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2) QC Check / Post Repair Inspection	()				
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number

Fax Number Contact Number

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.
- 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	15/11/2018 16:35
Date Of Accident	15/11/2018 14:45
Exact Location Of Accident	AYE (MCE) BEFORE ALEXANDRA RD EXIT
Country/State of Loss	SINGAPORE
SELECTION OF THE PARTY OF THE P	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLT8341R
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	5095785788-01
Cover Note Number	
Driver	
Name of Driver	MOHAMAD SALEH BIN ABDUL RAZAK
NRIC No	S7922669F
Date Of Birth	02/08/1979
Occupation	OUTDOOR
Date Of Driving Pass	01/03/2000
Driving Experience	18 YEARS AND 8 MONTHS
Gender	MALE

(LOCAL) +65-90709524

OFFICE-90709524

NOEMAIL

Address BLK 211B PUNGGOL WALK

#06-631

Postcode 822211

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 CHAIN COLLISION

Weather Conditions RAINING
Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO Number of vehicles involved in the accident 5 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)

Passenger 1 NAME: ;

GENDER: : MALE

Passenger 2

NAME: : -

GENDER: : MALE

Passenger 3

NAME:

GENDER: : FEMALE

1 -

Passenger 4

NAME:

150

GENDER: : FEMALE

Passenger 5

NAME: GENDER:

: FEMALE

Passenger 6

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 STATED VENUE. VEHICLE IN FRONT JAMMED BRAKE SO I JAMMED BRAKE OF MY VEHICLE ACCORDINGLY. SUDDENLY I FELT AN IMPACT OF MY VEHICLE, I ALIGHT FROM MY VEHICLE AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION. AFTER AN IMPACT, I COME TO REALIZE THAT THERE WERE TOTAL OF 5 VEHICLES INVOLVED IN THIS ACCIDENT.

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 SHC8593S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

 Name of Driver
 NG LYE BENG

 NRIC/Passport Number
 \$0890159G

 Contact Number
 97575611

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 2

Passenger 1 NAME:

GENDER:

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLC4932B

Vehicle Make/Model/Colour Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver HEW FOO YOONG

NRIC/Passport Number S6974173H
Contact Number 93857618

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 2

Passenger 1 NAME:

GENDER:

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLP2140P

Vehicle Make/Model/Colour Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver LIONEL SIM
NRIC/Passport Number S84246231
Contact Number 91452742

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SLX3253Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver DENNIS WONG
NRIC/Passport Number S8218536D
Contact Number 81020282

1

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.
- 3. 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.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 5. Any false reporting may be referred to the Police for investigation.
- 6. 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.
- 7. 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:

- 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:
 - (i) 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:

Name:

NRIC/FIN No .:

Reporting Centre Personnel's Signature

AYECMLE)	NEWAY WORKEN	A: SL78341R B: S1+C85935 C: SLC4932B D: SLP2140P E: JLX3253Z

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to	statement.	

DECLARATION

I/We declare the toregoing 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:

Name: NRIC/FIN No.:

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S7922669F

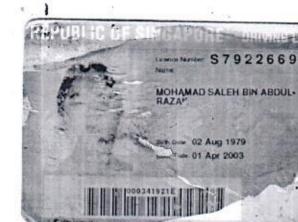


SINGAPORE 822211 NRIC No: \$7922669F

MOHAMAD SALEH BIN ABDUL RAZAK

MALAY 02-08-1979

SINGAPORE





Date: 10/04/2018

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES! PASS DATE Class 3 Motor Cars and Motor Tractors the weight of which unlades does not exceed 2500 follograms

S7922669F

eBaoTech										Genera	alClaim
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Notice of Loss	Policy N	No.				Date	of Accident		15/11/2018	14:25	
	Vehicle	No.(For Motor)	SLT834	1R		Certi	ficate Numbe	e i			
					7.5	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
		5095785788- 01		RELIABLE RIDES PTE LTD	201611527N	GPC	drivo CLASSIC	SLT8341R	SLT8341R	14/11/2018	13/11/2019
						Continue	1				

Policy Information

Sequenc	e Date of Endorsement	Endorse	ment Type Endorsem	ent Status	Endorsement Content
Endors	ements				
Insure	d Object: SLT8341R				
Jnit No.	05-50	Related Policy Number	5096225843-01		
Address 4		Address Type	Singapore address	Post Code	415875
Address 1	8 KAKI BUKIT AVENUE 4	Address 2	#05-50 PREMIER @ KAKI BUK	T Address 3	SINGAPORE 415875
Policyh	older Mailing Address				
Certificate Info					
Policy Info					
Open					
Co- Insurance Flag	No				
Agent	TAN INSURANCE BROKERS PTE	Agent Tel.	NIL	GST Flag	Y
Outside Singapore OD Excess	3000	Outside Singapore TP Excess	3000		
Additional Excess	0	OS Premium	1400.00		
Third Party Excess	1500	Own damage Excess	1000	Windscreen Excess	100
Policy issue Date	29/10/2018	Effective Date	14/11/2018 00:00	Expiry Date	13/11/2019 23:59
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Address	8 KAKI BUKIT AVENUE 4 #05-50	PREMIER @	KAKI BUKIT SINGAPORE 415875		
Certificate No.					
Policy No.	5095785788-01	Policyholder Name	RELIABLE RIDES PTE LTD	Policyholder NRIC	201611527N

Continue

Cancel

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cyholder Name	RELIABLE RIDES PTE LTD				2203000	2016	409000000	
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russ 4 No.	11 PK-100	Address Type	Singapore addre	u.	Post Code		415875	
OI Driver Info	05+50	Related Policy Number	5096225843-01					
or Name	Unnamed Driver	Driver Type	. Unnamed Driver					
named driver Name	MOHAMAD SALEH BIN ABDUL R.	Driver NRIC	57922669F		Driver DOB		#1 min	
pular Date of Driver License	D1/03/2000	Driver Age	39		Driving Expe	rienze.	02/08/1979	
tact No.(Mobile)	90709524	Contact No.(Office)	0				18	
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