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Tr Particulars: Veh No: 31	FD 20 A	. INC()/Non-INC().		
Owner/Driver: (Tcl:	4,)	
Policy No: () Per	iod: ()	Cover Type: ()	
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CZ35	1573	votes dated	Fee C	harged	MARIN	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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.
- 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.
- 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.

	ACCIDENT STATEMENT
Date Of Report	23/08/2019 11:22
Date Of Accident	22/08/2019 22:30
Exact Location Of Accident	BAYFRONT AVE ENTRANCE OF MBS
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMA4009R
Insured/Policyholder	
Name Of Registered Owner	RELIABLE RIDES PTE LTD
Co Reg No	201611527N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81558858
Vehicle Particulars	
Manufacturer	HONDA
Model	FREED
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	5106937496
Cover Note Number	
Driver	
Name of Driver	MOHAMMAD SHAFIE BIN SHAMSUDDIN
NRIC No	S8037437B
Date Of Birth	24/11/1980
Occupation	OUTDOOR
Date Of Driving Pass	10/04/2014
Driving Experience	5 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87749496
Fax Number	
Contact Number	

NOEMAIL

Address

BLK 316 HOUGANG AVE 7 #08-101

Postcode

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 - MAJOR/MINOR RD

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?

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.

Number of Passengers (Including Driver)

NO 3

Passenger 1

NAME:

: UNKNOWN

GENDER:

: MALE

Passenger 2

NAME:

: UNKNOWN

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

WHILE ENTERING TO MARINA BAY SANDS, SUDDENLY VEH B COME FROM OPPOSITE DIRECTION MAKE A RIGHT TURN AND HIT ONTO MY VEH RIGHT FRONT PORTION.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH DRIVER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SFD20A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode Insurance Company Name Nature Of Damage No. Of Passenger (Including Driver)

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's Signature Date & Time:

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

Name: NRIC/FIN No.:

Reporting Centre Personnel's Signature

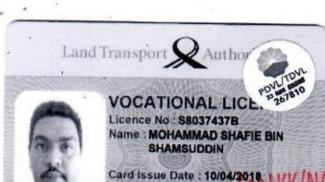
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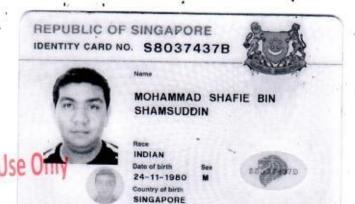
SKETCH PLAN	11			
Cantragate of 1985	8		A = 8 =	SMA 4009 R SFD 20A
DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	Bayfront	Ave	
Please	Refer	to Stat	lement	
ECLARATION We declare the toregoing partic	ulars are true in every respe	ed.		1 /
olicyholder's Signature	Driver's Signature (If driver is not the pol	(icyholder)	Reporting Centre	Personnel's Signature

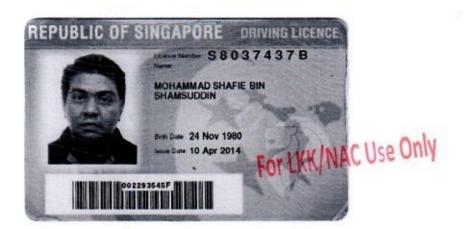
Date & Time:

NRIC/FIN No.:



Please visit www.lta.gov.sg to check the status of this vocational licence





This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type

Description

Issue Date

.13

PRIVATE HIRE CAR VL

10/04/2018

FOT LKK/NAC Use



APT BLK 316 HOUGANG AVENUE 7 #08-101

NRIC No: \$80374378

Date: 24/01/2018



For LKK/NAC Use Only

NP 428A



eBao Tech									(GeneralC	laim
Hello, NAC_PAYA_UBI_80	0601				- 1005		· Change L	anguage	, Change P	- As ceals	Log Out
My Desktop	Poli	cy Query							150		
Notice of Loss	Policy N	lo:				Date of	Accident	22/0	08/2019 14:04	4	
	Vehicle	No.(For Motor)	SMA400	19R		Certifica	ate Number				
					S	earch					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5106937496		RELIABLE RIDES PTE LTD	201611527N	GFT	drivo CLASSIC	SMA4009R		06/06/2019	
					Co	entinue					

Policy Information

Policy No.	5106937496		Policyholder Name	RELIABLE RIDES PT	ELTD	Policyholder NR	IC	201611527N
Certificate No.		00.747-1277						
Address		4 #05-50		BUKIT SINGAPORE 4158	175			
Product Name	FLEET INSURANCE		Plan	- 15 4104 X UL 65 VOX 65 (10 10 10 10 10 10 10 10 10 10 10 10 10 1		Group Policy Fla	99	N
Policy issue Date	10/01/2019		Effective Date Own damage	10/01/2019 00:00		Expiry Date		31/12/2019 23:59
Third Party Excess	2500.00		Excess	2000.00		Windscreen Exc	ess	100.00
Additional Excess	0		OS Premium	26806.96				
Outside Singapore OD Excess	4000.00		Outside Singapore TP Excess	4000.00				
Agent	TAN INSURANCE BROKE	ERS PTE	Agent Tel.	NIL		GST Flag		Υ
Co-insurance Flag Open Policy Info Certificate Info	No							
Policyholder	Mailing Address							
Address 1	8 KAKI BUKIT AVENUE	4	Address 2	#05-50 PREMIER @	KAKI BUKIT	Address 3		SINGAPORE 415875
Address 4			Address Type	Singapore address		Post Code		415875
Jnit No.	05-50		Related Policy Number	5106937496				
Insured Object	ct: SMA4009R							
▼ Endorsement	•							
Sequence	Date of Endorsement	Ende	orsement Type	Endorsement Number	Endores	ement Status		Endorsement Content
10	29/01/2019 00:00	Basic In Endorse	formation ment	000001286998667	Endorseme Effective	ent Take	VEHICLE NUMBER EFFECTI PREMIUM (INCL GST) 1. St 30-01-2019 \$1,482.08 In vamendment, an additional of \$1,482.08 (inclusive of C payable under your policy, ignore this premium payme if you have since made pay Otherwise, we would appre you could make payment to 14 days from the date of the For cheque payment, pleas cheque in favour of "NTUC with your name and policy indicated on the reverse of cheque. Alternatively, you c make payment at any of ou by cash or NETS.	
	04/03/2019 00:00	Basic Ini Endorse	formation ment	000001287018848	Endorseme Effective	ent Take	opporithat tithe for the form of the form	you for giving us the tunity to serve you. We confirm is policy is extended to cover llowing vehicle(s) as follows: ILE NUMBER EFFECTIVE DATE UM (INCL GST) 1. SKM4987C -2019 \$1,323.29 2. SLW92701-2019 \$1,323.29 2. SLW92701-2019 \$1,283.59 4. SLX2296C -2019 \$1,283.59 4. SLX2296C -2019 \$1,239.48 6. SLX39752 -2019 \$1,230.66 In view of the different of the confirmation
						c n	heque nake j	ed on the reverse of the e. Alternatively, you could also payment at any of our branch h or NETS.

Claim Handling he premium on this policy has no	it been cullected.									
ccident MT/1059164	160 150 150 150 150 150 150 150 150 150 15		NIC. 200000		226.114	A SUMPLEMENT OF STATE				
olicy No.	5106937496	Vehicle No.	SMA1009R		G5T	Registration No.				
ertificate No.					- m-10	ob alder NINE				
olicyholder Name	RELIABLE RIDES PTE LTD	Cover Type	drivo CLASSIC		Load	tyholder NRIC		201611	32/14	
roduct Code contact No.(Mobile)	FLEET INSURANCE 81558858	Contact No.(Office)	erwo Conseilo			tect No.(Home)		7		
Email Address	07200000	Special Remark			eCo	de		No *		
CFK	* No _ Yes	TCA	* No Yes		eCo	de Reason				
CD Protection	Να	NCD Entitlement(%)	0		Priv	ate Hire		Yes		
→ Accident Details										
eport Date	23/08/2019 17:22	Accident Report Within 24 hrs	Yes			dent Type			n - Major Min	gr Rp.
Date of Accident	22/08/2019	Time of Accident hh:mm	22:30			ntry of Accident		Singapi	ore	
Reporting Centre	Value Salara National Salara Salara	Orange Force			ICM	NO.				
Accident Location ** Excess	BAYFRONT AVE ENTRANCE OF MISS									
Dwn damage Excess	2.000.00	Additional Excess	0		Win	dscreen Excess		100.00		
Unnamed Driver Excess	(A-100-100)	Outside Singapore OD Excess	500	4.000.00		######################################				
Third Party Excess	2,500.00	Outside Singapore TP Excess		4,000.00						
✓ Benefits										
→ GST Registered Informat	tion									
ST Registered	140		GST Regis	stration Date		Yes				
ST Registration No. lodification History			GS1 State	is seried		165				
Policyholder Mailing Add	ress									
Address 1	B KAKI BUKIT AVENUE 4	Address 2	#05-50 PREMIER	Ø KAKI BUKIT	Add	iress 3		SINGA	PORE 415875	E
Address 4		Address Type	Singapore address	<u>V.</u>	Pos	t Code		41587	5	
Unit No.	05-50	Related Policy Number	5105937496							
OI Driver Info										
Oriver Name	Unnamed Driver MOHAMMAD SHAFTE BIN SHAMS	Driver Type Driver NRIC	Unnamed Driver 58037437B		Driv	ver DOB		24/11/	veen	
Unnamed driver Name Register Date of Driver License	10/04/2014	Driver Age	38			ving Experience		5	1000	
Contact No.(Mobile)	87749496	Contact No.(Office)				itact No.(Home)				
Address 1	BLK 316 #08-101	Address 2	HOUGANG AVENUE	E 7	Add	fress 3		SINGA	PORE \$30316	
Address 4		Address Type	Singapore address	k:	Pos	t Code		53030	6	
Unit No.	08-101									
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.			Dri	ver Insurer Compa	my			
Reading? Modification History Claim 001 OD-MX: New										
	SE .									
Claim Type *				00-HX	v Inc	me RELIABLE	RIDES PTE L	TD	Insured	2016
Contact No.(Mobile)					No	ntact			No.	6635
					(H	ome)			(Office)	
Email Address					Ve	hicle SMA4005 mber	iR		Vehicle Number	SFO
Claim Description				SMA4009R / SFD20A ON 2	2 Aug 20	19			Name of Preferred Workshop	0
Preferred Workshop 0	Insured Liability Not at F			7						
Romiet No. Yes Finalisation	▼ Repair Preferred Workshop Option	, Name unknown v report Received	•	23/08/2019 17:25		sim ose			Date	23/0
Date Registered				23/08/2019 17:25	Da	de .			Received Total Loss	
Report Taken By				LIEW SHAN HUI		orkshop pairer			but Repaired	
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Attachment			manage and an artist of the second	543						
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Accident No.	MT/1059164	Claim No.		001						
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	NAC_PAYA_UBI_800601(NATION 23 Aug	L ASSESSMENT CENTRE SERVICES) on 2019 17:25	Photos		Normal		Photos 2019-8-23
	NAC_PAYA_UBI_B00601(NATION 23 Aug	AL ASSESSMENT CENTRE SERVICES) on 2019 17:25	Photos		Normal		Photos 2019-8-23
	NAC_PAYA_UBI_800601(NATION 23 Au	AL ASSESSMENT CENTRE SERVICES) on 2019 17:25	Photos		Normal		Photos 2019-8-23
0	NAC_PAYA_UBI_800601(NATION 23 Au	AL ASSESSMENT CENTRE SERVICES) on 2019 17:49	Photos		Normal		Photos 2019-8-23
	NAC_PAYA_UB1_BOOGOT(NATION 23 Au	AL ASSESSMENT CENTRE SERVICES) on 2019 17:49	Photos		Normal		Photos 2019-8-23
2-1	NAC_PAYA_UBI_800601(NATION 23 Au	AL ASSESSMENT CENTRE SERVICES) on 2019 17:49	Photos		Normal		Photos 2019-5-23
	NAC_PAYA_UBI_800601(NATION 23 Au	AL ASSESSMENT CENTRE SERVICES) on 2019 17:49	Photos		Normal		Photos 2019-8-23
Galar	NAC_PAYA_UBI_800601(NATION 23 Au	AL ASSESSMENT CENTRE SERVICES) on 2019 17:49	Photos		Normal		Photos 2019-8-23
10	NAC_PAYA_UBI_B00601(NATION 23 Au	AL ASSESSMENT CENTRE SERVICES) on 2019 17:49	SAS		Normal		SAS 2019-8-23
And a second	NAC_PAYA_UBI_800601(NATION 23 Au	AL ASSESSMENT CENTRE SERVICES) on g 2019 17:49	NRIC/ Orlving License	Y .	Normal	0.5	NRIC/ Onlying License 2019-8-23
1/23/2019		Claim Ha	andling(accident re	eporting	Claim Task	001 OD-MX)	

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