Date In: 12 1 13 - 10: 17	utre Services. well samos m			
	Jeb description	Date & Time Completed	Done by	
Rel No: Makucigo 1239/24	SAS e-filing			
Veh No: Scuss 337	E-mail (within Shrs, AIC 2hrs)			94
D.O.A: 16/7/19-13:25	i-Motor Claim Form	M7/1053770-00	176/19 11:24	1
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hr			
- Traporting Unity	i-Photo Uploaded	1		
TP Insurer:	Assessment/Survey Report			Franklik
	Ass't Report by Fax / Hand	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tol: F	ax:	
TP Particulars: Veh No: x	anize INC()/Non-INC()		
Owner / Driver: (Tel:)	-2000
Policy No: ()	Period: ()	Cover Type: ()	115
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-1	100%]	
Year of Registration: ()	Warranty: YES () / NO ()		
Excess: (\$) Loading: \$	1,000 ()/\$2,000 ()			
General Remarks:			Com St.	A. V
2) QC Check / Post Repair Inspection	/ Courtesy Car ()	Date&Time Completed		
3) Upload Resurvey Photo [Repair Cost >	\$3000] ()	- v.		
Injury:				
	7.00			
Dividad Private Unit Secure 21-22-22-22-22-22-22-22-22-22-22-22-22-2		SECURIOR EL MANDE CONTRACTOR DE L'ANGUER D	Control of the State of the Sta	10.840
Date/Time Actions			SALOS IF.	1. 7.0
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A 1905 (%) laimant's Particulars:-	Invoice Prep 1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe	aration Checklist Reporting (\$30); Assessment (\$100); INC (\$8	Ant (5) A	
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A 100 00 amant's Particulars:- iver/Owner: ontact No:	Invoice Prep 1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Fellow-Th For claiming as	aration Checklist Reporting (\$30); Assessment (\$100); INC (\$8 to \$40); rough Survey rough Survey (Resurvey) ainst INC Only (wef 10 Jan 2005)	Ant(5) A (ii.Bill A) (54.8) (54.8) (54.5) (5120) (530)	hit (\$)
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laimant's Particulars:: river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):	Invoice Prep 1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspect 7) N1: Idac DA + 3) NTUC Addition OD* *N5: Courtesy 6 *N6: Repsir Co *N7: Fost Repsir	aration Checklist Reporting (\$30); Assessment (\$100); INC (\$8 to \$40 to the second survey (\$100 to the second survey) Assist INC Only (wef 10 Jan 2005 to the second survey \$100 to the second survey	Ant(S) A (ii.Bill A) (54.5) (5120 (530 (5375) (160	
A 1/05 (4) laimant's Particulars :- river/Owner: ontact No: amaged Portion: Checked by (Engr-In-Charge):	Invoice Prep 1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspect 7) N1: Idao DA + 3 8) NTUC Addition OD* *N5: Courtesy 6 *N6: Repair Co *N7: Fost Repair *N8: DV / Colle	Reporting (\$30); Assessment (\$100); INC (\$8 Fough Survey Fough Survey (Resurvey) Fough Survey	Ant(S) A (ABill A) (54Bill A) (545 (5120 (530 (5375 (160 (555 (510)	
Date/Time Actions A (1/25 1/20 Inimant's Particulars :- river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge): Iditors' Comments :- 1: 2 / 3:	Invoice Prep 1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspect 7) N1: Idao DA + 3 8) NTUC Addition OD* *N5: Courtesy 6 *N6: Repair Co *N7: Fost Repair *N8: DV / Colle	Reporting (\$30); Assessment (\$100); INC (\$8 to \$40); rough Survey (Resurvey) ainst INC Only (wef 10 Jan 2005); from SMRT Survey (\$10]; all Services:- Car / Tpt Allowance (Condination); in Inspection (condination); rough Survey (\$10]; ainst INC (\$100);	Ant(S) A (ii.Bill A) (54.Bill A) (54.5) (5120 (530 (5375) (160 (55) (510) (525) (53)	d Bill

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Mobile Number

Fax Number Contact Number

EMail Address

- 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 <u>truthful</u> 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.
- 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.
- 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.

atoresaid,	으로 1985 전 1
	ACCIDENT STATEMENT
Date Of Report	17/07/2019 10:57
Date Of Accident	16/07/2019 13:25
Exact Location Of Accident	AMK ST 64 TWDS YIO CHU KANG RD
Country/State of Loss	SINGAPORE
ı	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLU5533T
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	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	5096389477-01
Cover Note Number	
Driver	
Name of Driver	WONG KAI CHOONG
NRIC No	S8073045D
Date Of Birth	25/12/1980
Occupation	OUTDOOR
Date Of Driving Pass	23/04/2003
Driving Experience	16 YEARS AND 2 MONTHS
	1700 2

MALE

NOEMAIL

(LOCAL) +65-92292436

OFFICE-92292436

BLK 646 JURONG WEST STREET 61 Address

#05-146

Postcode 640646

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 WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2 NO

NO

4

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:

: MALE

Passenger 3

NAME:

1 -

GENDER:

: MALE

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 WHICH THE MAIN ROAD NO ONCOMING TRAFFIC. I BRAKE MY VEHICLE HOWEVER MY VEHICLE SKIDDED 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

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLQ4227E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Page 2 of 18

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

3

NAME:

GENDER:

Passenger 2

NAME:

GENDER: :

SKETCH PLAN

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 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.

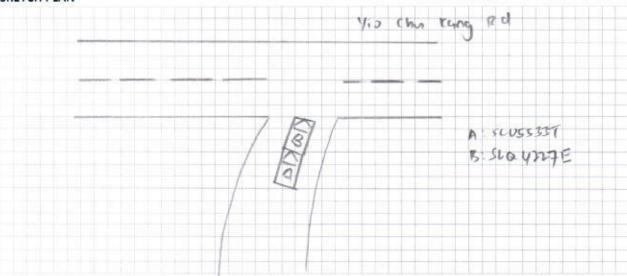
Policyholder Signature

Date & Time:

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

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

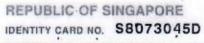
Sear- control of the property
Refer to Antemort.

DECLARATION

I/We deglare the focegoing 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.:







WONG KAI CHOONG

25-12-1980 MALAYSIA



5323575

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

EFFECTIVE DATE

Motorcycles =< 200 cc 23 Apr 2003
Motor cars with unladen weight =< 3000kg with =< 7
passengers, exclusive of driver; and other motor
vehicles with unladen weight =< 2500kg

NRIC No. S8073045D

02-07-2014

APT BLK 646 JURONG WEST STREET 61 #05-146 SINGAPORE 640646

NP 428A

eBao Tech										GeneralClaim		
Hello, NAC_PAYA_UBI_80	0601						• Change	Language	• Chang	je Password	• Log Ou	
My Desktop	Polic	y Query										
Notice of Loss	Policy N	٥.				Date	of Accident	1	6/07/2019 1	3:25		
	Vehicle	No.(For Motor)	SLUSS:	33T		Certif	cate Number					
					1	Search						
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date	
	0	5096389477- 01		RELIABLE RIDES PTE LTD	201611527N	GPC	drivo CLASSIC	SLU5533T	SLU5533T	06/12/2018	05/12/2019	
				LTD		Continue						

Policy No.	5096389477-01	Policyholder Name	RELIABLE	RIDES PTE LTD	Policyholder NRIC	201611527N	
Certificate No.					EVANDED		
Address	8 KAKI BUKIT AVENUE 4 #05-50	PREMIER @	KAKI BUKI	SINGAPORE 415875			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy Issue Date	26/11/2018	Effective Date	06/12/20:	8 00:00	Expiry Date	05/12/2019 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			Young/	Inexperience Driver Excess
Agent	TAN INSURANCE BROKERS PTE	Agent Tel.	NIL.		GST Flag	Υ	
Co- Insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyl	holder Mailing Address						
Address 1	8 KAKI BUKIT AVENUE 4	Addre	ess 2	#05-50 PREMIER	AKAKI BUKIT	Address 3	SINGAPORE 415875
Address 4		Addre	ess Type	Singapore address		Post Code	415875
Unit No.	05-50	Relat Numb	ed Policy per	5106937496			
D Insure	ed Object: SLU5533T						
	sements						

Claim Handling					* E
Accident MT/1053770 Policy No.	5096389472-01	Vehicle No.	SLU6533T	GST Registration No.	
Certificate No.	A/982694/7/00	venice so:	3003331	GS1 Registration No.	
Roticyholder Name	RELIABLE RIDES PTE LTD			Policyhelder NAIC	201611527N
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	a a	Cornact No. (Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	TOP: V
кочк	® No ○Yes	TCA	® No ⊜Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	o .	Private Hire	Yes
Accident Details					
Report Date	17/07/2019 11:21	Acodent Report Within 24 hrs	Yes	Acadent Type	Collision - Head to Rear
Date of Accident	16/07/2019	Time of Accident hh:mm	13:25	Country of Accident	Singapore
Reporting Centre		Grange Force		ICM No.	- Control of the Cont
Acodent Location	AMK ST 64 TWDS YIO CHU KANG RD			1017 1101	
T Excess	Control of the Salar Hall and Salar				
Own damage Excess	1,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	3,000.00	000000000000000000000000000000000000000	
Third Party Excess	1,500,00	Outside Singapore TP Excess	3,000.00		
▽ Benefits					
□ GST Registered Inform	ation				
GST Registered	No		GST Registration Date		
GST Registration No.			GST Status Ventled	Yes	
Modification History					
Policyholder Mailing Ac	ddress				
Address 1	8 KAKI BUKIT AVENUE 4	Address 2	#05-50 PREMIER @ KAKI BUKIT	Address 3	SINGAPORE 415875
Address A		Address Type	Singapore address	Post Code	415875
Unit No.	05-50	Related Policy Number	5106937496	(1)505150155	74400
→ OI Driver Info	5.313				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	WONG KAT CHOONS	Driver NRIC	580730450	Driver DOB	25/12/1980
Register Date of Driver License	23/04/2003	Driver Age	38	Driving Expenence	16
Contact No.(Mobile)	92292436	Contact No. (Office)	0	Contact No.(Home)	0
Address 1	9UK 045	Address 2	JURONG WEST STREET 61	Address 3	SINGAPORE 640646
Address 4		Address Type	Singapore address	Post Code	640646
Unit No.	05-146				
Does he own a Singapore Registered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	○ Yes ® No		
Modification History					
Claim 001 New					
Claim Type •	ор-их 🔻	Indured Name	RELIABLE RIDES PTE LTD	Insured NRIC	201611527W
Contact No. (Mobile)	Land I	Contact No.(Home)	The state of the s	Contact No.(Office)	66351820
Email Address		Of Vehicle Number	5LU5533T	TP Vehicle Number	SLQ4227E
Claimant Type Claimant Type *	Please Select	Type of Benefit +	Please Select	Tr years name	Service Co.
Claimant Name *	>>	Claimant NRIC *			
Claimant Address		Church Charles			
Claim Description	SUI5533T / SUQ4227E ON 16 Jul 2019			Name of Preferred Workshop	
Preferred Workshop Contact		Insured Liability +	Fully at Fault	The state of the s	
No. Require Finalisation	Ves v	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	17/07/2019 11:24	Claim Close Date	received warrange, warre unknown		A STATE OF THE PARTY OF THE PAR
Report Taken By	Jackson	Com Cose Date		Date Received	17/07/2019 00:00
	раскари				
Print AK letter					
Attachment			Seve Submit		
Accident No.	MT/1053770	Claim No.	001		
Last Doc. Received	● Yes ○ No.	Upload Date	17/07/2019 11:25		
	Path •		Category *	Confidential Urgeni	y * Description *
		Browse.	Clear Please Select	NO V Normal	V
		Browse.	Clear Please Select S	Normal.	9
		Browse	Clear Please Select	No V Normal	$\mathbf{\nabla}$
			Section Co. Co.		

