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NATIONAL Assessment Ce		1051MNA119034166	1
Date In: 14/3/19-11:37	Jcb description	Date &Time Completed	Done by
Res No: 49/11/19/04/623/24	SAS e-filing	<u> </u>	
Veh No: Syglogy	E-mail (within Shrs, AIC	2hrs)	
D.O.A: 13/3/19-18:30	i-Motor Claim Form	m/1035869-001	14/3/19 11/57.
OD : TP ! Reporting Only	i-Motor W/O (Within:	OD 2hrs, 7P 4hrs)	
32 . / 1. resporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Re	port	
Tr hisurer.	Ass't Report by Fax /		
Preferred Wksp / INC Assign Wksp / QW:		Tol:	Fax:
TP Particulars: Veh No: 0	481902	NC()/Non-INC()	T.W.
Owner / Driver: (18900	Tel:	
Policy No: ()	Period: () Cover Type: (
Confirmed by : (Date:		,
		N: 0-20%; P: 21-79%. P: 80-	100%1
Year of Registration: ()	Warranty: YES ()/NO		-10078]
Excess: (\$) Loading: \$			
General Remarks	A SURVEY OF THE PROPERTY OF TH		
2) QC Check / Post Repair Inspection	/ Courtesy Car ()	Dated Turns Comptered	Done by
3) Upload Resurvey Photo [Repair Cost > Injury :	\$3000] ()		
		The second	MARKET WITH WITH STATE
Oate/Time Actions	+ 100		
4-1	79 -		
	- Warrang and		
9 19 0 1994	Invoice	Preparation Checklist	And (S) Amil fit Bill Add
umant's Particulars :-		cident Reporting (\$30);	
ver/Owner:	2) DA : Da 3) TF : Tov	mage Assessment (\$100); INC (\$8 ving Fee . \$40	30) 0/\$45
	4) FT : Fol	low-Through Survey	\$120
ntact No:	For clair	low-Through Survey (Resurvey) ning against INC Only (wef 10 Jan 2005	\$30
naged Portion:	6) TR : Re-		\$75
		dditional Services:-	3140
Checked by (Engr-In-Charge):	OD.		es
152 m	• N6: Re	urlesy Car / Tpt Allowance pair Co-ordination	\$5 \$10
ditors' Comments :-	*N7: For	t Repair Inspection / Collect Excess Coordination	\$25
1:	TP (NII): TP (Non INC) against INC	\$20 .
2/3:	9) N12: Idn Invoice data		30
	Invoice date		REIN

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

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.
- 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.
- 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.

Maria Control of the	
	ACCIDENT STATEMENT
Date Of Report	14/03/2019 11:35
Date Of Accident	13/03/2019 18:30
Exact Location Of Accident	JUNC AMK AVE 1 & BISHAN RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLS7609G
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	5094680971-01
Cover Note Number	
Driver	
Name of Driver	KOH KOK HUA
NRIC No	S1663811J
Date Of Birth	22/08/1963
Occupation	OUTDOOR
Date Of Driving Pass	06/10/1988
Driving Experience	30 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93620940
Fax Number	

OFFICE-93620940

NOEMAIL

BLK 483 PASIR RIS DRIVE 4 Address

#11-467 510483

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Postcode

OTHER - HIRER

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? NO

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NO

3

YES

NAME: : -

> GENDER: : FEMALE

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, MY VEHICLE WAS STATIONARY STOPPED ALONG THE STATED VENUE AS TRAFFIC JUNCTION WAS RED. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE REAR 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

SKH8390Z

Vehicle Make/Model/Colour Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

LEON EP BELLANCOURT DELPHINE ISABELLE

NRIC/Passport Number

F5574795N

Contact Number Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

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

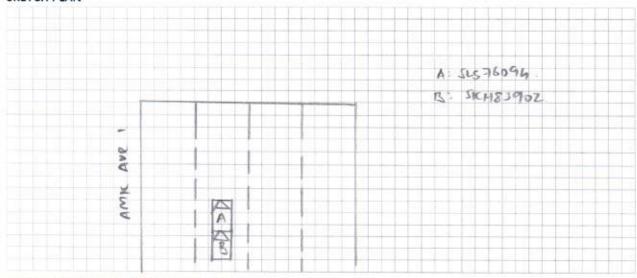
(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to state	ment	

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:

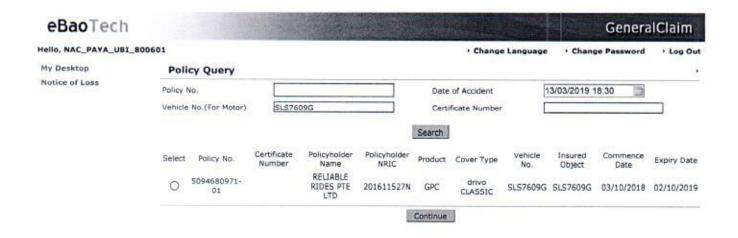
NRIC/FIN No.:

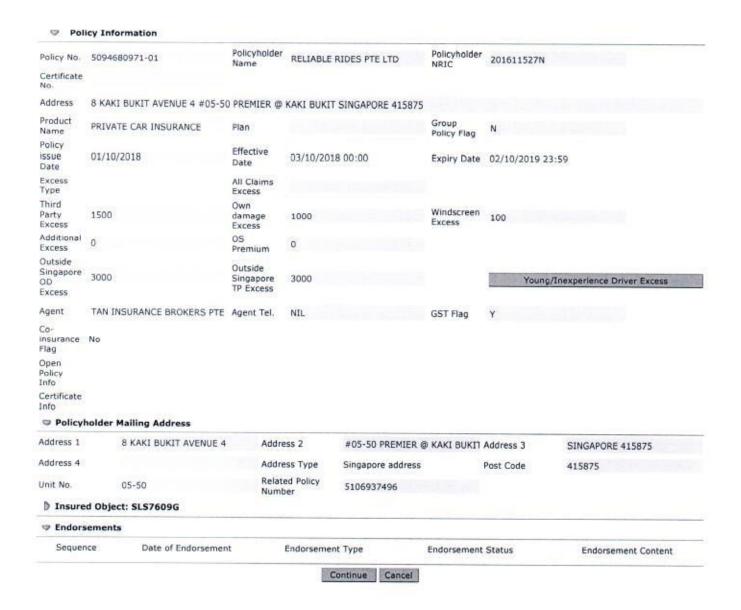












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tificate No.				200 200 200 200 200 200 200 200 200 200	
cyholder Name	RELIABLE RIDES PTE LTD			*************	September 1990
duct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Policyholder NRIC	201611527N
tact No.(Mobile)	0	Contact No.(Office)	0	Loading	0
ail Address				Contact No.(Home)	0
	2.0	Special Remark		eCode	(iz. V
Protection	No ○ Yes.	TCA	® No ○Yes	eCode Reason	
	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details					
ort Date	14/03/2019 11:53	Accident Report Within 24 hrs	Yes	Acodent Type	Collision - Head to Rear
of Accident	13/03/2019	Time of Accident hh:mm	18:30	Country of Accident	Singapore
orting Centre		Grange Force		ICH No.	
dent Location	JUNC AMK AVE 1 & BISHAN RD				
Excess					
damage Excess	1,000.00	Additional Excess	0		
amed Driver Excess	300000	Outside Singapore OD Excess		Windscreen Excess	100.00
d Party Excess			3,000.00		
	1,500.00	Outside Singapore TP Excess	3,000.00		
Benefits					
GST Registered Inform					
Registered	No		GST Registration Date		
Registration No. fication History			GST Status Verified	No	
The state of the s					
Policyholder Mailing Ad	Mress				
ess 1	6 KAKI BUKIT AVENUE 4	Address 2	#05-50 PREMIER @ KAKI BUKIT	Address 3	FINANCE ALEXA
ress 4	7-75:10 1/10 1/10 1/10 1/10 1/10 1/10 1/10 1				SINGAPORE 415875
	06.50	Address Type	Singapore address	Post Code	415875
No.	05-50	Related Policy Number	5106937496		
OI Driver Infe	o section is supposed.	Darker by Marker	//		
er Name	Unnamed Driver	Driver Type	Unnamed Driver		
amed driver Name	KOH KOK HUA	Driver NR3C	51663811)	Driver DOB	22/08/1963
ster Date of Driver License	06/10/1988	Driver Age	55	Driving Experience	30
tact No.(Mobile)	93620940	Contact No.(Office)	0	Consact No.(Home)	0
ress 1	BLK 483	Address 2	PASIR RIS DRIVE 4	Address 3	SINGAPORE 510483
ress 4		Address Type	Singapore address	Post Code	
No.	11-467	marcas type	Singapore address	Post Code	S104B3
is he own a Singapore					
is he own a Singapore istered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
stered car?	○ Yes No	Driver Vehicle No.		Driver Insurer Company	
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