NATIONAL		· · · · · · · · · · · · · · · · · · ·	1 . p.n	1 1 1 1 1	
NATIONAL Assessment Ce	The state of the s		Signed Towns Waster Waster	-	
Date In: 8 7 14 - 11:23	Jeb descriptio	on	Date &Time Completed	Den	ie py
Ref No: MAJINGGOI 2048/24	SAS e-filing				
Veh No: Olupays	E-mail (withi	a Shrs, AIC 2hrs)			
D.O.A: 6/3/19-14:10	i-Motor Cla	im Form	M7 1052394-001	873/19 19	:V[
OD / TP / Reporting Only	i-Motor W/	O (Within: OD 2hr.			
	i-Photo Upl	oaded			
TP Insurer:	Assessment/S	Survey Report			
17 Histories	Ass't Report	by Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:		****		Fax:	
TP Particulars: Veh No: 1	NC1 318 L	INC (	)/Non-INC( )	7 40.	
Owner / Driver: (	-4 /10		Tel:		
Policy No: (	Period: (	)	Cover Type: (		
Confirmed by : (		Date:	Time:	·····	
Insured/Driver Liability: ( %	6) [Note-Est Status (	WO): N: 0-20	0%; P: 21-79%. F: 80-	100%]	
77	) Warranty: YES (		)	17070	
Excess: (\$ ) Loading:					
	and the state of t		a Carlo State Control Control	magnig (m	
The state of the s	erest during and a	A MINISTER	All work \$100 april a medical of society of the	11.00 Acres	8 3 4
( ) Walk-In Customer : Customer's			ictly NO refer of repairer.		0.00
( ) Total Loss Case : to e-mail In		<u>, j</u>	, * 19 12 14	- 13	
Drive-In ( ) / Towed-In ( ); Inv	roice: YES ( ) / 1	NO( ); To	owing Co: (	187	)
Remarks:- (INC hotline: 6788 6610	6)***		Date&Time Completed	Don	SALL
10.00	) / Courtesy Car (	)		Wall A STAGOTO	a day
2) QC Check / Post Repair Inspection	(	,			
3) Upload Resurvey Photo [Repair Cost	> \$30001 (	)			
Injury:	55000) (	/	***	15	
Date/Time Actions	10-1-12	al of the second	The same	grand in	A TOTAL BASE
			+		
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Halfolody:		Invoice Pren	aration Checklist	Anit (S)	Amt (1)
laimant's Particulars :-		1) AR : Accident I		The Bill	Add Bil
	The December of	2) DA : Damage A	ssessment (\$100); INC (\$		
river/Owner:	3) TF : Towing Fe 4) FT : Follow-Th		0/\$45 \$120		
ontact No:	5) FT : Follow-The	rough Survey (Resurvey)	530		
maged Portion:	6) TR : Re-inspect	ainst INC Only (wef 10 Jan 200) ion	\$75		
		7) N1 : Idac DA +	SMRT Survey	\$160	
Checked by M. V.		8) NTUC Addition	al Services:-		
Checked by (Engr-In-Charge):	3	*N5: Courtesy C	Cer / Tpt Allowanus	\$5	
Maria Santa Sa	Albert 1887 Deleg Gelfelle in Artists	*N6: Repair Co *N7: Fost Repair		\$10 \$25	
iditors' Comments :-		*N8; DV / Colle	ct Excess Coordination	22	
1:	*	TP (N11): TP (	Non INC) against INC	30	t <sub>i</sub>
2/3:		Involce dated	Fee Charged		what z
<del></del>		Invoice dated	Fee Charged	SERVIN	W. C. C. L. L. L. C.

#### 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.
- 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.

Later and the second second	ACCIDENT STATEMENT
Date Of Report	08/07/2019 11:37
Date Of Accident	06/07/2019 12:50
Exact Location Of Accident	SLIP RD TPE (PIE) TWDS PASIR RIS DR 8
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLU804U
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	ТОУОТА
Model	PRIUS HYBRID 1.8S A
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	5095999175-01
Cover Note Number	
Driver	
Name of Driver	YEAP CHYE SHIN (YEZAISHENG)
NRIC No	S8011166E

10/04/1980

OUTDOOR

26/09/2005

Driving Experience 13 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-82689681

Fax Number

Date Of Birth

Date Of Driving Pass

Occupation

Contact Number OFFICE-82689681

EMail Address NOEMAIL

BLK 534 BUKIT BATOK STREET 51 Address

#06-06

Postcode 650534

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 Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

5

Passenger 1

NAME:

GENDER:

: MALE

Passenger 2

NAME:

GENDER:

: MALE

Passenger 3

NAME:

GENDER:

: FEMALE

: FEMALE

Passenger 4

NAME:

GENDER:

# **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, I WAS TRAVELLING ALONG THE STATED VENUE. SUDDENLY VEHICLE B JAMMED BRAKE. I COULDN'T BRAKE MY VEHICLE IN TIME AND HIT ONTO VEHICLE B REAR PORTION.

### Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

NO

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

# DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKH3181

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver DE SOUZA BONIFACE MARCELLINUS

NRIC/Passport Number S1168747D

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

2

NAME:

PRIVATE CAR

GENDER:

#### 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:

Dri (If

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

Date & Time:

Reporting Centre Personnel

Name:

NRIC/FIN No .:

Signature

 Pasir Ris Dr &	A: SUU8040
	A: SLU8040 B: SICH318L
<del></del>	
18	
1 A	

# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Historians.

DECLARATION

I/We declare the reregoing 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 .:

DRIVING LICENCE TEAP CHYE SHIN (YE ZAISHENG) Birth Date 10 Apr 1980 Basse Date: 26 Sep 2005

For LKK/NAC Use On

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S8011166E





YEAP, CHYE SHIN (YE ZAISHENG)

CHINESE

Date of birth

10-04-1980 Country of birth SINGAPORE



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

PASS DATE

Class 3A Motor cars without clutch pedals =< 3000kg with =< 7 posedingers, exclusive of the driver; and motor bactors vehicles without clutch pedals =< 2500 kg

26 Sep 2005

For LKK/NAC Us

14-02-2011

APT-BLK 534 9UKIT BATOK STREET 51 #06 -06 SINGAPORE 650534 NRIC No: \$8011166E Date: 27/07/2011

Date: 27/07/2011

No: 6834306

VP 426A



<b>eBao</b> Tech									Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601		and the local division in which the			· Change	Language	· Chan	ge Password	• Log Ou
My Desktop	Policy Query									
Notice of Loss	Policy No.				Date	of Accident		06/07/2019	12:50	
	Vehicle No.(For Motor)		JB04U		Certificate Number		1			
				1	Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence	Expiry Date
	O 5095999175- 01		RELIABLE RIDES PTE LTD	201611527N	GPC	drivo CLASSIC	SLU8040		22/11/2018	21/11/2019
				1	Continue	I				

Policy No.	5095999175-01	Policyholde Name	RELIABLE	RIDES PTE LTD	Policyholder	201611527N	\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Certificate No.		Name			NRIC	2222222	
Address	8 KAKI BUKIT AVENUE 4 #05-50	PREMIER @	KAKI BUKI	T SINGAPORE 41587	75		
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy Issue Date	29/10/2018	Effective Date	22/11/20	18 00:00	Expiry Date	21/11/2019 2	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				85%8-0310912 <b>7</b> 777		
Open Policy Info							
Certificate Info							
Policyl	holder Mailing Address						
Address 1	8 KAKI BUKIT AVENUE 4	Addi	ess 2	#05-50 PREMIER	@ KAKI BUKIT	Address 3	SINGAPORE 415875
Address 4		Addi	ess Type	Singapore addres	s	Post Code	415875
Jnit No.	05-50	Rela Num	ted Policy ber	5106937496			
	d Object: SLU804U						
) Insure							
	sements						

Claim Handling									• Ex
Policy No.	5095999175-01	Vehicle No.	SLU804U		GST Registration N	0.			
Certificate No.									
Policyholder Name	RELIABLE RIDES PTE LTD				Policyholder NRIC		2016	511527W	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC		Loading		0		
Contact No.(Mobile)	0	Contact No.(Office)	0		Contact No. (Home)	í	0		
Email Address		Special Remark			eCode		19.7	<u></u>	
KPK	® No ○ Yes	TCA	® No ○Yes		eCode Reason		O. Contraction		
NCD Protection	No	NCD Entitlement(%)	0		Private Hire		Yes		
<ul> <li>Accident Details</li> </ul>									
Report Date	06/07/2019 19:30	Accident Report Within 24 hrs	Yes		Accident Type		Colle	sion - Head to Kear	
Date of Accident	06/07/2019	Time of Accident hh:mm	12:50		Country of Academ				
Reporting Centre		Orange Force			ICM No.		bingi	spore	
Accident Location	SLIP RD THE (PIE) TWOS PASIR RIS OR 8	COMMITTEE COMMIT			The same of the sa				
♥ Excess									
Own damage Excess	1,000.00	Additional Excess	0		Windowski Summer		F 4400		
Unnamed Driver Excess		Outside Singapore OD Excess	100	3,000.00	Windscreen Excess		100.0	00	
Third Party Excess	1,500.00	Outside Singapore TP Excess		3,000.00					
⊕ Benefits		The second second second		2,000.00					
GST Registered Inform	ation								
GST Registered	No		COT PAR	istration Date					
GST Registration No.				Istration Date	Yes				
Modification History	08/07/2019 19:21:12 Syste	im changed GST Status Verified fro	m No to Yes	0.0000000	105				
Policyholder Mailing Ar	ldress								
Address 1	9 KAKI BUKIT AVENUE 4	Address 2	#05-50 PREMDE	R @ KAKI BUKIT	Address 3		Steel	APORE 415875	
Address 4		Address Type	Singapore addre	-95	Post Code		4158		
Unit No.	05-50	Related Policy Number	5106937496		Total Edge		4136	79.	
□ OI Driver Info									
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver						
Unnamed driver Name	YEAP CHYE SHIN (YEZA)SHENG	Driver NRIC	\$8011166E		Driver DOB		10/0	4/1980	
Register Date of Driver License	26/09/2005	Driver Age	39		Driving Experience		13		
Contact No.(Mobile)	82889681	Contact No. (Office)	0		Contact No.(Home)		0		
Address 1	BLK 534	Address 2	BUKIT BATOK S	TREET 51	Adoress 3		SINGAPORE 650534		
Address 4		Address Type	Singapore addre		Post Code				
Unit No:	06-06		30080600000000		- Contraction		6505	24	
Does he own a Singapore Registered car?	○ Yes  ® No	Dirtyer Vehicle No.							
regateres carr		print venteries.			Driver Insurer Comp	pany			
Declaration									
Breathalyser or Blood Test Reading?	0 mg	Any mjury?	○ Yes ® No						
Villa Villa		600000							
Modification History									
Provincation History									- 8
Claim 001 New									
No.									
Contract									
Claim Type •	ОО-МХ	Insured Name	RELIABLE RIDES	PTE LTD	Insured NRIC		2016	11527N	
Contact No.(Mobile)		Confact No.(Home)			Contact No.(Office)		6635	1820	
Email Address		OI Vehicle Number	SLU804U		TP Vehicle Number		SKH3	18L	
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select	V					
Claimant Name +	>>	Claimant NRIC *							
Claimant Address									
Claim Description	SLU804U / SKH31BL ON 6 Jul 2019				Name of Preferred W	forkshop			
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	V	TH CONTRACTOR CONTRACTOR				
Require Finalisation	Yes	Preferered Repair Option	Preferred Works	hop, Name unknown 🔍	GIA report		Recei	ved U	
Date Registered	08/07/2019 19:21	Claim Close Date	1000		Date Received		-	/2019 00:00	
Report Taken By	2ackson						Anna anna		
2 Print AK letter									
		1	Save Submit						
Attachment									
9									
	7/27/2017								
Accident No.	MT/1052399	Claim No.		001					
ast Doc. Received	Yes   No.	Upload Date		08/07/2019 19:24					
	Path +			Category *	Confidential	Urgeno	y •	Description *	
		Browse	Clear Pleas	The state of the s		Normal	v	Separation 5	
		Browse	Clear Pleas			Normal	V		_
		Browse				Normai	~		_
			Dear Pleas	220000	Feb   12	- control	121		

