NATIONAL ASSESSMENT			1 , 1, 1, 1, 1	1 1 1 20	
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Date In: 24/4/19 - 10:35	Jeb description		Date &Time Completed	Dei	ne by
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Veh No: 562 3362C	E-mail (within	a Shrs, AIC 2hrs)			
D.O.A: 24/4/19 - 06/57	i-Motor Cla	im Form	M7 104724-001	rlylts	13-41
OD ATP Reporting Only	i-Motor W/	O (Within: OD 2hrs			
- 0,	i-Photo Uple	oaded			100 100 00
TP Insurer:	Assessment/S	urvey Report			
	Ass't Report	by Fax / Hand to	Owner/Wksp		erani en
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: (MAGSINR .	INC()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
	Note-Est. Status (WO): N: 0-20	%; P: 21-79%. F: 80	-100%]	W-0.00
Year of Registration: ()					
Excess: (\$) Loading: \$					
General Remarks:	A				
Remarks: - (INC hotline: 6788 6616) 1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection	528 PO100 C02000019 PT TO THE JOSES REGISTRAL)	Date&Time Completed	y Stangay Lion	s py
3) Upload Resurvey Photo [Repair Cost>	()	\			
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4402970		Invoice Prepa	ration Checklist	Anit (S) fat Bill	Amt (
dimant's Particulars :-	20	1) AR : Accident Re			44001,2
iver/Owner:		2) DA : Damage As 3) TF : Towing Fee		0/\$45	and the little
		4) FT : Follow-Thro	ugh Survey	\$120	
ntact No:	<u> </u>		ugh Survey (Resurvey) ast INC Only (wef 10 Jan 200:	\$30	
maged Portion:		6) TR : Re-inspection	n	\$75	
	- 1	7) N1 : Idao DA + S 8) NTUC Additiona		\$160	
Checked by (Engr-In-Charge):		OD* *NS: Courtesy Ca	r/Tpt Allowance	\$5	
Water Mark Career and American Street and American	was sufficiently and	*N6: Repair Co-o	rdination	510	
ditors' Comments :-		*N7: Fost Repair *N8: DV / Collec	Inspection Excess Coordination	\$25	
1:		TP (N11) : TP (N	n INC) against INC	\$20	
2/3;		9) N12: Idea Mobile Invaice dated	Fee Charged	30	
77.790		Involce dated	Fee Charged	SECTION .	

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.
- Information provided must be as <u>truthful and accurate</u> 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.

aforesaid,	
	ACCIDENT STATEMENT
Date Of Report	24/04/2019 12:35
Date Of Accident	24/04/2019 06:55
Exact Location Of Accident	JUNC AYE (TUAS) & SOUTH BUONA VISTA RD
Country/State of Loss	SINGAPORE
Carried and a second second	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGV3062C
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	STREAM RSZ 1.8 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
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	5091673992-01

Cover Note Number

Driver

Name of Driver SHAIK AINMARAN BIN V SHAIK ALI

 NRIC No
 \$1490895A

 Date Of Birth
 06/07/1961

 Occupation
 OUTDOOR

 Date Of Driving Pass
 30/04/1985

Driving Experience 33 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93879561

Fax Number

Contact Number OFFICE-93879561

EMail Address NOEMAIL

BLK 491A TAMPINES AVENUE 9 Address

#02-416 520491

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

Postcode

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

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

2

Was any body injured in the Accident?

NO

YES

NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

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

2

Number of Passengers (Including Driver)

Passenger 1

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, AS I WANTED TO FILTER TO LANE 3, I TURN ON MY VEHICLE INDICATOR AND CHECK MY BLINDSPOT BEFORE I PROCEED. WHEN MY VEHICLE INCH OUT A LITTLE, I DID NOT NOTICED THAT VEHICLE B WAS TRAVELLING ALONG 3RD LANE. AS A RESULT, MY VEHICLE FRONT LEFT PORTION INTACT WITH VEHICLE B REAR RIGHT PORTION.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMA6512R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

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.
- 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.
- 5. 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:

- 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.
- 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:

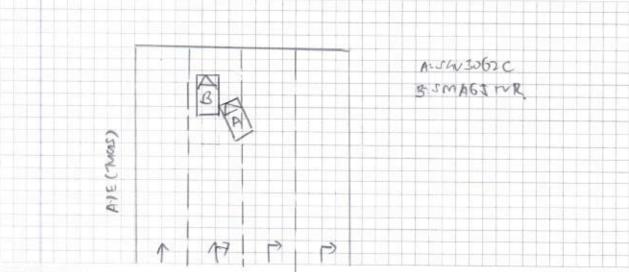
Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Per gnature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

200 0040	06.07		
Pefer to	statement.		

DECLARATIONS P

foregoing particulars are true in every respect. I/We declared

Policyholder's Signature Date & Time:

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

Reporting Centre Personnel Signature Name:

NRIC/FIN No .:

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S1490895A



SHAIK AINMARAN BIN V SHAJK ALI

Rece

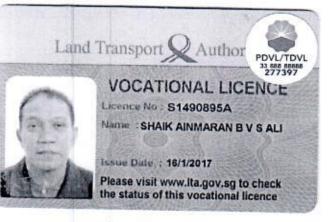
MALAY

06-07-1961

SINGAPORE









YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 2B Motorcycles =< 200 cc 11 Dec 1987
Class 2A Motorcycles between 201 cc and 400 cc 11 Dec 1987
Class 3 Motor Cars =< 3000 kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500 kg
*Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500 kg
*Motor vehicles which are not constructed to carry load and the unladen weight < 7250 kg

Type Description 02 TAXI VL

BUS VL BUS ATTENDANT

Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Issue Date

12/01/2001 09/05/2001 09/05/2001





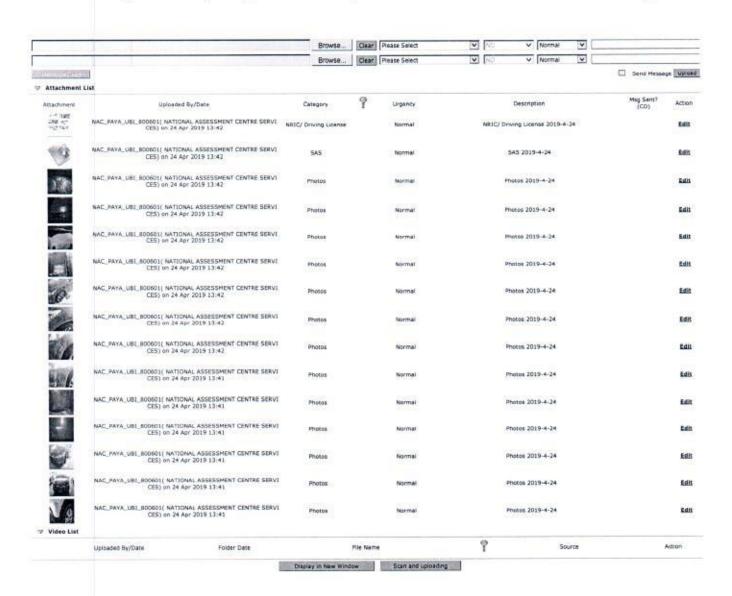
This card is not transferable and is the property of the Land Transport

NP 428A

eBao Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601					and the other lives	+ Chang	e Language	· Chan	ge Password	· Log Ou
My Desktop	Poli	cy Query									,
Notice of Loss	Policy N	No.				Date	of Accident		24/04/2019 (06:55	
	Vehicle	No.(For Motor)	SGV30	062C		Cert	ificate Number	- 1		The second	
						Search	ľ				
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRJC	Product	Cover Type	Vehicle No.	Insured	Commence Date	Expiry Date
	0	5091673992- 01		RELIABLE RIDES PTE LTD	201611527N	GPC	drivo CLASSIC	SGV30620	SGV3062C	11/06/2018	10/06/2019
						Continue					

	5091673992-01	Policyholder Name	RELIABLE	RIDES PTE LTD	Policyholder NRIC	201611527N	
Certificate No.					NRIC		
Address	8 KAKI BUKIT AVENUE 4 #05-5	PREMIER @	KAKI BUKI	SINGAPORE 41587	5		
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	01/06/2018	Effective Date	11/06/201	8 00:00	Expiry Date	10/06/2019 2	3:59
Excess Type		All Claims Excess					
Third	4	Own			165 4		
Party Excess	1500	damage Excess	1000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore		Outside					
OD Excess	3000	Singapore TP Excess	3000			Young	/Inexperience Driver Excess
Agent	TAN INSURANCE BROKERS PTE	Agent Tel.	NIL		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
- Policul	holder Mailing Address						
Policy			200			******	
wooden one	8 KAKI BUKIT AVENUE 4	Addre	ss 2	#05-50 PREMIER	@ KAKI BUKIT	Address 3	SINGAPORE 415875
Address 1	8 KAKI BUKIT AVENUE 4	1000000	ss 2 ss Type	#05-50 PREMIER Singapore addres		Post Code	SINGAPORE 415875 415875
Address 1 Address 4	8 KAKI BUKIT AVENUE 4	Addre	ss Type				
Address 1 Address 4 Unit No.		Addre Relate	ss Type	Singapore addres			
Address 1 Address 4 Unit No.	05-50 ed Object: SGV3062C	Addre Relate	ss Type	Singapore addres			

ficy No. rtificate No.					
rtificate No.	5091673992-01	Vehicle No.	SGV3062C	GST Registration No.	
cyholder Name	RELIABLE RIDES PTE LTD			Policyholder NR3C	201611527N
fuct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
tect No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
al Address		Special Remark		eCode	N. V
	® No ○ Yes	TCA	® No ○Yes	eCode Reason	**********
Protection	740	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details					
ort Date	24/04/2019 13:39	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
of Accident	24/04/2019	Time of Accident his:mm	06:55	Country of Academs	Singapore
orting Centre		Orange Force		ICM No.	ampapore
dent Location	JUNC AYE (TUAS) & SOUTH BUONA VISTA R	iD.		and total	
Excess					
damage Excess	1,000.00	Additional Excess	0	****	102022
amed Driver Excess		Outside Singapore OD Excess	1,000.00	Windscreen Excess	100.00
Party Excess	1,500.00				
Benefits	4,300,00	Outside Singapore TP Excess	3,000.00		
GST Registered Inform	ation				
Registered	No:		GST Registration Date		
Registration No.	UIM'S		GST Registration Date GST Status Venfied	Vas	
fication History	24/04/2019 13:40:47 Syste	m changed GST Status Venified from		Yes	
		and the second s			
Policyholder Mailing Ad	ddress				
ress 1	8 KAKI BUKIT AVENUE 4	Address 2	#05-50 PREMIER @ KAKI BUKIT	Address 3	SINGAPORE 415875
ress 4		Address Type	Singapore address	Post Code	415875
No.	05-50	Related Policy Number	5106937496	7.700 ACMS	7.699.0
OI Driver Info		0	01.0000000		
r Name	Unnamed Driver	Driver Type	Unnamed Driver		
med driver Name	SHAIK AINMARAN BIN V SHAIK	Driver NRIC	51490895A	Driver DOB	06/07/1041
ter Date of Driver License	30/04/1985	Driver Age	57	Driving Experience	06/07/1961 33
act No.(Mobile)	93879561	Contact No.(Office)	0	Contact No.(Home)	
ess 1	BLK 491A	Address 2	TAMPINES AVENUE 9	The state of the state of the state of	0
ess 4	and the second	Address Type		Address 3	SONGAPORE 520491
No.	02-416	neuross type	Singapore address	Post Code	520491
he own a Singapore		112501359 250A9501			
Stered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
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ibalyser or Blood Test	0 mg	7/12/07/20/09/2	200200		
ing?		Any injury?	O Yes ® No		
fication History					
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0.00	CO-MX	Insured Name	RELIABLE RIDES PTE LTD	Insured MRIC	201611527N
New New	CO-MX	Insured Name Contact No.(Home)	RELIABLE RIDES PTE LTD	Insured NRIC Contact No. (Office)	201611527N 66351020
Type • sct No. (Mobile)	CO-MX V		RELIABLE RIDES PTE LTD		
Type * act No. (Mobile) Address		Contact No.(Home)		Contact No. (Office)	66351820
Type * set No. (Mobile) Address ant Type Claimant Type *		Contact No.(Home) DI Vehicle Number	90V9062C	Contact No. (Office)	66351820
Type * act No. (Mobile) Address ant Type Claimant Type *	Please Select	Consact No. (Home) DI Vehicle Number Type of Benefit •	90V9062C	Contact No. (Office)	66351820
Type * act No. (Mobile) Address and Type Claimant Type * and Name *	Please Select	Consact No. (Home) DI Vehicle Number Type of Benefit •	90V9062C	Contact No. (Office) TP Vehicle Number	66351820
Type * ict No. (Mobile) Address ent Type Claimant Type * ant Name * ant Address Description	Please Select ≥≥	Consact No. (Home) DI Vehicle Number Type of Benefit •	SGV3062C Please Select	Contact No. (Office)	66351820
in Type * act No. (Mobile) Address ant Type Claimant Type * ant Name * ant Aggress Description red Woysshop Contact	Please Select ≥≥	Contact No. (Home) D1 Vehicle Number Type of Sereft. * Claimant NRIC * Insured Liability *	SGV30G2C Please Select V Fully at Fault	Corract No. (Office) TP Vehicle Number Name of Preferred Workshop	66351820 SMA6512R
Type * act No. (Mobile) Address ent Type Claimant Type * ant Name * ant Agéreso Description red Workshop Contact re Finalisation	Please Select ≥≥ SGV3062C / SMA6512R ON 24 Apr 2019	Contact No. (Home) D1 Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option	SGU30G2C Please Select V Fully at Fault	Corract No. (Office) TP Vehicle Number Name of Preferred Workshop GSA report	66351820 SMA6512R Received
Type * ict No. (Mobile) Address ant Type Claimant Type * ant Name * ant Agereso Description red Workshop Contact re Finalisation Registered	Please Select ≥≥ SGV3062C / SMA6512R ON 24 Apr 2019 Yes 24/04/2019 13:41	Contact No. (Home) D1 Vehicle Number Type of Sereft. * Claimant NRIC * Insured Liability *	SGV30G2C Please Select V Fully at Fault	Corract No. (Office) TP Vehicle Number Name of Preferred Workshop	66351820 SMA6512R
Type * ct No. (Mobile) Address ant Type Claimant Type * ant Name * ant Agéreso Description red Worshop Contact re Finalisation Registered t Taken By	Please Select ≥≥ SGV3062C / SMA6512R ON 24 Apr 2019 Yes	Contact No. (Home) D1 Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option	SGV30G2C Please Select V Fully at Fault	Corract No. (Office) TP Vehicle Number Name of Preferred Workshop GSA report	66351820 SMA6512R Received
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in Type * act No. (Mobile) I Address and Type Claimant Type * and Name * and Name * and Address I Description and Workshop Contact are Finalization Registered It Taken By and AK letter achment	Please Select ≥≥ SGV3062C / SMA6512R ON 24 Apr 2019 Yes 24/04/2019 13:41	Contact No. (Home) D1 Vehicle Number Type of Seneft * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Close Date	SQV3002C Please Select Pully at Fault Preferred Workshop, Name unknown	Corract No. (Office) TP Vehicle Number Name of Preferred Workshop GSA report	66351820 SMA6512R Received
aim 001 New	Please Select ≥≥ SGV3062C / SMA6512R ON 24 Apr 2019 Yes 24/04/2019 13:41 Jackson	Contact No. (Home) D1 Vehicle Number Type of Beneft. * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Close Date	SQU3002C Please Select Fully at Fault Preferred Workshop, Name unknown Save Submit	Corract No. (Office) TP Vehicle Number Name of Preferred Workshop GSA report	66351820 SMA6512R Received
irype * ict No, (Mobile) Address ent Type Claimant Type * ant Name * ant Agéreso Description rred Worsshop Contact re Finalisation Registered t Teken By rims AK letter achment	Please Select ≥≥ SGV3062C / SMA6512R ON 24 Apr 2019 Yes 24/04/2019 13:41 Jackson MT/1041524 Yes ○ No	Contact No. (Home) D1 Vehicle Number Type of Benefit * Claimant NRIC * Insured Liabity * Preferend Repair Option Claim Close Date	Squ3062C Please Select Fully at Fault Preferred Workshop, Name unknown Save Submit 001 24/04/2019 13:42	Corract No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received	66351820 SMA6512R Received 24/04/2019 00:00
Type * ct No. (Mobile) Address ent Type Claimant Type * ant Name * ant Agéreso Description red Worsshop Contact re Finalisation Registered t Teken By mot AK letter echment	Please Select	Contact No. (Home) D1 Vehicle Number Type of Seneft * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Close Date Claim No. Upload Date	Sava Submit Sava Submit O01 24/04/2019 13:42 Category *	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GSA report Date Received Confidential Urgen	66351820 SMA6512R
Type * ct No.(Mobile) Address ant Type Claimant Type * ant Name * ant Agéreso Description red Workshop Centact re Finalisation tegristered t Taken By int AK letter or No.	Please Select ≥≥ SGV3062C / SMA6512R ON 24 Apr 2019 Yes 24/04/2019 13:41 Jackson MT/1041524 Yes ○ No	Contact No. (Home) D1 Vehicle Number Type of Senett * Claimant NRIC * Insured Liabity * Preferered Repair Option Claim Close Date Claim No. Upload Date Browse	Squ3062C Please Select Fully at Fault Preferred Workshop, Name unknown 001 24/04/2019 13:42 Category *	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GSA report Date Received Confidential Urgen V 1: V Normal	66351820 SMA6512R Received 24/04/2019 00:00 cy * Description *
Type * act No. (Mobile) Address And Type Claimant Type * ant Name * ant Aggress Description Tred Workshop Contact ore Finalization Registered It Taken By Timit AK letter achment	Please Select ≥≥ SGV3062C / SMA6512R ON 24 Apr 2019 Yes 24/04/2019 13:41 Jackson MT/1041524 Yes ○ No	Contact No. (Home) D1 Vehicle Number Type of Seneft * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Close Date Claim No. Upload Date	Squ3062C Please Select Please Select Profile at Fault Profile at Fault Profile at Fault Profile at Fault O01 24/04/2019 13:42 Category * Clear Please Select	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GSA report Date Received Confidential Urgen	66351820 SMA6512R



24/4/2019