Dale in: God to the A A I	111111111		Light 90VS	Done	hv
Date In: 30/4/19-14:31	Jeb description		Date &Time Completed	Done	U,
Ref No: NA INCIOPINING	SAS e-filing				
Veh No: SUZIVIC	E-mail (within Shrs,	AIC 2hrs)			•
D.O.A :28/4/19-18-15	i-Motor Claim F	orm	M711064608-201	30/10	17:17
OD : TP . Reporting Only	i-Motor W/O (Wi	thin: OD 2hrs,	TP 4hrs)		
OD : OF . Reporting Only	i-Photo Uploadeo	d			
TD	Assessment/Survey	Report			
TP Insurer:	Ass't Report by Fa	x / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (			Tel:	Fax:	
TP Particulars: Veh Nou	18477	. INC(	)/Non-INC( ).	2/	
Owner / Driver: (		## 	Tel:	)	_
Policy No: ( )	Period: (	)	Cover Type: (	)	
Confirmed by : (	D	ate:	Time:	)	
Insured/Driver Liability: ( %)	[Note-Est. Status (WO):	N: 0-20	%; P: 21-79%. P: 80-	100%]	1 (94)
Year of Registration: ( )	Warranty: YES ( )	NO(			
Excess: (\$ ) Loading: \$1	,000 ( )/\$2,000 (	)			
General Remarks -	All Francis				
The state of the s	AND MORE CONTRACTOR	CASTAGORIAN S	-th- NO safes of sanakar	5 (************************************	
( ) Walk-In Customer: Customer's in		ential & Stri	ctly NO refer of repairer.		
( ) Total Loss Case : to e-mail Insu		*	44 3		
Drive-In ( )/ Towed-In ( ); Invoi	ce: YES ( ) / NO (	) ; To	wing Co: (		
Remarks: (INC hotline: 6788 6616)		N-12-0	Date&Time Completed	Done	by ·
	Courtesy Car ( )			8-12614	
2) QC Check / Post Repair Inspection	Courtesy Car ( )		*	*	
2) QC Check / Post Repair Inspection			·		
			The second secon		
3) Upload Resurvey Photo [Repair Cost>	\$3000] ( )				
3) Upload Resurvey Photo [Repair Cost > Injury :	\$3000] ( )				
Injury:	\$3000] ( )				
Manager and	\$3000] ( )			Projectie.	
Injury:	\$3000] ( )			enselosus.	
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Injury: ————————————————————————————————————	1			Ani((S))	Ami (\$)
Injury: ————————————————————————————————————	1	veice Prep	aration Checklist	Anit (S).	A CONTRACTOR OF THE PARTY OF TH
Injury:  Date/Time: Actions  MAIMONAMY	ins I) A	R : Accident I	Reporting (\$30);	fá Bill	A CONTRACTOR OF THE PARTY OF TH
Injury:  Date/Time Actions  MAIMONANA  Inimant's Particulars:	1 ins 1) A 2) D	R : Accident I	Reporting (\$30); ssessment (\$100); INC (\$	fá Bill	A CONTRACTOR OF THE PARTY OF TH
Injury:  Date/Time Actions  MAIMONANA  Inimant's Particulars:	1 ing 1) A 2) D 3) T 4) F	R: Accident I A: Damage A F: Towing Fe T: Follow-Th	teporting (\$30); ssessment (\$100); INC (\$ cough Survey	\$6.Bill \$80) \$0/\$45 \$120	A Committee of the Comm
Injury:  Date/Time Actions  MAIMANA  Inimant's Particulars:- river/Owner:	1 inv 1) A 2) D 3) T 4) F 5) F	R: Accident I A: Damage A F: Towing Fe T: Follow-Th T: Follow-Th	teporting (\$30); ssessment (\$100); INC (\$ cough Survey rough Survey (Resurvey)	\$4.811 \$80) \$40/\$45 \$120 \$30	A Committee of the Comm
Injury:  Date/Time Actions  MAIONAMA  Inimant's Particulars:-  river/Owner:  ontact No:	1 ing 2 ing 3 ing 4 ing 4 ing 5 ing 6 ing	R: Accident I A: Darrage A F: Towing Fe T: Follow-Th T: Follow-Th or claiming ag R: Re-inspect	Reporting (\$30); ssessment (\$100); INC (\$ cough Survey rough Survey (Resurvey) sinst INC Only (wef 10 Jan 200 ion	\$4.811 \$80) \$40/\$45 \$120 \$30	A Section of the second
Injury:  Date/Time: Actions  MAIGOPHA  Inimant's Particulars:  river/Owner:  ontact No:	1 1 1 A 2 1 D 3 T 4 P 5 1 F 6 T 7 N N	R: Accident I A: Darrage A F: Towing Fe T: Follow-Th T: Follow-Th or claiming ag R: Re-inspect II: Idao DA +	Reporting (\$30); ssessment (\$100); INC (\$ rough Survey rough Survey (Resurvey) sinst INC Only (wef 10 Jan 200 ion SMRT Survey	\$6.Bill \$80) \$0/\$45 \$120 \$30 \$5)	A Section of the second
Injury:  Date/Time: Actions  MAIGOPHA  Inimant's Particulars:  river/Owner:  ontact No:	1 Internal I	R: Accident I A: Darmage A F: Towing Fe T: Follow-Th T: Follow-Th or claiming ag R: Re-inspect II: [dac DA + ITUC Addition	Reporting (\$30); ssessment (\$100); INC (\$ rough Survey rough Survey (Resurvey) sinst INC Only (wef 10 Jan 200 ion SMRT Survey	\$6.Bill \$80) \$0/\$45 \$120 \$30 \$5) \$75	A Committee of the Comm
Injury:  Date/Time Actions  NAISON ACTIONS  Inimant's Particulars:  river/Owner:  ontact No:  amaged Portion:	1 Install 1) A 2) D 3) T 4) F 5) F 60 T 7) N 3 8) N Q	R: Accident I A: Damage A F: Towing Fe T: Follow-Th T: Follow-Th or claiming ag R: Re-inspect II: Idac DA + ITUC Addition D* NS: Courlesy (	Reporting (\$30); ssessment (\$100); INC (\$50); rough Survey rough Survey (Resurvey) sinst INC Only (wef 10 Jan 200) ion SMRT Survey al Services:-	\$6.Bill \$80) \$60/\$45 \$120 \$30 \$55 \$75 \$160	A Committee of the Comm
Injury:  Date/Time Actions  Maloward  Inimant's Particulars:  river/Owner:  ontact No:  amaged Portion:  C Checked by (Engr-In-Charge):	1 ing 2 ing 2 ing 3 ing 4 ing 4 ing 5 ing 6 ing 7 ing 8 ing 6 ing 6 ing 7 ing 8 ing 6 ing	R: Accident I A: Darrage A F: Towing Fe T: Follow-Th Or claiming ag R: Re-inspect II: Idac DA + ITUC Addition D* NS: Courtesy ( N6: Repair Co	Reporting (\$30); ssessment (\$100); INC (\$ rough Survey rough Survey (Resurvey) sinst INC Only (wef 10 Jan 200 ion SMRT Survey al Services:  Car / Tpt Allowance - ordination	\$6.Bill \$80) \$0/\$45 \$120 \$30 25) \$75 \$160	A Section of the second
Injury:  Date/Time Actions  Laurant's Particulars: river/Owner: ontact No: amaged Portion:  C Checked by (Engr-In-Charge):	1 Ing 1) A 2) D 3) T 4) F 5) F 6) T 7) N 2 S) N	R: Accident I A: Darrage A F: Towing Fe T: Follow-Th T: Follow-Th or claiming ag R: Re-inspect II: Idac DA + ITUC Addition D* NS: Courtesy ( N6: Repair Co N7: Fost Repair	Reporting (\$30); ssessment (\$100); INC (\$ rough Survey rough Survey (Resurvey) sinst INC Only (wef 10 Jan 200 ion SMRT Survey al Services:  Car / Tpt Allowance - ordination	\$6.Bill \$80) \$0/\$45 \$120 \$30 \$5) \$75 \$160	Amu(\$)
Injury:  Date/Lime Actions  MAIONAMA  Inimant's Particulars:  river/Owner:  ontact No:  amaged Portion:  C Checked by (Engr-In-Charge):  uditors' Comments:	1 Int 1) A 2) D 3) T 4) F 5) F 6) T 7) N 5) N Q	R: Accident I A: Darmage A F: Towing Fe T: Follow-Th T: Follow-Th or claiming ag R: Re-inspect II: [dac DA + ITUC Addition D* N5: Courtesy N6: Repair Co N7: Fost Repa N8: DV / Coll P (N11): TP	Reporting (\$30); ssessment (\$100); INC (\$30); second (\$100); INC (\$30); second (\$100); INC (\$30); second (\$100); INC (\$30); sinst INC Only (wef 10 Jan 200); sinst IN	\$80) 40/\$45 \$120 \$30 \$5) \$75 \$160 \$5 \$10 \$25 \$5	A Section of the second
Injury:  Date/Time Actions  Males Actions  Inimant's Particulars:  river/Owner:  ontact No:  amaged Portion:	1) A 2) D 3) T 4) F 5) F 6) T 7) N 2	R: Accident I A: Damage A F: Towing Fe T: Follow-Th Or claiming ag R: Re-inspect II: Idac DA + ITUC Addition D* NS: Courtesy ( N6: Repair Co N7: Fost Repa N8: DV / Coll	Reporting (\$30); ssessment (\$100); INC (\$30); second (\$100); INC (\$30); second (\$100); INC (\$30); second (\$100); INC (\$30); sinst INC Only (wef 10 Jan 200); sinst IN	\$80) 40/\$45 \$120 \$30 25) \$75 \$160 \$3 \$3 \$3 \$3 \$3 \$3 \$3 \$3 \$3 \$3	'Add'Bill

Figure 1 1 de

## 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 this report at the centre and to copies of the report being made available aforesaid.

	ACCIDENT STATEMENT
Date Of Report	30/09/2019 12:31
Date Of Accident	28/09/2019 16:15
Exact Location Of Accident	PIE (CHANGI) BEFORE BEDOK NORTH AVE 2 EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLU7141C
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 1.5G HYBRID A
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	5096639721-01
Cover Note Number	
Driver	
2011	

Name of Driver	YEO SENG CHUI
NRIC No	S7488609D
Date Of Birth	30/03/1974
Occupation	OUTDOOR
Date Of Driving Pass	31/12/2014
Driving Experience	4 VEARS AND 8 M

4 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97660330

Fax Number

Contact Number OFFICE-97660330

EMail Address NOEMAIL

BLK 448 TAMPINES STREET 42 Address

#04-50

Postcode 520448

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 CHAIN COLLISION

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

YES

NO

2

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)

Passenger 1

NAME: 9. 2

GENDER: : MALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name

TAMPINES NEIGHBOURHOOD POLICE CENTRE

ROAD: 6 TAMPINES AVE 4, POSTCODE: 529682, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 1800-5871999 - FAX NO: 65871699

Was notice of intended Prosecution given?

If Yes, against whom?

NO

### Circumstances of Accident

REFER TO POLICE REPORT - T/20190929/2023.

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

Vehicle Make/Model/Colour

SMD8472T

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver CHONG KIN ONN

NRIC/Passport Number S6977013D Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

SKC8832S

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)

#### **DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number

SJM2656H

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)

## **DETAILS OF INJURED PERSON 1**

Name

YEO SENG CHUI

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SLU7141C

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.
- 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 .:

# SKETCH PLAN A: SLU71410 (change) 13 141

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to po	ice aport - 1/20/90924/2023.	

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.:





Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

1 of 3 Report No. T/20190929/2023

## REPORT OF A TRAFFIC ACCIDENT

	ne Report M 019 10:07	/lade:	Vide Report No.:	Station Diary No. 32
Informa	nt's Partic	ulars		
	f Informant: NG CHUI		Address: APT BLK 448 TAMPINES ST 520448	REET 42 #04-50 SINGAPORE
	/ ID No.: O / S74886	09D	Contact No.: Home/Office:	Mobile: 97660330
National MALAYS			Email:	
Sex: Male	Age:	Date of Birth: 30/03/1974	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupat GRAB D			Driving Licence Information: Class: 2B.3	Date of Expiry:

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/09/2019 16:15	Type of Location Straight Road
	EXPRESSWAY	BEFORE BEDOK NOR	TH AVENUE 2 EXIT	
Weather:	······································	Road Surface:		Road Speed Limit:
Clear		L I y		
Clear Traffic Flow: One Way		Traffic Control: Not Controlled		raffic Volume:

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make:	Model	Color	Condition	No of Passenger
SJM2656H	Car				Seriously Damaged	0
SKC8832S	Car				Slightly Damaged	0
SLU7141C	Car	HONDA	FREED	Grey	Slightly Damaged	1
SMD8472T	Car				Slightly Damaged	0





Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

Report No. T/20190929/2023

CONTINUATION OF REPORT

<b>Details of Perso</b>	n Involved					
Any Pedestrian II	nvolved: No		40			
No. of Pedestrian	ns Injured: NIL		Use of Ped	destriar	Cross	sing: NA
Driver						
Name	YEO SENG CHUI				•	S7488609D
Related Vehicle	SLU7141C (Car)				ct No.	97660330
Hospital/Clinic	CHANGI GENERAL HOSPITAL				of g ce &	Class: 2B,3 Date of Expiry: NIL
Date Treatment	29/09/2019		Date Discl	narge	29/09	/2019
No. of Days gran	ted Medical Leave	03	Degree of		Slight	

#### Brief Details.

On the above-mentioned date and time, I was driving my vehicle reg no SLU7141C along PIE towards Changi Airport. I was on the 2nd lane from the right. The vehicle ahead of me made a sudden stop as there was a motorcycle broke down ahead. I brake and came to a complete stop. After which an impact hit the rear of my vehicle. I alighted to make a check and discovered that it was a chain collision involving another 3 vehicles behind me. The mentioned vehicles are those involved in the accident. I sustained neck and back injuries due to the impact hit. I was 3 days MC from Changi General Hospital.





Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

3 of 3 Report No. T/20190929/2023

CONTINUATION OF REPORT

## Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report. G / Sgt 3 MUHAMMAD AZFAR BIN ALI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Cime: 29/09/2019 10:07
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIERE Contact No.: 65476414 POLICE FORCE	Classification Of Case:
Authentication Stamp NP168 SIGNATURE	

Hello, NAC_PAYA_UBI_8	00601						· Change	e Language	· Chan	ge Password	· Log Ou
My Desktop	Poli	cy Query									1/1/JEX.00
Notice of Loss	Policy N	40.				Date o	Accident	2	8/09/2019 1	6:15	
	Vehicle	No.(For Motor)	SLU714	1C		Certific	cate Number				
					8	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5096639721- 01		RELIABLE RIDES PTE LTD	201611527N	GPC	drivo CLASSIC	SLU7141C	SLU7141C	12/12/2018	11/12/2019

Policy No.	5096639721-01	Policyholder Name	RELIABLE	RIDES PTE LTD	Policyholder NRIC	201611527	N
Certificate		Name			MRIC		
Address	8 KAKI BUKIT AVENUE 4 #05-50	PREMIER @	KAKI BUKIT	SINGAPORE 415875			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy Issue Date	26/11/2018	Effective Date	12/12/201	8 00:00	Expiry Date	11/12/2019	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			You	ng/Inexperience Driver Excess
Agent	TAN INSURANCE BROKERS PTE	Agent Tel.	NIL		GST Flag	Y	
Policy Info	No						
	older Mailing Address						
Address 1	8 KAKI BUKIT AVENUE 4	Addre	ss 2	#05-50 PREMIER (	KAKI BUKIT	Address 3	SINGAPORE 415875
	8 KAKI BUKIT AVENUE 4	Addre	ss Type	#05-50 PREMIER ( Singapore address		Address 3 Post Code	SINGAPORE 415875 415875
Address 4 Unit No.	05-50	Addre	ss Type ed Policy				
Address 4  Unit No.  Insure	05-50 d Object: SLU7141C	Addre Relate	ss Type ed Policy	Singapore address			
Address 1 Address 4 Unit No. Insured Endors Sequen	05-50 d Object: SLU7141C ements	Addre Relate Numb	ss Type ed Policy	Singapore address 5106937496		Post Code	

Continue Cancel

Accident HT/1064608					
Policy No.	5096639721-01	Vehicle No.	SLU7141C	GST Registration No.	
ertificate No.					
Policyholder Name	RELIABLE RIDES PTE LTD			Policyholder NRIC	201611527W
Yoduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	0	Contact No. (Home)	0
mail Address		Special Remark		eCode	No. V
PK.	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	
CD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
S Accident Details		353447506645055030		19000000000	1078
eport Date	30/09/2019 13:07	Accident Report Within 24 hrs	· ·	000000000000000000000000000000000000000	4200020000
-				Accident Type	Chain Collision
ate of Accident	28/09/2019	Time of Accident hhomm	16:15	Country of Accident	Singapore
eporting Centre		Orange Force		IOM No.	
cident Location	PIE (CHANGI) BEPORE BEDOK NORTH AV	E 2 EXIT			
F Excess					
wn damage Excess	1,000,00	Additional Excess	0	Windscreen Excess	100.00
named Driver Excess		Outside Singapore OD Excess	3,000.00		
and Party Excess	1,500.00	Outside Singapore TP Excess	3,000.00		
Benefits					
GST Registered Informa	ation				
T Registeres	No		GST Registration Date		
Registration No.			GST Status Verified	Yes	
ification History	30/09/2019 13:08:52 Sys	tem changed GST Status Verified from			
Policyholder Mailing Ad	dress				
dress 1	8 KAKI BUKIT AVENUE 4	Address 2	#05-50 PREMIER @ KAKI BUKIT	Address 3	SINGAPORE 415875
dress 4		Address Type	Singapore address	Post Code	415875
it No.	05-50	Related Policy Number	5106937496		
OI Driver Info					
ver Name	Unnamed Driver	Driver Type	Unnamed Driver		
named Griver Name	YEO SENG CHUI	Driver NRIC	\$7458609D	Driver DOB	30/03/1974
gister Date of Driver License	31/12/2014	Driver Age	45	Driving Experience	4
ntact No.(Mobile)	97660330	Contact No.(Office)	0		0
fress 1	BLK 448	Address 2		Contact No.(Home)	
	Dun +40		TAMPINES STREET 42	Address 3	SINGAPORE 520448
dress 4	20.00	Address Type	Singapore address	Post Code	520448
it No.	04-50				
es he own a Singapore gistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
claration					
eathalyser or Blood Test ading?	0 mg	Any injury?	® Yes ○ No		
dification History					
Claim 001 New					
em Type •	F	8x.000A-4x.000x0		1999000000000	
	IDD-MX	Insured Name	RELIABLE RIDGE DTE LTD	Intured MD to	2016115279
	OD-90X	Insured Name	RELIABLE RIDES PTE LTD	Insured NRIC	201611527N
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