workshop Contact ferred Workshop Contact our Finalisation  e Registeried out Taken By Print AK letter  ttachment	SLR1513K / SGA5165L ON 26 Oct 2018	Insured Liability * Preference Repair Option Claim Close Date	Preferred Workshop, Name unknown  Save Submit  001 26/10/2018 12:10 Category *	GIA report Date Received	26/10/2016 00:00

