Darrin 32 Dina - 17:111	Jeb description	Date & Time Completed	Done	by
Date In: 25 hl 19 - 12:34		Date to Find Symptoted	20110	
Res No: MA/NC 19053774	SAS e-filing			
Veh No: Sw 2779R.	E-mail (within Shrs, AIC 2hrs)			-1
D.O.A: Whis- 20:25	i-Motor Claim Form	100-86EEC11-W	25/3/19-	20:06
OD / FP) ! Reporting Only	i-Motor W/O (Within: OD 2	hrs, TP 4hrs)		
U · · · ·	i-Photo Uploaded			The state of the s
TP Insurer:	Assessment/Survey Report	_		
	Ass't Report by Fax / Hane	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	(Tol:	Fax:)
TP Particulars: Veh No: 4	BASSULP. INC	()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: (Period: (Cover Type: ()	
Confirmed by : (Date:	Time:)	Newton Co. Stell
	Note-Est. Status (WO): N: 0-	20%; P: 21-79%. P: 80-	100%]	
Year of Registration: ()	Warranty: YES () / NO ()	OV CONTRACTOR OF THE OWNER.	
	\$1,000()/\$2,000()			
General Remarks;-			Con Sign	Si E
() Walk-In Customer : Customer's	information strictly Confidential & S	Strictly NO refer of repairer.		
() Total Luss Case : to e-mail Ins	surer URGENTLY.			
Drive-In ()/ Towed-In (); Invo	oice: YES() / NO();	Towing Co: ()
Remarks:- (INC hotline: 6788 6616	i)	Date&Time Completed	Done	by .
1) Apply for Transport Allowance ()	/ Courtesy Car ()		Service Laboration	
A CONTRACTOR OF THE PROPERTY OF THE PROPERTY AND ADDRESS OF THE PROPERTY OF TH	, courtes) car (
	()		-	
2) QC Check / Post Repair Inspection	()		•	
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions	() > \$3000] () Invoice Pr 1) AR: Accide 2) DA: Damag 3) TF: Towing	nt Reporting (\$30); c Assessment (\$100); INC (\$100); Fee \$40	fst Bill 80) 0/\$45	
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Onte/Time Actions Alpha 1902185 alimant's Particulars :- iver/Owner: Intact No: Imaged Portion:	Invoice Pr. Invoice Pr. 1) AR: Accide 2) DA: Dameg 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idac DA 8) NTUC Addit OD.*	at Reporting (\$30); c Assessment (\$100); INC (\$100); Fee \$40 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 200) ection a + SMRT Survey	\$60) 0/\$45 \$120 \$30 \$) \$75 \$160	
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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.

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.
- 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

	ACCIDENT STATEMENT
Date Of Report	25/03/2019 12:34
Date Of Accident	24/03/2019 20:25
Exact Location Of Accident	AMK AVE 3 TWDS AMK AVE 10
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLV2779R
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 A
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
f 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	5096971957-01
Cover Note Number	
Driver	
Name of Driver	THOMAS YONG KHIAM SOON

NRIC No S9375024A Date Of Birth 01/10/1993 Occupation OUTDOOR Date Of Driving Pass 01/11/2012

Driving Experience 6 YEARS AND 4 MONTHS

Gender

Mobile Number (LOCAL) +65-93821555

Fax Number

Contact Number OFFICE-93821555

EMail Address NOEMAIL

BLK 475 ANG MO KIO AVENUE 10 Address

#08-706

Postcode 560475

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

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 WET

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?

NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? 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, MY VEHICLE WAS STATIONARY STOPPED ALONG THE STATED VENUE AS FRONT VEHICLE WAS STATIONARY. 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?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GBB3502P

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE

Vehicle Category Name of Driver

LIM TICK CHAY

NRIC/Passport Number

S2671288B

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 <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 Date & Time:

Driver's Signature

(If driver is not the policyholder)

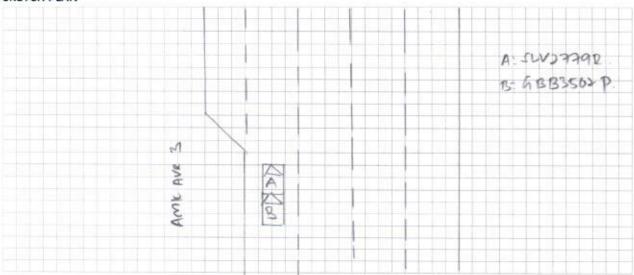
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to 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: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:





YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

Motor Cars=< 3000kg with =<7 passengers, exclusive 01 Nov 2012 of the driver; and other motor vehicles =< 2500kg

NP 428A

5379503

07-11-2014

APT BLK 475 ANG MO KIO AVENUE 10 #08-706 SINGAPORE 560475

eBao Tech									Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601			-		• Change	Language	• Chang	e Password	• Log Ou
My Desktop	Policy Query									,
Notice of Loss	Policy No.				Date	of Accident	2	4/03/2019 2	0:25	
	Vehicle No.(For Motor)	SLV277	'9R		Certifi	icate Number				
				1	Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence	Expiry Date
	O 5096971957- 01		RELIABLE RIDES PTE LTD	201611527N	GPC	drivo CLASSIC	SLV2779R	SLV2779R	27/12/2018	26/12/2019
					Continue	l				

Policy No.	5096971957-01	Policyholder Name	RELIABLE	RIDES PTE LTD	Policyholder NRIC	201611527N	
Certificate No.					400000000000000000000000000000000000000		
Address	8 KAKI BUKIT AVENUE 4 #05-50	PREMIER @	KAKI BUKIT	SINGAPORE 41587	75		
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	26/11/2018	Effective Date	27/12/201	8 00:00	Expiry Date	26/12/2019 2	:3:59
Excess Type		All Claims Excess					
Third Party Excess	1500	Own damage Excess	1000		Windscreen Excess	100	
Additional Excess	0	OS Premium	1400.00				
Outside Singapore OD Excess	3000	Outside Singapore TP Excess	3000			Youn	g/Inexperience Driver Excess
Agent	TAN INSURANCE BROKERS PTE	Agent Tel.	NIL		GST Flag	Y	
Co- insurance Flag Open Policy Info	No						
Certificate Info							
Policy	holder Mailing Address						
Address 1	8 KAKI BUKIT AVENUE 4	Addr	ess 2	#05-50 PREMIER	@ KAKI BUKIT	Address 3	SINGAPORE 415875
Address 4		Addr	ess Type	Singapore addres	is	Post Code	415875
Jnit No.	05-50	Rela	ted Policy ber	5106937496			
	ed Object: SLV2779R						
D Insure							
	sements						

laim Handling e premium on this policy has	not been collected.				
cident MT/1037396	nut deen coveries.				
licy No.	5096971957-01	Vehicle No.	5LV2779R	GST Registration No.	
rtificate No.					
icyholder Name	RELIABLE RIDES PTE LTD			Policyholder NRIC	201611527N
duct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
rtact No.(Moore)	0	Contact No.(Office)	0	Contact No.(Home)	0
ail Address		Special Remark		eCode	THE V
(® No ⊜ Yes	TCA	® No ○Yes	eCode Reason	
D Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details					
ort Date	25/03/2019 20:05	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
e of Accident	24/03/2019	Time of Accident hh:mm	20:25	Country of Accident	Singapore
orting Centre		Orange Force		ICM No.	
ident Location	AMK AVE 3 TWOS AMK AVE 10				
Excess					
n damage Excess	1,000.00	Additional Excess	0	Windscreen Excess	100.00
named Driver Excess		Outside Singapore OD Excess	3,000.00		
rd Party Excess	1,500.00	Outside Singapore TP Excess	3,000.00		
Benefits					
GST Registered Inform	ation				
Registered	No		GST Registration Date		
Registration No. Sfication History	25/03/2019 20:05:20 System c	hanced GST Status VanBard for	GST Status Ventied	Yes	
	Accommon and the an average of	anger our plants valued no			
Policyholder Mailing Ad	ldress				
reis 1		Address 2	#05-50 PREMIER & KAKI BUKIT	Address 3	SINGAPORE 415875
dress 4		Address Type	Singapore address	Post Code	415875
t No.		Related Policy Number	5106937496	PVM GVUE	413073
OI Driver Info	00.00	realize roley Hamber	110017490		
ver Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name		Driver NR3C	\$9375024A	Driver DOB	01/10/1993
jeter Date of Driver License	01/11/2012	Driver Age	25	Driving Experience	6
Hact No.(Mobile)	93821555	Contact No. (Office)	0	Contact No.(Home)	0
tress 1	BLK 475	Address 2	ANG MO KIO AVENUE 10	Address 3	TECK GHEE HORIZON
freis 4	SINGAPORE 560475	Address Type	Singapore address	Post Code	560475
it No.	08-706				
es he own a Singapore gistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
daration					
athalyser or Blood Test	0 mg	Any injury?	○ Yes ® No		
sding?		Park uderks	CIGOR		
dification History					
Claim 001 New					
The state of					
		NAME OF TAXABLE PARTY.			
m Type •		Insured Name	RELIABLE RIDES PTE LTD	Insured NRIC	201611527N
tect No (Mobile)		Contact No.(Home)		Contact No.(Office)	66351820
si Address		DI Vehicle Number	SLV2779R	TP Vehicle Number	G883502P
mark Type Claimant Type *		Type of Benefit •	Please Select		
mark Name *	25	Claimant NRIC +			
mark Address	T. 1/2/2000 1 COORTON Dr. 01-01-01			1	
m Description erred Workshop Contact	SLV2779R / G883502P ON 24 Mar 2019			Name of Preferred Workshop	
Acres and	2000	Insured Liability *	Not at Fault		9.5
uire Finalisation		Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
e Registered		Claim Close Date		Date Received	25/03/2019 00:00
ort Taken By	Jackson.				
Print AK letter					
			Save Submit		
arranes e e			Save Suomit		
ttachment					
dent No.	MT/1037398	Claim No.	001		
t Doc. Received	® Yes. ○ No	Upload Date	25/03/2019 20:08		
	Pach *	SCHOOL STORY	Category *	Confidential Urgen	cy * Description *
		Browse.		-	
		Browse.	Clear Please Select	Normal Y	V

