NATIONAL Assessment Centre	Services.	M [50,027 1 Jam	120pop11Au		
Date In: 10/1/19 - 15:57	Jeb description		Date &Time Completed	Done	p).
Re[No: Na INC 1900 0596 27	SAS e-filing				
Veh No: My 5729 B.	E-mail (within	Shrs, AIC 2hrs)	The second second		
D.O.A : 9/1/19-23:25	i-Motor Clair	m Form	MT 1027223-001	blika 14	:30
	i-Motor W/O	(Within: OD 2hrs	s, TP 4brs)		
OD (TP) Reporting Only	i-Photo Uplo:	aded			
W	Assessment/Su	rvey Report			
TP Insurer:	Ass't Report b	y <u>Fax / Hand</u> t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: Jem I	Mio.	. INC()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: () Per	riod: ()	Cover Type: ()	
Confirmed by : (1 kon and 1995	Date:	Time:)	
Insured/Driver Liability: (%) [1	Note-Est. Status (V		0%; P: 21-79%. P: 80-	100%]	((
·	Warranty: YES ()/NO()		
	00 ()/\$2,000	()	A CHARLES TO THE STATE OF THE S	সমূহত হৈছে	
General Remarks:-	The second secon			SAME CONTRACTOR	
() Walk-In Customer: Customer's infor		nfidential & St	rictly NO refer of repairer.		
() Total Loss Case : to e-mail Insure					
Drive-In ()/ Towed-In (); Invoice	: YES()/N	(O (); T	owing Co: (
1) Apply for Transport Allowance ()/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury:	())			
			er fe assum	STOCKET LAW	era y Prantigora
Date/Time Actions	All the second	a constant		eranica:	-
				-	
			1		
	18.15.				
121	×2.300 × 2.000	Invoice Pro	paration Checklist	Anit (S)	Amt (1)
MAID = 313 .		1) AR : Acciden	REPORT THE CASE BY AN OFFICE ALCOHOLD	The Bill	Add Bil
laimant's Particulars:-	A. C. A.	2) DA : Damage	Assessment (\$100); INC (\$80) 40/\$45	
river/Owner:		3) TF : Towing I 4) FT : Follow-I		\$120	
ontact No:	10.	5) FT : Follow-T	Through Survey (Resurvey) against INC Only (wef 10 Jan 20)	53 0	
		6) TR : Re-inspe	ction	\$75	
amaged Portion:	3	7) N1 : Idao DA 8) NTUC Additi	+ SMRT Survey	\$160	
C Cheeked by (Com In Champ)		OD.		**	
C Checked by (Engr-In-Charge):	- T	*N6: Repair C	y Car / Tpt Allowance Co-ordination	\$5 \$10	
uditors! Comments :-	PAVARAGE.	*N7: Fost Rep	pair Inspection Heat Excess Coordination	\$25	
1 1:	7.3.2560 ARCA (S. 18.18.)	TP (N11): T	P (Non INC) against INC	\$20	
		9) N12: Idac Mo	obile Fee Charges	30	1867
t. 2 / 3;		Invoice dated	Fee Charge	Market Co. Co.	700-1100

in part of early

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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.
- 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,	
	ACCIDENT STATEMENT
Date Of Report	10/01/2019 10:57
Date Of Accident	09/01/2019 23:25
Exact Location Of Accident	JUNC WEST COAST RD & JLN MAS KUNING
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLT5729B
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 TOYOTA

Model C-HR 1.8 HYBRID S AUTO 5DR

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 5095494111-01

Cover Note Number

Driver

Name of Driver ZAKARIAH BIN KASSIM

 NRIC No
 \$1159121C

 Date Of Birth
 30/12/1956

 Occupation
 OUTDOOR

 Date Of Driving Pass
 07/08/1992

Driving Experience 26 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-82990296

Fax Number

Contact Number OFFICE-82990296

EMail Address NOEMAIL

Address

BLK 5A MARSILING DRIVE

#14-453

Postcode

732005

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 - MAJOR/MINOR RD

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle) 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 2

Number of Passengers (Including Driver)

NAME:

03 E

Passenger 1

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 THE STATED VENUE. SUDDENLY VEHICLE B MAKE A LEFT TURN FROM THE MINOR ROAD AND HIT ONTO MY VEHICLE REAR 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

SKM1531D

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

TAN ENG SOON

NRIC/Passport Number

S0496307E

Contact Number

Address

Postcode

No. Of Passenger (Including Driver)

1

No. Of Passenger (Including Driver)	1	
	DETAILS OF INJURED PERSON 1	
Name	ZAKARIAH BIN KASSIM	
Approximate Age		
Injuries Sustain	LEG, BACK & ARMS	
Injured person in which vehicle?	SLT5729B	
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)

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)

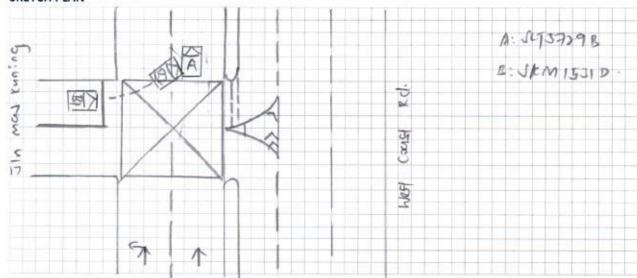
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Statement.	

DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature

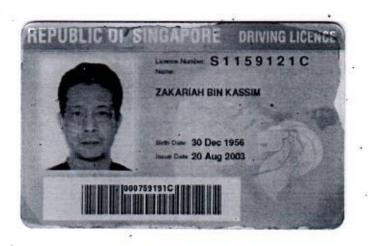
(If driver is not the policyholder)

Date & Time:

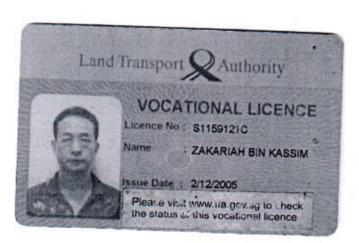
Reporting Centre Personnel's Signature

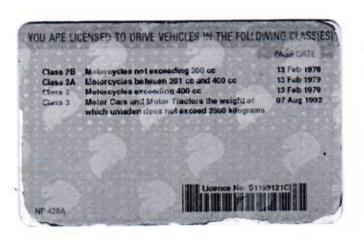
Name:

NRIC/FIN No.:

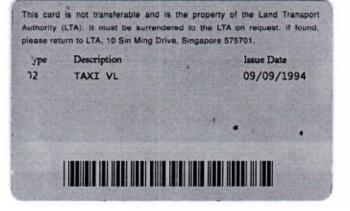












eBao Tech							Genera	alClaim		
Hello, NAC_PAYA_UBI_80	0601					→ Change	Language	> Chang	ge Password) Log Ou
My Desktop	Policy Query									
Notice of Loss	Policy No.				Date	of Accident	[0	9/01/2019 2	23:25	
	Vehicle No.(For Motor)	SLT572	9B		Certif	icate Number				
				1	Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5095494111- 01		RELIABLE RIDES PTE LTD	201611527N	GPC	drivo CLASSIC	SLT57298	SLT5729B	01/11/2018	31/10/2019
				100	Continue	J				

	5095494111-01	Policyholder Name	RELIABLE RID	ES PTE LTD	Policyholder NRIC	201611527	N
Certificate No.					andre-		
Address	8 KAKI BUKIT AVENUE 4 #05-56	PREMIER @	KAKI BUKIT SI	NGAPORE 41587	5		
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	02/10/2018	Effective Date	01/11/2018 00	0:00	Expiry Date	31/10/2019	23:59
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			You	ng/Inexperience Driver Excess
Agent	TAN INSURANCE BROKERS PTE	Agent Tel.	NIL		GST Flag	Υ	
Co- insurance Flag Open Policy Info	No						
Certificate Info							
	holder Mailing Address						
AND ROOM D	8 KAKI BUKIT AVENUE 4	Addre	ess 2 #	05-50 PREMIER	@ KAKI BUKIT	Address 3	SINGAPORE 415875
Address 1	ACCOUNT OF THE PARTY OF T			05-50 PREMIER		Address 3 Post Code	SINGAPORE 415875 415875
Address 1 Address 4	ACCOUNT OF THE PARTY OF T	Addre	ess Type Si				
Address 1 Address 4 Unit No.	8 KAKI BUKIT AVENUE 4	Addre Relate	ess Type Si	ingapore address			
Address 1 Address 4 Unit No.	8 KAKI BUKIT AVENUE 4 05-50 d Object: SLT57298	Addre Relate	ess Type Si	ingapore address			
Address 1 Address 4 Unit No. Insure	8 KAKI BUKIT AVENUE 4 05-50 d Object: SLT57298 sements	Addre Relati Numb	ess Type Si	ingapore address		Post Code	

ccident MT/1027223	s not been collected.				
rolicy No.	5095494111-01	Vehicle No.	SLT57298	GST Registration No.	
emficate No. olicyholder Name	RELIABLE RIDES PTE LTD			1 VMM 48 1 D06 () D06 ()	
roduct Code	PRIVATE CAR INSURANCE	Faces Total		Policyholder NR3C	201611527N
ontact No.(Mobile)	0	Cover Type Contact No.(Office)	erive CLASSIC	Loading	0
mail Address	22	Special Remark		Contact No. (Home) eCode	O CONTRACTOR OF THE CONTRACTOR
×.	® No ○ Yes	TCA	® No ○Yes	eCode Reason	The 💙
CD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details			(T.	Timale Time	2195
port Date	10/01/2019 14:28	Accident Report Wathin 24 hrs	Yes	Accident Type	Collision - Major Minor Road
ata of Acodem	09/01/2019	Time of Accident hhomm	23 25	Country of Accident	Singapore
porting Centre		Grange Force		ICM No.	
codent Location	JUNC WEST COAST RD & JUN MAS KUNING				
Excess					
wn damage Excess	1,000.00	Additional Excess	0	Windscreen Excess	100.00
nnamed Driver Excess		Outside Singapore OD Excess	3,000,00		
ird Party Excess	1,500.00	Dutside Singapore TP Excess	3,000.00		
Benefits					
GST Registered Inform					
T Registered T Registration No.	No.		GST Registration Date	7745	
dification History			GST Status Venfied	Yes	
TO A POST OF THE P					
Policyholder Malling Ar	idress				
dress 1	8 KAKI BUKIT AVENUE 4	Address 2	±05-50 PREMIER ⊕ KAKI BUKIT	Address 3	SINGAPORE 415875
dress 4		Address Type	Singapore address	Post Code	415875
it No.	05-50	Related Policy Number	5106937496		
OI Driver Info					
ver Name	Unhamed Driver	Driver Type	Unnamed Driver		
named driver Name	ZAKARIAH BIN KASSIM	Driver NRIC	51159121C	Driver DOB	30/12/1956
gister Date of Driver License		Driver Age	62	Driving Experience	26
ntact No.(Mobile)	82990296	Contact No.(Office)	•	Contact No.(Home)	0
dress 1	BLK SA	Address 2	MARSILING DRIVE	Address 3	MARSILING SPRING
dress 4	SINGAPORE 732005	Address Type	Singapore address	Post Code	732005
it No. es he own a Singapore	14-453				
gistered car?	☐ Yes ® No	Driver Vehicle No.		Oriver Insurer Company	
laration					
athalyser or Blood Test ading?	0 mg	Any injury?	® Yes ◯ No		
Offication History					
im Type *	OD-MX	Insured Name	RELIABLE RIDES PTE LTD	Insured NRIC	201611527N
ntact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	66351820
all Address		Of Vehicle Number	SLT57298	TP Vehicle Number	SKM1531D
ment Type Claimant Type+	Please Select	Type of Benefit *	Please Select		
mant Name *	22	Claimant NRIC •			
mant Address				OCCIN CARRIED CONTRACTOR	
m Description	SLT57298 / SKM1531D ON 9 Jan 2019			Name of Preferred Workshop	
ferred Workshop Coreart		Insured Liability *	Not at Fault		
		Preferend Repair Option	Preferred Workshop, Name unknown	STATE OF THE PARTY	Received
ure Finalisation	Yes			Date Received	10/01/2019 00:00
uire Finalisation Registered	10/01/2019 14:30	Claim Close Date		(31) (31) (31) (31) (31) (31) (31) (31)	10/01/2019 00:00
ure Finalisation Registered ort Taken By		Claim Close Date		On 1034 Alexander	1001201900.00
uire Finalisation e Registered ort Taken By	10/01/2019 14:30				10/01/2019 00:00
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ure Finalisation e Registered ord Taken By Print AK letter stachment	10/01/2019 14:30 Dackson				10011201900:00
ure Finalisation Registered per Taken By Print AK letter tachment tent No.	10/01/2019 14:30 [accision]	Claim No.	001	Confidencial Urgeno	
uire Finalisation Registered ort Taken By Print AK letter ttachment	10/01/2019 14:30 Jackson MT/1022223 ● Yes ○ No	Claim No.	001 10/01/2019 14:32 Category *		

