Date In	1 (250) 3 (6 72)	9C23A1 8110 WI	Descri	L.
Date In: 16/11/18-14:14	Job description	Date & Time Completed	Done	o'i
Ref No: 49 [NC18 020776] 24	SAS e-filing			
Vcli No: 548299E	E-mail (within Shrs, AIC 2hrs)			
D.O.A: 16/11/18 - 12:55	i-Motor Claim Form	M1 100062 -001	16/11/18 11	4:36
OD / TP-/ Reporting Only	i-Motor W/O (Within: OD 2h	rs, TP 4hrs)		
OD : 17 - Reporting Only	i-Photo Uploaded	1		
TP Insurer:	Assessment/Survey Report			
	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (ix:)
TP Particulars: Veh No: Ju	714246 INC (4	
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
	6) [Note-Est. Status (WO): N: 0-2	20%; P: 21-79%. P: 30-10	00%]	
Year of Registration: ())		
	\$1,000 ()/\$2,000 ()	on white the same of the same		
General Remarks;-	The state of the s	The state of the s	Com Minist	
() Walk-In Customer: Customer's i		trictly NO refer of repairer.		
() Total Loss Case : to e-mail Ins		<u> </u>		
Drive-In ()/ Towed-In (); Invo	oice: YES()/NO();	Towing Co: ()
Remarks:- (INC hotline: 6788 6616) + X	Date&Time Completed	Done l	by
 Apply for Transport Allowance ()) / Courtesy Car ()			
Apply for Transport Allowance () QC Check / Post Repair Inspection) / Courtesy Car ()	-		
	()			
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost >	()			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	()			
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	()		ne Contra	3,74,85
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	()		NAC CASE	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	()		SARCESTAR.	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	()		RANGE LE	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time: Actions	>\$3000] ()		Ant((5)	AHL(3)
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time: Actions	() >\$3000] () Invoice Pre	paration Checklist		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions	() > \$3000] () Invoice Pre		Ant (5)	Addit (5)
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions NA 180771	Invoice Pre 1) AR: Acciden 2) DA: Damage 3) TF: Towing	t Reporting (\$30); Assessment (\$100); INC (\$80 Fee \$40/	Amet (5). 1st Bill) 545	Addit (5)
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions NA 180771 : aimant's Particulars :- iver/Owner:	Invoice Pro 1) AR: Acciden 2) DA: Damage 3) TF: Towing 4) FT: Follow-1 5) FT: Follow-1	t Reporting (\$30); Assessment (\$100); INC (\$80 Fee \$40/ Phrough Survey \$ Through Survey (Resurvey)	Ant (5) /# Bill	Amc(5)
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions NAMO 7771 : atimant's Particulars :- iver/Owner: ntact No:	Invoice Pro Invoice Pro 1) AR: Acciden 2) DA: Damage 3) TF: Towing 4) FT: Follow-1 5) FT: Follow-1 For claiming	t Reporting (\$30); Assessment (\$100); INC (\$80) Fee \$400 Phrough Survey \$ Phrough Survey (Resurvey) Reginst INC Only (wef 10 Jan 2005)	Ant (5) (1st Bill) 545 120 530	(S)
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions NA 1807571: aimant's Particulars:- iver/Owner: ntact No:	Invoice Pro	t Reporting (\$30); Assessment (\$100); INC (\$80 Fee \$40/ 'hrough Survey \$ 'hrough Survey (Resurvey) reginst INC Only (wef 10 Jan 2003) ction	Amet (5) fit Bill 545 120	(S)
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions NA 1807571: aimant's Particulars:- iver/Owner: ntact No:	Invoice Proint Invoice Proint	t Reporting (\$30); Assessment (\$100); INC (\$80) Fee \$400 hrough Survey (Resurvey) reginst INC Only (wef 10 Jan 2005) ction + SMRT Survey \$	Ant (5) (1st Bill) 545 120 530	Addit (5)
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions Nauro 7771 alimant's Particulars: iver/Owner: ntact No: maged Portion:	Invoice Pro	t Reporting (\$30); Assessment (\$100); INC (\$80) Fee \$407 Prough Survey (Resurvey) Igainst INC Only (wef 10 Jan 2005) othon + SMRT Survey \$ conal Services: Cer / Tpt Allowance	Anit (5) 18 Bill) 545 120 530 575 160	Addit (5)
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions Actions aimant's Particulars: iver/Owner: intact No: imaged Portion: Checked by (Engr-In-Charge):	Invoice Pro	t Reporting (\$30); Assessment (\$100); INC (\$80) Fee \$400 Prough Survey (Resurvey) Reginst INC Only (wef 10 Jan 2005) otion + SMRT Survey \$ Car / Tpt Allowance Regination	Anit (5) (st Bill) 545 120 530 575 160	Amc(5)
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions NA 1807771 alimant's Particulars:- iver/Owner: intact No: maged Portion: Checked by (Engr-In-Charge): additors! Comments:-	Invoice Proints Invoice Pr	t Reporting (\$30); Assessment (\$100); INC (\$80) Fee \$400 Prough Survey \$ Prough Survey (Resurvey) Reginst INC Only (wef 10 Jan 2005) Ction + SMRT Survey \$ Car / Tpt Allowance Co-ordination Resident Inspection Rect Excess Coordination	Ant (5) (1st Bill) 545 120 530 575 160 555 55	Amc(5)
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions NALY 07371 aimant's Particulars: iver/Owner: maged Portion: Checked by (Engr-In-Charge):	Invoice Proints Invoice Pr	t Reporting (\$30); Assessment (\$100); INC (\$80) Fee \$400 Prough Survey (Resurvey) Igainst INC Only (wef 10 Jan 2005) otion + SMRT Survey \$ coal Services: Car / Tpt Allowance Part Inspection Heat Excess Coordination P(N:n INC) against INC	State (5) (fit Bill	Amc(5)

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.

ACC	DEN	I STA	-	ACM.	1
ACC	DEN	DIA	- IV		ш

Date Of Report 16/11/2018 14:14

Date Of Accident 16/11/2018 12:55

Exact Location Of Accident PIE (TUAS) BEFORE TOH GUAN RD EXIT

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLT8299E

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 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 5095785733-01

Cover Note Number

Driver

Name of Driver YEO HIAP LEONG

 NRIC No
 \$1642700D

 Date Of Birth
 03/11/1964

 Occupation
 OUTDOOR

 Date Of Driving Pass
 27/07/1983

Driving Experience 35 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-86616564

Fax Number

Contact Number OFFICE-86616564

EMail Address NOEMAIL

BLK 467 ADMIRALTY DRIVE Address

#04-187 750467

Postcode

Was driver an employee of the Insured's Company

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 CLEAR Road Surface DRY

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. 2

Number of Passengers (Including Driver) Passenger 1

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, SUDDENLY VEHICLE B JAMMED BRAKE, I COULDN'T BRAKE MY VEHICLE IN TIME AND HIT ONTO VEHICLE B REAR PORTION, AFTER AN IMPACT, I COME TO REALIZE THAT THERE WAS 3 VEHICLES INVOLVED IN THIS ACCIDENT.

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 SLT1424G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver KWOK LENG SHUM KIM

NRIC/Passport Number S1631158H

Contact Number

Address Postcode

Insurance Company Name

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SLU3374Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category Name of Driver PRIVATE CAR WONG VEE HOW

NRIC/Passport Number

S0125558D

, many adopoint run

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:

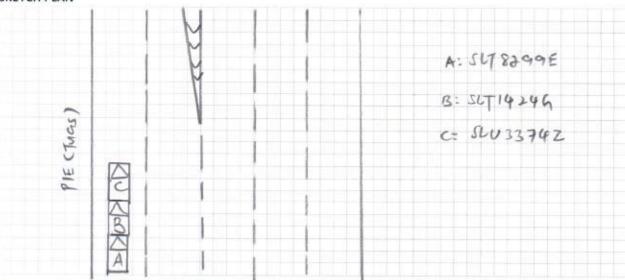
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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:
 - 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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	THE RECORD OF TH
Refec to	statement.
3	

DECLARATION

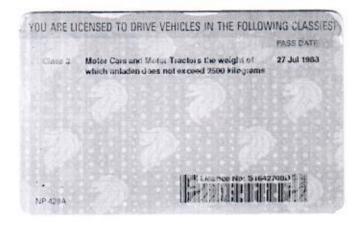
I/We declare the foregoing particulars are true in every respect.

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.:









Hello, NAC_PAYA_UBI_80	0601		ESIG		A1112 104 0		+ Change	Language	• Chang	e Password	Log Ou
My Desktop	Polic	cy Query									1000 market
Notice of Loss	Policy N	io.				Date	of Accident	1	6/11/2018 1	2.55	
	Vehicle	No.(For Motor)	SLT829	SLT8299E			Certificate Number				
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5095785733- 01		RELIABLE RIDES PTE LTD	201611527N	GPC	drivo CLASSIC	SLT8299E	SLT8299E	14/11/2018	13/11/2019

Policy No.	5095785733-01	Policyholder Name	RELIABLE	RIDES PTE LTD	Policyholder NRIC	201611527N	
Certificate No.		and the			INKIL		
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	29/10/2018	Effective Date	14/11/201	8 00:00	Expiry Date	13/11/2019 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	Y	
Co- nsurance Flag	No						
Open Policy Info							
Certificate Info							
□ Policyl	holder Mailing Address						
\ddress 1	8 KAKI BUKIT AVENUE 4	Addr	ess 2	#05-50 PREMIER	AKI BUKIT	Address 3	SINGAPORE 415875
Address 4		Addr	ess Type	Singapore address		Post Code	415875
Jnit No.	05-50	Rela Num	ted Policy ber	5096225843-01			
) Insure	ed Object: SLT8299E						
	sements						
□ Endors	(CALCAS) (CC)						

Claim Handling The premium on this policy has Accident MT/1020062	not been collected.				× 8.00
Policy No. Certificate No.	5095705733-01	Vehicle No.	SLT8299E	GST Registration No.	
Policyholder Name	RELIABLE RIDES PTE LTD			Policyfigider NRIC	
Product Code	PRIVATE CAR INGURANCE	Cover Type	drive CLASSIC		201611527W
Contact No. (Mobile)	0			Loading	0
Email Address	v.	Contact No.(Office)	0	Contact No. (Home)	0
	92 Trouble	Special Remark	2.72	eCode	The M
KFK	® No ○ Yes	TCA	® No. ○ Yes	eCode Reason	
MCO Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Report Date	16/11/2018 14:34	Accident Report Within 24 hrs		Accident Type	Chain Collision
Date of Accident	16/11/2018	Time of Acoders his min	12:55	Country of Academ	Singapore
Reporting Centre		Drange Force		ICM No.	
Accident Location	PRE (TUAS) BEFORE TOH GUAN RO EXIT				
→ Excess					
Own damage Excess	1,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Oriver Excess		Outside Singapore OO Excess	3,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	3,000.00		
9 Benefits					
⇒ GST Registered Inform	ation				
GST Registered	No		GST Registration Date		
GST Registration No.			GST Status Venfied	No	
Multification History					
Policyholder Mailing Ad	idress				
Andress 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
UNENG.	05-50	Related Policy Number	5096225843-01		
TO Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	YED HEAP LEONG	Driver NRIC	S1642700D	Driver DOB	03/11/1964
Register Date of Driver License	27/07/1983	Driver Age	54	Driving Experience	35
Contact No.(Mobile)	95616564	Contact No. (Office)	0	Contact No. (Home)	0
Address t	BLK 467	Address 2	ADMIRALTY DRIVE	Address 3	53NGAPORE 750467
Address 4		Address Type	Singapore address	Post Code	750467
Unit No.	04-187			Contract of the Contract of th	13340
Dics he even a Singapore Registered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	○ Yes ® No		
Modification History Claim 991 New					
Claim Type *	OD-MX V	Insured Name	RELIABLE RIDES PTE LTD	Insured NRIC	201611527N
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	66351820
Email Address		Of Vehicle Number	SLT8299E	TP Venicle Number	SLT1424G
Claimant Type Claimant Type *	Please Select	Type of Benefit +	Please Select		
Clarmant Name *	22	Claimant NR3C *			
Claimant Address				1	
Cam Description	SLTE2996 / SLT1424G ON 16 Nov 2018			Name of Preferred Workshop	
Preferred Workshop Contact		3rouned Liebility •	Fully at Fault	-0.5505550.5505.500.605050505	
No.					
Require Finalisation	Yes 🔻	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	16/11/2018 14:36	Claim Close Date		Date Received	16/11/2018 00:00
Report Taken By	Jackson				
2 Print AK letter			nazione ingesimoni		
Attachment			Save Submit		
9					
Accident No.	MT/1020062	Claim No.	1005		
Last Doc. Received	₩ Yes ○ No		001		
north and a president of the second		Upload Date	16/11/2018 14:37		
	Patn *		Category *	Confidential Urgen	
		Browse.	Clear Please Select.		
		Browse.	Cear Please Select	MD V Normal	<u> </u>
		December	Charles Name Colons	The second second second	100

