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TP Particulars: Veh No: CR6V8	ilih	. INC(ax:	-
Owner / Driver: (· mot	Tel:		
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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.
- Information provided must be as <u>truthful and accurate</u> 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.
- 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.

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Date Of Report 01/07/2019 14:09
Date Of Accident 30/06/2019 13:30

Exact Location Of Accident JUNC NORTH BRIDGE RD & CALEMAN ST

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLV2779R

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 TOYOTA

Model PRIUS HYBRID 1.8S A

Exact Purpose for which vehicle was being used at time of accident

A -- ---- Alatada -----

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 5096971957-01

Cover Note Number

Driver

Name of Driver YONG TZE CHIUNG

 NRIC No
 \$2754864D

 Date Of Birth
 06/10/1967

 Occupation
 OUTDOOR

 Date Of Driving Pass
 31/12/1994

Driving Experience 24 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98771314

Fax Number

Contact Number OFFICE-98771314

EMail Address NOEMAIL

Address BLK 475 ANG MO KIO AVENUE 10

#08-706

Postcode 560475

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

t? NO

2

NO

3

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.

Number of Passengers (Including Driver)

Passenger 1

NAME: :

GENDER: : MALE

Passenger 2

NAME:

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

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 WANTED TO FILTER FROM LANE 1 TO LANE 2, I TURN ON MY VEHICLE INDICATOR LIGHT AND CHECK MY BLINDSPOT BEFORE I CAN PROCEED. AS THERE WAS NO ONCOMING VEHICLES ALONG LANE 2, I PROCEED TO CHANGE LANE FROM LANE 1. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE FRONT LEFT PORTION WHILE HE CHANGE LANE FROM LANE 3 TO LANE 2.

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 CB6286G

Vehicle Make/Model/Colour

Details Of Properties

 Vehicle Category
 BUS

 Name of Driver
 BU LI

 NRIC/Passport Number
 G2505564R

Page 2 of 18

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

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.
- 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:

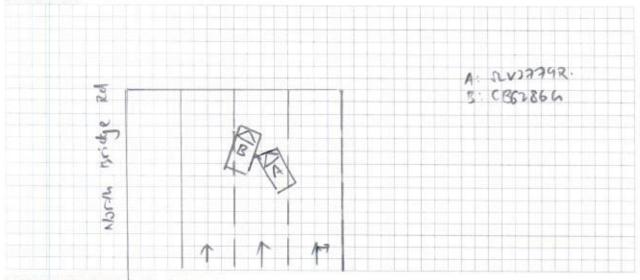
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:
 - 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:

Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.

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

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder) Reporting Centre Personne's Signature Name:

NRIC/FIN No.:

Date & Time:

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$2754864D



YONG TZE CHIUNG



CHINESE Date of birth

06-10-1967 Country/Place of birth MALAYSIA



For LKK/NAC Use Only

YONG TZE CHIUNG

5379421



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

For LKK/NAC Use Only

07-11-2014

APT BLK 475 ANG MO KIO AVENUE 10 #08-706 SINGAPORE 560475

eBao Tech									Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601			The second second second		• Change	Language	+ Chang	e Password	· Log Ou
My Desktop	Policy Query									
Notice of Loss	Policy No.				Date (of Accident	30	0/06/2019 1	3:30	
	Vehicle No. (For Motor)	\$LV277	9R		Certifi	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 5096971957- 01		RELIABLE RIDES PTE LTD	201611527N	GPC	drivo CLASSIC	SLV2779R	SLV2779R	27/12/2018	26/12/2019
			100		Continue					

▽ Poli	cy Information						
Policy No. Certificate No.	5096971957-01	Policyholder Name	RELIABLE	RIDES PTE LTD	Policyholder NRIC	201611527N	K= 111.3
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	26/11/2018	Effective Date	27/12/201	8 00:00	75500 S	26/12/2019	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			Youn	g/Inexperience Driver Excess
Agent	TAN INSURANCE BROKERS PTE	Agent Tel.	NIL		GST Flag	Y	
Co- Insurance Flag	No				2.7%		
Open Policy Info							
Certificate Info							
Policyh	nolder Mailing Address						
Address 1	8 KAKI BUKIT AVENUE 4	Addre	ess 2	#05-50 PREMIER	@ KAKI BUKIT	Address 3	SINGAPORE 415875
Address 4		Addre	ess Type	Singapore addres	is	Post Code	415875
Unit No.	05-50	Relat Numb	ed Policy ber	5106937496			
1 Insure	d Object: SLV2779R						
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Sequen	ce Date of Endorsemen	t	Endorseme	nt Type	Endorsement	Status	Endorsement Content
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ircy No.	5096971957-01	Venicle No.	SLV2779R	GST Registration No.	
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cyholder Name	RELIABLE RIDES PTE LTD			Policyholder NRJC	201611527N
duct Code	PRIVATE CAR INSURANCE	Cover Type	'drive CLASSIC	Loading	0
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il Address	A.	Special Remark	9	Contact No.(Home) eCode	o The V
	® No ⊜Yes	TCA	® No ⊜Yes		Incv
Protection	No.	NCD Ensitiement(%)	0	eCode Reason	722
Accident Details		(New Enderheild Is)		Private Hire	Yes
rt Date	01/07/2019 14:24	A secretaria de Assessa de Secretaria de Sec			
of Accident		Accident Report Within 24 hrs.		Acoderé Type	Collision - Change / Cross lane
	30/06/2019	Time of Accident hh:mm	13:30	Country of Accident	Singapore
rting Centre		Orange Force		ICM No.	
ent Location	JUNC NORTH BRIDGE RD & CALEMAN ST				
Excess					
damage Excess	1,000.00	Additional Excess	0	Windscreen Excess	100,00
med Driver Excess		Outside Singapore OD Excess	3,000.00		
Party Excess	1,500.00	Outside Singapore TP Excess	3,000.00		
Benefits					
GST Registered Inform	ation				
egisterep	No		GST Registration Date		
egistration No.			GST Status Verified	Yes	
cation History					
Policyholder Halling Ad					
ess 1	8 KAKI BUKIT AVENUE 4	Address 2	#05-50 PREMIER @ KAKI BUKIT	Address 3	SINGAPORE 415875
est 4		Address Type	Singapore address	Post Code	415875
No.	05-90	Related Policy Number	5106937496		
OI Driver Info					
r Name	Unnamed Driver	Driver Type	Unnamed Driver		
med driver Name	YONG TZE CHIUNG	Driver NRIC	527548640	Driver DDB	06/10/1967
ter Date of Driver License	31/12/1994	Driver Age	51	Driving Experience	24
act No.(Mobile)	98771314	Contact No.(Office)	а	Contact No.(Home)	0
ess 1	BLK 475	Address 2	ANG MO KIO AVENUE 10	Address 3	TECK GHEE HORIZON
ress 4	53NGAPORE 560475	Address Type	Singapore address	Post Code	560475
No.	06-706				
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wct No.(Mobile)		Contact No.(Home)		Contact No.(Office)	66351820
		Of Vervole Number	5LV2779R	TP Venicle Number	CB6286G
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