NATIONAL Assessment Centre Services. WHI I Jamos M NAU 709 6168 Date In: 23/2/15- 11:46 Date &Time Completed Done by Jeb description Ref No: 40 146 190 13003 24 SAS e-filing 180 E 801 HOY HOY E-mail (within Shrs, AIC 2hrs) i-Motor Claim Form D.O.A : 20/7/19- N:15 M7 1054696-001 17:25 i-Motor W/O (Within: OD 2hrs, TP 4hrs) OD / (TP) Reporting Only i-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp Preferred Wksp / INC Assign Wksp / QW: (Tel: Fax: TP Particulars: Veh No: Juy 8214 INC ()/Non-INC (Owner / Driver: (Tcl: Policy No: (Period: (Cover Type: () Confirmed by: (Date: Time:) Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%] Year of Registration: (Warranty: YES ()/NO(Excess: (\$ Loading: \$1,000 ()/\$2,000 (General Remarks:) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.) Total Loss Case : to e-mail Insurer URGENTLY. Drive-In () / Towed-In (); Invoice: YES (); Towing Co: (Remarks: (INC hotline: 6788 6616) Done by 1) Apply for Transport Allowance () / Courtesy Car (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Actions Amt (3) Ant (S) Invoice Preparation Checklist HA I Y STYTT " fu Bill 1) AR : Accident Reporting Claimant's Particulars :-INC (\$80) 2) DA : Damege Assessment (\$100); \$40/\$45 3) TF : Towing Fee Driver/Owner: 4) FT : Follow-Through Survey \$120 5) FT : Follow-Through Survey (Resurvey) \$30 Contact No: For claiming against INC Only (wef 10 Jan 2005) 6) TR: Re-inspection Damaged Portion: \$160 7) N1 : Idao DA + SMRT Survey 8) NTUC Additional Services:-QC Checked by (Engr-In-Charge): \$5 *NS: Courtesy Cer / Tpt Allowerse 510 *N6: Repair Co-ordination *N7: Fost Repair Inspection \$25 Auditors' Comments :-*N8: DV / Collect Excess Coordination 55 TP (N11): TP (N::a INC) against INC \$20 Cat. 1: 9) N12: Idao Mobile Fee Charged 2at 2/3: Involce dated Fee Charged Invoice dated

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.
- 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.

aforesaid.	sent to the archiving or this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	23/07/2019 11:46
Date Of Accident	22/07/2019 21:15
Exact Location Of Accident	LENTOR AVE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLR8798S
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 1.8E HYBRID CVT
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	5093843518-01
(18 PANCE 2) (18	

Cover Note Number

Driver	
Name of Driver	LIM TECK LEONG (LIN DELIANG)
NRIC No	S7322554Z
Date Of Birth	13/06/1973
Occupation	OUTDOOR
Date Of Driving Pass	02/07/1993
Driving Experience	26 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96928775

Fax Number

Contact Number OFFICE-96928775

EMail Address NOEMAIL

BLK 101 POTONG PASIR AVENUE 1 Address

#15-320

Postcode 350101

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

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

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES NO

NO

3

2

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: : FEMALE

Passenger 2

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, I WAS TRAVELLING STRAIGHT ALONG THE STATED VENUE. SUDDENLY VEHICLE B OVERTAKE MY VEHICLE FROM MY LEFT SIDE, HE WAS TRAVELLING ON THE CHEVRON AND CUT ONTO MY LANE. 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

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SGY821H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

MOHAMED ISMAIL BIN ABDUL RAHAMAN

NRIC/Passport Number

S1250796H

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

3

NAME: GENDER:

NAME:

Passenger 2

GENDER:

DETAILS OF INJURED PERSON 1

Name

LIM TECK LEONG (LIN DELIANG)

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SLR8798S

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

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.
- 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:

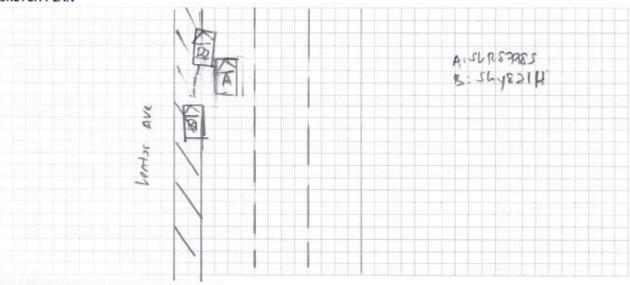
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the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

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

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Service August 1999	1000		
Refle to Hatemen	1.		
OES PA			

on 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. \$7322554Z



LIM TECK LEONG (LIN DELIANG)

For LKK/NAC Use Only

S7322554Z

LIM TECK LEONG (LIN DELIANG)

Erm Date 13 Jun 1973 30 Apr 2005

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors /vehiclas =< 2500 kg



CHINESE

13-06-1973

SINGAPORE

2350485



S7322554Z

For LKK/NAC Use Only

06-09-1994

APT BLK 101 POTONG PASIR AVENUE 1

#15-320 SINGAPORE 1335

02 Jul 1993

eBao Tech										GeneralClaim	
Hello, NAC_PAYA_UBI_80	0601						• Change	Language	• Chang	e Password	Log Out
My Desktop	Poli	cy Query									,
Notice of Loss	Policy N	ło.				Date	of Accident	2:	2/07/2019 2	1:15	
	Vehicle No. (For Motor)		SLR879	SLR8798S		Certificate Number			0		
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5093843518- 01		RELIABLE RIDES PTE LTD	201611527N	GPC	drivo CLASSIC	SLR87985	SLR87985	30/08/2018	29/08/2019
					18	Continue					

Policy No.	5093843518-01	Policyholder Name	RELIABLE	RIDES PTE LTD	Policyholder NRIC	201611527N	
Certificate No.		varing			MATC		
Address	8 KAKI BUKIT AVENUE 4 #05-5	O PREMIER @	KAKI BUKI	SINGAPORE 4158	75		
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	31/07/2018	Effective Date	30/08/201	8 00:00	Expiry Date	29/08/2019 2	3:59
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	g/Inexperience Driver Excess
Agent	TAN INSURANCE BROKERS PTE	Agent Tel.	NIL		GST Flag	Y	
Co- insurance Flag	No				300475100E2		
Open Policy Info							
Certificate Info							
Policy	holder Mailing Address						
Address 1	8 KAKI BUKIT AVENUE 4	Addre	ess 2	#05-50 PREMIER	R @ KAKI BUKIT	Address 3	SINGAPORE 415875
Address 4		Addre	ess Type	Singapore addres	ss	Post Code	415875
Init No.	05-50	Relat Numb	ed Policy er	5106937496			
Juit MO.	d Objects El DOZDOS						
MINERAL COA	ed Object: SLR8798S						
Unit No. D Insure □ Endors							

Accident MT/1054696 Palcy No					
and the	5093843518-01	Vehicle No.	SLR8798S	GST Registration No.	
ertificate No.					
olicyholder Name	RELIABLE RIDES PTE LTD			Policyholder NRIC	201611527N
roduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
ontact No.(Mobile)	٥	Contact No.(Office)	0	Contact No.(Home)	0
mail Address		Special Remark		eCode	New/
FK	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	V=100019;
CD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
 Accident Details 					
eport Date	23/07/2019 17:23	Academi Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
ate of Accident	22/07/2019	Time of Accident nh:mm	21:15	Country of Accident	Singapore Singapore
sporting Centre		Orange Force		ICH No.	Stripepore .
ccident Location	LENTOR AVE			33177780	
= Excess					
wn damage Excess	1,000.00	Additional Excess	0	Windscreen Excess	100.00
nnamed Driver Excess		Dutaide Singapore Ob Excess	3,000.00		
erd Party Excess	1,500.00	Outside Singapore TP Excess	3,000.00		
7 Benefits					
GST Registered Informa	ation				
T Registered	No		GST Registration Date		
IT Registration No.			GST Status Verified	Yes	
dification History					
	2000				
Policyholder Mailing Ad	8 KAKI BUKIT AVENUE 4	Marie 2		20/02	
diress 4	W NOW I BUT IT AVENUE #	Address 2	#05-50 PREMIER @ KAKI BUKIT	Address 3	SINGAPORE 415875
nit No.	05-50	Address Type	Singapore address	Post Code	415875
OI Driver Info	MONTH OF THE PARTY	Related Policy Number	5106937496		
ver Name	Unnamed Driver	Driver Type	Unnames Driver		
named driver Name	LIM TECK LEONG (LIN DELIANG	Driver NRIC	57322554Z	Driver DOB	
gister Date of Driver License		Driver Age	46		13/06/1973
ntact No.(Mobile)	96928775	Contact No.(Office)	0	Driving Experience	26
Alreas 1	BLK 101	Address 2		Contact No.(Home)	0
Mress 4	60X 101		POTONG PASIR AVENUE 1	Address 3	SINGAPORE 350101
it No.	15-320	Address Type	Singapore address	Post Code	350101
ses he own a Singepore					
gistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
claration eathalyser or Blood Test.					
ading?	0 mg	Any injury?	® Yes ○ No		
dification History					
and and a second					
TOTAL STREET					
Claim 001 New	For any	1,201192.00%			
Claim 001 New	ОО-МХ	Insured Name	AULIANUE RIDES PYE LTD	Insured NRIC	201611527N
Claim 001 New In Type * Intect No (Mobile)	ОО-МХ	Contact No.(Home)		Contact No.(Office)	66351820
on Type + mact No. (Mobile)		Contact No.(Home) OI Vehicle Number	SLR8798S		proposition and the second
on Type * mact No (Mobile) ail Address imant Type Claimant Type *	Please Select	Corract No.(Home) Of Vehicle Number Type of Benefit *		Contact No.(Office)	66351820
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m Type * mact No (Mobile) all Address imant Type Claimant Type * imant Address imant A	Please Select \$≥≥ \$1,867985 / \$GY821H ON 22 Jul 2019 Ves 23/07/2019 17:25]ackson MT/L054696 • Yes ○ No	Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRDC * Insured Liability * Preference Repair Option Claim Close Data	SLR87985 Pinase Select Not at Fault Preferred Workshop, Name unknown 5ave Submit 001 23/07/2019 17:26	Centact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received	86351820 507821H Receives 23/07/2019 00 00
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