

MMA 119077014

Invoice dated: 10/01/2010

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 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. 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.

ACCIDENT STATEMENT

Date Of Report	13/06/2019 11:23
Date Of Accident	13/06/2019 09:40
Exact Location Of Accident	RAFFLES BLVD NEAR MARINA SQUARE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKM4987C
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	TOYOTA
Model	WISH
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	YUSOFF BIN TAIB
NRIC No	S1664335A
Date Of Birth	16/05/1964
Occupation	OUTDOOR
Date Of Driving Pass	27/06/1984
Driving Experience	34 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97888014
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 746 JURONG WEST ST 73 #03-111
Postcode	640746
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	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
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN 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

I WAS TRAVELLING ALONG RAFFLES BLVD ON THE EXTREME RIGHT LANE, WHILE APPROACHING MARINA SQUARE CARPARK ENTRANCE, SUDDENLY VEH B FROM THE THIRD LANE CUT ACROSS THE DOUBLE WHITE LINE AND TURN INTO THE CARPARK. AS THE RESULT, VEH B HIT ONTO MY VEH FRONT PORTION.

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	SGZ7940X
Vehicle Make/Model/Colour	
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)

DETAILS OF INJURED PERSON 1

Name

YUSOFF BIN TAIB

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SKM4987C

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN

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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:

- (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:
 - (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.
- (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.

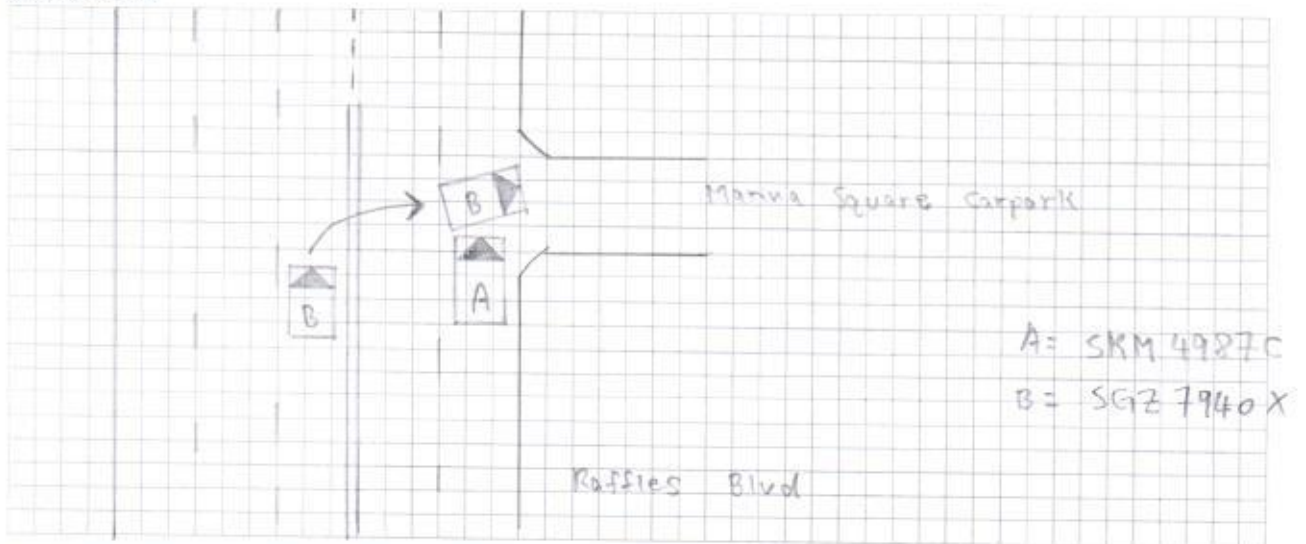


Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Statement

DECLARATION

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.:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1664335A




Name
YUSOFF BIN TAIB
يوسف بن تاييب
Race
JAVANESE
Date of Birth
16-05-1964 Sex
M
Country of Birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S1664335A**
Name
YUSOFF BIN TAIB
Birth Date **16 May 1964**
Issue Date **12 Jul 2003**





Land Transport Authority




VOCATIONAL LICENCE
Licence No : **S1664335A**
Name : **YUSOFF BIN TAIB**

Please visit www.lta.gov.sg to check the status of this vocational licence

AS1103300



Licence No **S1664335A**



Issued Group **O+** Date of issue **21-03-2002**


Address
**APT BLK 746 JURONG WEST STREET 73
#03-111
SINGAPORE 640746**

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

Class 2 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms


PASS DATE
27 Jun 1984

Licence No: **S1664335A**



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

Type	Description	Issue Date
13	PRIVATE HIRE CAR VL	14/05/2018
03	BUS VL	15/09/2016
04	BUS ATTENDANT	15/09/2016



Certificate of Insurance

陳保險經紀私營有限公司
TAN INSURANCE BROKERS PTE LTD
3A/5A Aliwal Street, Chenn Leonn Building
Singapore 199896
www.tib.com.sg
Tel: (65) 6742 6700 Fax: (65) 6742 6868

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: 5106937496

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : SKM4987C
Chassis Number : JTDGG20W90J000969
2. Name of Policyholder : RELIABLE RIDES PTE LTD
3. Effective Date of Insurance : 07 Mar 2019
4. Expiry Date of Insurance : 06 Mar 2020
5. 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)	: S\$2,000
EXCESS (SECTION 2)	: S\$2,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
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	: TAI THONG LEE TRADING 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 : 10 Jan 2019 08:43 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

The premium on this policy has not been collected.

Accident MT/1048908

Policy No.	5106937496	Vehicle No.	SKM4987C	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
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details					
Report Date	13/06/2019 15:32	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	13/06/2019	Time of Accident hh:mm	09:40	Country of Accident	Singapore
Reporting Centre		Orange force		ICM No.	
Accident Location	RAFFLES BLVD NEAR MARINA SQUARE CARPARK				
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	No	GST Registration Date			
GST Registration No.		GST Status Verified		Yes	
Modification History					
Policyholder Mailing Address					
Address 1	8 KAKI BUKIT AVENUE 4	Address 2	#05-50 PREMIER @ KAKI BUKIT	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	415871
Unit No.	05-50	Related Policy Number	5106937496		
O1 Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	YUSOFF BIN TAJIB	Driver NRIC	S1664335A	Driver DOB	16/05/
Register Date of Driver License	27/06/1984	Driver Age	55	Driving Experience	34
Contact No.(Mobile)	97888014	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 746 #03-111	Address 2	JURONG WEST STREET 73	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	640741
Unit No.	03-111				
Does he own a Singapore Registered car?	Yes <input type="radio"/> No <input type="radio"/>	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	RELIABLE RIDES PTE LTD
Contact No.(Mobile)		Contact No. (Home)	
Email Address		Vehicle Number	SKM4987C
Claim Description	SKM4987C / SGZ7940X ON 13 Jun 2019		
Preferred Workshop	0	Insured Liability	Not at Fault
Repair No.	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Finalisation		GIA report	Received
Date Registered		Claim Close Date	13/06/2019 15:35
Report Taken By			LIEW SHAN HUI

☒ Print AK letter

Save Submit

Attachment

Accident No.

Claim No.

MT/1048908

001

Last Doc. Received

* Yes ☐ No ☐

Upload Date

13/06/2019 15:36

Path *

Choose File No file chosen

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Choose File No file chosen

Message Read

Clear

Category *

Confidential

Urgency *

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NO

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Jun 2019 15:36	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-6-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Jun 2019 15:36	SAS	Normal	SAS 2019-6-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Jun 2019 15:36	Photos	Normal	Photos 2019-6-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Jun 2019 15:36	Photos	Normal	Photos 2019-6-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Jun 2019 15:36	Photos	Normal	Photos 2019-6-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Jun 2019 15:35	Photos	Normal	Photos 2019-6-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Jun 2019 15:35	Photos	Normal	Photos 2019-6-13
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Jun 2019 15:35	Photos	Normal	Photos 2019-6-13
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Jun 2019 15:35	Photos	Normal	Photos 2019-6-13

Video List

Uploaded By/Date	Folder Date	File Name	Source
		Display in New Window	Scan and uploading