NATIONAL Assessment Ce.	ntre Services	fwel i Jamos Mi	18 118 NEGY 3		
Date In: 13/11/16 - 14:50	Jeb description	n	Date &Time Completed	Dor	ie by
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Veh No: JUUS 4031C	E-mail (withi	a Shrs, AIC 2hrs)			8.
D.O.A: 17/11/18-13:00	i-Motor Cla		M1019644001	13/1/18	18:04
	i-Motor W/	O (Within: OD 2hrs,			water
OD TPY Reporting Only	i-Photo Upl				
TP Insurer:	Assessment/S	urvey Report			
TF Insurer.	Ass't Report	by Fax / Hand to	Owner/Wksp		····
Preferred Wksp / INC Assign Wksp / QW:	(Tel: F	ax:	
TP Particulars: Veh No:	X 1934P	INC ()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: (Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	-115 14
Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-20	%; P: 21-79%. P: 80-1	00%]	
Year of Registration: ()	Warranty: YES ()/NO()		
Excess: (\$) Loading: \$	1,000 ()/\$2,000	A00.0000000000000000000000000000000000			
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	urer URGENTLY.	moential & Stri	cuy NO rater of repairer.		
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2770-III ()770Wed-III (); INVO	oice: YES() / I	NO(); To	wing Co: ()
Remarks:- (INC hotline: 6788 6616			Date&Time Completed	Don	by
Apply for Transport Allowance ()	/ Courtesy Car ()			
2) QC Check / Post Repair Inspection	()	*	-	
3) Upload Resurvey Photo [Repair Cost>	\$3000] ()	1 12		
Injury :		-			
Tilyary:					
Date/Time Actions		11 11 11 11		MARIO COLL	
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aimant's Particulars :-		1) AR : Accident Re 2) DA : Damage As	The state of the s	0	
iver/Owner:		3) TF : Towing Fee	. \$40/		
nton No.		4) FT : Follow-Thro	Contract of the Contract of th	120	
ntact No:			nst INC Only (wef 10 Jan 2005)	355	
maged Portion:		6) TR : Re-inspection		\$75	
	-;	7) N1 : Idao DA + S 8) NTUC Additiona		160	
Checked by (Engr-In-Charge):		OD.			
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William Declaration and the second second		*N5: Courtesy Ca	r / Tpt Allowense	\$10	
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intors Comments:-		*N5: Courtesy Ce *N6: Repair Co-o *N7: Fost Repair *N8: DV / Collec	rdination Inspection t Excess Coordination	510	
1:		*N5: Courlesy Ce *N6: Repair Co-o *N7: Fost Repair *N8: DV / Collec TP (N11): TP (N 9) N12: Idae Mobile	rdination Inspection t Excess Coordination on INC) against INC	\$10 \$23 \$3 \$20 30	
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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.
- 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.
- 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.

atoresaid,	
The second second	ACCIDENT STATEMENT
Date Of Report	13/11/2018 14:50
Date Of Accident	13/11/2018 13:00
Exact Location Of Accident	HENDERSON RD AFTER JUNC AYE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLU5403K
Insured/Policyholder	
Name Of Registered Owner	RELIABLE RIDES PTE LTD
Co Reg No	201611527N

Mobile Phone No

Email Address

Alternative Phone No OFFICE-89999999

Vehicle Particulars

Manufacturer HONDA

Model FREED HYBRID 1.5G 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

NOEMAIL

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 5096390014

Cover Note Number

Driver

 Name of Driver
 TAN ENG SOON

 NRIC No
 \$1753761Z

 Date Of Birth
 13/04/1966

 Occupation
 OUTDOOR

 Date Of Driving Pass
 17/06/1986

Driving Experience 32 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-87550070

Fax Number

Contact Number OFFICE-87550070

EMail Address NOEMAIL

Address BLK 121A EDGEDALE PLAINS

#07-221

Postcode 821121

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OT

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

DRY

Other Information

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?

YES

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

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 STATED VENUE AS IN FRONT VEHICLE WAS STATIONARY STOPPED. SUDDENLY I FELT AN IMPACT OF MY VEHICLE. I ALIGHT FROM MY VEHICLE AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE REAR 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

GX1934P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category Name of Driver COMMERCIAL VEHICLE LI GUOLONG

NRIC/Passport Number

G8668830T

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

TAN ENG SOON

NECK & SHOULDER

SLU5403K

YES

NO

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

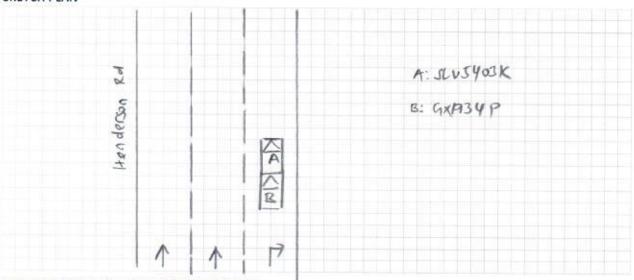
(If driver is now the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Hefer +	o 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)

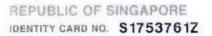
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:









TAN ENG SOON

陳永順

CHINESE 13-04-1966

SINGAPORE

5606677

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES? Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 17 Jun 1986 of the driver; and other motor vehicles =< 2500kg

NP 428A



NRIC No. S1753761Z

01-06-2016

APT BLK 121A EDGEDALE PLAINS #07-221 SINGAPORE 821121

Hello, NAC_PAYA_UBI_8	00601						• Chang	e Languag	e Chan	ge Password	Log O
My Desktop	Polic	y Query									
Notice of Loss Policy No.		0.			- 2	Date	of Accident		13/11/2018	13:00	
	Vehicle	No.(For Motor)	SLU54	03K		Certi	ficate Numbe	r:			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Dat
		5096390014		RELIABLE RIDES PTE LTD	201611527N	GPC	drivo CLASSIC	SLU5403K	SLU5403K	05/12/2017	04/12/201

Policy Information

Policy No.	5096390014	Policyholder Name	RELIABLE RIDES PTE LTD	Policyholder NRIC	201611527N
Certificate No.					
Address	8 KAKI BUKIT AVENUE 4 #05-50	PREMIER @	KAKI BUKIT SINGAPORE 415875		
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	01/12/2017	Effective Date	05/12/2017 00:00	Expiry Date	04/12/2018 23:59
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		
Agent	TAN INSURANCE BROKERS PTE	Agent Tel.	NIL	GST Flag	Y
Co- insurance Flag	No				
Open Policy Info					
Certificate Info					
	nolder Mailing Address				
Address 1	8 KAKI BUKIT AVENUE 4	Address 2	#05-50 PREMIER @ KAKI BUKIT	Address 3	SINGAPORE 415875
Address 4		Address Type	Singapore address	Post Code	415875
Unit No.	05.50	Related	500400000000000000000000000000000000000		

Insured Object: SLU5403K

05-50

Unit No.

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	05/12/2017 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 05 Dec 2017, the following amendment(s) is/are made to this policy: 1. PERIOD OF INSURANCE: 05 Dec 2017 TO 04 Dec 2018 2. VEHICLE REGISTRATION NUMBER: SLU5403K
2	05/12/2017 00:00	POI Move	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 05 Dec 2017 TO 04 Dec 2018

5096225843-01

Policy

Number

	Change and C	Carpyone			W5-16-16-16-16-16-16-16-16-16-16-16-16-16-	3002-700ADV		
icy No.	5096390014	Vehicle No.	50,05403k		GST Regis	tration No.		
rtificate No.	RELIABLE RIDES PTE LTD							
cyholder Name idust Code	PRIVATE CAR INSURANCE	Company with			Pelicyhold	er NRIC	2016115276	5
Vact No.(Hobile)	0	Cover Type	drivo CLASSIC		Loading	21127 St	0	
ail Address	3.1	Contact No. (Office)	0		Contact N	o.(Home)	0	
an approve	- No - Yes	Special Remark			eCpde		No. T	
D Protection	No.	TEA	# No Yes		eCode Rei		285	
Accident Details	11 PRO-	NCD Encelement(%)	C		Private Hi	•	Yes	
urt Dare	13/11/2018 18:01	Annales Vance State - Nation						
nr of Accident	13/11/2018	Accident Report Within 24 hrs. Time of Accident hh:mm	Yes		Accident 1		Collision - He	ead to Rear
ronting Centre	14/1/2016	Grange Force	13:00		Country o	Accident	Singapore	
ident Location	HENDERSON NO AFTER JUNC AVE	Grange Force			ICM No.			
Excusa	HENDENSON NO AFTER SONE ATE							
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named Driver Excess	2,000.00	Outside Singepore OD Excess	2.50	7.000.00	Windscree	n Excess	100.00	
nt Party Excess	1,500.00	Outside Singapore TP Excess		3,000,00				
Benefits	1,300.00	Occade singapore (Fiscess		3,000.00				
GST Registered Informat	tion							
Registered	No.		GST Ben	pistration Date				
Registration No.				rtus Verified		No		
fication History						1895		
Policyholder Mailing Add	ress							
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ross 4		Address Type	Singapore addres		Post Code		415875	22.55
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OI Oriver Info		The second section 1	ASTRACTOR!					
nir Name	Unnamed Oriver	Driver Type	Unnamed Driver					
arried striver Name	TAN ENG SDON	Driver NRIC	817837612		Driver 00	3	13/04/1966	
ister Date of Driver License	17/06/1986	Driver Age	50		Driving Ex	perience	32	
tach No.(Hoosle)	87550070	Centact No.(Office)	0		Contact N	(Home)	0	
ress 1	BLK 121A	Address 2	EDGEDALE PLAIN	NS.	Address 3		PUNGGOL ED	oge
rest 4	SINGAPORE 821121	Address Type	Singapore address	50	Post Code		921121	
No.	07-221							
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laration								
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