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Date In: 23/1/19-12:07	Jeb description	ОН	Date & Time Completed	Do	ne by
Ref No: NA INC 1900367 1/24	SAS e-filin	g	İ		
Veh No: SC/3457M	E-mail (with	nia 8hrs, AIC 2hrs)			
D.O.A: 27/4/19-04:42	i-Motor Cl	aim Form	M7 (673867 - 20)	23/2/10	12:34
OD / TP)' Reporting Only	l-Motor W	O (Within: OD 2hr:		1119	14.21
OD : (1P) Reporting Only	i-Photo Up		1	<u> </u>	
TP Insurer:	Assessment/	Survey Report			
17 Insurer.	Ass't Report	by Fax / Hand t	o Owner/Wksp	 	
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: SH	V2894	INC ()/Non-INC()		
Owner / Driver: (1.70/		Tel:)	773
Policy No: (Period: ()	Cover Type: (
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status	(WO): N: 0-20	0%; P: 21-79%. P: 30-	100%]	
Year of Registration: ()	Warranty: YES ()	-	
Excess: (\$) Loading: \$1	1,000 ()/\$2,00				
N. A. C. W. N. M. W. C. C. P. M. C. C. S.		7.0	HERENSES AN GOLD STOP	পদ্ধ হৈ পুৰু পূচ	-
			des de la constante de la cons	SCOT B	\$ 10°
() Walk-In Customer : Customer's in			ctly NO refer of repairer.		
() Total Loss Case : to e-mail Insu			A Company of the Comp		
Drive-In ()/ Towed-In (); Invoi	ice: YES () /	NO (); To	wing Co: ()
Remarks:- (INC hotline: 6788 6616)	No.		Date&Time Completed	Don	e by
	Courtesy Car ()		AC 37 F A T T T	-,-,
2) QC Check / Post Repair Inspection			The second secon		
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	(00082				
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3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions NAI 10 521 Claimant's Particulars :- Oriver/Owner: Contact No: Damaged Portion: C Checked by (Engr-In-Charge): Auditors' Comments :-	(S3000) (Invoice Prep: 1) AR: Accident R 2) DA: Damage A: 3) TF: Towing Fee 4) FT: Follow-Thr 5) FT: Follow-Thr For claiming aga 6) TR: Re-inspecti 7) N1: Idao DA + 3 8) NTUC Additions OD* *N5: Courtesy C *N6: Repair Co- *N7: Fost Repair *N8: DV / Collect	aration Checklist eporting (\$30); ssessment (\$100); INC (\$8 ough Survey ough Survey (Resurvey) inst INC Only (wef 10 Jan 2005 on SMRT Survey al Services:- ar/Tpt Allowance ordination Inspection it Excess Coordination in INC) against INC	Ame (5) Ame	Am. E
3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions NA[9051] Claimant's Particulars :-	(S3000) (Invoice Preparation of the second of the sec	aration Checklist eporting (\$30); ssessment (\$100); INC (\$8 ough Survey ough Survey (Resurvey) inst INC Only (wef 10 Jan 2005 on SMRT Survey al Services:- ar/Tpt Allowance ordination Inspection it Excess Coordination in INC) against INC	Amt (5) (1st Bill (0) (/\$45 \$120 \$30) \$75 \$160 \$55 \$510 \$25 \$25 \$30 \$30	Am

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 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	27/02/2019 12:07
Date Of Accident	27/02/2019 09:40
Exact Location Of Accident	KHOO TECK PUAT HOSPITAL DROP-OFF POINT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLT3657M
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	SHUTTLE HYBRID 1.5 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	5095299974-01
Cover Note Number	
Driver	
Name of Driver	KOH JING WEN
NRIC No	S8737512I
Date Of Birth	17/11/1987
Occupation	OUTDOOR
Date Of Driving Pass	03/04/2008
Driving Experience	10 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97475605
Fax Number	
Contact Number	OFFICE-97475605
EMail Address	NOEMAIL

Address

BLK 845 WOODLANDS STREET 82

#05-135

Postcode

730845

Was driver an employee of the Insured's Company N

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

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

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

8

ambulance?

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)

2

Passenger 1

NAME:

GENDER:

: MALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

NO

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 THE PASSENGER OPENING OF VEHICLE DOOR AND HIT ONTO MY VEHICLE LEFT PORTION.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

....

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SHC4289Y

Vehicle Make/Model/Colour

Details Of Properties

NRIC/Passport Number

TAXI

Vehicle Category

POH LYE CHWEE

Name of Driver

S0219769C

Contact Number

Jonact Hun

Sensor.

Address Postcode Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)
Passenger 1

Passenger 2

3

NAME: GENDER:

NAME; GENDER:

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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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

NRIC/FIN No.:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

not consider	
neter to statement.	

DECLARATION

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

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder) Date & Time:

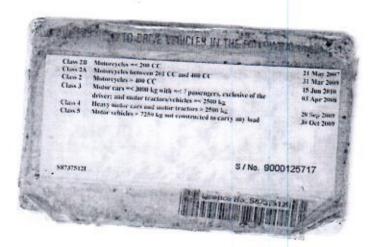
Name: NRIC/FIN No.:

Reporting Centre Personnel's Signature





SINGAPORE





eBao Tech								1	Genera	lClaim
Hello, NAC_PAYA_UBI_80 My Desktop	Policy Query					• Change	e Languag	c + Chang	ge Password	• Log Out
Notice of Loss	Policy No. Vehicle No.(For Motor)	SLT365	57M			of Accident		27/02/2019 (09:40	
		Certificate Number	Policyholder Name	Policyholder NRIC	Search Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5095299974- 01		RELIABLE RIDES PTE LTD	201611527N	GPC	drivo CLASSIC	SLT3657N	SLT3657M	26/10/2018	25/10/2019
					Continue					

♥ Pol	icy Information						
Policy No.	5095299974-01	Policyholder Name	RELIABLE	RIDES PTE LTD	Policyholder NRIC	201611527N	
Certificate No.							
Address	8 KAKI BUKIT AVENUE 4 #05-5	O PREMIER @	KAKI BUKI	SINGAPORE 4158	75		
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	28/09/2018	Effective Date	26/10/201	18 00:00	Expiry Date	25/10/2019 23	:59
Excess Type		All Claims Excess					
Third Party Excess	1500	Own damage Excess	1000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
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- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyl	holder Mailing Address						
Address 1	8 KAKI BUKIT AVENUE	4 Addr	ess 2	#05-50 PREMIE	R @ KAKI BUKIT	Address 3	SINGAPORE 415875
Address 4		Addr	ess Type	Singapore addre	55	Post Code	415875
Unit No.	05-50	Rela Num	ed Policy ber	5106937496			
) Insure	ed Object: SLT3657M						
	sements						
♥ Endors							

Claim Handling					
Accident MT/1033867					
Policy No.	5095299974-01	Vehicle No.	SLT3657M	GST Registration No.	
Certificate No.					
Policyholder Name	RELIABLE RIDES PTE LTD			Policyholder NRIC	201611527N
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	o
Email Address KFK		Special Remark	TT 240002 10000	eCode	N. Y
	No ○ Yes	TCA	® No ⊜Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details					
Report Date	27/02/2019 12:32	Accident Report Within 24 hrs.	Yes	Accident Type	Side Swipe
Date of Accident	27/02/2019	Time of Accident hit:mm	09:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	7637-765353
ocident Location	KHOO TECK PUST HOSPITAL DROP-OFF POB	35		(3)14371	
Y Excess					
own damage Excess	1,000.00	Additional Excess	0	Windscreen Excess	100.00
nnamed Driver Excess		Outside Singapore OD Excess	3,000.00	H HWAD EEN EAGESS	100,00
hird Party Excess	1,500.00	Outside Singapore TP Excess			
□ Benefits		division and district an excess	2,000.00		
GST Registered Informa	ation				
ST Registered	No		GST Registration Date		
ST Registration No.	10021		GST Status Verified	No	
odification History			007 00002 401160	.000	
Policyholder Mailing Ad	ldress				
ddresa 1	B KAKI BUKIT AVENUE 4	Address 2	#05-50 PREMIER @ KAKI BUKIT	Address 3	SINGAPORE 415875
ddrass; 4	SCHOOL STATE	Address Type	Singapore address	Post Code	\$1NGAPORE 415875 415875
Wift No.	05-50	Related Policy Number		Post Code	415875
OI Driver Info	2000 TO 2000	Reales Forcy Number	5106937496		
river Name	Unnamed Driver	Driver Type	Unnamed Driver		
nnamed driver Name	KOH JING WEN	Driver NRIC	587375121	Driver DOB	17/11/1987
egister Date of Driver License.		Driver Age	31		
ontact No. (Mobile)	97475605	Contact No.(Office)	0	Oriving Experience	10
ddress 1	DLK 640	Address 2	WOODLANDS STREET 82	Contact No. (Home)	0
ddress 4		Address Type		Address 3	SINGAPORE 730845
nit No.	05-135	Aburess Type	Singapore address	Post Code	730845
oes he own a Singapore					
egistered car?	Yes ® No	Driver Vehicle No.		Driver Insurer Company	
eclaration reathalyser or Blood Test					
eading?	D mg	Any injury?	○ Yes ® No		
odification History					
ENCLOSED BY AND ADDRESS.					
Claim 001 New					
aim Type *	00-MX	Insured Name	RELIABLE RIDES PTE LTD	Insured NRIC	201611527N
ontact No.(Mobile)		Contact No.(Home)	The same of the sa	Contact No.(Office)	6635182D
mail Address		OI Vehicle Number	SLT3657M		
aimant Type Oalmant Type *	Please Select	Type of Benefit *	Please Select	TP Vehicle Number	SHC4289Y
aimant Name *		Claimant NRIC +	Presse seed.		
simant Address	22	Controlled Marile .			
vim Description	SLT3657M / SHC4289Y ON 27 Feb 2019			The same of the sa	
eferred Workshop Contact	27 Feb 2019	PROVED PROCESSOR		Name of Preferred Workshop	
		Insured Liability *	Not at Fault		
quire Finelisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
ate Registered	27/02/2019 12:34	Claim Close Date		Date Received	27/02/2019 00:00
eport Taken By	Jackson				No. of the last of
Print AK letter					
			Save Submit		
Attachment					
9					
	7 (1296) 6 (1296)				
cident No.	MT/1033867	Claim No.	001		
at Doc. Received	● Yes ○ No	Upload Date	27/02/2019 12:35		
	Pach *		Category *	Confidential Urgeno	y * Description *
		Browse.	Clear Please Select	NO V Normal	v
alexander of the		Browse.	Clear Please Select	V № V Normal	v
		Browse.	Gear Please Select	V Normal	0
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		HIDWISH	THE PERSON LANGUAGE SHORT	W Normal	1981

