NATIONAL Assessment Centr	e Services.	[we! 1 Jan'05] /	UAIL 908303	J	20.00	
Date In: 36/6/15-1146	Jeb descriptio		Date & Time	1	Don	e by
Res No: MA) MEIGO MES/24	SAS e-filing					
Veh No: Swist oh	E-mail (within	a Shrs, AIC 2hrs)				
D.O.A: 7/6/14-10:35	i-Motor Cla		M1105064	V-gol	26/6/19	12:30
OD :/TPY Reporting Only	i-Motor W/	O (Within: OD 2hrs	CONTRACTOR OF THE PERSON NAMED IN	100	- Alblid	
OB TT Reporting Only	i-Photo Upl	oaded				- New Year
TP Insurer:	Assessment/S	urvey Report				
	Ass't Report	by Fax / Hand to	o Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Tel:	F	ax:)
TP Particulars: Veh No: 1303	Z12Z	, INC ()/Non-INC	().	7	
Owner / Driver: (Tel:)	
Policy No: () Per	riod: ()	Cover Type:	()	
Confirmed by : (Date:	Tim	e:)	
Insured/Driver Liability: (%)	Note-Est. Status (WO): N: 0-20	0%; P: 21-799	6. P: 80-1	00%]	14.5
	Warranty: YES (Section 2011)			
Excess: (\$) Loading: \$1,00	00 ()/\$2,000)()				
General Remarks.	The state of the s	-		(172 - 175 - 77	
() Walk-In Customer: Customer's infor	matica atriatic Ca		Mark P. William Co.	Constitution of the	READY PLACE	
() Total Loss Case : to e-mail Insure		ontidential & Str	ictly NO refer o	repairer.		
	r URGENTLY.		. 140	4		
Drive-In ()/ Towned In () 1	******					
Drive-In ()/ Towed-In (); Invoice:		NO () ; To	owing Co: (1)
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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.
- 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.

AC	CID	ENT	CTAT		-
-	UIU		STAT	E 101	- 10 1
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 Date Of Report
 26/06/2019 11:56

 Date Of Accident
 25/06/2019 20:30

Exact Location Of Accident JUNC EDGEFIELD PLAINS & PUNGGOL CENTRAL

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLU3550G

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 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 5096225843-01

Cover Note Number

Driver

 Name of Driver
 LIM KOK ENG

 NRIC No
 \$1160268A

 Date Of Birth
 28/08/1955

 Occupation
 OUTDOOR

 Date Of Driving Pass
 22/04/2004

Driving Experience 15 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96882942

Fax Number

Contact Number OFFICE-96882942

EMail Address NOEMAIL

Address

BLK 454 YISHUN STREET 41

#10-35

Postcode

760454

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 - CROSS JUNCTION

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

5000

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s)

YES

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

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 APPROACHED THE JUNCTION OF EDGEFIELD PLAINS, THE TRAFFIC JUNCTION WAS GREEN, I MAKE A RIGHT TURN TWDS PUNGGOL CENTRAL. SUDDENLY VEHICLE B WAS TRAVELLING OPPOSITE DIRECTION OF EDGEFIELD PLAINS BEAT THE RED LIGHT. AS A RESULT, VEHICLE B HIT ONTO MY VEHICLE LEFT PORTION.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

FBD5510S

Vehicle Make/Model/Colour Details Of Properties

- commo or r roportio

......

Vehicle Category

MOTORCYCLE

Name of Driver

MOHAMMED AFANDI BIN SALIM

NRIC/Passport Number

S9625914Z

Contact Number

Address

Postcode

Page 2 of 25

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.

SCO Reg No. P. T. STORY TO THE STORY TO THE

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

Name:

NRIC/FIN No .:

Reporting Centre Personnel's Signature

(If driver is not the policyholder)

Date & Time:

Name:

NRIC/FIN No .:

Date & Time:

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S1160268A



LIM KOK ENG

CHINESE

28-08-1955

SINGAPORE

For LKK/NAC Use On







04-02-2019

APT BLK 454 YISHUN STREET 41 #10-35 SINGAPORE 760454

HE LICENSED OF DEALE WEHRLES IN THE POLITIFIED CLASS For LKK/NAC Use Only 51169268A NP ASPA

S / No. 9000167501

eBao Tech		1994			BRAN	althic -			Genera	alClaim	
Hello, NAC_PAYA_UBI_800		cy Query					· Chang	e Language	• Chan	ge Password	• Log Ou
Notice of Loss	Policy I					Date	of Accident	E	26/06/2019 2	20-30	99
	Vehicle	No.(Far Motor)	SLU35	50G			ficate Number		.0,00,2013	0.30	
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence	Expiry Date
	0	5096225843- 01		RELIABLE RIDES PTE LTD	201611527N	GPC	drivo CLASSIC	SLU3550G	81626250	29/11/2018	28/11/2019

Policy No.	5096225843-01	Policyholder Name	RELIABLE	RIDES PTE LTD	Policyholder	201611527N	
Certificate No.		Name :			NRIC		
Address	8 KAKI BUKIT AVENUE 4 #05-5	D PREMIER @	KAKI BUKI	T SINGAPORE 4158	75		
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	29/10/2018	Effective Date	29/11/20:	18 00:00	Expiry Date	28/11/2019 23:	59
Excess Type		All Claims Excess					
Third Party Excess	1500	Own 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	v	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyl	holder Mailing Address						
Address 1	8 KAKI BUKIT AVENUE 4	Addre	ss 2	#05-50 PREMIER	@ KAKI BUKIT	Address 3	SINGAPORE 415875
Address 4		Addre	ss Type	Singapore addres		Post Code	415875
Jnit No.	05-50	Relate	d Policy	5106937496		30000	
D Insure	d Object: SLU3550G	1131110	20				
	ements						

Claim Handling					
Accident MT/1050642	Parente Mariano	Afford 1999	25 days		
Policy No.	5096225843-01	Vehicle No.	SLU3550G	GST Registration No.	
Policyholder Name	He missey and committee to				
Product Code	RELIABLE RIDES PTE LTD			Policyholper NRIC	201611527N
Contact No.(Mobile)	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Email Address	u.	Contact No.(Office)	0	Contact No.(Home)	0
KFK	® No ○ Yes	Special Remark TCA	0.0	eCode	No. V
NCO Protection	No.		® No ○Yes	eCode Reason	
W Accident Details		NCD Entitlement(%)	0	Private Hire	Yes
Report Date	26/06/2019 12:28	Acadent Report Within 24 hrs	The second secon		
Date of Accident	25/06/2019		Yes	Accident Type	Collision - Cross Junction
Reporting Centre	23, 20, 20, 2	Time of Accident hin;mm	20:30	Country of Accident	Singapore
Accident Location	JUNC EDGEFIELD PLAINS & PUNGGOL CEN	Grange Force		ICM No.	
· Excess	TOTAL POLICE A PORTUGUE CEN	ITHAL			
Own damage Excess	1,000.00	Additional Excess	227		
Unnamed Driver Excess	1,000,00	Outside Singapore OD Excess	0	Windscreen Excess	100.00
Third Party Excess	1,500.00	Outside Singapore TP Excess	3,000.00		
♥ Benefits	1977	extens anyapure in Excess	3,000.00		
□ GST Registered Inform	nation				
SST Registered	No		GST Registration Date		
SST Registration No.			GST Status Ventied	Yes	
Modification History					
	201				
Policyholder Mailing A					
Appresa 1	8 KAKI BUKIT AVENUE 4	Address 2	#05-50 PREMIER @ KAKI BUKIT	Address 3	SINGAPORE 415875
Address 4		Address Type	Singapore address	Post Code	415875
Jrvt No.	05-50	Related Policy Number	5106937496		
OI Driver Info	35.00 MAR C O SE O SE PO S				
Annamed driver Name	LIM KOK ENG	Driver Type	Unnamed Driver		
Register Date of Driver License		Driver NRIC	\$1160268A	Driver DOB	28/08/1955
Inntact No.(Mobile)	96882942	Driver Age	63	Driving Experience	15
Address 1	BLX 454	Contact No.(Office)	0	Contact No.(Home)	0
ddress 4	SINGAPORE 760454	Address 2	YISHUN STREET 41	Address 3	DEW SPRING & YISHUN
Init No.	10-35	Address Type	Singapore address	Post Code	760454
Does he own a Singapore					
legistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
edaration					
reathalyser or Blood Test	0 mg	Learnes mar	02000000000		
teading?		Any injury?	○ Yes ® No		
- Albania - Alba					
Indification History					
Claim 001 New					
laim Type +	_				
	00-400	Insured Name	RELIABLE RIDES PTE LTD	Insured NRSC	201611527N
ontact No.(Mobile)		Contact No.(Home)		Centact No. (Office)	66351820
mail Address Namant Type Classiant Type •		Of Vehicle Number	SLU3550G	TP Vehicle Number	FB055105
amant Name +	700	Type of Benefit +	Please Select		
	22	Claimant NRIC *			
armam Address					
aim Description referred Workshop Contact	SLU3550G / FBD55106 ON 25 Jun 2019			Name of Preferred Workshop	
0.		Insured Liability *	Not at Fault		
equire Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	✓ GIA regort	Personal Co.
ite Registered	26/06/2019 12:30	Claim Close Date		Date Received	25/06/2019 00:00
port Taken By	Jackson			Out Made and	250612019 00:00
Print AK letter					
Attachment		1	Save Submit		
7-10-10-10-10-10-10-10-10-10-10-10-10-10-					
7					
cident No.	MT/1050642	Claim No.	001		
St Doc. Received	● Yes ○ No	Upload Date	26/06/2019 12:32		
	Path *	8:30:40 [4:30			
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ET STITLE STORY				V 40 V Normal	<u>v</u>
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			Clear Please Select	V Normal	V

