				e per cr	1 77
NATIONAL Assessm	ent Centre Services	wet I Jamos M	14A119059435		Tan A.
Date In: 8/0/14-14:05	Jeb descrip		Date &Time C	ompleted	Done by
Ref No: 44 146 [6208191]2	SAS e-fil	ing	1		
Veh No: 567 8777		ithia 8hrs, AIC 2hrs)	T		
D.O.A: 3/1/4-21:0		Claim Form	MITONZE	-221	ठिमाव विशय
A CANCELLE AND A CANC	i-Motor	W/O (Within: OD 2hr	THE RESERVE THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.	-001	14:14
OD : TP : Reporting Only	i-Photo U		1		
229		Assessment/Survey Report			
TP Insurer:					
Preferred Wksp / INC Assign Wk	Married Marrid Married Married Married Married Married Married Married Married	rt by Fax / Hand			
			Tel:		Fax:
Owner / Driver: (eh No: 5x3280	. INC(•	().	9.9
Policy No: () Period: (Tel:)
Confirmed by: () Period: ()	Cover Type: ()
Insured/Driver Liability: (A() DI . T . 0	Date:	Time:)
Year of Registration: (%) [Note-Est. Statu		0%; P: 21-79%.	F: 30-1	100%]
) Warranty: YES)		
	pading: \$1,000 ()/\$2,0	Market Committee of the	1		
General Remarks				5.678	1.00
Remarks: (INC hodine: 6	788 6616)		Date&Time Con	inter salah	Done by
1) Apply for Transport Allowand	Control 100 Contro)	DACCE TILLE CON	thre: on	DORE DY
2) QC Check / Post Repair Inspe		1	 		
3) Upload Resurvey Photo [Repa	The state of the s	1			2-1-1
Injury:	a mercing				
Date/Time Actions		12.00	en e		STATION IN
	W. Commission of the Commissio				
141				W727955	Anit (S) Ami
NA 1903534		200000000000000000000000000000000000000	aration Checkli	st	In Bill Add
aimant's Particulars :-	SCHOOL SERVICE	1) AR : Accident I 2) DA : Damage A		INC (\$80	n
iver/Owner:	3) TF : Towing Fe	•	\$40/	\$45	
ntact No:		4) FT : Follow-The 5) FT : Follow-The	rough Survey rough Survey (Resurve		120 \$30
maged Portion:		6) TR: Re-inspecti	ainst INC Only (wef l		\$75
maged Fordon;		7) N1 : Idac DA +	SMRT Survey		160
Charlest L. m. T. T.		8) NTUC Addition	al Services		
Checked by (Engr-In-Charge	2):		Car / Tpt Allowance		\$5
10735 S 1945 S 2016 S 1955 S 2016 S 1955 S 2016 S 2		• N6: Repair Co-	ordination		510
ditors! Comments :-		*N7: Post Repair *N8: DV / Colle	r Inspection et Excess Coordination		\$25
1:	*	TP (N11): TP () 9) N12: Idac Mobil	Non INC) against INC	5	30
2/3;		Invoice dated		Charged	121210
		Invoice 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 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.

20.450.002	ACCIDENT STATEMENT
Date Of Report	
Date Of Accident	08/05/2019 12:05
Exact Location Of Accident	03/05/2019 21:00
Country/State of Loss	COMPASSVALE ONE EXITING TWDS SENGKANG SQUARE
	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLT8775Y
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	VEZEL HYBRID 1.5X 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	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	5095806175-01
Cover Note Number	
Driver	
Name of Driver	GOH WEI LEONG, RANDY
NRIC No	S8942633B
Date Of Birth	28/11/1989
Occupation	OUTDOOR
Date Of Driving Pass	26/11/2008
Driving Experience	10 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94870608
Fax Number	and the second s
Contact Number	OFFICE-94870608
EMail Address	NOEMAIL

Address

BLK 268B PUNGGOL FIELD

#09-151

Postcode

822268

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 - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

2

involved in the accident

(J. 5)

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) 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, WHILE I MAKE A RIGHT TURN EXIT FROM THE TAXI STAND, I CHECK ONCOMING VEHICLES ALONG THE MAIN RD. I THOUGHT THAT VEHICLE B WAS MOVED OUT. I INCH MY VEHICLE A LITTLE FORWARD. I DID NOT REALIZE THAT VEHICLE B WAS IN STATIONARY. AS A RESULT, MY VEHICLE FRONT RIGHT PORTION SLIGHTLY TOUCH VEHICLE B REAR 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

EX328U

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)
Passenger 1

2

NAME:

GENDER: :

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.
- 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 Signatur

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

	A: SLT87954.
	A: SLT87954. B: EX328U
ALDO AND	
Swell was	
9	

	d Mindre de Meser Meser		
Reder to stylement	•		
	/		

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

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

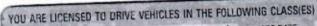
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:





NP 428A

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8942633B





GOH WEI LEONG, RANDY







CHINESE

28-11-1989

SINGAPORE



5994017





18-07-2018

APT BLK 268B PUNGGOL FIELD #09-151 SINGAPORE 822268

ry				• Change	Language	• Chang	ge Password	Log Out
		-						
fotor) SLT87	SLT8775Y		Certificate Number		/05/2019 21:00			
Number Number	Name RELIABLE	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date 14/11/2019
		Number Name	Number Name NRIC RELIABLE RIDES PTE 201611527N LTD	Number Name NRIC Product RELIABLE RIDES PTE 201611527N GPC	No. Certificate Number Name Policyholder NRIC Product Cover Type RELIABLE RIDES PTE 201611527N GPC CLASSIC	No. Certificate Number Name Policyholder NRIC Product Cover Type Vehicle No. RELIABLE RIDES PTE 201611527N GPC CLASSIC SLT8775Y	No. Certificate Number Name Policyholder NRIC Product Cover Type Vehicle Insured No. Object RELIABLE RIDES PTE 201611527N GPC drivo CLASSIC SLT8775Y SLT8775Y	No. Certificate Number Name Policyholder NRIC Product Cover Type Vehicle Insured Commence No. Object Date 175- RELIABLE RIDES PTE 201611527N GPC CLASSIC SLT8775Y SLT8775Y 15/11/2018

O Poli	icy Information							
Policy No.	5095806175-01	Policyholder Name	RELIABLE RIDE	S PTE LTD	Policyholder NRIC	201611527N		
Certificate No.								
Address	8 KAKI BUKIT AVENUE 4 #05-50	PREMIER @	KAKI BUKIT SING	GAPORE 415875	5			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N		
Policy issue Date	29/10/2018	Effective Date	15/11/2018 00:	00	Expiry Date	14/11/2019 23:5	9	
Excess Type		All Claims Excess						
Third	Name of the last o	Own			Windscreen			
Party Excess	1500	damage Excess	1000		Excess	100		
Additional Excess	0	OS Premium	0					
Outside Singapore	3000	Outside						
OD Excess	3000	Singapore TP Excess	3000			Young/In	experience Driver Exc	ess
Agent	TAN INSURANCE BROKERS PTE	Agent Tel.	NIL		GST Flag	Y		
Co- insurance Flag	No							
Open Policy Info								
Certificate Info								
Policyl	holder Mailing Address							
Address 1	8 KAKI BUKIT AVENUE 4	Addre	ess 2 #0	5-50 PREMIER	MAKI BUKIT	Address 3	SINGAPORE 415875	
Address 4		Addre	ess Type Sin	gapore address	ĝ j	Post Code	415875	
Unit No.	05-50	Relate	ed Policy per 510	06937496				
D Insure	d Object: SLT8775Y							
♥ Endors	sements							
Sequer	nce Date of Endorsemen	it	Endorsement Typ	oe .	Endorsement	Status	Endorsement Con	tent
			Contin	ue Cancel				

Claim Handling					91
Accident MT/1043567					
Policy No.	5095806175-01	Vehicle No.	SLT877SY	GST Registration No.	
Certificate No.					
Policyholder Name	RELIABLE RIDES PTE LTD			Policyholder NR3C	201611527N
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	0	Contact No. (Home)	0
Email Address		Special Remark		eCode	to v
KPK	® No ○ Yes	TCA	® No ⊜Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0		. Marc
		mod chebonesic sey		Private Hire	Yes
Report Date	***************************************	AUGUSTAN AUGUST TAC SECURATIONS			
report Date	08/05/2019 17:10	Accident Report Within 24 hrs	Ves	Accident Type	Collision - Head to Rear
ate of Accident	03/02/5018	Time of Accident hh:mm	21:00	Country of Accident	Singapore
leporting Cerere		Orange Force		ICM No.	
Accident Location	COMPASSIVALE ONE EXITING TWDS SENG	KANG SQUARE			
© Excess					
Own damage Excess	1,000.00	Additional Excess	0	Windscreen Excess	100.00
Innamed Driver Excess		Outside Singapore OD Excess	3,000.00		
hird Party Excess	1,500.00	Outside Singapore TP Excess	3,000.00		
♥ Benefits					
⊕ GST Registered Informa	stion				
ST Registered	710		GST Registration Date		
ST Registration No.			GST Status Verified	Yes	
Modification History					
☑ Policyholder Mailing Ad	dress				
Address I	5 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	(\$5000 COOK)	723072
♥ OI Driver Info		W == 1			
Criver Name	Unnamed Driver	Driver Type	Unnamed Driver		
innamed driver Name	GOH WEI LEONG, RANDY	Driver NRIC	589426338	Driver DOB	26/11/1989
register Date of Driver License	26/11/2008	Driver Age	29	Driving Experience	10
Contact No.(Mobile)	94870608	Contact No.(Office)	0	Contact No.(Home)	0
iddress 1	BLK 2688	Address 2	PUNGGOL FIELD	Address 3	PUNGGOL SAPPHIRE
Address 4	SINGAPORE 822268	Address Type	Singapore address	Post Code	
int No.	09-151	1100	Judebare entress	POSI CODE	822268
oss he own a Singapore		200004064000000			
Registered car?	Yes ® No	Driver Vehicle No.		Driver Insurer Company	
MARKET TO SERVICE STREET					
eclaration Treathalyser or Blood Test	Michiga	veliminuo 190			
leading?	0 mg	Any injury?	○ Yes ® No		
fedification History					
1					
Claim 001 New					
laim Type *	00-MX	Insured Name	RELIABLE RIDES PTE LTD	Insured NRIC	201611527N
ontact No. (Mobile)		Contact No.(Home)		Contact No. (Office)	66351820
mail Address		OI Vehicle Number	SLT877SY	TP Vehicle Number	EX328U
laimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select	in versue aurice	EX3200
Jaimant Name *		Claimant NRIC •			
Jaimant Address	22	Lieument NKIL *		-	
Daim Description referred Workshop Contact	SLT8775Y / EX328U ON 3 May 2019			Name of Preferred Workshop	
o.		Insured Liability *	Fully at Fault		
equire Finalisation	Yes 🔻	Preferend Repair Option	Preferred Workshop, Name unknown	G1A report	Received
ate Registered	08/06/2019 17:12	Claim Close Date		Date Received	08/05/2019 00:00
eport Taken By	Jackson				
Print AK letter					
			Save Submit		
Attachment					
coldent No.	MT/1043567	Claim No.	001		
ast Doc. Received	● Yes ○ No	Upload Date	08/05/2019 17:13		
	Path *		Category *	Confidential Urgeni	Ty * Description *
	1,000	Browse	Landana processor	V No V Normal	bescription •
					1000
		Browse.		NO V Normal	
		Browse.	Clear Please Select	NO Y Normal	9

