NATIONAL Assessment Cen	ntre Services. well sarios	ZPP2218114HN	() 	
Date In: 1/12/18-13:00	Jeb description	Date & Time Completed	Done b).
Res No: NA INC 18 04 704 724	SAS e-filing			
Vch No: 14098730	E-mail (within Shrs, AIC 2hrs)			31
D.O.A: 2/12/18-10:25	i-Motor Claim Form	M11622331-091	3/12/18 161	los .
	i-Motor W/O (Within: OD 2h	-		1
OD TP) Reporting Only	i-Photo Uploaded			
Annual Control of	Assessment/Survey Report			0 1000
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	(Tol:	Fax:	
TP Particulars: Veh No:	17 75167. INC ()/Non-INC()	Security and the second	
Owner / Driver: (Tel:)	
Policy No: (Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%	Note-Est. Status (WO): N: 0-2	20%; P: 21-79%. F: 80-	100%]	-
Year of Registration: ()	Warranty: YES ()/NO ()		
Excess: (\$) Loading: \$	\$1,000()/\$2,000()			
		A SEE SEE VAN SEE SEE SEE	1910	
() Walk-In Customer : Customer's				-
() Total Loss Case : to e-mail Ins		ulcuy NO Taler of repailer.		
		Parallel Co. (
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Remarks: (INC hotline: 6788 6616	005	Date&Time Completed	Done b	У
Apply for Transport Allowance ()	/ Courtesy Car ()	1.8	Walter	
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost >	> \$3000] ()			
Injury:				
		'		
Date/Time Actions				
		*		55 - 500
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Annual Miles	Invoice Pre	paration Checklist	Charles Services	Amt (\$)
laimant's Particulars :-	1) AR : Acciden		(MBills)	Add Bill
		Assessment (\$100); INC (\$8	30) 0/\$45	
river/Owner:	3) TF : Towing I 4) FT : Follow-T		\$120	
ontact No:	5) FT : Follow-T	'hrough Survey (Resurvey)	\$30	
arrand Partian.	6) TR: Re-iuspe	egainst INC Only (wef 10 Jan 2005 ection	\$75	
amaged Portion:	7) N1 : Idao DA	+ SMRT Survey	\$160	
201 1 11	3) NTUC Additi	onal Services:-		20160
Checked by (Engr-In-Charge):	The state of the s	Cer / Tpt Allowance	\$5	
TO THE RESIDENCE AND A SECOND PROPERTY OF THE PARTY OF TH	*N6: Repair C	Co-ordination	\$10 \$25	
uditors' Comments :-	J. 2011年12月1日 12日 12日 12日 12日 12日 12日 12日 12日 12日 1	mit inspection		
1:	*N7: Fost Rep *N8: DV / Co	llect Excess Coordination	55	
V. 4.4	*N8: DV / Co TP (N11): TF	(Non INC) against INC	\$20	
2/3;	*N8: DV / Co	(Non INC) against INC	30	

SINGAPORE ACCIDENT STATEMENT

1570 9

IMPORTANT NOTICE

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.
- 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.

国际建筑外等 各种发布企业。	ACCIDENT STATEMENT
Date Of Report	03/12/2018 13:00
Date Of Accident	02/12/2018 10:25
Exact Location Of Accident	JUNC KANDAHAR ST & BAGHDAD ST
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGU9873U
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	TOYOTA
Model	VIOS G 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	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	5091379168-01
Cover Note Number	
Driver	
Name of Driver	S THANALETCHIMI D/O V S MANIAM
NRIC No	S1849169I
Date Of Birth	18/11/1960
Occupation	OUTDOOR
Date Of Driving Pass	30/05/2013
Driving Experience	5 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-82223309
Fax Number	
Contact Number	OFFICE-82223309

NOEMAIL

BLK 454 FAJAR ROAD Address

#15-602

670454

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

Postcode

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

Weather Conditions CLEAR Road Surface DRY

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) NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

3

Passenger 1

NAME:

: MALE

GENDER:

Passenger 2

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 COMING OUT FROM CARPARK LOT AND HIT ONTO MY VEHICLE LEFT 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 GY7516T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver ABDUL RAUF BIN ABDUL HAMID MARICAN

NRIC/Passport Number S6830484I

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

NAME:

2

GENDER:

DETAILS OF INJURED PERSON 1

Name S THANALETCHIMI D/O V S MANIAM

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? SGU9873U

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

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)

l 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

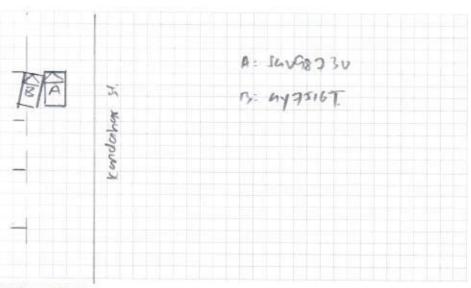
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refor to Statement.	

DECLARATION

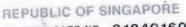
I/We declare the foregoing particulars are true in every respect.

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.:





IDENTITY CARD NO. \$18491691





S THANALETCHIMI D/O V S

INDIAN
Date of birth
18-11-1960
Country of birth

MALAYSIA

K 5







VOCATIONAL LICENCE

Name: S THANALETCHIMI D/O V S MANIAM

Card Issue Date : 18/12/2017

Please visit www.lta.gov.sg to check the status of this vocational licence

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

FEFECTIVE DATE

Class SA Motor cars without clutch pedals (Auto) =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals =< 2500kg

NP 428A





E W. C1940160

three of lanuar

16-04-2010 APT BLK 454 FAJAR RDAD #15-602

SINGAPORE 670454 NAIC No: \$18491691

Date: 05/05/2015

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type

Description

Issue Date

13

4569373

PRIVATE HIRE CAR VL

18/12/2017



eBaoTech									Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601			-	and the street	• Chang	e Language	Chang	ge Password	· Log Out
My Desktop	Policy Query									
Notice of Loss	Policy No.				Date	of Accident	9	02/12/2018	10:25	
	Vehicle No.(For Motor)	SGU98	730		Cert	ficate Number	i İ			
					Search	ĺ				
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5091379168- 01		RELIABLE RIDES PTE LTD	201611527N	GPC	drivo CLASSIC	SGU9873U	SGU9873U	30/05/2018	29/05/2019
				8	Continue	1				



cident MT/1022331	20200016F07				
cy No.	5091379164-01	Vehicle No.	SGU9873U	GST Registration No.	
itificate No.					
Ricyffolder Name oduct Code	RELIABLE RIDES WE LITO			Policyholder NR3C	201611527N
intact No.(Mobile)	PRIVATE CAR INSURANCE	Cover Type	driyo QLASSIC	Loading	0
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CD Protection		TCA	® No ○Yes	eCode Reason	
Accident Details	No	NCD Enottement(%)	0	Private Hire	Yes
port Date	There executes an action	ASSECT ORDER TO DESCRIPTION OF			
	03/12/2018 16:14	Accident Report Within 24 hrs		Accident Type	Collision - Change / Cross lane
the of Academ rooming Centre	02/12/2018	Time of Acodem nh:mm	10:25	Country of Accident	Singapore
Otlem Location		Orange Ferce		ICM No.	
Facess:	JUNC KANDAHAR ST & BAGHDAD ST				
	52632				
vit damage Excest married Driver Excess	1,000.00	Additional Excess.	0.7	Windscreen Excess	100.00
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ird Party Excess Penedita	1,500.00	Outside 5 ngapore TP Excess	3,000.00		
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 GST Registered Inform Registered 			(NEWSCHOOLS AND STREET		
T Registered T Registration No.	No.		GST Registration Date		
dification History			GST Status venfied	Yes	
and the second s					
Policyholder Mailing Ad	druss				
dress 1	3 KAKI BUKIT AVENUE 4	Address 2	#05-50 PREMIER @ KAKI BUKIT	Address 3	SINGAPORE 415875
odress 4		Address Type	Singapore address	Post Code	SINGAPORE 415875 415875
III No.	05-50	Related Policy Number	5096389539-01	8500,8000	7420.75
OI Driver Info			Samue della chi		
ver Name	Uninamed Onver	Driver Type	Unnamed Driver		
named driver Name	5 THANALETCHIMI D/O V S MAI	Driver NRIC	51849169[Driver DOB	18/11/1960
gister Date of Driver License		Driver Age	58	Driving Experience	5
ntact No.(Mobile)	82223309	Contact No.(Office)	0	Contact No.(Home)	0
dress 1	BLX 454	Address 2	FAJAR ROAD	Section Control of the Control of th	
druss 4	SINGAPORE 670454			Address 3	FAJAR SPRING
6 No.	15-602	Address Type	Singapore address	Post Code	670454
es he own a Singapore					
getered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
Claration					
eathalyser or Blood Test	92/2007		8307772770		
eding?	0 mg	Any injury?	® Yes ○ No		
diffication History					
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m Type *	00-MX V	Insured Name	RELIABLE RIDES PTE LTD	Insured NRSC	201611527N
ntact No.(Mobile)		Contact No.(Home)		Contact No. (Office)	66351820
all Address		Oil Vehicle Number	SGU9873U	TP Vehicle Number	GY7516T
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mant Name *	22	Claimant NRJC *			
mant Address					
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Registered ort Taken By Print AK Setter Stackment	MT/1022331 Yes ○ No	Claim No. Upload Date Browse	001 03/12/2018 16:20 Category •	Confidential Urgen	V
oure Frisisation to Registered port Taken By Frint AK letter Mtachment Frident No. E. Doc. Received	MT/1022331 Yes ○ No	Claim No. Upload Date	901 03/12/2018 16:20 Category •	Confidential Urgen	

