NATIONAL Assessment Centre Service	The state of the s	NMIOIT		
Date In: 2/11/18-11:39 Jeb deser	iption	Date & Time Completed	Done	by
Rei No: NA INC 180 19938/24 SAS e-1	iling		6	
Veh No: Scu 7141c E-mail	(within Shrs, AIC 2hrs)			,
	Claim Form	M7 1018169-201	2)11)18-1	13.46
i-Motor	W/O (Within: OD 2h			1220 E
	Uploaded			
TP Insurer: Assessm	ent/Survey Report			
	port by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tol:	Fax:	
TP Particulars: Veh No: F77440R	. INC ()/Non-INC()	4	
Owner / Driver: (Tel:)	
Policy No: () Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Note-Est. Sta	tus (WO): N: 0-2	20%; P: 21-79%. F: 80-	100%]	
Year of Registration: () Warranty: Yl)		
Excess: (\$) Loading: \$1,000 ()/\$	2,000()	A same a row of a low		
General Remarks:-		Test to desire the second	Section Section	4
() Walk-In Customer: Customer's information strict	ly Confidential & S	trictly NO refer of repairer.		
() Total Loss Case : to e-mail Insurer URGENT	LY.			
Drive-In ()/ Towed-In (); Invoice: YES ()/NO();	Fowing Co. ()
Remarks:- (INC hotline: 6788 6616)		Date&Time Completed	Done	hv
		Dates Tallio Strings Co.	The state of the s	-2
1) Apply for Transport Allowance () / Courtesy Car	()		Contract - or - or contract	
Apply for Transport Allowance () / Courtesy Car OC Check / Post Renair Inspection (()		-	70-00
2) QC Check / Post Repair Inspection ()			
QC Check / Post Repair Inspection (Upload Resurvey Photo [Repair Cost > \$3000]	()			
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2) QC Check / Post Repair Inspection (3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Actions Actions aimant's Particulars:- iver/Owner:	Invoice Pri 1) AR: Accider 2) DA: Dameg 3) TF: Towing 4) FT: Follow- For claiming 6) TR: Re-insp	at Reporting (\$30); Assessment (\$100); INC (\$ Fee \$4 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 200 ection	\$0) 0/\$45 \$120 \$30	
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2) QC Check / Post Repair Inspection (3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Actions	Invoice Pri 1) AR: Accider 2) DA: Damage 3) TF: Towing 4) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idae DA 8) NTUC Addit OD: *N5: Courtes *N6: Repair *N7: Fost Re *N8: DV / Co TP (N11): T	at Reporting (\$30); Assessment (\$100); INC (\$ Fee \$4 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 200 action + SMRT Survey ional Services:- y Cer / Tpt Allowance Co-ordination pair Inspection ollect Excess Coordination P (Non INC) against INC	\$30) 10/\$45 \$120 \$30 \$5) \$75 \$160 \$5 \$10 \$25 \$3 \$20 \$30	

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.
- 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	02/11/2018 11:39
Date Of Accident	01/11/2018 18:00
Exact Location Of Accident	PIE (CHANGI) BEFORE BUKIT BATOK EAST AVE 3 EXIT
Country/State of Loss	SINGAPORE
Parker of the Second Control of the	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLU7141C
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	FREED 1.5G HYBRID 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	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	5096639721
Cover Note Number	
Driver	
Name of Driver	NEO KAH BOON (LIANG JIAWEN)

Name of Driver	NEO KAH BOON (LIANG JIAWEN)	į
CONTRACTOR AND	THE OTHER DOOR (EDITOR OF THE EIG)	٠.

NRIC No S7438899Z Date Of Birth 24/11/1974 Occupation OUTDOOR Date Of Driving Pass 01/06/1998

Driving Experience 20 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90999289

Fax Number

Contact Number OFFICE-90999289

EMail Address NOEMAIL

BLK 613 HOUGANG AVENUE 8 Address

#02-432

Postcode 530613

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

OTHER - HIRER

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO Number of vehicles involved in the accident 3 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

NAME:

GENDER: : MALE

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 TRAVELLING ALONG LANE 1 PIE (CHANGI) BEFORE BUKIT BATOK EAST AVE 3 EXIT. SUDDENLY I FELT AN IMPACT OF MY VEHICLE, I ALIGHT FROM MY VEHICLE AND REALIZE THAT VEHICLE B SELF-SKIDDED AND HIT ONTO MY VEHICLE REAR LEFT PORTION. AFTER VEHICLE B SELF-SKIDDED HIT ONTO MY VEHICLE AND HIT ONTO VEHICLE C REAR RIGHT 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?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number FT7440R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

MOTORCYCLE

Name of Driver MUHAMMAD YASEER BIN TAIB

NRIC/Passport Number S9214778I

Contact Number

Address Postcode Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SLP3996E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

ABDULATIFF S/O ABDULLAH

NRIC/Passport Number

S1830549F

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

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

Driver's Signature

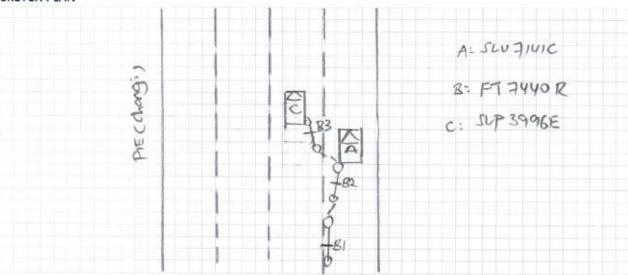
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A SECTION OF THE CONTROL OF THE PROPERTY OF TH	
Refer to Hortement.	

DECLARATION

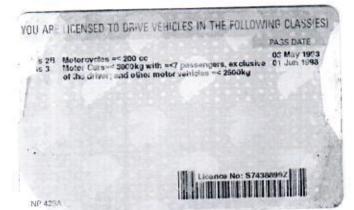
I/We declare the foregoing particulars are true in every respect.

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.:











Policy No.	5096639721	Policyholde Name	RELIABLE R	RIDES PTE LTD	Policyholder NRIC	201611527	N
Certificate No.					1000		
Address	8 KAKI BUKIT AVENUE 4 #05-	O PREMIER @	KAKI BUKIT	SINGAPORE 41587	5		
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	11/12/2017	Effective Date	12/12/2017	7 00:00	Expiry Date	11/12/2018	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			You	ng/Inexperience Driver Excess
Agent	TAN INSURANCE BROKERS PTI	Agent Tel.	NIL		GST Flag	Υ	
Co-	No						
insurance Flag Open Policy Info							
Flag Open Policy							
Flag Open Policy nfo Certificate nfo	holder Mailing Address						
Flag Open Policy nfo Certificate nfo Policyh		4 Add	ress 2	#05-50 PREMIER	@ KAKI BUKIT	Address 3	SINGAPORE 415875
Flag Open Policy Info Certificate Info	holder Mailing Address		ress 2 ress Type	#05-50 PREMIER Singapore address		Address 3 Post Code	SINGAPORE 415875 415875
Plag Open Policy Info Certificate Info Policy Address 1 Address 4	holder Mailing Address	Add Rela	ress Type ted Policy				
Plag Open Policy Info Certificate Info Policy Address 1 Address 4 Unit No.	nolder Mailing Address 8 KAKI BUKIT AVENUE	Add	ress Type ted Policy	Singapore address			
Plag Open Policy Info Certificate Info Policy Address 1 Address 4 Juit No.	8 KAKI BUKIT AVENUE 05-50 d Object: SLU7141C	Add Rela	ress Type ted Policy	Singapore address			
Plag Open Policy Info Certificate Info Policy Address 1 Address 4 Unit No.	8 KAKI BUKIT AVENUE 05-50 d Object: SLU7141C	Add Rela Num	ress Type ted Policy	Singapore address 5096225843-01		Post Code	
Den Policy Info Certificate Info Policy Policy Policy Policy Industrial Policy	8 KAKI BUKIT AVENUE 05-50 d Object: SLU7141C	Addi Rela Num	ress Type ted Policy iber	Singapore address 5096225843-01 t Type		Post Code	415875

Palicy No.					
1000 (100)	5096639721	Vehicle No.	\$,071410	GST Registration No.	
ertificate No.					
Rcyholder Name	RELIABLE RIDES PTE LTD			Policyholder NR3C	201611527N
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
ntact No. (Mobile)	0	Contact No. (Office)	ō .	Contact No.(Home)	0
nail Address		Special Remark		eCode	The Co
K:	® No ⊜Yes	TCA	(¥) No ○Yes		I = A
D Protection	No.			eCode Reason	
Accident Details	140	NCD Entitlement(%)	0	Private Hire	Yes
	Transcription and the second				
nort Date	02/11/2018 13:54	Acadent Report Within 24 hrs	Yes	Accident Tyge	Collision - Head to Rear
e of Accident	01/11/2019	Time of Accident this min	18:00	Country of Academi	Singapore
orting Centre		Grange Force		ICM No.	
ident Location	PIE (CHANGI) BEFORE BUKIT BATOK BAST	AVE 3 EXIT			
Excess					
n damage Excess	1,000,00	Additional Excess	0	Windscreen Excess	100.00
named Driver Excess		Outside Singapore OD Excess	3,000.00		
of Party Excess	1,500.00	Cutside Singapore TP Excess	3,000.00		
Benefits			2,000.00		
GST Registered Informa	ation				
Registered Informa	No		000		
Registration No.			GST Registration Date		
Ification History			GST Status Verified	Yes	
Policyholder Mailing Ad	dress				
ress I	8 KAKI BUKIT AVENUE 4	Address 2	#05-50 PREMIER @ KAKI BUKIT	Address 3	SINGAPORE 415875
iress 4		Address Type	Singapore address	Post Code	415875
t No.	05-50	Related Policy Number	5095225843-01	1300 4000	
OI Driver Info					
er Name	Unnamed Driver	Driver Type	Unnamed Driver		
armed driver Name	NEO KAH BOON (LIANG)IAWEN	Driver Type Driver NRIC	Unnamed Driver \$7438899Z	Driver DOB	24/11/02/24
inter Date of Oniver License					24/11/1974
		Driver Age	43	Driving Experience	20
tact No.(Mobile)	90999289	Contact No.(Office)	0	Contact No.(Home)	0
ress 1	BLK 613	Address 2	HOUGANG AVENUE B	Address 3	S3NGAPORE 530613
ress 4		Address Type	Singapore address	Post Code	530613
t No.	02-432				
rs he own a Singapore patered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
NEW (1997)				0.000.000.000.000.000.000.000.000	
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athalyser or Blood Test iding?	0 mg	Any injury?	○ Yes ® No		
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n Type + (act No. (Mobile)			RELIABLE RIDES PTE LTD		
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n Type + : act No.(Motrie) Address nant Type Caimant Type •		Contact No.(Home) OI Venicle Number	SLU7141C	Contact No.(Office)	66351820
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n Type + act No. (Mobile) i Address nant Type Claimant Type + nant Name. + nont Address	Please Select	Contact No. (Home) OI Venicle Number Type of Benefit *	SLU7141C	Cornect No. (Office) TP Vehicle Number	66351820
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m Type + lact No. (Mobile) if Address mant Type Claimant Type + mant Name. + mont Address in Description bried Workshop Contact	Please Select ≥≥ SLU7141C / FT7440R CN 1 Nov 2018	Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC *	BLU7141C Please Select	Corract No. (Office) TP Vehicle Number Name of Preferred Workshop	66351820 FT7440R
m Type + last No. (Mobile) if Address mant Type Claimant Type + mant Name. + mont Address in Description bened Workshop Contact stre Finalisation:	Please Select ≥≥ SLU7141C / FT744DR ON 1 Nov 2018 Ves	Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option	BLU7141C Please Select	Corract No. (Office) TP Vehicle Number Name of Preferred Workshop G3A report	66351830 FT7640R
m Type + last No. (Mobile) if Abdress mant Type Claimant Type + mant Name + mont Address in Description bried Workshop Contact one Provincend	Please Select	Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC *	BLU7141C Please Select	Corract No. (Office) TP Vehicle Number Name of Preferred Workshop	66351820 FT7440R
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