Ref No: No	YES()/NO(/\$2,000()	to <u>Owner/Wksp</u> Tel:	Fax:	
D.O.A :	nail (within 8hrs, AIC 2hrs) otor Claim Form otor W/O (Within: OD 2hrs oto Uploaded ssment/Survey Report Report by Fax / Hand to INC (Date: Status (WO): N: 0-20 YES ()/NO (/\$2,000 ()	to Owner/Wksp Tel: // Non-INC () Tel: Cover Type: (Time:	Fax:	:07-
D.O.A: 1913/19 - 29:00 I-M. OD: TP: Reporting Only TP Insurer: Asset Preferred Wksp / INC Assign Wksp / QW: (TP Particulars: Veh No: \$00 9785 Owner / Driver: (Policy No: (Policy No: (Insured/Driver Liability: (Year of Registration: (Excess: (\$) Loading: \$1,000 (Walk-In Customer: Customer's information st	otor Claim Form otor W/O (Within: OD 2hrs oto Uploaded ssment/Survey Report Report by Fax / Hand to INC (Date: Status (WO): N: 0-20 YES ()/NO (/\$2,000 ()	to Owner/Wksp Tel: // Non-INC () Tel: Cover Type: (Time:	Fax:	
OD TP Reporting Only i-M i-Ph TP Insurer: Preferred Wksp / INC Assign Wksp / QW: (TP Particulars: Yeh No: SCC 19785 Owner / Driver: (Policy No: () Period: (Confirmed by: (Insured/Driver Liability: (%) [Note-Est. Year of Registration: () Warranty: Excess: (\$) Loading: \$1,000 () General Remarks:- () Walk-In Customer: Customer's information st	otor W/O (Within: OD 2hrs oto Uploaded ssment/Survey Report Report by Fax / Hand to INC (Date: Status (WO): N: 0-20 YES ()/NO (/\$2,000 ()	to Owner/Wksp Tel: // Non-INC () Tel: Cover Type: (Time:	Fax:	:07-
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Confirmed by: (Insured/Driver Liability: (%) [Note-Est. Year of Registration: () Warranty: Excess: (\$) Loading: \$1,000 () General Remarks: () Walk-In Customer: Customer's information st	Status (WO): N: 0-20 YES ()/NO (/\$2,000 ()	Cover Type: (Time:)	
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() Total Loss Case : to e-mail Insurer URGE	NTLY.			MILLING CONTRACTOR
Drive-In ()/ Towed-In (); Invoice: YES () / NO(); To	owing Co: (9)
Remarks: (INC hotline: 6788 6616)		The state of the s	OF RECEIVED AND THE	7.7
		Date&Time Completed	Done	by
	ar ()			
2) QC Check / Post Repair Inspection	()			-
3) Upload Resurvey Photo [Repair Cost > \$3000]	()			
Injury:				
Date/Time Actions		ADMINISTRAÇÃO DE LA CARCA CARC	F199 5 (8-15-15) 1 - 15-15	7 C 10 P. C.
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iver/Owner:	3) TF : Towing Fee	s		
	4) FT : Follow-Three		\$120 \$30	
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	6) TR: Re-inspection 7) N1: Idao DA + S	einst JNC Only (wef 10 Jan 2005) on SMRT Survey \$		
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Checked by (Engr-In-Charge):	For claiming aga 6) TR: Re-inspection 7) N1: Idao DA + S 8) NTUC Additions OD* *N5: Courtesy Co *N6: Repair Co-o *N7: Fost Repair	sinst JNC Only (wef 10 Jan 2005) ion SMRT Survey al Services:- Car / Tpt Allowance ordination r Inspection	\$75	
Checked by (Engr-In-Charge):	For claiming aga 6) TR: Re-inspection 7) N1: Idao DA + S 8) NTUC Additions QD* *N5: Courtesy Co *N6: Repair Co-o *N7: Fost Repair *N8: DV / Collect	sinst INC Only (wef 10 Jan 2005) ion SMRT Survey al Services:- Sar / Tpt Allowance ordination r Inspection ct Excess Coordination	\$75 \$160 \$5 \$10 \$25 \$5	
ntact No: maged Portion: Checked by (Engr-In-Charge): ditors' Comments:: 1: 2/3:	For claiming aga 6) TR: Re-inspection 7) N1: Idao DA + S 8) NTUC Additions QD* *N5: Courtesy Co *N6: Repair Co-o *N7: Fost Repair *N8: DV / Collect	sinst INC Only (wef 10 Jan 2005) ion SMRT Survey al Services:- Sar / Tpt Allowance ordination r Inspection ot Excess Coordination Non INC) against INC	\$75 \$160 \$5 \$10 \$25	

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,
- 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.

By the lodgement of this report to the insurers, you hereby consaforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	19/03/2019 11:03
Date Of Accident	19/03/2019 09:20
Exact Location Of Accident	JUNC KRETA AYER RD & KEONG SAIK RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLT6879U
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	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	NO

for repair to your vehicle?

NO

If No, Please state action to be taken Vehicle Category

THIRD PARTY PRIVATE HIRE

Insurance Company

Name of Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5095592363-01

Cover Note Number

Driver

Name of Driver PANG TOW KWANG (FENG DAOGUANG)

NRIC No. S7121314E Date Of Birth 04/06/1971 Occupation OUTDOOR Date Of Driving Pass 01/12/1993

Driving Experience 25 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-92314994

Fax Number

Contact Number OFFICE-92314994

EMail Address NOEMAIL Address BLK 408 BUKIT BATOK WEST AVENUE 4

#05-124

Postcode 650408

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

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged?

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

NO 1

Number of Passengers (Including Driver)

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 COME OUT FROM THE MINOR ROAD WHICH HE FAIL TO STOPPED AT THE STOPPING LINE OF THE MINOR RD. AS A RESULT, VEHICLE B HIT ONTO MY VEHICLE FRONT PORTION.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

VIDEO FOOTAGE WITH DRIVER

Remarks/ Reasons:

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Was there any audio recorded?

SLL1978S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver JUMAAT BIN SABIR

NRIC/Passport Number S0035141E Contact Number 96353499

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

2

NAME:

GENDER:

DETAILS OF INJURED PERSON 1

Name

PANG TOW KWANG (FENG DAOGUANG)

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SLT6879U

Were seat belts worn?

YES

Was this injured conveyed to hospital by

NO

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:
 - 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	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:

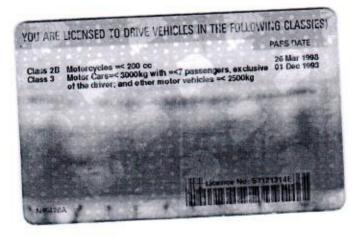
NRIC/FIN No.:

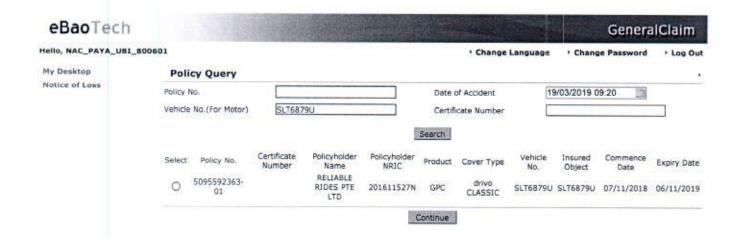
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Claim Handling Accident MT/1036635					
olicy No.	5095592363-01	Vehicle No.	SLT6879U	GST Registration No.	STELL BUILDING
ortificate No.				5	
icyholder Name	RELIABLE RIDES PTE LTD			Policyholder NRIC	201611527N
duct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
ntact No.(Mobile)	0	Contact No. (Office)	0	N. A. C.	
all Address		Special Remark		Contact No.(Home)	0
C.	® No ○ Yes	TCA	® No ○ Yes	eCode	NI V
D Protection	No			«Code Reason	
Accident Details	100	NCD Entitlement(%)	0	Private Hire	Yes
ort Date	The second second				
	19/03/2019 20:03	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major Minor Road
a of Accident	19/03/2019	Time of Accident hh:mm	09:20	Country of Accident	Singapore
porting Centre		Orenge Force		ICM No.	
ident Location	JUNE KRETA AYER RD & KEONG SAIK RD				
Excess					
n damage Excess	1,000.00	Additional Excess	00	Windscreen Excess	100.00
named Driver Excess		Outside Singapore CO Excess	3,000.00		
irti Party Excess	1,500.00	Outside Singapore TP Excess	3,000.00		
Benefits			3,000.00		
GST Registered Inform	ation				
Registered	No		CST PARISON NO.		
Registration No.			GST Registration Data GST Status Ventiled	eria.	
Officiation History			AND MINISTER STATE	No	
Policyholder Hailing Ad	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	- men world	H130/3
OI Driver Info		2000 2000 2000			
ver Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	PANG TOW KWANG (FENG DAD)	Driver NR3C	\$7121314E		0.6867.000
ster Date of Driver License				Driver DOB	04/06/1971
react No.(Mobile)	92314994	Driver Age	47	Driving Experience	25
		Contact No.(Office)	0	Contact No.(Home)	0
iress 1	BLK 409	Address 2	BUKIT BATOK WEST AVENUE 4	Address 3	SINGAPORE 650408
Iress 4		Address Type	Singapore address	Post Code	650408
t No.	05-124				
es he own a Singapore pixtered car?	○ Yes No	Driver Vehicle No.		Driver Insurer Company	
laration					
athalyser or Blood Test iding?	0 mg	Any injury?	® Yes ○ No		
Affication History					
Court of					
Calm 001 New					
	Control of the contro	1600000125Vs			
m Type *	ор-мх	Insured Name	RELIABLE RIDES PTE LTD	Insured NR3C	201611527N
tect No.(Mobile)		Contact No.(Home)		Contact No.(Office)	66351820
il Address		OI Vehicle Number	SLT6879U	TP Vehicle Number	SLL19785
mant Type Claimant Type *	Please Select	Type of Senetic *	Please Select		Service Control of the Control of th
mant Name *	22	Claimant NRIC •			
nent Address			Marie No.	1	
n Description	SLT6879U / SLL19785 ON 19 Mar 2019			Name of Preferred Workshop	
erred Workshop Contact		Insured Liability +	Not at Fault	T wave or summering Mourehob	
vire Finalisation	Yes				
	19/03/2019 20:05	Preference Repair Option	Preferred Workshop, Name unknown	GIA report	Received
278 (Str. 1974)		Cleim Close Date		Date Received	19/03/2019 00:00
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dent No.	MT/1036635	Claim No.	1001		
Doc. Received	● Yes ○ No	Upload Date	19/03/2019 20:06		
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