NATIONAL Assessment Centr	Jeb description	on	Date & Time Completed	Dei	ue pir.
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Veh No: Jm A 4704 R.	E-mail (with	in Shrs, AIC 2hrs)	i i		
D.O.A: 22/1/9-17:02	i-Motor Cla		M7 107774 -001	27 12 10	13:45
6	i-Motor W/	O (Within: OD 2hrs		74/3/19	17.44
OD / (P) / Reporting Only	i-Photo Upl		1		
922 NF		Survey Report	<u> </u>		
TP Insurer:	-	by Fax / Hand to	Owner/When		
Preferred Wksp / INC Assign Wksp / QW: (of real Hand		Fax:	
TP Particulars: Veh No: 106v	864	. INC (rax.	
Owner / Driver: (8 7.	· mot	Tel:	·)	
Policy No: () Pe	riod: ()	Cover Type: (
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	Note-Est. Status ((WO): N: 0-20	0%; P: 21-79%. F: 80-	100%1	-22-11-1
	Warranty: YES ()		701
Excess: (\$) Loading: \$1,0					
General Remarks;-		SOURCE OF CORDER	Banksan Gasa 755	nas gair	-
() Walk-In Customer : Customer's infor			orby NO for of	5354078 (Proj	4
() Total Loss Case : to e-mail Insure	- LID CENTER V	onnoential & Str	ictly NO refer of repairer.		
	er URGENTLY.				
Drive-In ()/ Towed-In () Invoice	VEC/ \/	NO / N.T.			
Drive-In () / Towed-In (); Invoice Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance () / C 2) QC Check / Post Repair Inspection	Courtesy Car (NO();To	Date&Timb Completed &	Don	e by
Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury:	Courtesy Car (NO();To))		Don	e by
Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury:	Courtesy Car (NO(); To		Don	e by
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Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30] Injury:	Courtesy Car (NO();To))		Don	e by
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Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions NA19>>>4). Laimant's Particulars:- river/Owner:	Courtesy Car (Invoice Prep: 1) AR: Accident R 2) DA: Damage A: 3) TF: Towing Fee 4) FT: Follow-Thr	Date & Limb Completed aration Checklist sporting (530); ssessment (5100); INC (58 ough Survey	Ant (5) 5: Bill 90) 9345 \$120	Ami
Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions NA19>>>4). Laimant's Particulars: river/Owner:	Courtesy Car (Invoice Prep: 1) AR: Accident R 2) DA: Damage A: 3) TF: Towing Fee 4) FT: Follow-Thr 5) FT: Follow-Thr	Date & Light Completed aration Checklist sporting (530); ssessment (5100); INC (58	Anit (\$) fit Bill 100 17545 5120 530	Ami
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number 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.

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 afforced.
- aforesaid.

	ACCIDENT STATEMENT
Date Of Report	27/03/2019 15:02
Date Of Accident	27/03/2019 13:00
Exact Location Of Accident	SLE (BKE) AFTER UPP THOMSON RD EXIT
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMA4009R
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	FREED HYBRID 1.5G 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	5101220585
Cover Note Number	
Driver	
Name of Driver	MOHAMMAD SHAFIE BIN SHAMSUDDIN
NRIC No	\$8037437B
Date Of Birth	24/11/1980
Occupation	OUTDOOR
Date Of Driving Pass	10/04/2014
Driving Experience	4 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87508786

OFFICE-87508786

NOEMAIL

Address

BLK 316 HOUGANG AVENUE 7

#08-101

Postcode

530316 NO

Was driver an employee of the Insured's Company

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

HIT BY FALLEN TREE / OTHER OBJECTS

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?

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)

1

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, VEHICLE B WAS TRAVELLING ALONG EXTREME LEFT LANE AND THE METAL ROD FELL OFF FROM HIS VEHICLE AND THE METAL ROD HIT ONTO MY VEHICLE FRONT 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?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

XD6286Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

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.
- 3. 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.
- 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. 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.
- 7. 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:
 - (i) 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:

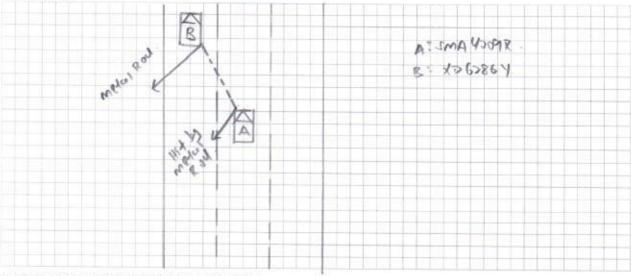
Driver's Signature (If driver is not the policyholder) Date & Time:

Name:

NRIC/FIN No.:

Reporting Centi

Anel's Signature



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to	Antement.		
	/		

DECLARATION

I/We declare the foregoing bar iculars are true in every respect.

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

NRIC/FIN No.:

Grandic SkytchPlanForm, V3

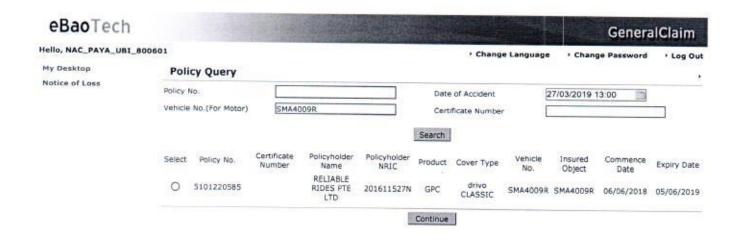
3











Policy No.	5101220585	Policyholder Name	RELIABLE F	RIDES PTE LTD	Policyholder NRIC	201611527	N
Certificate No.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			NRIC		
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 ssue Date	05/06/2018	Effective Date	06/06/2018	3 00:00	Expiry Date	05/06/2019	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			You	ing/Inexperience Driver Excess
Agent	TAN INSURANCE BROKERS PTE	Agent Tel.	NIL		GST Flag	Y	
o- nsurance lag open	No						
Policy Info							
olicy							
olicy nfo ertificate nfo	nolder Mailing Address						
olicy nfo Certificate nfo Policyh	nolder Mailing Address 8 KAKI BUKIT AVENUE 4	Addre	ess 2	#05-50 PREMIER	@ KAKI BUKIT	Address 3	SINGAPORE 415875
Policy Info Certificate Info Policyh Iddress 1	THE STATE OF THE S		ess 2	#05-50 PREMIER Singapore addres		Address 3	SINGAPORE 415875 415875
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olicy info certificate info Policyh ddress 1 ddress 4 init No.	8 KAKI BUKIT AVENUE 4	Addre	ess Type and Policy	Singapore addres			
Policy Info Policy Address 1 Address 4 Init No. Insured	8 KAKI BUKIT AVENUE 4 05-50 d Object: SMA4009R	Addre	ess Type and Policy	Singapore addres			
Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	8 KAKI BUKIT AVENUE 4 05-50 d Object: SMA4009R	Addre Relati Numb	ess Type and Policy	Singapore addres 5106937496		Post Code	

Accident MT/1037745 Policy No.					
	5101220585	Mahada No.	200.00		
ertificate No.		Vehicle No.	SMA4009R	GST Registration No.	
olicyholder Name	RELIABLE RIDES PTE LTD				
oduct Code	PRIVATE CAR INSURANCE	Water Market	W. Paragraphical Company	Policyholder NRIC	201611527N
ritact No.(Mobile)	D D D D D D D D D D D D D D D D D D D	Cover Type	drive CLASSIC	Loading	ā
nali Address		Contact No.(Office)	0	Contact No.(Home)	0
ž.	® No ○Yes	Special Remark TCA	00	eCode	No 🗸
D Protection	No.	NCD Entitlement(%)	® No ○Yes	eCode Reason	
Accident Details		NCD Englament(%)	ů.	Private Hire	Yes
port Date	22/02/2016 17/47	4004004000000000000000			
te of Accident	27/03/2019 17:47	Accident Report Within 24 hrs	Yes	Accident Type	Others.
orting Centre	27/03/2019	Time of Academ hh;mm	13:00	Country of Accident	Singapore
ident Location		Orange Porce		JCM No.	
	SLE (BKE) AFTER UPP THOMSON RD EXIT				
Excess					
in 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.			GST Status Verified	Yes	
dification History					
Policyholder Hailing Ad	Moss				
tress 1					
dress 4	8 KAKI BUKIT AVENUE 4	Address 2	#05-50 PREMIER @ KAKI BUKIT	Address 3	SINGAPORE 415875
it No.	CHATCHAY!	Address Type	Singapore address	Post Code	415875
The Constant of the	05-50	Related Policy Number	5106937496		
OI Driver Info	450000000000000000000000000000000000000	100000000000000000000000000000000000000			
ver Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	MOHAMMAD SHAFTE BIN SHARE	Driver NRIC	\$80374378	Driver DOB	24/11/1980
pieter Date of Driver License		Driver Age	38	Oriving Experience	4
Kact No. (Mobile)	87508766	Contact No.(Office)	0	Contact No. (Home)	0
Fress 1	BLK 316	Address 2	HOUGANG AVENUE 7	Address 3	SINGAPORE 530316
fress 4		Address Type	Singapore address	Post Code	530316
t No.	08-101				
es he own a Singapore	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
gisteres car?					
gistered car?					
asteres car?					
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Interior Car? Interior Blood Text ding? Incation History Incation History In Type * Inc. No. (Mobile) If Address If Type Claimant Type * mark Name *	OD-MX	Any Injury? Insured Name Contact No.(Home) GI Veticle Number	RELIABLE RIDES PTE LTD	Insured NRJC Contact No.(Office)	66351820
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Interior Car? Interior Sthatyser or Blood Test deg? Interior History Interior History Interior History Interior History Interior History Interior History Interior House Interior House Interior House Interior House Interior Address In Description	OD-MX Please Select	Ans injury? Insured Name Contact No. (Home) Of Verticle Number Type of Benefit + Claimant NRIC +	RELIABLE RIDES PTE LTD SMA400SR Please Select	Insured NRJC Contact No.(Office)	66351820
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