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OB . W Isoporting Only	i-Photo Up	loaded			
TP Insurer:	Assessment/	Survey Report			
	Ass't Report	by Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	: (Tel:	ax:	
TP Particulars: Veh No: 6	0D663KB	INC ()/Non-INC()		
Owner / Driver: (00.40.2		Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (11107	Date:	Time:)	
Insured/Driver Liability: (%	%) [Note-Est. Status	(WO): N: 0-20	0%; P: 21-79%. P: 30-	100%]	
Year of Registration: () Warranty: YES ()/NO()	- standard	
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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.
- 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

	ACCIDENT STATEMENT
Date Of Report	05/08/2019 14:01
Date Of Accident	02/08/2019 15:35
Exact Location Of Accident	ALONG CAIRNHILL RD
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLT7212L
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	C-HR HYBRID 1.8S 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
f 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	5095692108-01
Cover Note Number	

Driver

Name of Driver HO CHEE KHEONG (HE ZHIQIANG)

NRIC No S7312970B Date Of Birth 26/03/1973 Occupation OUTDOOR Date Of Driving Pass 19/11/2015

Driving Experience 3 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-84015394

Fax Number

Contact Number OFFICE-84015394

EMail Address NOEMAIL Address BLK 755 YISHUN STREET 72

#09-246

Postcode 760755

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

CHAIN COLLISION

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

9)

involved in the accident

3 YES

Was any body injured in the Accident?
Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

.

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

Passenger 1

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, MY VEHICLE WAS STATIONARY STOPPED ALONG THE STATED VENUE AS FRONT VEHICLE WAS STATIONARY STOPPED, SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION. AFTER AN IMPACT, MY VEHICLE MOVED FORWARD AND HIT ONTO VEHICLE C 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?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GBD6638B

Vehicle Make/Model/Colour

Details Of Properties

GDD0030D

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

JUMAHAT BIN ISMAIL

NRIC/Passport Number

S7039284D

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SHB3939S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

LIM TECK HEE

NRIC/Passport Number

S1423335J

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name HO CHEE KHEONG (HE ZHIQIANG)

Approximate Age

Injuries Sustain

Injured person in which vehicle? SLT7212L

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

BODY

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.
- 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:

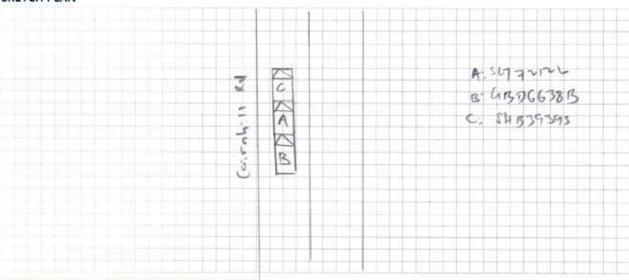
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

RIDES (Co. Reg. No: ITI 201611527N

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 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 GARD NO. \$7312970B



5800070











26-03-1973, SINGAPORE

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

Class 3A Motor cars without clutch pedals (Auto) =< 3000kg < 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals =< 2500kg

For LKK/NAC Use On

15-09-2017

APT BLK 755 YISHUN STREET 72 #09-246 SINGAPORE 760755

NP 428A

								GeneralClaim		
601						• Change	Language	• Chang	e Password	· Log Ou
Poli	cy Query									
Policy N	la.				Date	of Accident	0	2/08/2019 1	5:35	
Vehicle	No.(For Motor)	SLT721	12L		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
0	5095692108- 01		RELIABLE RIDES PTE LTD	201611527N	GPC	drivo CLASSIC	SLT7212L	SLT7212L	08/11/2018	07/11/2019
	Policy N Vehicle	Policy Query Policy No. Vehicle No.(For Motor) Select Policy No. 5095692108-	Policy Query Policy No. Vehicle No. (For Motor) Select Policy No. Certificate Number 5095692108-	Policy Query Policy No. Vehicle No.(For Motor) Select Policy No. Certificate Number Name S095692108- S095692108- RELIABLE RIDES PTE	Policy Query Policy No. Vehicle No.(For Motor) Select Policy No. Certificate Number Name Policyholder NRIC S095692108- RELIABLE RIDES PTE 201611527N	Policy Query Policy No. Date of Certificate Number Name RELIABLE RIDES PTE 201611527N GPC	Policy Query Policy No. Vehicle No. (For Motor) Search Select Policy No. Certificate Number Search Select Policy No. Certificate Number Name Name Name NRIC RELIABLE RILABLE	Policy Query Policy No. Date of Accident D Vehicle No. (For Motor) SLT7212L Certificate Number Search Select Policy No. Certificate Number Name NRIC Product Cover Type Vehicle No. S095692108- RELIABLE RIDES PTE 201611527N GPC CLASSIC SLT7212L	Policy Query Policy No. Date of Accident 02/08/2019 1 Vehicle No.(For Motor) SLT7212L Certificate Number Search Select Policy No. Certificate Number Name NRIC Product Cover Type Vehicle Insured No. Object S095692108- RIDES PTE 201611527N GPC CLASSIC SLT7212L SLT7212L	Policy Query Policy No. Date of Accident 02/08/2019 15:35 Vehicle No. (For Motor) SLT7212L Certificate Number Select Policy No. Certificate Number Name Name Name Name RELIABLE RIDES PTE 201611527N GPC CLASSIC SLT7212L SLT7212L 08/11/2018



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ccident MT/1056558					
okey No.	5095692108-01	Vehicle No.	SLT7212L	GST Registration No.	
ertificate No.					
olicyholder Name	RELIABLE RIDES PTE LTD			Policyholder NRIC	201611527N
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
ntact No (Motile)	0	Contact No.(Office)	0	Contact No.(Home)	0
ait Address		Special Remark		eCode	NI V
4	® No ○ Yes	TCA	® No ○Yes	eCode Reason	
b Protection	No	NCD Entitlement(%)	0	Private Hire	Ves
Accident Details					
part Date	05/08/2019 20:33	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
e of Accident	02/08/2019	Time of Accident hh:mm	15:35	Country of Acadent	Singapore
orting Centre		Orange Force		3CM No.	
dent Location	ALONG CATRNHILL RD				
Excese					
n damage Excess	1,000.00	Additional Excess	0	Windscreen Excess	100.00
amed Driver Excess		Outside Singapore OD Excess	3,000.00		
of Party Excess	1,500.00	Outside Singapore TP Excess	3,000.00		
Benefits					
GST Registered Informa	ation				
Registered	No		GST Registration Date		
Registration No.			GST Status Venfied	Yes	
incation History					
Policyholder Halling Ad				New years of the second	
iress 1	8 KAKI BUKIT AVENUE 4	Address 2	#05-50 PREMIER & KAKI BUKIT	Address 3	SINGAPORE 415875
trass 4		Address Type	Singapore address	Post Code	415875
t No.	05-50	Related Policy Number	5106937496		
OI Driver Info		- Con-Garden			
er Name	Urnamed Driver	Driver Type	Unnamed Driver		
amed driver Name	HD CHEE KHEDNE (HE SHEQUA	Driver NRIC	\$73129708	Driver DO8	26/03/1973
ister Date of Driver License	19/11/2015	Driver Age	46	Driving Experience	3
cact No.(Mobile)	84015394	Contact No.(Office)	٥	Contact No.(Home)	0
ress 1	BLK 755	Address 2	VISHUN STREET 72	Address 3	SINGAPORE 760755
iress 4		Address Type	Singapore address	Post Code	760755
t No.	09-246				
es he own a Singapore gistered car?	○ Yes No	Driver Vehicle No.		Driver Insurer Company	
Seration		JOHN MINISTER	OWNERS W.		
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m Type *	00-MX	Insured Name	RELIABLE RIDES PTE LTD	Insured NRIC	201611527N
sact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	66351820
al Address		OI Vehicle Number	SLT7212L	TP Vehicle Number	G8064388
mant Type Claimant Type *	Hease Select	Type of Benefit *	Please Select	15107670805.40075366	Newskilling
mant Name *	22	Claimant NRIC *			
mant Address	EE				
m Description	SLT7212L / G8066388 ON 2 Aug 2019			Name of Preferred Workshop	
erred Workshop Contact	The state of a ring and	Insured Liability *	Not at Fault	11.10.1.00 111.10.100	
	Yes.			Tel mont	Baratina Isa
urs Finalisation	Ves VS/08/2019 20:34	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	05/08/2019 00:00
Registered		Claim Close Date		Date Received	G3/00/20 19 00:00
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dent No.	MT/1056558	Caim No.	001		
Doc. Received	® Yes ○ No	Uplead Date	05/08/2019 20:36		
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