NATIONAL Assessment Centr	e Services well las	MOSIMNA 118 148 38	e: 1 1	Done t	
Date In: 13 11/18-14: 18	Jcb description	Date &Time	Completed	Done	
Res No: NA INCISO 2005 /24	SAS e-filing				
Veh No: JUV3128M	E-mail (within Shrs, AfC	2hrs)			•
D.O.A: 12/11/18-19:20	i-Motor Claim Fori	n M10196	47 -001 F	3/11/18 18	117
60 : TD / D 600	i-Motor W/O (Within	OD 2hrs, TP 4hrs)			
OD / TP / Reporting Only	i-Photo Uploaded				
	Assessment/Survey R	eport			
TP Insurer:	Ass't Report by Fax /	Hand to Owner/Wks	5		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax	II.)
TP Particulars: Veh No: JEP	879°C	INC()/Non-IN	IC()		
Owner / Driver: (Tel:	10)	
Policy No: () Po	riod: () Cover Type	: ()	
Confirmed by : (Date		me:)	
Insured/Driver Liability: (%) [Note-Est. Status (WO):	N: 0-20%; P: 21-79)%. F: 80-100	0%]	
Year of Registration: ()	Warranty: YES ()/N	10()			
Excess: (\$) Loading: \$1,0	000()/\$2,000()				
General Remarks;-			A Section		1 1
() Walk-In Customer: Customer's info	The state of the s	Act of the last of	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
() Total Loss Case : to e-mail Insur		*			
Drive-In ()/ Towed-In (); Invoice); Towing Co: ()
			2007 (10/24C)	The state of the s	
Remarks: (INC harline: 6788 6616)		Date&Time	Completed	Done	ру
	Courtesy Car ()				-
2) QC Check / Post Repair Inspection	()				
3) Upload Resurvey Photo [Repair Cost > \$.	3000] ()				
Injury:					
Date/Time Actions			e to see a	Carlo Area	
and the property of the proper		2.00	200000000 xxxxxxxxx xxx 1.		14
				at w	
				Anit (S)	Amil (3)
NA1807415 .	30.623	ice Preparation Ch	STANSBARK ST. LOT	fit Bill	Add Bill
Claimant's Particulars:-	1) AR 2) DA	: Accident Reporting (\$3 : Damage Assessment (\$1)	
river/Owner:	3) TF	: Towing Fee	\$40/		
TIVE/JOWNEL.	4) FT	: Follow-Through Survey : Follow-Through Survey (I		120 530	
Contact No:	For	claiming against INC Only	(wef 10 Jan 2005)		
armaged Portion:		: Re-inspection		160	
 		: Idao DA + SMRT Survey UC Additional Services:-			
C Checked by (Engr-In-Charge):	OD OD		DECE.	\$5	
Care and Care and Care Color		5: Courtesy Car / Tpt Allows 5: Repair Co-ordination		510	
Auditors' Comments :-	·N	7: Fost Repair Inspection 8: DV / Collect Excess Coor		\$25	
at 1:		(N11): TP (Non INC) again		\$20	1
	9) N1	2: Idna Mobile		30	
at. 2/3:		se dated se dated	Fee Charged Fee Charged		
	1	**************************************	PROPERTY AND ADDRESS OF THE PROPERTY OF THE PR	ACTIVITY OF THE PARTY OF	

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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.
- 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.

aforesaid.	
ENERGY TURNS OF THE	ACCIDENT STATEMENT
Date Of Report	13/11/2018 12:28
Date Of Accident	12/11/2018 19:20
Exact Location Of Accident	JUNC MARKET ST & CROSS ST
Country/State of Loss	SINGAPORE
Charles and the contract of th	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLV3128M
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 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	5096971135
Cover Note Number	
Driver	

D.11401	
Name of Driver	LEE HAN ZHEN, ALOYSIUS (LI HANZHEN)
NRIC No	S8717105A
Date Of Birth	16/06/1987
Occupation	OUTDOOR
Date Of Driving Pass	05/12/2015
Driving Experience	2 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97662432

Fax Number

Contact Number OFFICE-97662432

EMail Address NOEMAIL

Address

BLK 465 UPPER SERANGOON RD

#02-1211

Postcode

530465

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 - HEAD TO REAR

Weather Conditions

RAINING

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?

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)

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 I WAS TRAVELLING ALONG STATED VENUE. SUDDENLY VEHICLE B JAMMED BRAKE, I COULDN'T BRAKE MY VEHICLE IN TIME AND HIT ONTO VEHICLE B REAR 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

SKP8759C

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

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:
 - (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:

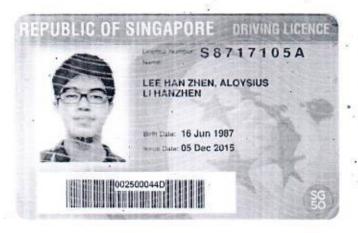
Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

cour s	ł	A: SLV3128M	
		B: JKP8749C	
Warter Banker			
DESCRIBE CIRCUMSTANCE	ES OF THE ACCIDENT		
Refer to Hoste	imed.		
8			
DECLARATION /We declare the foregoing part	ticulars are true in every respect.		
RELIABLE RID	Hasne		
Policyholder Spenature	Driver's Signature (If driver is not the policyholder)	Reporting (Centre Personnel's Signature

NRIC/FIN No.:

Date & Time:



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8717105A



LEE HAN ZHEN, ALOYSIUS (LI HANZHEN) -

涵

CHINESE

16-06-1987 SINGAPORE



5845036

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

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) with unladen velight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight =< 2500kg

Licence No:S8717105A

29-12-2017

APT BLK 465 UPPER SERANGOON ROAD #02-1211 SINGAPORE 530465

NP 429A

eBaoTech							1	建		Genera	alClaim
Hello, NAC_PAYA_UBI_8	00601				and the second section of the		• Chang	e Languag	e • Chan	ge Password	• Log Ou
My Desktop	Polic	cy Query									
Notice of Loss	Policy N	lo.	N			Date	of Accident		12/11/2018	19:20	
	Vehicle	No.(For Motor)	SLV31	28M		Cert	ficate Numbe	r			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
		5096971135		RELIABLE RIDES PTE LTD	201611527N	GPC	drivo CLASSIC	SLV3128M	SLV3128M	27/12/2017	26/12/2018
					Ī	Continue	1				

▽ Poli	cy Information		\$0		
Policy No.	5096971135	Policyholder Name	RELIABLE RIDES PTE	LTD Policyholder	201611527N
Certificate No.					
Address	8 KAKI BUKIT AVENUE 4 #05-5	PREMIER @	KAKI BUKIT SINGAPOR	E 415875	
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N.
Policy issue Date	26/12/2017	Effective Date	27/12/2017 00:00	Expiry Date	26/12/2018 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	Υ
Co- insurance Flag	No				
Open Policy Info					
Certificate Info					
Policy	holder Mailing Address				
Address 1	8 KAKI BUKIT AVENUE 4	Address 2	#05-50 PREMIER @ K	AKI BUKIT Address 3	SINGAPORE 415875
Address 4		Address Type	Singapore address	Post Code	415875
Jnit No.	05-50	Related Policy Number	5096225843-01		
Insure	ed Object: SLV3128M				
▽ Endors	sements				
Sequen	ce Date of Endorsement	Endorse	ement Type E	ndorsement Status	Endorsement Content
					Thank you for giving us the opportunity to serve you. We confirm that from 27 Dec 2017, the following amendment(s) is/are made to
1	27/12/2017 00:00	Basic Inforn Endorsemer	Endored	ement Take Effective	this policy: 1. PERIOD OF INSURANCE: 27 Dec 2017 TO

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
1	27/12/2017 00:00	Basic Information Endorsement	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 27 Dec 2017, the following amendment(s) is/are made to this policy: 1. PERIOD OF INSURANCE: 27 Dec 2017 TO 26 Dec 2018 2. ORIGINAL REGISTRATION DATE: 27 Dec 2017 3. VEHICLE REGISTRATION NUMBER: SLV3128M
į.	27/12/2017 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: 27 Dec 2017 TO 26 Dec 2018

Continue Cancel

olicy No.	5096971135	Vehicle No.	Carthernoon		7.525-2012/01/2012		
roficate No.	3030371172	vehicle No.	SLV3128M		GST Registration No.		
lcyholder Name	RELIABLE RIDES PTE LTD				Policyholder NR3C	***************************************	
But Cuse	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC		Loading	201611527N D	
sact No. (Mobile)	6	Contact No.(Office)	0		Contact No.(Home)	D	
arl Address		Special Remark	100		eCode	grammanana	
	- No Yes	TEA	+ No Yes		eCode Reason	No T	
D Protection	Na	NCD Entitlement(%)	0		Private Hins	444	
Assident Details		ACO CHIOCHOIN (4)			Private Fare	Vote	
ort Date	13/11/2018 16:15	Accident Report Within 24 hrs	Yes		Accident World	(4) A (4)	7.
te of Accident	12/11/2018	Time of Accident hhomm.			Accident Type	Colleson - Head t	D Rear
corting Centre	12/11/2019		19/20		Country of Accident	Singapore	
Scient Location	JUNC MARKET ST & CROSS ST	Orange Force			ICM No.		
Excuss	JUNE MARKET BY & CRUSS 51						
	V/2850000R	Acceptance of the Control of the Con	-01				
n damage Excess	1,000.00	Additional Excess	0		Windscreen Excess	100.00	
named Onver Excess		Outside Singapore OD Excess		3,000.00			
in Party Excess	3,500.00	Outside Singapore TP Excess		3,000.00			
Benefits							
GST Registered Informat	tion						
Registered	No		GST Regi	stration Date			
Kergistration No			GST State	us Verified	Yes		
fication History							
	ATTO ATTO ATTO ATTO ATTO ATTO ATTO ATTO						
Policyholder Malling Add							
frenc 1	E HART BURT AVENUE #	Address 2	#05-50 PREMORA		Address 3	SINGAPORE 4158	975
fress 4		Address-Type	Singapore address	17	Post Code	415875	
No.	05+50	Related Policy Number	5096225843-01				
OI Oriver Info							
ver Narrie	Unnamed Driver	Driver Type	Unnamed Oriver				
arried driver Name	LEE HAN ZHEN, ALOYSTUS (LI H	Driver NRIC	58717105A		Driver DOB	16/06/1987	
aster Date of Driver License	05/12/2015	Driver Age	JI.		Driving Expenence	2	
mact No.(Mobile)	97662432	Contact No.(Office)	0		Contact No.(Home)	0	
mana y	BUK-465	Address 2	UPPER SERANGOO	IN ROAD	Address 3	SINGAPORE 5304	165
Pess 4		Address Type	Singapore address		Post Code	530465	192
t Nu.	02-1211	No.				230402	
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