	itre Services wet James	MLIANGOTY168		
Date In: 26/4/4-16:20	Jeb description	Date & Time Complete	Done 'Done	by .
Rei'No: NA MC1522744 TM	SAS e-filing			
Veh No: GLUZZELY	E-mail (within Shrs, AIC 2hr	rs)		
D.O.A : 26/4/19-17:10	i-Motor Claim Form	M711041888-001	26/4/19 1	7:07
OD P Reporting Only	i-Motor W/O (Within: Of		1 1111	1 7
OD : 17) Reporting Only	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Repo	rt		
Tr msurer.	Ass't Report by Fax / Ha	nd to Owner/Wksp	1	
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: Shi	C48069 . IN	C()/Non-INC()		Min Liter
Owner / Driver: (Tel:)	100000
Policy No: (Period: () Cover Type: ()	
Confirmed by : (Date:	Time:)	V
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N:	0-20%; P: 21-79%. P: \$0	-100%]	-1
Year of Registration: ()	Warranty: YES ()/NO ()		
Excess: (\$) Loading: \$1	1,000 ()/\$2,000 ()			Monte and the
General Remarks;-		1.21.76.25.33	Silver Section	
() Walk-In Customer: Customer's in	formation strictly Confidential 8	Strictly NO refer of repaire	r	
() Total Loss Case : to e-mail Inst		-		
		m		
2770 III ()7 70 Wed-III (); III VO	ice: YES() / NO()	; Towing Co: ()
Remarks: (INC hotline: 6788 6616)		Date&Time Completed	Done	bу
1) Apply for Transport Allowance ()	16 1 6 ()		10.00.10	
1	Courtesy Car ()		B	
	()		-	
2) QC Check / Post Repair Inspection	()			
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost >	()			
2) QC Check / Post Repair Inspection	()			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	()			
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions	() \$3000] () Invoice I		And (S)	reserved and all
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions	1	dent Reporting (\$30); age Assessment (\$100); INC (age Fee S w-Through Survey w-Through Survey (Resurvey) age age inst INC Only (wef 10 Jan 20) spection DA + SMRT Survey ditional Services: lesy Car / Tpl Allowance ir Co-ordination Repair Inspection Collect Excess Coordination TP (Non INC) against INC Mobile	\$50) \$120 \$30 \$25) \$75 \$160 \$5 \$10 \$25 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$30	Amu (1)

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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.
- 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.
- 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.

一场这个人的时候上生活的风景。	ACCIDENT STATEMENT	AUDIBAT ST
Date Of Report	26/04/2019 16:32	
Date Of Accident	26/04/2019 15:10	
Exact Location Of Accident	JUNC BENCOOLEN ST & FORT CANNING RD	
Country/State of Loss	SINGAPORE	
THE COURSE STANSON OF STREET OF STANSON	DETAILS OF OWN VEHICLE	NO COMPANY
Vehicle Registration Number	SLU2261Y	
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	THE RESERVE
Model	SHUTTLE HYBRID 1.5 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	5096233738-01	
Cover Note Number		
Driver		
Name of Driver	LIM GOON HUAT (LIN YINFA)	
NRIC No	S7309768A	
Date Of Birth	24/03/1973	
Occupation	OUTDOOR	
Date Of Driving Pass	04/07/2002	
Oriving Experience	16 YEARS AND 9 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-93623361	
Fax Number		
One-level No.	2012-12010-12010-10010-10010-10010-10010-10010-10010-10010-10010-10010-10010-10010-10010-10010-10010-10010-100	

OFFICE-93623361

NOEMAIL

BLK 801B KEAT HONG CLOSE Address

#10-31

Postcode 682801

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 COLLISION - CHANGE/CROSS LANE

Weather Conditions RAINING 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?

Was any other material or property damaged? YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: 3 7

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?

If Yes, against whom?

NO

2

Circumstances of Accident

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. SUDDENLY VEHICLE B CUT ONTO MY LANE FROM 1ST LANE. AS A RESULT, VEHICLE B HIT ONTO MY VEHICLE RIGHT 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 SGK4896P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR Name of Driver ZENG YONGCHUN NRIC/Passport Number S7566678J

Contact Number

Address Postcode Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

2

NAME:

GENDER:

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material
 facts may allow insurance companies to repudiate policy liability.
- 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.
- 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.

RELIADOR ROLLING

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.:

	Fort (anning Rd	Oschaed Rd	A. SLU22614 B. SLIX 489 69
	AR	Oschaed Rd	A. SLU22614 B. SLIX 489 69
*	AR	Oschaed Rd	A. SLUDZ614 B. SLIK 489 61
	AIS		
Swicsulm F	↑		
SCRIBE CIRCUMSTANCES O			
Relar to Hatem	m.		
LARATION RELIA			
declare the foregoing particula	rs are true in every respect.		
yholder's Signature & Time:	Driver's Signature (If driver is not the policyholo	Reporting Cen	itre Person lel's Signature

BrakiMC Stotch Hankarm 30







Class 3

Motor cars and Motor Tractors the weight unladen does not exceed 2500 kg Heavy Motor Cars and Motor Tractors the weight unladen exceeds 2500 kg Motor Vehicles not constructed to carry any load and the weight unladen exceeds 7250 kg Class 5

04 Jul 2002

14 Aug 2003

09 Mar 2004

S7309768A

Class 4

S / No. 9000025274

NF 428A





eBaoTech									Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601		THE REAL PROPERTY.	CONTRACTOR OF THE PARTY OF THE) Change	Language	+ Chang	ge Password	AND STREET, SEALCHES
My Desktop	Policy Query									
Notice of Loss	Policy No.				Date	of Accident	2	6/04/2019 1	15:10	
	Vehicle No.(For Motor)	SLU22	51Y		Certif	cate Number				
				1	Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5096233738- 01		RELIABLE RIDES PTE LTD	201611527N	GPC	drivo CLASSIC	SLU2261Y	SLU2261Y	27/11/2018	26/11/2019
				1	Continue					

Policy No.	5096233738-01	Policyholder	RELIABLE	RIDES PTE LTD	Policyholder	201611527N	
Certificate No.	- two-edit 200 5.ts	Name		MARS FIELD	NRIC	20101132/N	
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	29/10/2018	Effective Date	27/11/201	8 00:00	Expiry Date	26/11/2019 23:	59
Excess Type		All Claims Excess					
Third		Own					
Party Excess	1500	damage Excess	1000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	3000	Outside Singapore TP Excess	3000			Young/I	nexperience Driver Excess
Agent	TAN INSURANCE BROKERS PTE	Agent Tel.	NIL		GST Flag	Υ	
Co- Insurance Flag	No						
Open Policy							
Info							
Info Certificate							
info Certificate Info	nolder Mailing Address						
Info Certificate Info Policy	nolder Mailing Address 8 KAKI BUKIT AVENUE 4	Addre	ss 2	#05-50 PREMIER	@ KAKI BUKIT	Address 3	SINGAPORE 415875
Info Certificate Info Policyl Address 1	N. DANIBOZO CHINARA SCISTIFICAZIANI SI PROPERTO PER		ss 2 ss Type	#05-50 PREMIER Singapore addres		Address 3	SINGAPORE 415875 415875
Info Certificate Info Policyh Address 1 Address 4	N. DANIBOZO CHINARA SCISTIFICAZIANI SI PROPERTO PER	Addre	ss Type			CONTROL AND	No. of Contract of
Info Certificate Info Policy Address 1 Address 4 Unit No.	8 KAKI BUKIT AVENUE 4	Addre Relate	ss Type	Singapore addres		CONTROL AND	No. of Contract of
Info Certificate Info Policy Address 1 Address 4 Unit No.	8 KAKI BUKIT AVENUE 4 05-50 d Object: SLU2261Y	Addre Relate	ss Type	Singapore addres		CONTROL AND	No. of Contract of

ocident MT/1041889					
sticy No.	5096233738-01	Vehicle No.	SLU2261Y	GST Registration No.	
ortificate No.					
kcyholder Name	RELIABLE RIDES OTE LTD			Policyholder NR3C	201611527N
duct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
tact No.(Mobile)	0	Contact No. (Office)	0	Contact No. (Home)	0
el Address		Special Remark		eCode	Tig. 👽
	® No O Yes	TCA	No ○Yes	eCode Reason	1000
Protection	No	NCD Entitlement(%)	•	Private Hire	0400
Accident Details				Private rate	Yes
ort Date	26/04/2019 17:05	Accident Report Within 24 hrs	Yes	/0501210 FEW RO	
of Accident	26/04/2019			Accident Type	Collision - Change / Cross lane
orting Centre		Time of Accident Nicmm Orange Force	15:10	Country of Acodent	Singapore
tent Location	JUNC BENCOOLEN ST & FORT CANNING BE	Jacob Parketon		TCM No.	
Excess	The second are port carrying to				
damage Excess	1,000.00	Additional Excess	26		
med Driver Excess	1,000.00		0	Windschien Excess	100.00
Party Excess	1 500 00	Outside Singapore OD Excess	3,000.00		
Benefits	1,500.00	Outside Singapore TP Excess	3,000.00		
	- AND COLOR				
GST Registered Inform Registered					
Registration No.	No:		GST Registration Date		
fication History	363543555 47-04-32 C	am changed GST Status Verified fro	GST Status Verified	Yes	
TOTAL CONTRACTOR	20/24/2019 17:00:32 3480	am changed GST Status Verified fro	m No to Yes		
Policyholder Mailing Ad	fdress				
ess 1	8 KAKI BUKIT AVENUE 4	Address 2	#05-50 PREMIER ® KAKI BUKIT	023207074	12.00
ess 4	25-113-15-15-15-15-15-15-15-15-15-15-15-15-15-	Address Type		Address 3	SINGAPORE 415875
No.	05-50	Related Policy Number	Singapore address	Post Code	415875
OI Driver Info		related Pelicy Number	5106937496		
r Name	Unnamed Driver	Driver Type	ACCOUNT OF		
imed driver Name	LIM GOON HUAT (LIN YINFA)	Driver NRIC	Unnamed Driver 57309768A	4.000440	
ter Date of Driver License		Driver Age	46	Driver DOB	24/03/1973
act No.(Mobile)	93623361	Contact No.(Office)	0	Driving Experience	16
ess 1	BLK 8018			Contact No.(Home)	0
usa 4	53NGAPORE 682801	Address 2	KEAT HONG CLOSE	Address 3	KEAT HOWG CREST
No.		Address Type	Singapore address	Post Code	682801
s he own a Singapore	10-31				
istered car?	○ Yes No	Driver Vehicle No.		Driver Insurer Company	
eration Chalyser or Blood Text					
fing?	0 mg	Any injury?	○ Yes ® No		
fication History					
aim 001 New					
aim 001 New					
Type *	OD-MX	Insured Name	RELIABLE RIDES PTE LTD	Insured NR3C	201611527N
act No.(Mobile)		Contact No.(Home)	THE COURSE PROPERTY OF	Contact No.(Office)	66351820
Address		Of Vehicle Number	SLU2261Y	TP Vehicle Number	SGK4896P
ant Type Claimant Type •	Please Select	Type of Benefit *	Please Select	CONTROL OF THE PARTY.	
ent Name *	22	Claimant NRIC +			
ent Address					
Description	SLU2261Y / SGK4895P ON 26 Apr 2019			Nome of Destroy & Western	
red Workshop Contact		Insured Liability *	France Co.	Name of Preferred Workshop	
re Finalisation	Yes V		Not at Fault		
Registered	26/04/2019 17:07	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
t Taken By	26/04/2019 17:07 26/son	Claim Gose Date		Date Received	25/04/2019 00:00
	PROF. 1				
nt Alk letter					
			Save Subme		
chment					
ent No.:	MT/1041889	Claim No.	001		
oc. Received	Yes No	Upload Date	20/04/2019 17:08		
	Path +	5500.5520			
	raut -	-	Category •	Confidential Urgene	
		Browse	I mention processors	Normal V Normal	V
		Browse	Clear Please Select	Normal V	<u> </u>
		Browse.,	Gear Please Select	NO V Normal	

