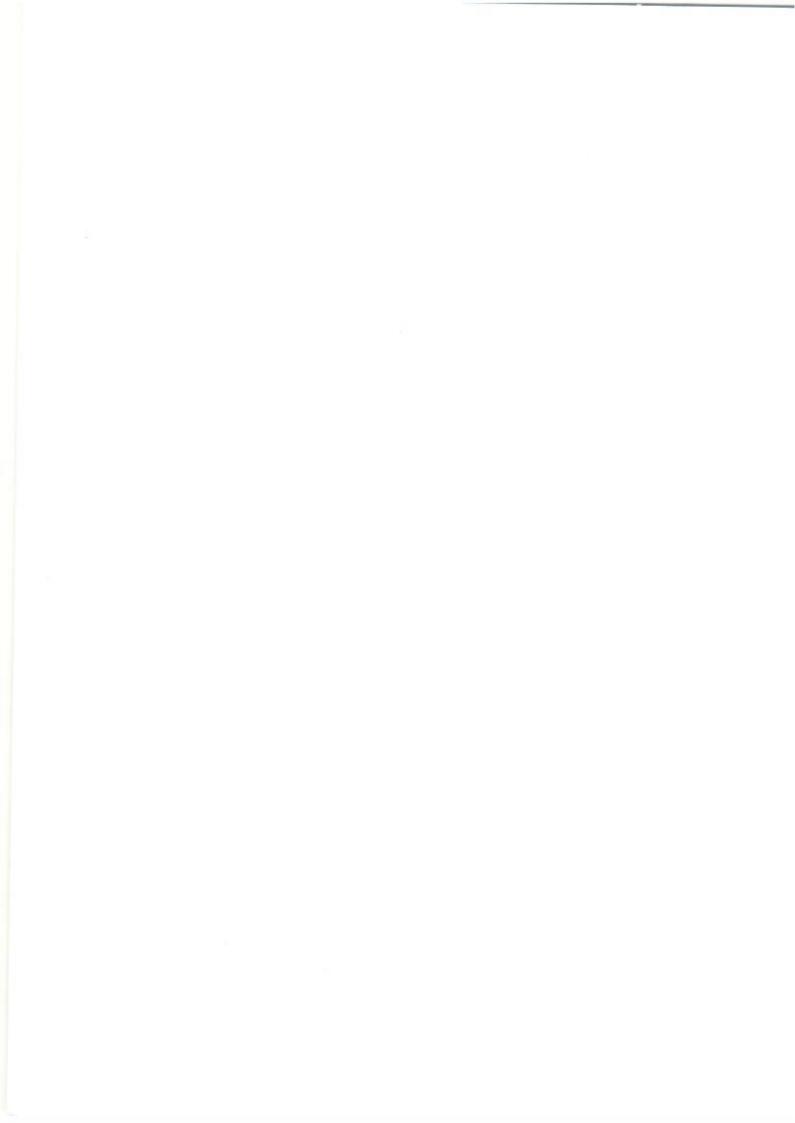
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SINGAPORE ACCIDENT STATEMENT

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.
- 3. 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 ladgement 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.

aron dania.	
(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	ACCIDENT STATEMENT
Date Of Report	31/01/2019 13:02
Date Of Accident	31/01/2019 11:10
Exact Location Of Accident	DUNEARN ROAD
Country/State of Loss	SINGAPORE
DESCRIPTION OF THE PROPERTY OF	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLU3550G
Insured/Policyholder	
Name Of Registered Owner	RELIABLE RIDES PTE LTD
Co Reg No	201611527N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96882942
Alternative Phone No	OFFICE-96882942
Vehicle Particulars	
Manufacturer	HONDA
Model	SHUTTLE HYBRID 1.5 AUTO
Exact Purpose for which vehicle was being used at time of accident	WORK
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	5096225843-01
Cover Note Number	
Driver	
Name of Driver	LIM KOK ENG
NRIC No	S1160268A
Date Of Birth	28/08/1955
Occupation	OUTDOOR
Date Of Driving Pass	22/04/2004
Driving Experience	14 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96882942
Fax Number	
Contact Number	OTHERS-96882942
EMail Address	NOEMAIL



Address

BLK 454 YISHUN STREET 41

#10-35

Postcode

760454

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

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

2

involved in the accident

NO

Was any body injured in the Accident? 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

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

PLS REFER TO THE ATTACHED STATEMENT.

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

SG5422X

Vehicle Make/Model/Colour

Details Of Properties

BUS

Vehicle Category

MAH CHIANG ANN

Name of Driver NRIC/Passport Number

S1655988A

Contact Number

96748038

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)



SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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:

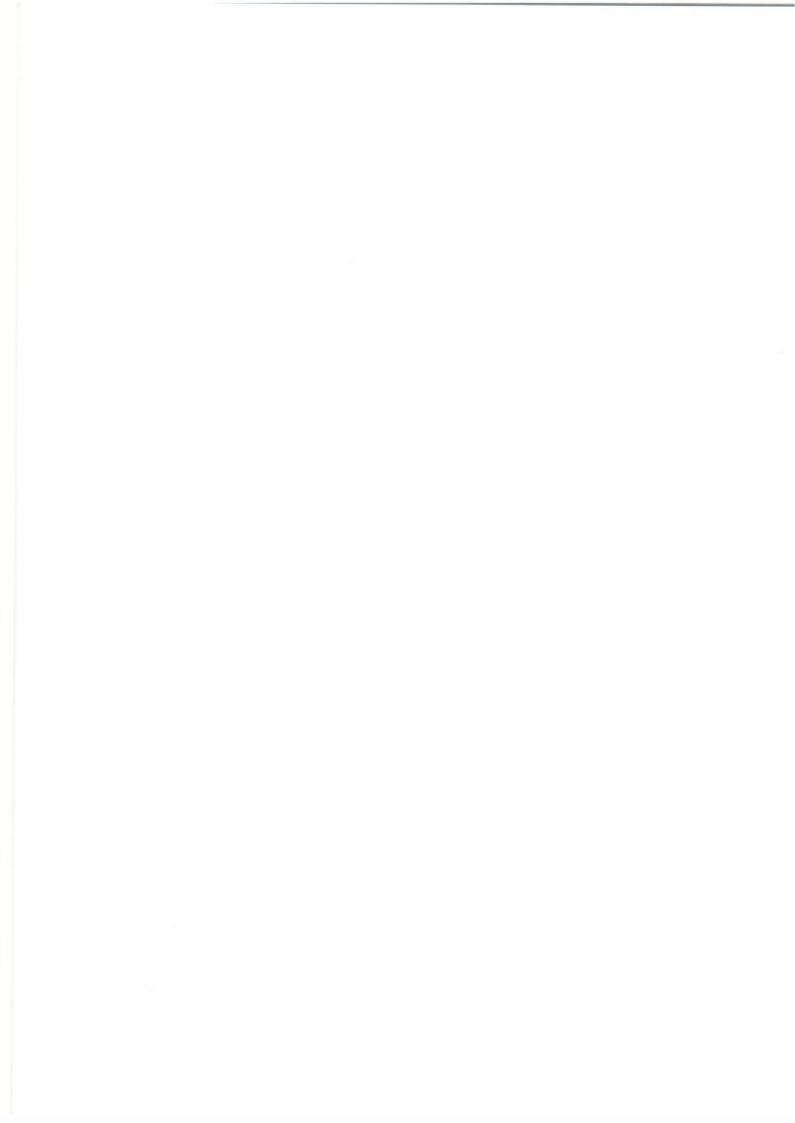
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

tchPlanForm_V3

1



DECLARATION

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

Policyholder's Signature Date & Time: Driver's Signature

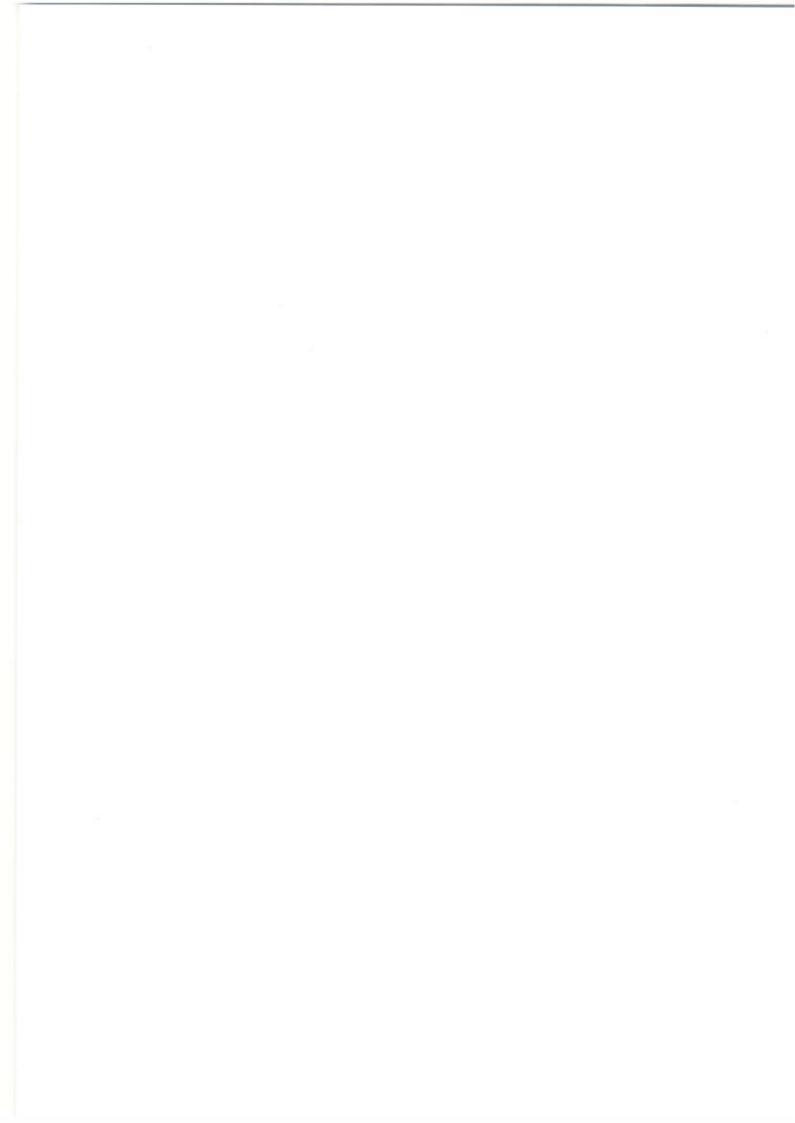
(If driver is not the policyholder)

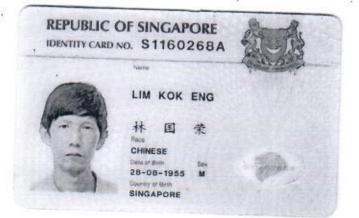
Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

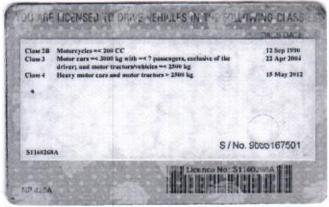
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Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5096225843-01

1. Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

: SLU3550G

: GP71121680

: 29 Nov 2018

: 28 Nov 2019

Cover : drivo CLASSIC

: RELIABLE RIDES PTE LTD

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)

EXCESS (SECTION 2)

WINDSCREEN EXCESS

ADDITIONAL EXCESS

UNNAMED DRIVER EXCESS

REPAIR AT OWNER'S PREFERRED WORKSHOP

INSURE WITH COE

NCD PROTECTION TRANSPORT ALLOWANCE

EXCESS WAIVER

PRIMARY DRIVER NAMED DRIVER (1)

NAMED DRIVER (2)

HIRE PURCHASE COMPANY

: N/A

: PLEASE REFER OVERLEAF

: NO

: YES · NO

: NO

: NO : N/A

: N/A

: N/A

: DICKSON CAPITAL PTE LTD

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency

: TAN INSURANCE BROKERS PTE LTD (00000690287)

Date of Issue

SUM INSURED

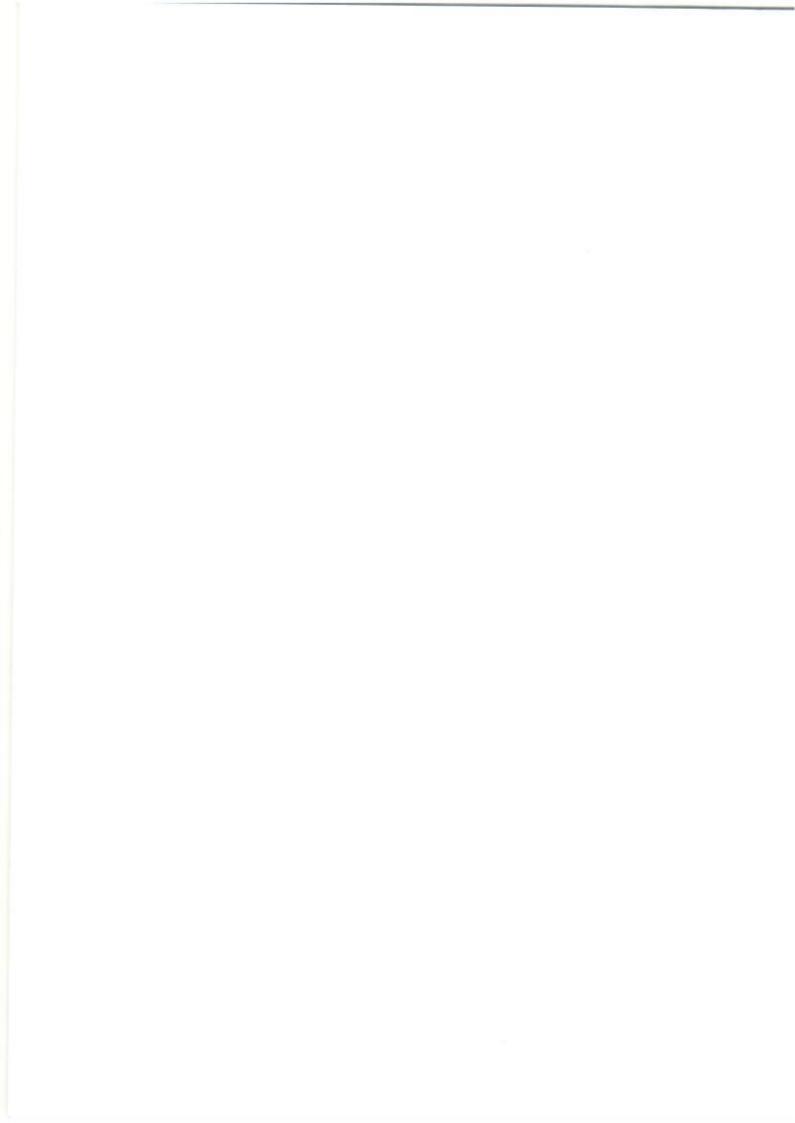
: 29 Oct 2018 14:03 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

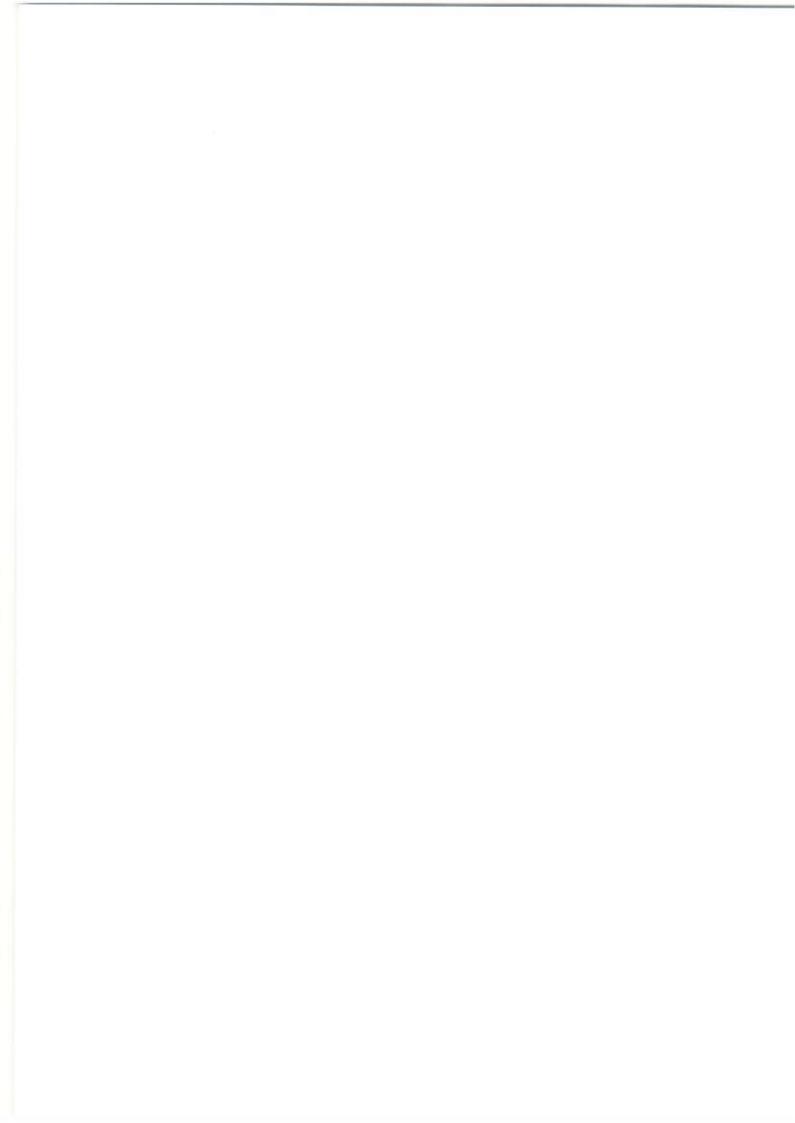


GeneralClaim **eBao**Tech · Change Password · Change Language Hello, NAC_PAYA_UBI_800601 My Desktop **Policy Query** Notice of Loss 31/01/2019 11:10 Date of Accident Policy No.

Certificate Number Vehicle No.(For Motor) SLU3550G Search Policyholder Name Policyholder NRIC Insured Object Certificate Number Vehicle No. Commence Date Product Cover Type Expiry Date Select Policy No. RELIABLE drivo CLASSIC 5096225843-01 SLU3550G SLU3550G 29/11/2018 28/11/2019 RIDES PTE 201611527N

Continue

Log Out



Policyholder Policyholder RELIABLE RIDES PTE LTD 201611527N Policy No. 5096225843-01 NRIC Name Certificate Address 8 KAKI BUKIT AVENUE 4 #05-50 PREMIER @ KAKI BUKIT SINGAPORE 415875 Product Group PRIVATE CAR INSURANCE Plan N Policy Flag Name Policy Effective 29/11/2018 00:00 Expiry Date 28/11/2019 23:59 issue 29/10/2018 Date Date Third Own Windscreen 100 Party 1500 damage 1000 Excess Excess Excess Additional OS 1400.00 Excess Premium Outside Outside Singapore 3000 Singapore 3000 OD TP Excess Excess GST Flag Agent TAN INSURANCE BROKERS PTE Agent Tel. NIL Coinsurance No Flag Open Policy Info Certificate Info Policyholder Mailing Address Address 1 8 KAKI BUKIT AVENUE 4 Address 2 #05-50 PREMIER @ KAKI BUKIT Address 3 SINGAPORE 415875 Address Address 4 Singapore address Post Code 415875 Type Related Unit No. Policy 05-50 5106937496

Endorsement Status

Endorsement Type

Number

Insured Object: SLU3550G

Date of Endorsement

▼ Endorsements

Sequence

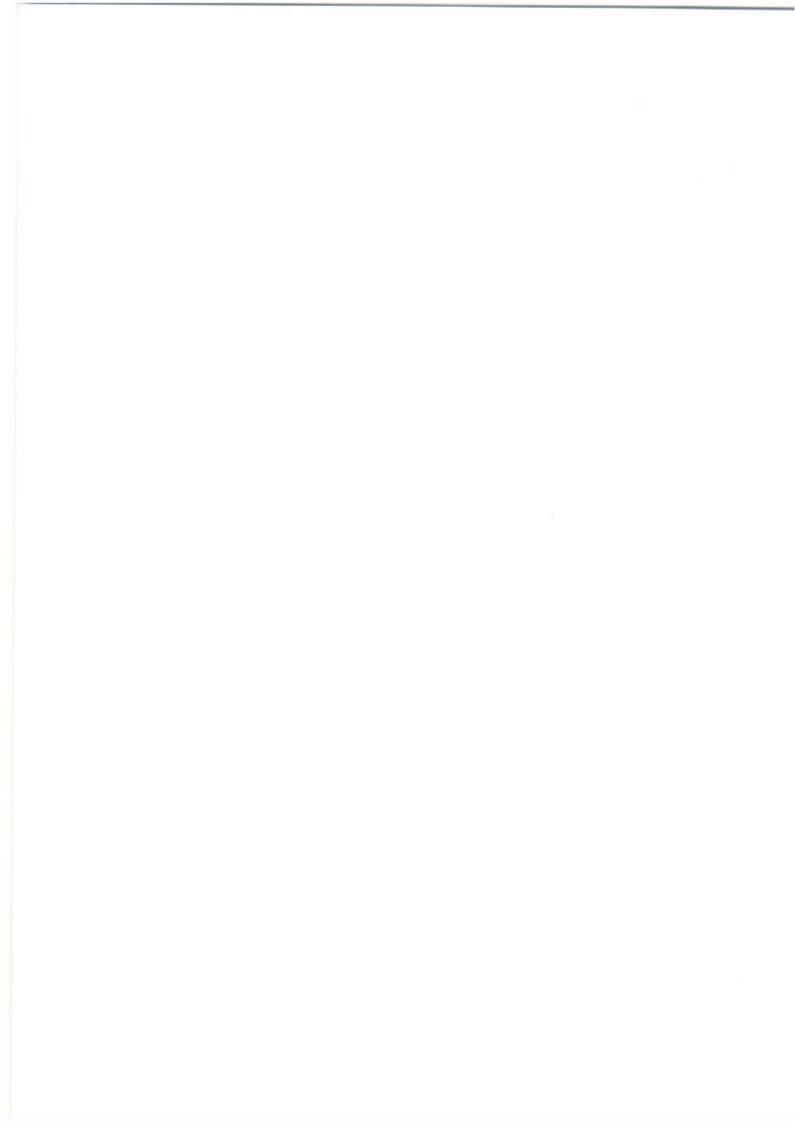
Endorsement Content



Report Taken By

Claim Handling The premium on this policy has not been collected. Accident MT/1030395 GST Registration No. Vehicle No. SLU3550G 5096225843-01 Policy No. Certificate No. Policyholder NRIC RELIABLE RIDES PTE LTD Policyholder Name Cover Type drivo CLASSIC PRIVATE CAR INSURANCE Product Code Contact No.(Home) Contact No.(Office) 0 Contact No.(Mobile) 96882942 eCode Special Remark Email Address eCode Reason No Yes . No Yes KFK Private Hire NCD Entitlement(%) 0 NCD Protection No Accident Details Accident Type Accident Report Within 24 hrs Yes 31/01/2019 17:50 Report Date Country of Accident 11:10 Time of Accident hh:mm Date of Accident 31/01/2019 ICM No. Orange Force Reporting Centre DUNEARN ROAD Accident Location **▽** Excess Windscreen Excess Additional Excess 0 1,000,00 Own damage Excess Outside Singapore OD Excess 3,000.00 Unnamed Driver Excess 3,000.00 Outside Singapore TP Excess Third Party Excess 1,500.00 **▽** Benefits GST Registered Information GST Registration Date No GST Registered GST Status Verified GST Registration No. Modification History Policyholder Mailing Address Address 3 #05-50 PREMIER @ KAKI BUKIT Address 2 8 KAKI BUKIT AVENUE 4 Address 1 Post Code Address Type Singapore address Address 4 Related Policy Number 5106937496 Unit No. 05-50 V OI Driver Info Unnamed Driver Unnamed Driver Driver Type Driver Name Driver DOB Driver NRIC S1160268A LIM KOK ENG Unnamed driver Name Driving Experience Driver Age 63 22/04/2004 Register Date of Driver License Contact No.(Home) Contact No.(Office) Contact No.(Mobile) 96882942 Address 3 YISHUN STREET 41 Address 2 Address 1 BLK 454 # Post Code Singapore address SINGAPORE 760454 Address Type Address 4 Unit No. Does he own a Singapore Registered car? Driver Insurer Com Driver Vehicle No. Yes . No Declaration Breathalyser or Blood Test Yes @ No Any injury? 0 ma Reading? Modification History Claim 001 OD-MX New Insured Name RELIAB OD-MX Claim Type * Contact No. (Home) Contact No.(Mobile) OI Vehicle SLU355 Email Address SLU3550G / SG5422X ON 31 Jan 2019 Claim Description Preferred Insured Liability Partially at Fault Workshop Preferered GIA report Received Contact No. Yes ▼ Repair Option Preferred Workshop, Name unknown Close Date 31/01/2019 18:00 Date Registered

Workshop



Print AK letter

		S	ave Submit	1		
Attachment						
cident No.	MT/1030395	Claim No.		001		
t Doc. Received	● Yes ○ No	Upload Date		31/01/2019 17:59		
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Attachment	Uploaded By/Date	caregory				
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