	Jcb description	Date &Time C	ompleted	Done	· hv
Date In: 7/9/19-11:8		Date to Time o	Ontprotou	Done	
Res No. Ha JINC 143 15522/4	SAS e-filing				
Veh No: Juggova	E-mail (within Shrs, Al	C 2hrs)			
D.O.A: 30 87 4-19:30	i-Motor Claim For	m M7 1060681	- 20 1 7	4)19 2	2:38
OD . TP . Reporting Only	i-Motor W/O (Within i-Photo Uploaded	n: OD 2hrs, TP 4hrs)			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Assessment/Survey F	Report			CV3
TP Insurer:	Ass't Report by Fax	/ Hand to Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW:	(Tel:	Fax		
TP Particulars: Veh No:	HC136B	INC ()/ Non-INC	().	9	
Owner / Driver: (Tel:	W.)	
Policy No: ()	Period: () Cover Type: ()	
Confirmed by : (Dat	e: Time	:)	
Insured/Driver Liability: (%	(WO):	N: 0-20%; P: 21-79%	P: 80-100	%]	en exte
Year of Registration: (Warranty: YES ()/N	10()			
Excess: (\$) Loading:	\$1,000 ()/\$2,000 ()				
General Remarks:	4.2		61.274.003	A 5. 1. 3	
() Walk-In Customer: Customer's		Annal and the second se			
() Total Loss Case : to e-mail In					
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), towing co. (1		
Remarks: (INC hotline: 6788 6610	0):::::::::::::::::::::::::::::::::::::	Date&Time Co	nple od	Done	by
1) Apply for Transport Allowance () / Courtesy Car ()		*	200000000000000000000000000000000000000	
2) QC Check / Post Repair Inspection	()				
3) Upload Resurvey Photo [Repair Cost	> \$3000] ()	marchine (A)			
Injury:	<i>ii</i>	SA 994 - 0.9 - 0.5			
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Expense of the

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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 this report at the centre and to conies of the report being made available.

aforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available				
	ACCIDENT STATEMENT				
Date Of Report	02/09/2019 11:18				
Date Of Accident	30/08/2019 19:30				
Exact Location Of Accident	RIVERVALE DR BESIDE HDB BLK 186C				
Country/State of Loss	SINGAPORE				
	DETAILS OF OWN VEHICLE				
Vehicle Registration Number	SLU7582M				
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	FREED HYBRID 1.5G 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 5096639132-01

Cover Note Number

Driver

Name of Driver YUSAFARUDIN BIN YUSRI

NRIC No S9531565H Date Of Birth 31/08/1995 Occupation OUTDOOR Date Of Driving Pass 18/11/2017

Driving Experience 1 YEAR AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97321617

Fax Number

Contact Number OFFICE-97321617

EMail Address NOEMAIL

BLK 186C RIVERVALE DRIVE Address

#02-810

Postcode 543186

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 SIDE SWIPE Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO Number of vehicles (including own vehicle) 2 involved in the accident

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

NO

NO

NAME: 5 -

GENDER: : FEMALE

Passenger 2

NAME:

GENDER: : FEMALE

Passenger 3

NAME:

GENDER:

: FEMALE

Passenger 4

NAME:

184 GENDER: : FEMALE

Passenger 5

NAME:

GENDER:

: FEMALE

Passenger 6

NAME:

8 .-

GENDER:

: MALE

Details of Police Action

Was the accident reported to the police?

Was notice of intended Prosecution given?

NO

If Yes.Please state which Police Station

NO

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, AS I EXIT FROM BLK 186C RIVERVALE DR, I TURN ON MY VEHICLE INDICATOR LIGHT AND CHECK MY BLINDSPOT ON MY RIGHT SIDE BEFORE I CAN PROCEED. WHERE THERE WAS TRAFFIC CLEAR ALONG THE MAIN RD. I MERGED ONTO EXTREME RIGHT LANE, SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZE THAT VEHICLE B WAS TRAVELLING ALONG EXTREME RIGHT LANE. AS A RESULT, MY VEHICLE FRONT RIGHT PORTION INTACT WITH VEHICLE B FRONT 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?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SHF1006B

Vehicle Make/Model/Colour

Details Of Properties

TAXI

Vehicle Category Name of Driver

WONG SIN PING

NRIC/Passport Number

S0044204F

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

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:

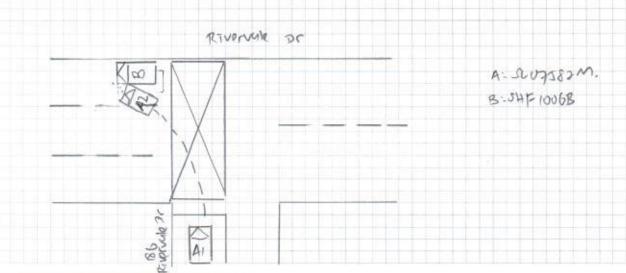
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

neter	to	statement.
7.4		
	-	

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.:

eBao Tech										GeneralClaim		
Hello, NAC_PAYA_UBI_80			Print -) Chang	e Language	Chang	ge Password	Log Out			
My Desktop	Poli	cy Query										
Notice of Loss	Policy N	io.				Date	of Accident	3	30/08/2019 1	19:30		
	Vehicle	No.(For Motor)	SLU75	82M		Certi	ificate Number	re 1				
						Search	1					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date	
	0	5096639132- 01		RELIABLE RIDES PTE LTD	201611527N	GPC	drivo CLASSIC	SLU7582M	SLU7582M	13/12/2018	12/12/2019	
						Continue						

insurance Flag Open	No						
Co- insurance	No						
Agent	TAN INSURANCE BROKERS PTE	Agent Tel.	NIL		GST Flag	Y	
Excess		TP Excess	10000			100119	THE PERSON OF PARTY ENGLIS
Outside Singapore OD	3000	Outside Singapore	3000			Young	/Inexperience Driver Excess
Additional Excess	0	OS Premium	0				
Excess	1500	damage Excess	1000		Excess	100	
Third Party	1500	Own	1000		Windscreen	100	
Гуре		All Claims Excess					
ssue Date Excess	26/11/2018	Date	13/12/201	8 00:00	Expiry Date	12/12/2019 2:	3:59
Policy	Authoritismus Au	Effective			Policy Flag		
Product Name	PRIVATE CAR INSURANCE	Plan			Group	N	
No. Address	8 KAKI BUKIT AVENUE 4 #05-5() PREMIER @	KAKI BUKIT	SINGAPORE 415875	ê		
Certificate	5096639132-01	Name	NELIABLE	RIDES PTE LTD	NRIC	201611527N	

Claim Handling					Ex
Accident MT/1060681	***********	ALTER DE L			
Poscy No.	5096639132-01	Vehicle No.	SLU7\$82M	GST Registration No.	
Certificate No.	FG-2000 FG-9820 LAST 5520 0				
Policyholder Name	RELIABLE RIDES PTE LTD	02-0002000	THE PARTY WAS A STATE OF THE PARTY OF THE PA	Policyholder NRIC	201611527N
Product Code Contact No. (Mobile)	PRIVATE CAR INSURANCE 0	Contact No. (Office)	drive CLASSIC	Loading	0
žmaii Address	5 5	Special Remark	*	Contact No. (Home) eCode	r v
KFK	® No ○ Yes	TCA	® No ○Yes	eCode Reason	14.4
NCD Protection	No.	NCD Entitlement(%)	0	Private Hire	Yes
	35	Act containing of		CONTRACTOR OF THE PARTY OF THE	177
Report Date	02/09/2019 22:06	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	30/08/2019	Time of Accident hhomm	19:30	Country of Accident	Singapore
Reporting Centre		Orange Force		JCM No.	
Accident Location	RIVERVALE DR BESIDE HDB BLK 1860				
♥ Excess					
Own damage Excess	1,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	7.404.00	Outside Singapore OD Excess	3,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	3,000.00		
9 Benefits	325				
■ GST Registered Inform GST Registered	ation No.		NAME OF TAXABLE PARTY.		
GST Registered GST Registration No.	NO		GST Registration Date GST Status Verified	Yes	
Modification History				200	
♥ Policyholder Hailing Ad	idress				
Address I	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
Une No.	05-50	Related Policy Number	5106937496		
○ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	YUSAFARUDIN BIN YUSRI	Driver NRIC	S9531565H	Driver DOB	31/08/1995
Register Date of Driver License	18/11/2017	Driver Age	23	Driving Experience	1
Contact No.(Mobile)	97321617	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 186C	Address 2	RIVERVALE DRIVE	Address 3	SINGAPORE 543186
Address 4		Address Type	Singapore address	Post Code	543186
Unit No.	02-610				
Does he own a Singapore Registered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
Declaration		Million and the			
Breathalyser or Blood Test Reading?	0 mg	Any injury?	○ Yes ® No		
Modification History					
Claim 001 New					
Communication of the second					
		C32.742359327		14200 A 1000 A	Processor Control of the Control of
Claim Type *	OO-MX	Impured Name	RELIABLE RIDES PTE LTD	Insured NRIC	201611527N
Contact No.(Mobile)		Contact No. (Home)		Contact No.(Office)	66351820
Email Address		Of Vehicle Number	SLU7582M	TP Vehicle Number	SHF10068
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
	The state of the s				
Claimant Name *	22	Claimant NR3C *			
Claimant Name * Claimant Address	22	Claimant NRJC •			
Claimant Name * Claimant Address Claim Description	The state of the s		Europea 50	Name of Preferred Workshop	
Claiment Name * Claiment Address Claim Description Preferred Workshop Contact No.	≥≥ SLU7582H / SHF1006B CN 30 Aug 2019	Insured Liability •	Fully at Fault		
Claimant Name * Claimant Address Claim Description Preferred Workshop Contact No. Require Finalisation	\$2 \$117583H / SHF1006B ON 30 Aug 2019 Yes:	Insured Liability * Preferend Repair Option	Fully at Fault Preferred Workshop, Name unknown	GJA report	Received V
Claimant Name * Claimant Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered	SLU7583H / SHF1006B ON 30 Aug 2019 Yes 02/09/2019 22:08	Insured Liability •			Received 9
Claimant Name * Claimant Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered	\$2 \$117583H / SHF1006B ON 30 Aug 2019 Yes:	Insured Liability * Preferend Repair Option		GJA report	Processor Anna Company (Control of Control o
Claimant Name * Claimant Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By © Print AK letter	SLU7583H / SHF1006B ON 30 Aug 2019 Yes 02/09/2019 22:08	Insured Liability * Preferend Repair Option		GJA report	Processor Anna Company (Control of Control o
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Claimant Name * Claimant Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By	SLU7583H / SHF1006B ON 30 Aug 2019 Yes 02/09/2019 22:08	Insured Liability * Preferend Repair Option		GJA report	Processor Anna Company (Control of Control o
Claimant Name * Claimant Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Dil Print AK letter	SLU7583H / SHF1006B ON 30 Aug 2019 Yes 02/09/2019 22:08	Insured Liability * Preferend Repair Option	Preferred Workshop, Name unknown	GJA report	Processor Anna Company (Control of Control o
Claimant Name * Claimant Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Dil Print AK letter	SLU7583H / SHF1006B ON 30 Aug 2019 Yes 02/09/2019 22:08	Insured Liability * Preferend Repair Option	Preferred Workshop, Name unknown	GJA report	Processor Anna Company (Control of Control o
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Claimant Name * Claimant Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter Attachment	≥≥ SLU7583M / SHF10068 ON 30 Aug 2019 Yes □ 02/09/2019 22:08 Jackson	Insured Liability * Preferend Repair Option Claim Close Date	Preferred Workshop, Name unknown	GJA report	Processor Anna Company (Control of Control o
Claimant Name * Claimant Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter Attachment	≥≥ SLU7583H / SHF10068 ON 30 Aug 2019 Yes □ 02/09/2019 22:08 Jackson H1/1060681	Insured Liability * Preference Repair Option Claim Close Date	Preferred Workshop, Name unknown	GJA report	02/08/2019 00:00
Claimant Name * Claimant Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter Attachment	22 SLU7583H / SHF10068 ON 30 Aug 2019 Yes	Insured Liability * Preference Repair Option Claim Close Date	Preferred Workshop, Name unknown Save Submit 001 02/09/2019 22:08 Category *	G3A report Date Received	02/08/2019 00:00
Claimant Name * Claimant Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter Attachment	22 SLU7583H / SHF10068 ON 30 Aug 2019 Yes	Insured Liability * Preferend Repair Option Claim Close Date Claim No. Upload Date	Preferred Workshop, Name unknown Save Submit 001 02/09/2019 22:08 Category * Clear Please Select	G3A report Date Received Confidential Urgen	02/08/2019 00:00 IIII
Claimant Name * Claimant Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Di Print AK letter Attachment	22 SLU7583H / SHF10068 ON 30 Aug 2019 Yes	Insured Liability * Preferend Repair Option Claim Close Date Claim No. Upload Date Browse	Save Submit 001 02/09/2019 22:08 Category * Clear Please Select 1	GIA report Date Received Confidential Urgen	02/08/2019 00:00

