NATIONAL Assessment Centre S	ervices puet 1 Janos Ma	A 1191 00388		
Date In: 31/3/14 -16:40	c-b description	Date &Time Completed	Don	ne by
	SAS e-filing			
	E-mail (within 8hrs, AIC 2hrs)			
	i-Motor Claim Form	m7)1055893-001	21 h/19 19	1:02.
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hr			
ob 17 Additional	i-Photo Uploaded			17
TP Insurer:	Assessment/Survey Report		A CONTRACTOR OF THE PARTY OF TH	
	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:)
TP Particulars: Veh No: 606275	1 INC()/Non-INC()	50	
Owner / Driver: (Tel:)	
Policy No: () Period:	()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Note-	-Est Status (WO): N: 0-2	0%; P: 21-79%. P: 30-1	.00%]	
	anty: YES ()/NO ()		
Excess: (\$) Loading: \$1,000 ()/\$2,000()			
General Remarks:-			12.00 B	5
() Walk-In Customer : Customer's informati		HALLE STREET, AND ADDRESS OF THE PARTY OF TH		
() Total Loss Case : to e-mail Insurer UI		N		
Drive-In ()/ Towed-In (); Invoice: YE		owing Co: ()
			77075C	36
Remarks: (INC hotline: 6788 6616)		Date&Time Completed	Done	5 by
1) Apply for Transport Allowance ()/ Courte	sy Car ()	<u> </u>		
2) QC Check / Post Repair Inspection	()		<u> </u>	
3) Upload Resurvey Photo [Repair Cost > \$3000]	()			
Injury:				
Date/Time Actions		A SAME		er og rette Petal og
			NOWS DE 157 72	-
		R.		
•				
Marie Con 11	Invoice Pres	paration Checklist	Anit (\$)	Amt (\$)
MAIGA GEV	1) AR : Accident	STATE AND A SAME AS A	A Mit Bill	Add Bill
aimant's Particulars :-	C73/CCC(00227CCC000 200.000, V2C)	Assessment (\$100); INC (\$8	0)	
iver/Owner:	3) TF : Towing Fe 4) FT : Follow-Th		/\$45 \$120	
ntact No:	5) FT : Follow-Th	rough Survey (Resurvey)	\$30	
Total Danting	6) TR: Re-inspec	sinst INC Only (wef 10 Jon 2005)	\$75	
maged Portion:	7) N1 : Idao DA +	SMRT Survey	160	
	8) NTUC Additio	nal Services:-		
Checked by (Engr-In-Charge):	*N5; Courtesy	Cor / Tpt Allowerne	\$5	
SALTE NECESTRATION CONTROL OF THE PROPERTY.	*N6; Repair Co *N7; Post Repair		\$10 \$25	
ditors! Comments :-	*N8: DV / Coll	ect Excess Coordination	53	
1:	9) N12: Idac Mob		30	*.
2/3;	Invoice dated	Fee Charged	eactric)	what Take
	Invoice dated	Fee Charged		

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 the

 By the lodgement of this report to the insurers, you hereby consaforesaid. 	sent to the archiving of this report at the centre and to copies of the report being made available
Application in the second section of the second	ACCIDENT STATEMENT
Date Of Report	31/07/2019 16:40
Date Of Accident	31/07/2019 13:30
Exact Location Of Accident	SLIP RD SIMS DR TWDS ALJUNIED RD
Country/State of Loss	SINGAPORE
Paradia de la compansión de la compansió	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLR7995X
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	REPORTING ONLY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

5093728169-01 Policy Number

Cover Note Number

Driver

Name of Driver CHUA SENG LONG

NRIC No S1301725E Date Of Birth 13/10/1958 Occupation OUTDOOR Date Of Driving Pass 30/09/1977

Driving Experience 41 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97959197

Fax Number

Contact Number OFFICE-97959197

EMail Address NOEMAIL

BLK 612 ANG MO KIO AVENUE 4 Address

#10-1145

Postcode 560612

Was driver an employee of the Insured's Company NO

OTHER - HIRER If No, Relationship of the Driver with the Insured

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)

involved in the accident

Was any body injured in the Accident?

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.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE, AS I SPEED UP A LITTLE AND SLIGHTLY GRAZED ONTO VEHICLE B REAR PORTION.

Attachment(s)

Are accident photos available for attachment?

YES

2

NO

NO

1

NO

NO

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 GBG2315T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 16

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:
 - 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

Refer to Statement.	

DECLARATION

I/We declare the receping 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.:







CHUA SENG LONG

蔡承隆

CHINESE

13-10-1958

SINGAPORE



DRIVING LICENCE

1 S 1 3 0 1 7 2 5 E

CHUA SENG LONG



APT BLK 612 ANG MO KIO AVENUE 4 #10-1145 SINGAPORE 2056

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

For LKK/NAC Use Only

NP 4284

eBao Tech						12.18			Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601		11000			• Change	Language) Chang	e Password	Log Out
My Desktop	Policy Query									
Notice of Loss	Policy No.				Date	of Accident	3	1/07/2019 1	3:30	
	Vehicle No.(For Motor)	SLR799	95X		Certif	icate Number				
				1	Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5093728169- 01		RELIABLE RIDES PTE LTD	201611527N	GPC	drivo CLASSIC	SLR7995X	SLR7995X	29/08/2018	28/08/2019
				100	Continue					

Policy No.	5093728169-01	Policyholder Name	RELIABLE	RIDES PTE LTD	Policyholder NRIC	201611527N	
Certificate No.							
Address	8 KAKI BUKIT AVENUE 4 #05-50	PREMIER @	KAKI BUKI	T SINGAPORE 41587	5		
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	31/07/2018	Effective Date	29/08/20	18 00:00	Expiry Date	28/08/2019 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							
Policy!	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 address	s	Post Code	415875
Jnit No.	05-50	Relate Numb	ed Policy er	5106937496			
D Insure	d Object: SLR7995X						
SEATTLE ST	sements						
□ Endors							

Accident MT/1055893					
Cident M1/1099993					
licy No.	5093728169-01	Vehicle No.	SLR7995X	GST Registration No.	
rtificate No.					
olicyholder Name	RELIABLE RIDES PTE LTD			Policyholder NRIC	201611527N
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
ontact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0.
nail Address		Special Remark		eCode	Dic V
×	® No ○Yes	TCA	® No ○ Yes	eCode Reason	
D Protection					
	No	NCO Entitlement(%)	0	Private Hire	Yes
Accident Details					
port Date	31/07/2019 17:00	Accident Report Within 24 hrs.	Yes	Accident Type	Collision - Head to Rear
ite of Accident	31/07/2019	Time of Accident hhomm	13:30	Country of Accident	Singapore
poming Centre		Drange Force		TOM No.	
cident Location	SLIP RD SIMS OR TWDS ALJUNIED RD				
Excess					
vn damage Excess	1.000.00	Additional Excess	0	Windscreen Excess	100.00
named Driver Excess	1,000			withoutreen excess	100.00
	0.0520000000000000000000000000000000000	Outside Singapore DO Excess	3.000.00		
ind Party Excess	1,500.00	Dutside Singapore TP Excess	3,000.00		
7 Benefits					
GST Registered Inform	etion.				
T Registered	No -		GST Registration Date		
T Registration No.			GST Status vented	Yes	
diffication History					
Policyholder Halling Ad					
Adress 1	8 KAKI BUKIT AVENUE 4	Address 2	#05-50 PREMIER @ KAKI BUKIT	Address 3	SINGAPORE 415875
idness 4		Address Type	Singapore address	Post Code	415875
VE No.	05-50	Related Policy Number	5106937496		
OI Driver Info			S24824260000		
ver Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	CHUA SENG LONG	Oriver NRIC	51301725E	Driver DOB	13/10/1958
					S1220000
gister Date of Driver License		Driver Age	60	Driving Experience	41
ntact No.(Mobile)	97959197	Contact No. (Office)	0.	Contact No.(Home)	0
dress 1	BLK 612	Address 2	ANG MO KIO AVENUE 4	Address 3	SINGAPORE 560612
dress 4		Address Type	Singapore address	Post Code	560612
rt No.	MESSAER				
1000	10-1145				
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