NATIONAL ASSESSMENT			i , pr. 11	* .70	VIDE N
NATIONAL Assessment Cer	itre Services.	ME! I JANOSI MURIJO	047781		
Date In: 4/4/9- 0:34	Jeb description	Date	e &Time Completed	Done	pi.
Ref No: HA INCIGODIGALIZY	SAS e-filing				
Veh No: SRZTIVP.	E-mail (within St	irs, AIC 2hrs)			-
D.O.A: 41+14- 10:15	i-Motor Claim		100-888201	ra et	
	i-Motor W/O	(Within: OD 2hrs, TP 4hr		414/19 13	:37
OD TP ! Reporting Only	i-Photo Uploa		-/		
92040	Assessment/Sur				
TP Insurer:					
Preferred Wksp / INC Assign Wksp / QW: (Ass t Report by	Fax / Hand to Own	The latest annual to the latest and the latest and the latest annual to the latest and the latest and the latest and the latest annual to the latest annual to the latest and the latest annual to the		
TP Particulars: Veh No:		Tol:		ax:	
Owner / Driver: (Non-INC()	* -	
B.17	Period: (Tel)	
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The state of the s	Courtesy Car ()	Dates	Time Completed	Done b	y -
2) QC Check / Post Repair Inspection	()				
 Upload Resurvey Photo [Repair Cost > 5 	\$3000] ()				
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Date/Time Actions	St. Comment Lines	12.12.10	a a francis	Carlo Carlo	74.
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uimant's Particulars :-		AR : Accident Reporting	(\$30);		Add B
iver/Owner:		DA : Damege Assessmen IF : Towing Fee	t (\$100); INC (\$80) \$40/\$		-
ntact No:		FT : Follow-Through Sur FT : Follow-Through Sur	vey SI	and the same of th	
	I	or claiming against INC			
maged Portion:		FR : Re-inspection N1 : Idao DA + SMRT St	1rvey 510		Managar -
	. 8)1	NTUC Additional Service			
Checked by (Engr-In-Charge):		NS: Courtesy Car / Tpt A	llowane	55	-
VOID NEED TO A CONTROL OF THE ABOVE THE	•	N6: Repair Co-ordination	n 5:	10	
ditors' Comments :-		N7: Fost Repair Inspection N8: DV / Collect Excess		25	
Ii.		P (N11): TP (Non INC) V12: Idao Mobile	against INC ST	20 -	
2/3:		pice dated	Fee Charged		7
	Inve	pice dated	Fee Charged	SECTION 1	Amon

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.
- 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 aforesaid.

	ACCIDENT STATEMENT
Date Of Report	04/04/2019 13:39
Date Of Accident	04/04/2019 00:15
Exact Location Of Accident	JUNC TIONG BAHRU RD & LOWER DELTA RD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLR2512P
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	REPORTING ONLY
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	5092730218-01
Cover Note Number	
Driver	
Name of Driver	SHEN JU KUN
NRIC No	S1451973D
Date Of Birth	06/10/1960
Occupation	OUTDOOR
Date Of Driving Pass	22/02/1979
Driving Experience	40 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-88777308
Fax Number	
Contact Number	OFFICE-88777308
EMail Address	NOEMAIL

BLK 321 YISHUN CENTRAL Address

#10-319

Postcode 760321

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 COLLIDED INTO BICYCLIST

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

1

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)

2

Passenger 1

NAME:

7. *

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

YES

Police Station Name

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

Police Station Address

ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20190404/7005.

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

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.

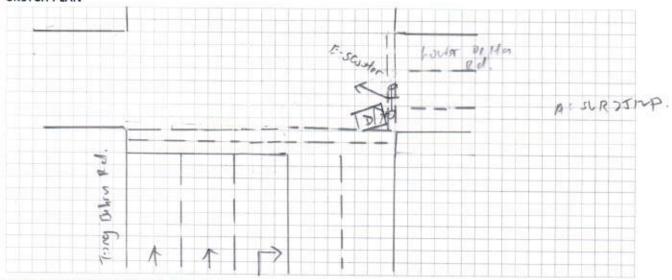
RIDES OF THE RIDES

Policyholder's Signature Date & Time:

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

nel's Signature

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

zefer to police	report - 7 ho 19 0404 7005.	
& RIDGO		

I/We declare the forces oring 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 Signature Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 4 /4 /19 /10	
LOCATION: June 7:20g Bub.	n Rd a b lower delta ped
1. DETAILS OF VEHICLE	3 W
a) VEHICLE NUMBER: SUR STI	-D.
DINSURANCE COMPANY: NTJ	C 1
C)POLICY NUMBER: 5077731	18-01
d)POLICY TYPE: (COMPRESSIVE	/ TURB BARRAGE
e)MAKE & MODEL:	/ THIRD PARTY / THIRD PARTY FIRE &THEFT)
	VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE /	COMMERCIAL (MOTORCYCLE / OTHERS)
OSE OF OSING AT ACCIDEN	ITIME: (3mm occ - 1 .to
VAKE TOO CLAIMING UNDER YOUR	OWN INCLIDANCE COME (C)
" " CEASE STATE THIRD PARTY	CLAIM / REPORTING CANALA
- INSURED / FOLICY HOLDER	
A) NAME: Rejighe Rider A	
b)NRIC/FIN/PASSPORT: 201611	>7 NCONTACT:
CIADDRESS:	
* CONTINUE	
*CONTINUE TO 3.d IF DRIVER ALSO DRIVER	POLICY HOLDER
LASSEN SEL DIVIVER	
	(MQ) / FEMALE)
CIADDRESS: Blk % 1 4 1	
male.	11 21 (1-74)
*d)DATE OF BIRTH: (6 / (2 / 19	60 - 1/00 444 - 00000
e)OCCUPATION: (INDOOR / OUTDO	(DD/MM/YYYY)
I LAKS OF DRIVING EXPREDIENCE.	77/12/1676
4. WAS DRIVER AN EMPLOYEE OF TH	HE INCURENCE COMPANY
WILLIAM CONDITION IN THE AD I D	Album to to an inches
TOTAL TOTAL	IERS .
O. MANANTALINA INTERPRETATION	
A PREPORTED TO POLICE (YES) (NO	10. E
7. a) REPORTED TO POLICE (YES) (NO) IF YES, PLEASE STATE WHICH POLICE 8. THIRD PARTY VEHICLE	STATION:
THE PART VEHICLE	
Including driver) b) DRIVER'S NAME:	MODEL:
() NRIC/FIN/PASSPORT:	
O NRIC/FIN/PASSPORT: THIRD PARTY VEHICLE	CONTACT:
THE PARTY VEHICLE	
No of passenger d) VEHICLE NUMBER:	MODEL:
induding driver) f) NRIC/FIN/PASSPORT.	Trestantes (Vi
Induding driver) f) DRIVER'S NAME: NRIC/FIN/PASSPORT:	CONTACT:
	1
¥ ₁₁	(8) 0

email =

fax =

VIDEO = /





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20190404/7005

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 019 12:54	Made:	Vide Report No.:	Station Diary No.:			
Informa	nt's Partic	ulars					
Name of Informant: SHEN JU KUN			Address: APT BLK 321 YISHUN CENTRAL #10-319 SINGAPORE 760321				
ID Type NRIC NO	/ ID No.: O / S14519	73D	Contact No.: Home/Office:	Mobile: 88777308			
National SINGAP	ity: ORE CITIZ	EN	Email: shenjukun8@gmail.com				
Sex: Male	Age: 58	Date of Birth: 06/10/1960	Type of Informant: Driver				
Race: Chinese	Lunguage,			Institution / School Name:			
Occupation: GRAB DRIVER			Driving Licence Information: Class:	Date of Expiry:			

Type of Accident:	Injury Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 04/04/2019 00:15	Type of Location T-Junction
Location: TIONG BAHF	RU ROAD			
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow:		Traffic Control: Traffic Light - Wo	rking	Traffic Volume: Light
One Way				

Details of Vehicle Involved							
Туре	Make	Model	Color	Condition	No of Passenger		
Car					0		
	Туре	Type Make	Type Make Model	Type Make Model Color	Type Make Model Color Condition		

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20190404/7005

CONTINUATION OF REPORT

Cyclist	ALC: N. Company				The Partie of	
Name	Nguyen Van Nam			ID No.		O94179629
Related Vehicle	SLR2512P (Car)			Contact No.		83797741
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Degree of Injury Slight		t .
Driver	N. ISLANDON BOURS	ENFILENCE:	DISCHOOL STATE	HERE	SENIAL PROPERTY.	S. DESIGNATION OF
Name	SHEN JU KUN			ID No	-	S1451973D
Related Vehicle	SLR2512P (Car)	SLR2512P (Car)		Contact No.		88777308
Hospital/Clinic	NIL				of g ce & Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	

Brief Details.

On stated date and time, as traffic junction was green I proceed to make a right turn twds Tiong Bahru Road. E Scooter suddenly approached the pedestrian crossing and intact with my vehicle front portion. The cyclist fall onto my vehicle windscreen which resulting my front windscreen crack.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20190404/7005

CONTINUATION OF REPORT

Sketch Plan	١
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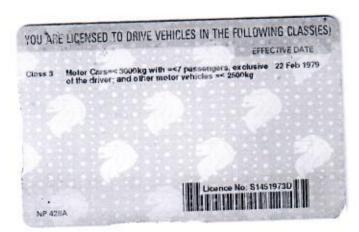
NP168

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 04/04/2019 12:54
Officer In Charge Of Case: TP / TPIB / ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:
Authentication Stamp	









eBao Tech								8 2 3	Genera	alClaim
Hello, NAC_PAYA_UBI_8006	01		The second second second			· Change	Language	· Chang	e Password	· Log Ou
My Desktop	Policy Query									
Notice of Loss	Policy No.		112-17-1		Date	of Accident	0	4/04/2019 (00:15	
	Vehicle No.(For Motor)	SLR251	12P		Certif	icate Number		1-1-1		
				1	Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5092730218- 01		RELIABLE RIDES PTE LTD	201611527N	GPC	drivo CLASSIC	SLR2512P	SLR2512P		06/08/2019
					Continue	1				

♥ Pol	icy Information						
olicy No.	5092730218-01	Policyholde Name	RELIABLE	RIDES PTE LTD	Policyholder NRIC	201611527N	
ertificate lo.							
Address	8 KAKI BUKIT AVENUE 4 #05-5	O PREMIER @	KAKI BUKIT	SINGAPORE 4158	75		
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	01/08/2018	Effective Date	07/08/201	8 00:00	Expiry Date	06/08/2019 23	:59
Excess Type		All Claims Excess					
Third		Own			1222-0200-0000		
Party Excess	1500	damage Excess	1000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore		Outside					
DD Excess	3000	Singapore TP Excess	3000			Young/	Inexperience Driver Excess
Agent	TAN INSURANCE BROKERS PTE	Agent Tel.	NIL		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
→ Policy	holder Mailing Address						
Address 1	8 KAKI BUKIT AVENUE 4	Addr	ess 2	#05-50 PREMIER	R @ KAKI BUKIT	Address 3	SINGAPORE 415875
Address 4		Addr	ess Type	Singapore addres	55	Post Code	415875
Jnit No.	05-50	Rela Num	ted Policy ber	5106937496			
	ed Object: SLR2512P						
D Insure	d Object: SLK2512P						
D Insure							

cy No.	5092730218-01	Vehicle No.	SLR2512F	GST Registration No.	
tificate No.					
lcyholder Name	RELIABLE RIDES PTE LTD			Policyholder NRIC	201611527N
duct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
ntact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
ail Address		Special Remark		eCode	NI V
K	® No ○ Yes	TCA	® No ○Yes	eCode Reason	
D Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details		and annual and any	70	Privates Para	766
port Date		20020020000000000000000			
	04/04/2019 13:50	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Cyclist
te of Accident	04/04/2019	Time of Accident hhomm	00:15	Country of Acadent	Singapore
porting Centre		Orange Force		DOM No.	
ident Location	JUNC TIONS BAHRU RD & LOWER DELTA RI	0			
Excess					
n damage Excess	1,000.00	Additional Excess	0	Windscreen Excess	100.00
named Driver Excess		Outside Singapore DD Excess	3,000,00		
rd Party Excess	1,500.00	Outside Singapore TP Excess	3,000.00		
Benefits					
GST Registered Informa	ation				
Registered	No		GST Registration Date		
Registration No.			GST Status Verified	Yes	
dification History	04/04/2019 13:51:42 Syste	m changed GST Status Verified fro	m No to Yes		
Policyholder Mailing Ad			1 12 12 12 12 12 12 12 12 12 12 12 12 12	Townstra	Outline to AC to a who have
dress I	B KAKI BUKIT AVENUE 4	Address 2	#05-50 PREMIER @ KAKI BUKIT	Address 3	SINGAPORE 415875
dress 4	122.00	Address Type	Singapore address	Post Code	415875
n No.	05-50	Related Policy Number	5106937496		
OI Driver Info	W	20000000			
ver Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	SHEN JU KUN	Driver NRIC	S1451973D	Driver DOB	06/10/1960
jister Date of Driver License		Driver Age	58	Driving Experience	40
ntact No.(Mobile)	68777308	Contact No.(Office)	0	Contact No. (Home)	0
dress I	BLK 321	Address 2	YISHUN CENTRAL	Address 3	SINGAPORE 760321
tress 4		Address Type	Singapore address	Post Code	760321
r. No.	10-319				
es he own a Singapore gistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
				SALES TO STATE OF THE SALES OF	
ieration					
	4.50	Any injury?	○ Yes ® No		
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infication History Saim GOS Mem Type * Hact No: (Mobile)		Insured Name Contact No.(Home)		Contact No.(Office)	201611527N 66351820
in Type + tact No. [Mobile)	[GO-MX [¥]	Insured Name Contact No.(Home) OI Vehicle Number	SLR2512P		Control of the Contro
infication History Saim GOS New Im Type * Itact No.(Mobile) ail Address Imant Type Claimant Type *	GO-MX	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit *		Contact No.(Office)	Control of the Contro
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africation History Saim GOS - Mem Im Type * Itact No.(Mobile) all Address Imant Type Claimant Type * Imant Address Im Description ferred Workshop Contact Usine Finalisation	OO-MX Please Select ≥≥ SLR2S12P ON 4 Apr 2019	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claiment NRIC *	SLR2512P Please Select Fully at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop	66351820
in Type * tact No. (Mobile) all Address imant Type Calmant Type * imant Address imant Address im Description ferred Workshop Contact spire Finalisation a Registered.	GO-MX	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claiment NRIC * Insured Liability * Preferenced Repair Option	SLR2512P Please Select Fully at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	66351520 Received
in Type * Italian GO1 > New Im Type * Italian GO1 > New Im Type * Italian Type Claimant Type * Imant Type Claimant Type * Imant Address Imant Address Im Description Internet Workshop Contact Usine Finalisation In Registered Internet Registered Internet Registered	GO-MX	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claiment NRIC * Insured Liability * Preferenced Repair Option	SLR2512P Please Select Fully at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	66351520 Received
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in Type * Itaci No. (Mobile) ai Address Immar Type Claimant Type * Immar Type Claimant Type * Immar Address Immar Addres	GO-MX	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claiment NRIC * Insured Liability * Preferenced Repair Option	SLR2512P Please Select Fully at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	66351520 Received
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