NATIONAL Assessment Centre Services. WHI I Janos MANA 1903 WST Date In: 11/2/15-12:07 Jeb description Date & Time Completed Done by Ref No: NA JUNC 1900/421 SAS e-filing Veh No: Sunger E-mail (within Shrs, AIC 2hrs) i-Motor Claim Form 100-1442601LW 11/3/19 20:08 i-Motor W/O (Within: OD 2hrs, TP 4hrs) OD . (TP)! Reporting Only i-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp Preferred Wksp / INC Assign Wksp / QW: (Tel: Fax: Veh No: Ska 71116 TP Particulars: INC ()/Non-INC (Owner / Driver: (Tcl: Policy No: (Period: (Cover Type: (Confirmed by: (Date: Time: Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. F: 80-100%] Year of Registration: (Warranty: YES ()/NO(Excess: (\$ Loading: \$1,000 ()/\$2,000(General Remarks:) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.) Total Loss Case : to e-mail Insurer URGENTLY. Drive-In ()/Towed-In (); Invoice: YES (); Towing Co: (Remarks:- (INC horline: 6788 6616) Date&Time Completed 1) Apply for Transport Allowance () / Courtesy Car (2) QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Actions Ant (S) Amt (3) MA1901803. Invoice Preparation Checklist fit Bill Add Bill 1) AR : Accident Reporting (\$30); Claimant's Particulars :-INC (\$80) 2) DA: Damege Assessment (\$100); 3) TF : Towing Fee \$40/\$45 Driver/Owner: 4) FT : Follow-Through Survey \$120 5) FT : Follow-Through Survey (Resurvey) \$30 Contact No: For claiming against INC Only (wef 10 Jan 2005) \$75 Damaged Portion: 6) TR: Re-inspection \$160 7) N1 : Idac DA + SMRT Survey 8) NTUC Additional Services:-OD. QC Checked by (Engr-In-Charge): *N5: Courtesy Car / Tpt Allowance *N6: Repair Co-ordination 510 *N7: Fost Repair Inspection Auditors! Comments :-\$25 *N8: DV / Collect Excess Coordination 55 at. 1: TP (N11): TP (Non INC) against INC \$20 9) N12: Idac Mobile Tat. 2/3: Fee Charged Invoice dated Invalce dated Fee Charged

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.
- 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. | sent to the archiving of this report at the centre and to copies of the report being made available |
|--|---|
| | ACCIDENT STATEMENT |
| Date Of Report | 11/03/2019 12:07 |
| Date Of Accident | 11/03/2019 07:15 |
| Exact Location Of Accident | 90 BARTLEY RD |
| Country/State of Loss | SINGAPORE |
| | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SLR962L |
| 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 | ТОУОТА |
| Model | PRIUS HYBRID 1.8S CVT |
| 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 | 5092811352-01 |
| Cover Note Number | |
| | |

Driver

Name of Driver CHAN YEOW HONG (ZHAN XIAOHONG)

S7230237J NRIC No Date Of Birth 24/08/1972 Occupation OUTDOOR Date Of Driving Pass 26/11/2010

Driving Experience 8 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-87888178

Fax Number

Contact Number OFFICE-87888178

EMail Address NOEMAIL

BLK 144 BEDOK RESERVOIR ROAD Address

#02-1605

Postcode 470144

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 - CHANGE/CROSS LANE

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

Number of Passengers (Including Driver)

3

Passenger 1

NAME: . -

GENDER: : MALE

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 THE STATED VENUE, SUDDENLY VEHICLE B CUT ONTO MY LANE FROM LANE 3 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?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKQ7111G

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

KENNY ONG HAN SENG

NRIC/Passport Number

S7320408I

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name CHAN YEOW HONG (ZHAN XIAOHONG)

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? SLR962L
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance?

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.

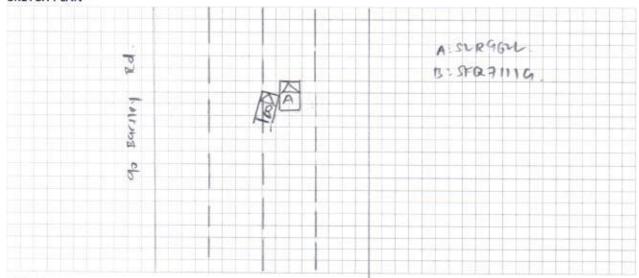
Policyholder's Signature 0

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 distance. | | | | |
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articulars are true in every respect. I/We declare

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.:







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

Motor cars with unladen weight =< 3000kg with =< 7
passengers, exclusive of driver; and other motor
vehicles with unladen weight =< 2500kg

NP 428A



| eBao Tech | General | | | | | | | | Claim | |
|------------------------|-------------------------|-----------------------|------------------------------|--|----------|------------------|----------------|---|------------------|-------------|
| Hello, NAC_PAYA_UBI_80 | 0601 | | | THE RESERVE OF THE PARTY OF THE | | · Change | Languag | e Char | ge Password | + Log Out |
| My Desktop | Policy Query | | | | | | | | | |
| Notice of Loss | Policy No. | | | | Date | of Accident | | 11/03/2019 | 07:15 | |
| | Vehicle No. (For Motor) | SLR96 | 2L | | Certifi | 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 5092811352- 01 | | RELIABLE RIDES PTE LTD | 201611527N | GPC | drivo CLASSIC | SLR962L | 144421111111111111111111111111111111111 | 31/07/2018 | 30/07/2019 |
| | | | ., | | Continue | | | | | |

| Policy No. | 5092811352-01 | Policyholder Name | RELIABLE | RIDES PTE LTD | Policyholder NRIC | 201611527N | |
|--------------------------------------|------------------------------|-----------------------------------|-----------------|-------------------|----------------------|--------------|-----------------------------|
| Certificate No. | | | | | | | |
| Address | 8 KAKI BUKIT AVENUE 4 #05-50 | PREMIER @ | KAKI BUKIT | SINGAPORE 41587 | 5 | | |
| Product Name | PRIVATE CAR INSURANCE | Plan | | | Group Policy Flag | N | |
| Policy issue Date | 25/06/2018 | Effective Date | 31/07/201 | 8 00:00 | Expiry Date | 30/07/2019 2 | 3:59 |
| 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 | Υ | |
| Co- nsurance Flag | No | | | | | | |
| Open Policy Info | | | | | | | |
| Certificate Info | | | | | | | |
| Policy! | holder Mailing Address | | | | | | |
| Address 1 | 8 KAKI BUKIT AVENUE 4 | Addre | ess 2 | #05-50 PREMIER | @ KAKI BUKIT | Address 3 | SINGAPORE 415875 |
| Address 4 | | Addre | ss Type | Singapore address | 5 | Post Code | 415875 |
| Jnit No. | 05-50 | Relati | ed Policy er | 5106937496 | | | |
| | d Object: SLR962L | | | | | | |
|) Insure | | | | | | | |
| | sements | | | | | | |

| cy No. | 5092811352-01 | Vehicle No. | SLR962L | GST Registration No. | |
|--|---|--|---|--|--|
| tricate No. | | | | | |
| cyholder Name | RELIABLE RIDES PTE LTD | | | Policyholder NR3C | 201611527N |
| duct Code | PRIVATE CAR INSURANCE | Cover Type | drive CLASSIC | Loading | 0 |
| rtact No.(Mobile) | 0 | Contact No.(Office) | 0 | Contact No.(Home) | 0 |
| all Address | | Special Remark | | eCode | THE V |
| К | ⊕ No ⊜ Yes | TCA | ® No ⊜Yes | eCode Reason | 100 |
| D Protection | No. | NCD Entitlement(%) | 0 | Private Hire | Yes |
| Accident Details | 100 | NULL Eleganieria (16) | Ü | Private rive | 763 |
| | | | | | |
| port Date. | 11/02/2019 20:56 | Accident Report Within 24 hrs | Yes | Accident Type | Collision - Change / Cross lane |
| te of Accident | 11/03/2019 | Time of Accident hh:mm | 07:15 | Country of Accident | Singapore |
| porting Centre | | Grange Force | | ICM No. | |
| cident Location | 90 BARTLEY RO | | | | |
| Excess | | | | | |
| n damage Excess | 1,000.00 | Additional Excess | 0 | Windscreen Excess | 100.00 |
| named Driver Excess | 2000000 | Outside Singapore OD Excess | 3,000.00 | Printed and Lacess | 300.00 |
| | * F66 00 | | | | |
| ind Party Excess | 1,500.00 | Outside Singapore TP Excess | 3,000.00 | | |
| Benefits | | | | | |
| GST Registered Informa | | | | | |
| T Registered | No | | GST Registration Date | | |
| T Registration No. | | | GST Status Verified | Yes | |
| dification History | | | | | |
| C Ballack Add Inc. | 4000 | | | | |
| Policyholder Mailing Ad | | Address 5 | AND TO POPULE A STATE OF | | |
| dress 3 | 8 KAKI BUKIT AVENUE 4 | Address 2 | #05-50 PREMIER @ KAKI BUKIN | Address 3 | SINGAPORE 415875 |
| idress 4 | | Address Type | Singapore address | Post Code | 415875 |
| it No. | 05-50 | Related Policy Number | S106937496 | | |
| OI Driver Info | | | | | |
| ver Name | Unnamed Driver | Oriver Type | Unnamed Driver | | |
| named driver Name | CHAN YEOW HONG (ZHAN XIAC | Driver NR3C | 572302373 | Driver DOB | 24/08/1972 |
| geter Date of Driver License | 26/11/2010 | Driver Age | 46 | Driving Expenence | 8 |
| ritact No.(Motive) | 87888178 | Contact No. (Office) | 0 | Contact No.(Home) | 0 |
| dress 1 | BLK 144 | Address 2 | BEDOK RESERVOIR ROAD | Address 3 | EUNOS SPRING |
| dress 4 | | | | | |
| | SUNGAPORE 470144 | Address Type | Singapore address | Post Code | 470144 |
| nit No. | 02-1605 | | | | |
| | | | | | |
| oes he own a Singapore | ○ Yes ® No | Driver Vehicle No. | | Driver Insurer Company | |
| es he own a Singapore gistered car? | ○ Yes ® No | Driver Vehicle No. | | Driver Insurer Company | |
| es he own a Singapore gistered car? Claration | Û Yes ® No | Driver Vehicle No. | | Onver Insurer Company | |
| es he own a Singapore gistered car? claration eathetyser or Blood Test | O ves ⊕ No 0 mg | Dinver Vehicle No. | ® Yes ○ No | Driver Insurer Company | |
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| oes he own a Singapore resistered car? claration reathalyser or Blood Test | | Trues stre | ® Yes ○ No | Driver Insurer Company | |
| es he own a Singapore gistered car? Claration eathalyser or Blood Test ading? | | Trues stre | ® Yes ○ No | Driver Insurer Company | |
| es he own a Singapore patered car? Saration withalyser or Blood Test ading? | | Trues stre | ® Yes ○ No | Driver Insurer Company | |
| es he own a Singapore patered car? Claration with alyzer or Blood Test ading? | | Trues stre | ® Yes ○ No | Driver Insurer Company | |
| es he own a Singapore gatered car? Claration eathetyser or Blood Test ading? dification History Claims 601 New | 0 mg | Ainy Inguny? | | V6.00 | 2016115224 |
| oes he own a Singapora spatial control coloration eathalyser or Blood Test ading? dification History Claims 601 New Birn Type * | | Any injury? Insured Name | ¥Yes ○ No RELIABLE RIDES PTE LTD | Insured NR3C | 201611527N |
| es he own a Singapore gatered car? Claration eathetyser or Blood Test ading? Incation History Claims 601 New im Type * next No. (Mobile) | 0 mg | Any injury? Insured Name Contact No.(Home) | RELIABLE RIDES PTE LTD | Insured NR3C Contact No.(Office) | 66351820 |
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| es he own a Singapore patered car? Saration anthalyser or Blood Test eding? States 601 Mex im Type * ntact No. (Mobile) air Address imant Type Oeimant Type * imant Address imant Address im Description ferred workshop Contact. Jure Finalisation ie Registered | 0 mg DO-MX Please Select ≥≥ SL8962L / SKQ7111G ON 11 Mar 2019 Yes U 11/03/2019 20:58 | Any injury? Insured Name Contact No.(Home) OI Vehicle Number Type of benefit * Claimant NRIC * | RELIABLE RIDES PTE LTD SLR962t. Please Select Not at Fault | Insured NR3C Contact No. (Office) TP Vehicle Number | 66351820 SKQ71116 |
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| es he own a Singapore patered car? Inration anhalyser or Blood Test eding? Incation History Incatio | 0 mg DO-MX Please Select ≥≥ SL8962L / SKQ7111G ON 11 Mar 2019 Yes U 11/03/2019 20:58 | Any injury? Insured Name Contact No.(Home) OI Vehicle Number Type of benefit * Claimant NRIC * Insured Liability * Preferend Repair Option | SLR962. Please Select Not at Fault Preferred Workshop, Name unknown | Insured NR3C Contact No. (Office) TP Vehicle Number | 66351820 SKQ71116 |
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