1 3 100 11 1 120

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

	ACCIDENT STATEMENT
Date Of Report	05/04/2019 14:56
Date Of Accident	04/04/2019 17:35
Exact Location Of Accident	STEVEN RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLX3796Z
Insured/Policyholder	
Name Of Registered Owner	RELIABLE RIDES PTE LTD
Co Reg No	201611527N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81669797
Vehicle Particulars	A PART OF THE PROPERTY OF THE PARTY OF THE P
Manufacturer	HONDA
Model	SHUTTLE
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	5106937496
Cover Note Number	*
Driver	
Name of Driver	QUAH HAN LUO JASON (KE HANLUO JASON)
NRIC No	S8326866B
Date Of Birth	30/08/1983
Occupation	OUTDOOR
Date Of Driving Pass	26/09/2013
Driving Experience	5 YEARS AND 6 MONTHS
Sender	MALE
Mobile Number	(LOCAL) +65-97106724
ax Number	
Contact Number	
EMail Address	NOEMAIL

Address BLK 186A RIVERVALE DRIVE #11-830

Postcode

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

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? YES

Foreign Vehicle Registration Number JRQ7858 (BUS)

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

YES

ambulance?

Was any other material or property damaged?

YES

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

NO 2

Number of Passengers (Including Driver)

NAME:

: NURSUHAILI BTE JAIS

GENDER: : FEMALE

Details of Police Action

Passenger 1

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name KAMPONG JAVA NEIGHBOURHOOD POLICE CENTRE

ROAD: 21 KAMPONG JAVA ROAD, POSTCODE: 228892, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 1800-2959999 - FAX NO: 63918499

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH DRIVER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

JRQ7858

Vehicle Make/Model/Colour

Details Of Properties

BUS

Vehicle Category Name of Driver

ABDUL HALIM SHAH ABDUL RAHMAN

NRIC/Passport Number

Contact Number

84006848

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

QUAH HAN LUO JASON (KE HANLUO JASON)

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SLX3796Z

Were seat belts worn?

Was this injured conveyed to hospital by

YES

ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name

NURSUHAILI BTE JAIS

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SLX3796Z

Were seat belts worn?

YES

Was this injured conveyed to hospital by

YES

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>.
- 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.
- 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.:

Pleuse	Refer	to	Police	Report	
			1		

DECLARATION

I/We becare the locagoing 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.:

GIABME ShetchPlanForm V3





1 of 4

Report No. T/20190404/2172

Police Station Of Origin: Kampong Java N.P.C 21 Kampong Java Road SINGAPORE 228892

Tel No: 1800-2959999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
04/04/2019 20:12	E/20190404/0125	398

			The state of the s			
Informa	nt's Partic	ulars				
Name of Informant: QUAH HAN LUO, JASON			Address: APT BLK 186A RIVERVALE DRIVE #11-830 SINGAPORE 541186			
	/ ID No.: O / S83268	66B	Contact No.: Home/Office:	Mobile: 97106724		
Nationality: SINGAPORE CITIZEN		'EN	Email:			
Sex: Male	Age: 35	Date of Birth: 30/08/1983	Type of Informant: Driver			
Race: Chinese			Language: English	Institution / School Name:		
Occupation: GRAB DRIVER			Driving Licence Information: Class: Date of Expiry:			

	nation of the Accident				
Type of Accident: Injury Attended by Police		Drink Drive: No	Date/Time of Accident: 04/04/2019 17:35	Type of Location Straight Road	
Location: Along Road 1 STEVENS RO					
Weather:	otor otovorro rioda rioto	Road Surface:	R	oad Speed Limit:	
Class		Wet			
Clear			T		
		Traffic Control:		raffic Volume:	
Clear Traffic Flow: Two Way		Traffic Control: Not Controlled	1)	raffic Volume: leavy	

Details of v	ehicle Involved	THE RESERVE AND PERSON				
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JRQ7858	Bus/Coach/Mi nibus (School Children)				Slightly Damaged	0
SLX3796Z	Car	HONDA	Shuttle	Black	Seriously Damaged	

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





Police Station Of Origin: Kampong Java N.P.C 21 Kampong Java Road SINGAPORE 228892

Tel No: 1800-2959999

CONTINUATION OF REPORT

2 of 4 Report No. T/20190404/2172

Driver					III HARRY	
Name	ABDUL HALIM SHAH BIN ABDUL RAHMAN			ID No.		NIL
Related Vehicle	JRQ7858 (Bus/Coach/Minibus (School Children))			Contact No.		84006848
Hospital/Clinic	NIL			lass riving icend xpiry	9	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Dischar	ge	NIL	
No. of Days gran	ted Medical Leave NI	L	Degree of Inj		NIL	
Driver					200 m	
Name	QUAH HAN LUO, JASON			ID No.		S8326866B
Related Vehicle	SLX3796Z (Car)			Contact No.		97106724
Hospital/Clinic	NIL		D Li	lass riving cenc xpiry	9	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Dischar	-	NIL	
No. of Days grant	ed Medical Leave NI	L	Degree of Inj	-	NIL	
Passenger		Ec-4000			STATE OF THE PARTY	
Name	NURSUHAILI BTE JAIS		ID	No.		S9302516D
Related Vehicle	SLX3796Z (Car)			Contact No.		97922653
Hospital/Clinic	NIL			lass or riving cenc cenc xpiry	1	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Dischar	ge	NIL	
No. of Days grant	ed Medical Leave NII		Degree of Inju		Slight	

Brief Details.

On 04/04/2019 at about 1735hrs, I was driving along Stevens Road heading to Lucky Plaza when the traffic was heavy and the taxi in front of me had stopped as such I able to stop slowly behind the taxi. In less than 10 seconds after I stopped I felt an impact from my rear vehicle. As such I asked my passenger who was seated at the rear left passenger seat if she is alright. As such she informed me that the back of her head is in pain. I then went out of the vehicle to make a check and discovered a Malaysian bus had hit on to my rear vehicle. causing it to dent inwards and my vehicle was unable to start.

As such I called for the police and the ambulance came and convey my passenger to the hospital.

I did not sustain any bruises however I felt pain on my back, my neck my jaw area. I will be seeing the doctor later on.





Police Station Of Origin: Kampong Java N.P.C 21 Kampong Java Road SINGAPORE 228892

Tel No: 1800-2959999

3 of 4 Report No. T/20190404/2172

CONTINUATION OF REPORT





Police Station Of Origin: Kampong Java N.P.C 21 Kampong Java Road SINGAPORE 228892

CONTINUATION OF REPORT

4 of 4 Report No. T/20190404/2172

Sketch Plan

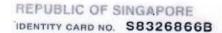
Tel No: 1800-2959999

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report, E / Sgt 2 NURASHIKIN BINTE MOHAMAD IDIL FAUZE	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 04/04/2019 20:12
Officer In Charge Of Case: TP / GIT / Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN Contact No.: 65476185	Classification Of Case:
Authentication Stamp	167

STGNA





Name

QUAH HAN LUO, JASON (KE HANLUO, JASON)



汉

Race CHINESE

30-08-1983

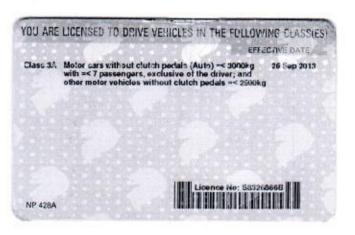
Country/Place of birth SINGAPORE

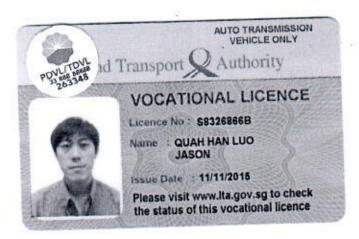


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This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type Description 02 TAXI VL Issue Date

11/11/2015



eBao Tech									(Seneral C	laim
Hello, NAC_PAYA_UBI_80	0601			The second second			· Change La	nguage	· Change Pa	assword	Log Out
My Desktop	Polic	cy Query									,
Notice of Loss	Policy N	lo.				Date of	Accident	04/0	4/2019 14:52	2	
	Vehicle	No.(For Motor)	SLX379	6Z		Certifica	ite Number				
					S	earch					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5106937496		RELIABLE RIDES PTE LTD	201611527N	GFT	drivo CLASSIC	SLX3796Z	356	26/03/2019)
				0.78750	Co	ntinue					

	7	Policy	Information
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Policy No.	5106937496	Policyholder Name	RELIABLE RIDES PTE LTD	Policyholder NRIC	201611527N
Certificate No.					
Address	8 KAKI BUKIT AVENUE 4 #05-50	PREMIER @ KA	KI BUKIT SINGAPORE 415875		
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	10/01/2019	Effective Date	10/01/2019 00:00	Expiry Date	31/12/2019 23:59
Third Party Excess	2500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	22677.65		
Outside Singapore OD Excess	4000	Outside Singapore TP Excess	4000		
Agent	TAN INSURANCE BROKERS PTE	Agent Tel.	NIL	GST Flag	Y
Co- insurance Flag	No				
Open Policy Info					
Certificate Info					
▼ Policyho	lder Mailing Address				
Address 1	8 KAKI BUKIT AVENUE 4	Address 2	#05-50 PREMIER @ KAKI BUKIT	Address 3	SINGAPORE 415875
Address 4		Address Type	Singapore address	Post Code	415875
Unit No.	05-50	Related Policy Number	5106937496		
> Insured	Object: SLX3796Z				
▽ Endorse	ary tarm.				

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	29/01/2019 00:00	Basic Information	000001286998667	Endorsement Take	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SLM104Z 30-01-2019 \$1,482.08 In view of this amendment, an additional premium of \$1,482.08 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if
	23/01/2013 00:00	Endorsement	00001280336007	Effective	you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.
	04/03/2019 00:00	Basic Information Endorsement	000001287018866	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 04 Mar 2019, the following amendment(s) is/are made to this policy for SLX4807U: SECTION II EXCESS: \$2,500.00
3	04/03/2019 00:00	Basic Information Endorsement	000001287018848	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is

Claim Handling(accident reporting Claim Task) Claim Handling icy has not been collected. Accident MT/1039001 Policy No. 5106937496 Vehicle No. SLX3796Z GST Registration No. Certificate No. Policyholder Name RELIABLE RIDES PTE LTD Policyholder NRIC 20161 Product Code FLEET INSURANCE Cover Type drive CLASSIC Loading 0 Contact No.(Mobile) 81669797 Contact No.(Office) Contact No.(Home) Email Address Special Remark eCode No * KEK « No. Yes TCA · No Yes eCode Reason NCD Protection NCD Entitlement(%) Private Hire Ves Accident Details Report Date 05/04/2019 16:01 Accident Report Within 24 hrs Accident Type Collisio Date of Accident 04/04/2019 Time of Accident hh:mm 17:35 Country of Accident Singap-Reporting Centre Orange Force ICM No. Accident Location STEVEN RD ▼ Excess Own damage Excess 2,000.00 Additional Excess 0 Windscreen Excess 100.00 Unnamed Driver Excess Outside Singapore OD Excess 4,000.00 Third Party Excess 2,500.00 Outside Singapore TP Excess 4,000.00 □ Benefits GST Registered Information **GST Registered GST Registration Date** GST Registration No. GST Status Verified Yes Modification History Address 1 8 KAKI BUKIT AVENUE 4 Address 2 #05-50 PREMIER @ KAKI BUKIT Address 3 SINGA Address 4 Address Type Singapore address Post Code 415875 Unit No. 05-50 Related Policy Number 5106937496 ♥ OI Driver Info Driver Name Unnamed Driver Driver Type Unnamed Driver Unnamed driver Name QUAH HAN LUO JASON (KE HAN Driver NRIC S8326866B Driver DOB 30/08/ Register Date of Driver License 26/09/2013 Driver Age Driving Experience Contact No.(Mobile) 97106724 Contact No.(Office) Contact No.(Home) Address 1 BLK 186A #11-830 Address 2 RIVERVALE DRIVE Address 3 SINGAL Address 4 Address Type Singapore address Post Code 541186 Unit No. 11-830 Does he own a Singapore Registered car? Yes . No Driver Vehicle No. Driver Insurer Company Declaration Breathalyser or Blood Test Reading? 0 mg Any injury? Yes No Modification History Claim 001 New Claim Type * OD-MX RELIABLE RIDES PTE LTD Contact No.(Mobile) Email Address 01 Vehicle Number SLX37962 Claim Description SLX3796Z / JRQ7858 ON 4 Apr 2019 Preferred Preference Not at Fault Workshop Bequire No. Yes Finalisation GIA Preferred Workshop, Name unknown eport Received Option Date Registered Claim 05/04/2019 16:07 Close Report Taken By LIEW SHAN HUI Print AK letter

Save Submit

Claim No.

https://giclaim.income.com.sg/gcs/icm/eclaim/registrationSave.do

Attachment

MT/1039001 Last Doc. Received Yes O No Upload Date 05/04/2019 16:09 Path * Category * Confidential Urgency * Choose File No file chosen Please Select Clear * NO Normal Choose File No file chosen Clear Please Select NO * Normal Choose File No file chosen Clear Please Select NO * Normal • Choose File No file chosen Clear Please Select v NO * Normal * Choose File No file chosen Clear. Please Select * NO ▼ Normal * Choose File No file chosen Clear Normal Please Select * NO Message Read Attachment List Attachment Uploaded By/Date Category Urgency Description NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Apr 2019 16:09 NRIC/ Driving License Normal NRIC/ Driving License 2019-4-5 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Apr 2019 16:09 NRIC/ Driving License Normal NRIC/ Driving License 2019-4-5 NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Apr 2019 16:09 SAS Normal SAS 2019-4-5 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Apr 2019 16:09 Photos Photos 2019-4-5 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Apr 2019 16:09 Photos Normal Photos 2019-4-5 NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) o Photos Normal Photos 2019-4-5 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Apr 2019 16:09 Normal Photos 2019-4-5 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Apr 2019 16:09 Photos Normal Photos 2019-4-5 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Apr 2019 16:09 Photos Normal Photos 2019-4-5 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Apr 2019 16:08 Photos Normal Photos 2019-4-5 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o Photos 05 Apr 2019 16:08 Normal Photos 2019-4-5 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o Photos Normal 05 Apr 2019 16:08 Photos 2019-4-5 NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Apr 2019 16:08 Normal Photos 2019-4-5 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Apr 2019 16:08 Photos Normal Photos 2019-4-5 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Apr 2019 16:08 Normal Photos 2019-4-5 Video List Uploaded By/Date Folder Date 9 File Name Source

Display in New Window Scan and uploading