NATIONAL Assessment Centre	Services.	[NET 1 Jan 03] .	MWA 11907 6	•36.
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IP Particulars: Veh No: U	Inknown.	. INC()/Non-INC()	
Owner / Driver: (+		Tel:)
Policy No: () Perio	od: ()	Cover Type: ()
Confirmed by: (Date:	Time:)
Insured/Driver Liability: (%) [No	te-Est. Status	(WO): N: 0-209	4; P: 21-7984. P: 8	0-100%]
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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.
- 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.

was for the bulleton of the bulleton of the	ACCIDENT STATEMENT
Date Of Report	11/06/2019 14:13
Date Of Accident	11/06/2019 12:40
Exact Location Of Accident	BRIGHT HILL DR JUNC WITH SIN MING AVE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLU3452G
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	
Manufacturer	HONDA
Model	SHUTTLE HYBRID 1.5 AUTO
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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	5096225941-01
Cover Note Number	
Driver	
Name of Driver	LING AI CHUEN
NRIC No	S1795211J
Date Of Birth	10/10/1967
Occupation	OUTDOOR
Date Of Driving Pass	10/10/1985
Driving Experience	33 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97373941
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address BLK 104 ALJUNIED CRES #10-249

Postcode 380104

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 DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2 NO

Was any body injured in the Accident?

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 1

Number of Passengers (Including Driver)

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

I STOP AT THE TRAFFIC JUNC OF BRIGHT HILL DR & SIN MING AVE, WHEN THE LIGHT TURN GREEN, I ENGAGED WRONG GEAR, AS THE RESULT, MY VEH REVERSING HIT ONTO VEH B WHICH WAS BEHIND OF ME.

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 UNKNOWN Vehicle Make/Model/Colour AUDI

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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 <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:
 - (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.

Co Reg No PI

RID

Policyholder's Signature Date & Time:

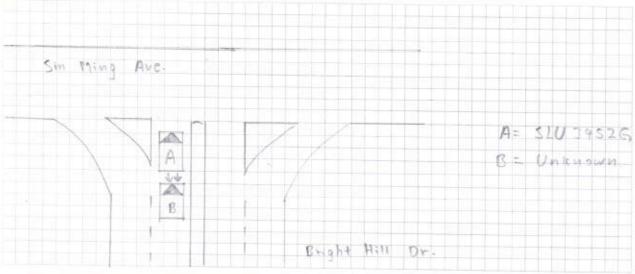
Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please	Refer to	Statem en t	

DECLARATION

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

Co. Reg. No. 201611527N

Policyholder's Signature Date & Time:

Driver's Signature

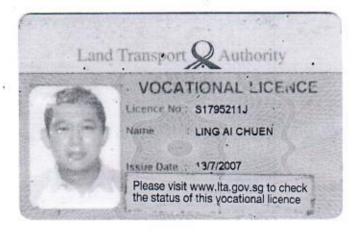
(If driver is not the policyholder)

Date & Time:

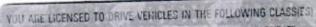
Reporting Centre Personnel's Signature Name:

Name: NRIC/FIN No.:









PASS DATE 22 far 1939

22 Mar 1989

16 Oct 1986

Class 2E

Motorcycles not exceeding 200 cc
Motor Cars and Motor Treaturs the weight of
which unladen does not exceed 2500 kilograms
Heavy Motor Cars and Motor Treaturs the
weight of which unladen exceeds 2500 kilograms

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

03

BUS VL TAXI VL BUS ATTENDANT 02

Issue Date

13/07/2007 05/08/1999 13/07/2007

KK/NAC Use Only

NP-428A

Class 3

5190682



09-07-2013

APT BLK 104 ALJUNIED CRESCENT #10-249 SINGAPORE 380104



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5096225941-01

.....

Cover : drivo CLASSIC

Index mark and Registration Number of Vehicle

SLU3452G

Chassis Number

: GP71121093

2. Name of Policyholder

: RELIABLE RIDES PTE LTD

Effective Date of Insurance

: 29 Nov 2018

4. Expiry Date of Insurance

: 28 Nov 2019

Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing.

(b) Use for the carriage of goods (other than samples) in connection with any trade or business.

(c) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation)
Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1) EXCESS (SECTION 2) WINDSCREEN EXCESS ADDITIONAL EXCESS UNNAMED DRIVER EXCESS : PLEASE REFER OVERLE REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COE : YES NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : NO PRIMARY DRIVER : N/A NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY : DICKSON CAPITAL PTE LTD SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency

: TAN INSURANCE BROKERS PTE LTD (00000690287)

Date of Issue

: 29 Oct 2018 14:02 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Claim Handling			20 1000	10.00			
Accident MT/1048572							
Policy No.	5096225941-01	Vehicle No.	SLU3452G		GST 94	Ointration No.	
Certificate No.			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		031 KB	gistration No.	
Policyholder Name	RELIABLE RIDES PTE LTD				Policyho	Nder NRIC	701
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC		Loading		201
Contact No.(Mobile)	81669797	Contact No.(Office)				No.(Home)	
Email Address		Special Remark			eCode		No
KFK	- No Yes	TCA	w No Yes		eCode R	rason	140
NCD Protection Accident Details	No	NCD Entitlement(%)	0		Private		Yes
Report Date	11/06/2019 15:52	Accident Report Within 24 hrs	Yes		4.10	_	
Date of Accident	11/06/2019	Time of Accident hh:mm	12:40		Accident		Othe
Reporting Centre		Orange Force	12.40			of Accident	Sing
Accident Location	BRIGHT HILL DR JUNC WITH SIN MING AVE				ICM No.		
▼ Excess							
Own damage Excess	1,000.00	Additional Excess	0		Windson	een Excess	100
Unnamed Driver Excess		Outside Singapore OD Excess		3,000.00	WINDSCI	een excess	100.
Third Party Excess	1,500,00	Outside Singapore TP Excess		3,000.00			
→ Benefits							
	stion						
GST Registered	No		GST Regi	stration Date			
GST Registration No.			GST Stat	us Verified		Yes	
Modification History	11/06/2019 15:53:51 System	changed GST Status Venified from No	to Yes				
→ Policyholder Mailing Add	dress						
Address 1	8 KAKI BUKIT AVENUE 4	Address 2	#05-50 PREMIER	© KAKI BUKIT	Address	3	SING
Address 4		Address Type	Singapore address	CONTRACTOR	Post Cod		4158
Unit No.	05-50	Related Policy Number	5106937496				4130
♥ OI Driver Info Driver Name	200000 DVI SEVE DVI	Western and					
Unnamed driver Name	Unnamed Driver	Driver Type	Unnamed Driver				
Register Date of Driver License	LING A] CHUEN	Driver NRIC	\$17952113		Driver Do	06	10/10
Contact No.(Mobile)	10/10/1985	Driver Age	51		Driving E	xperience	33
Address 1	97373941	Contact No.(Office)			Contact N	Vo.(Home)	
Address 4	BLK 104 #10-249	Address 2	ALJUNIED CRESCE	NT	Address :	3	SING
Unit No.	22.12	Address Type	Singapore address		Post Code		38010
Does he own a Singapore	10-249						
Registered car?	Yes a No	Driver Vehicle No.			Driver Inc	surer Company	
Declaration							
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes w No				
Modification History Claim 001 New							
Claim Type •							
99910000				OD-MX	Insured Name	RELIABLE RIDES PT	TE LTD
Contact No.(Mobile)					Contact	_	
2) 18999					No. (Home)		
Email Address					OI Vehicle	SLU3452G	
Claim Description				A	Number		
A Annual S				SLU3452G / UNKNOWN	ON 11 Jun 2019		
Preferred Workshop 0	Preference Liability Fully at Fault	Y					
Workshop 0 Benuke No. Yes Finalisation Yes	▼ Repair Preferred Workshop, Name		*				
Date Registered	Option	report		11/06/2019 15:54	Claim		
Report Taken By				[17/00/2019 15:34	Date		
ATTORNOON STATE OF THE STATE OF				LIEW SHAN HUT			
✓ Print AK letter							
			Save Submit				
Attachment							

Claim No.

MT/1048572

Last Doc. Received

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60	NAC_PAYA_UBI_800601	(NATIONAL ASSESSMENT CENTRE SERVICES) o 11 Jun 2019 15:55	SAS	Nor	mal	SAS 2019-6-11
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Attachment		Uploaded By/Date	Category	P Urg	ency	Description

Display in New Window Scan and uploading