Date In: blalue now		MNA119137715		
Date In: Alaling - Nigo	Jeb description	Date & Time Completed	Done	pi.
Res No: NAINCIGO1833874	SAS e-filing			
Veh No: Scusy17 B	E-mail (within Shrs, AIC 2hrs)			
D.O.A: 6/10/19-21:25	i-Motor Claim Form	M7/10673/1-021	17/12/19	13:53
	i-Motor W/O (Within: OD:			
OD / TP// Reporting Only	i-Photo Uploaded			
TDISCOSO	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Han	d to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tol: F	ax:	
TP Particulars: Veh No:	18884 INC	()/Non-INC()	S).	
Owner / Driver: (Tel:)	
Policy No: ()	Period: () Cover Type: ()	-
Confirmed by : (Date:	Time:)	
) [Note-Est. Status (WO): N: 0	-20%; P: 21-79%. P: 80-1	100%]	
Year of Registration: ()	Warranty: YES ()/NO (1		-
Excess: (\$) Loading: \$				
	2,000 ()/ \$2,000 ()	SAME ASSESSED OF THE PARTY OF THE PARTY OF	मुश्रुक एक् स्टब्स	
General Remarks			12.009	
() Walk-In Customer: Customer's in	nformation strictly Confidential &	Strictly NO refer of repairer.		
() Total Loss Case : to e-mail Inst	urer URGENTLY.		- B	
Drive-In ()/ Towed-In (); Invo	ice: YES() / NO();	Towing Co: (***)
Apply for Transport Allowance () QC Check / Post Repair Inspection	()		Andrew Comment	
	520007			
3) Upload Resurvey Photo [Repair Cost >	\$3000] ()			_
	\$3000] ()			
3) Upload Resurvey Photo [Repair Cost > Injury:	\$3000] ()			7 4 7 2 7 2 . ·
3) Upload Resurvey Photo [Repair Cost >	\$3000] ()		A STATE OF THE STA	
3) Upload Resurvey Photo [Repair Cost > Injury:	\$3000] ()		Estat Contration	
3) Upload Resurvey Photo [Repair Cost > Injury:	\$3000] ()			
3) Upload Resurvey Photo [Repair Cost > Injury:	\$3000] ()			
3) Upload Resurvey Photo [Repair Cost > Injury:	\$3000] ()			
3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time: Actions			Ani((5))	Amt (3
3) Upload Resurvey Photo [Repair Cost > Injury: Onte/Time Actions		eparation Ghecklist.	And (5)	W. C. T. C. L
OnterTime Actions	Invoice P	ent Reporting (\$30);	fúBill	W. C. T. C. L
July : Actions Actions Actions Actions Actions Align 18 Particulars:	Invoice Pi	ent Reporting (\$30); ge Assessment (\$100); INC (\$8	fúBill	W. C. T. C. L
Upload Resurvey Photo [Repair Cost > Injury: Onte/Time Actions Actions Align 88 Align 148 Align 158 Ali	Invoice Pi 1) AR: Accid 2) DA: Dame 3) TF: Towin 4) FT: Follow	ent Reporting (\$30); ge Assessment (\$100); INC (\$6 g Fee \$40 -Through Survey	744 Bill 80) 0/\$45 \$120	W. C. P. C. L. L.
July: Actions Actions Always Aumant's Particulars:	Invoice Pi 1) AR: Accid 2) DA: Dame 3) TF: Towin 4) FT: Follow 5) FT: Follow	ent Reporting (\$30); ge Assessment (\$100); INC (\$6 g Fee \$46 -Through Survey -Through Survey (Resurvey)	76 Bill 80) 0/545 5120 530	W. C. P. C. L. L.
July: Actions Actions Actions aumant's Particulars: iver/Owner: mtact No:	Invoice Pi 1) AR: Accid 2) DA: Dame 3) TF: Towin 4) FT: Follow 5) FT: Follow	ent Reporting (\$30); ge Assessment (\$100); INC (\$3 g Fee \$46 -Through Survey -Through Survey (Resurvey) g against INC Only (wef 10 Jan 2005) pection	76 Bill 80) 20/545 \$120 \$30 5) \$75	W. C. P. C. L. L.
July: Actions Actions Actions aumant's Particulars: iver/Owner: mtact No:	Invoice Pi 1) AR: Accid 2) DA: Darns 3) TF: Towin 4) FT: Follow 5) FT: Follow For claimin 6) TR: Re-ins 7) N1: Idae D	ent Reporting (\$30); ge Assessment (\$100); INC (\$3 g Fee \$46 -Through Survey -Through Survey (Resurvey) g against INC Only (wef 10 Jan 2005) pection A + SMRT Survey	76 Bill 80) 0/545 5120 530	W. C. P. C. L. L.
July: Date/Time Actions MAIGASIS alimant's Particulars :- iver/Owner: ontact No: maged Portion:	Invoice Pi 1) AR: Accid 2) DA: Dams 3) TF: Towin 4) FT: Follow 5) FT: Follow For claimin 6) TR: Re-ins 7) N1: Idae D 8) NTUC Add	ent Reporting (\$30); ge Assessment (\$100); INC (\$3 g Fee \$44 -Through Survey -Through Survey (Resurvey) g against INC Only (wef 10 Jan 2005) pection	76 Bill 80) 20/545 \$120 \$30 5) \$75	W. C. T. C. L
July: Date/Time Actions MAIGASIS alimant's Particulars :- iver/Owner: ontact No: maged Portion:	Invoice Pi 1) AR: Accid 2) DA: Dame 3) TF: Towin 4) FT: Follow 5) FT: Follow For claimin 6) TR: Re-ins 7) N1: Idae D 3) NTUC Add OD: *N5: Courte	ent Reporting (\$30); ge Assessment (\$100); INC (\$3 g Fee \$44 -Through Survey -Through Survey (Resurvey) g against INC Only (wef 10 Jan 2005) pection A + SMRT Survey itional Services:- csy Car / Tpt Allowance	76 Bill 80) 0/545 5120 530 0) 575 5160	W. C. T. C. L
July: Onte/Time Actions MAIGASIV aumant's Particulars: iver/Owner: ontact No: amaged Portion: Checked by (Engr-In-Charge):	Invoice Pi 1) AR: Accide 2) DA: Darns 3) TF: Towing 4) FT: Follow 5) FT: Follow For claiming 6) TR: Re-ins 7) N1: Idae D 8) NTUC Add OD* *N5: Courte *N6: Repair	ent Reporting (\$30); ge Assessment (\$100); INC (\$3 g Fee \$44 -Through Survey -Through Survey (Resurvey) g against INC Only (wef 10 Jan 2005) pection A + SMRT Survey itional Services:- esy Car / Tpt Allowance r Co-ordination	76 Bill 80) 0/545 5120 530 0) 375 5160	W. C. P. C. Carlot
July: Onte/Time Actions MAIGASIV aumant's Particulars: iver/Owner: ontact No: amaged Portion: Checked by (Engr-In-Charge):	Invoice Pi 1) AR: Accide 2) DA: Darns 3) TF: Towing 4) FT: Follow 5) FT: Follow For claiming 6) TR: Re-ins 7) N1: Idae D 3) NTUC Add OD* *N5: Courte *N6: Repair *N7: Fost R	ent Reporting (\$30); ge Assessment (\$100); INC (\$3 ge Assessment (\$100); INC (76 Bill 80) 0/545 5120 530 5) 575 5160	W. C. P. C. Carlot
July: Date/Time Actions MAIGASIS Actions iver/Owner: ontact No: amaged Portion:	Invoice Pi 1) AR : Accid 2) DA : Dams 3) TF : Towin 4) FT : Follow 5) FT : Follow For claimin 6) TR : Re-ins 7) N1 : Idae D 8) NTUC Add OD: *N5: Courte *N6: Repair *N7: Fost R *N8: DV / 6	ent Reporting (\$30); ge Assessment (\$100); INC (\$8 g Fee \$46 -Through Survey -Through Survey (Resurvey) g against INC Only (wef 10 Jan 2005) pection A + SMRT Survey itional Services:-	\$60) 0/\$45 \$120 \$30 0) \$75 \$160 \$55 \$10 \$25	Add Bil

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number Fax Number

Contact Number

EMail Address

- 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.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	17/10/2019 12:52
Date Of Accident	16/10/2019 21:25
Exact Location Of Accident	CTE (SLE) BEFORE YIO CHU KANG RD EXIT
Country/State of Loss	SINGAPORE
Design of the second of the se	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLU8417B
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
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	5096672860-01
Cover Note Number	
Driver	
Name of Driver	NORAZLAN BIN SALEH
NRIC No	S8037460G
Date Of Birth	30/11/1980
Occupation	OUTDOOR
Date Of Driving Pass	22/03/2001
Driving Experience	18 YEARS AND 6 MONTHS
Gender	MALE

(LOCAL) +65-96444345

OFFICE-96444345

NOEMAIL

Address BLK 722 TAMPINES STREET 72

#03-19

Postcode 520722

Was driver an employee of the Insured's Company NC

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 - 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? YES

Was any injured conveyed to hospital by

ambulance?

NO

NO

4

2

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

NAME:

. .

GENDER: : FEMALE

Passenger 2

NAME:

: -

GENDER: : FEMALE

Passenger 3

NAME:

: -

: MALE

GENDER:

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

YES

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Police Station Name

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20191017/7013

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

VIDEO FOOTAGE WITH DRIVER

Remarks/ Reasons:

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Was there any audio recorded?

E1888Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME:

GENDER:

PRIVATE CAR

DETAILS OF INJURED PERSON 1

.

Name NORAZLAN BIN SALEH

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SLU8417B

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.
- 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 NO. THE STATE OF THE STAT

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: 51 08417B B. E18884

for to police	report - Thoraro 12/ 2013.	
20		
		10

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:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 3 Report No. T/20191017/7013

REPORT OF A TRAFFIC ACCIDENT

Date/Tin 17/10/20	ne Report N 119 11:48	/lade:	Vide Report No.:	Station Diary No.:
Informa	nt's Partic	ulars	AND THE STREET AND THE	
	Informant: _AN BIN SA		Address: APT BLK 722 TAMPINES ST 520722	REET 72 #03-19 SINGAPORE
ID Type NRIC N	/ ID No.: D / S80374	60G	Contact No.: Home/Office:	Mobile: 96444345
National SINGAP	ity: ORE CITIZ	EN	Email: dimsin_azlan@yahoo.com.sg	
Sex: Male	Age: 38	Date of Birth: 30/11/1980	Type of Informant: Driver	
Race: Boyanese			Language: English	Institution / School Name:
Occupat Chauffer	ion: ır		Driving Licence Information: Class: 3 Date of Expiry: 31/12/2	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 16/10/2019 21:25	Type of Location: Expressway	
Location: CENTRAL EX Weather: Clear	PRESSWAY	Road Surface:	Į.	Road Speed Limit:	
		Traffic Control:		Traffic Volume:	
Traffic Flow: One Way		Not Controlled		Moderate	

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
E1888Y	Car	BMW	Nil	Black	Slightly Damaged	1
SLU8417B	Car					0

Details of Vo	ehicle Insurance	THE STREET STREET		AKING WATER
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
E1888Y		Nil	16/10/2019	31/10/2019





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

2 of 3 Report No. T/20191017/7013

CONTINUATION OF REPORT

Details of Perso	n Involved	AND THE			SUBSE	
Any Pedestrian II	nvolved: No					
No. of Pedestrian	ns Injured: NIL		Use of Ped	destriar	Cross	ing: NA
Driver			O-CHARGOSTIN	ALCOHOL:	SUMBON.	
Name	NORAZLAN BIN SALEH			ID No		S8037460G
Related Vehicle	SLU8417B (Car)			Conta	ct No.	96444345
Hospital/Clinic	TAMPINES MEDILIFE CLINIC			Class Drivin Licent Expin	g	Class: 3 Date of Expiry: 31/12/2019
Date Treatment	17/10/2019		Date Disc	harge	17/10	/2019
No. of Days grant	ted Medical Leave	03	Degree of		Slight	

Brief Details.

As I was travelling on CTE towards TPE at around Seletar Link, the car infront of me stop. I then stop my car, the car behind me (E1888Y) cannot stop in time and hit onto my car rear damaging my boot and bumper. I have 3 passenger in my car at that time. I felt some pain on my shoulder and neck the day after and see a doctor and was given 3 day MC.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 3 Report No. T/20191017/7013

CONTINUATION OF REPORT

Sketch	Plan
--------	------

NP168

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 17/10/2019 11:48
Officer In Charge Of Case: TP / TPHQ / JUREMAH BINTE AHMAD Contact No.: 65476219	Classification Of Case:
Authentication Stamp	

Hello, NAC_PAYA_UBI_80	0601						Change	Language	+ Chan	ge Password	· Log Ou
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	io.				Date o	f Accident	[1	6/10/2019 2	1:25	
	Vehicle	No.(For Motor)	SLU841	78		Certific	cate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5096672860- 01		RELIABLE RIDES PTE LTD	201611527N	GPC	drivo CLASSIC	SLU84178	SLU8417B	15/12/2018	14/12/2019

Sequen	ce Date of Endorsement		ndorseme	at Tone	Endorsement	Charles	Endorsement Content
♥ Endors	ements						
▶ Insure	d Object: SLU8417B						
Jnit No.	05-50	Relate Number	d Policy er	5106937496			
ddress 4		Addres	s Type	Singapore address	s I	Post Code	415875
Address 1	8 KAKI BUKIT AVENUE 4	Addres	s 2	#05-50 PREMIER	@ KAKI BUKIT	Address 3	SINGAPORE 415875
Policyh	older Mailing Address						
Certificate nfo							
Open Policy Info							
lag	NO.						
Co- nsurance	No						
Agent	TAN INSURANCE BROKERS PTE	Agent Tel.	NIL		GST Flag	Y	
Singapore OD Excess	3000	Outside Singapore TP Excess	3000			Young/I	nexperience Driver Excess
Excess Outside	0	Premium	0				
Additional		Excess OS	Co.		excess		
Third Party Excess	1500	Own damage	1000		Windscreen Excess	100	
Excess Type		All Claims Excess					
issue Date	10/12/2018	Effective Date	15/12/20	18 00:00	Expiry Date	14/12/2019 23:	59
Product Name Policy	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	8 KAKI BUKIT AVENUE 4 #05-50	PREMIER @	KAKI BUKI	T SINGAPORE 4158	75		
Certificate No.					111003		
Policy No.	5096672860-01	Name	RELIABLE	E RIDES PTE LTD	Policyholder NRIC	201611527N	

ccident HT/1067311						
licy No.	5096672860-01	Vehicle No.	SLU84178	GST Registration No.		
rtificate No.						
icyholder Name	RELIABLE RIDES PTE LTD			Policyholder NR3C	201611527N	
duct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0 0 N: V	
ntact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)		
ail Address		Special Remark		eCode		
c	® No ○ Yes	TCA	® No ○Yes	eCode Reason	7,310-9-02	
O Protection	No	NCD Entitlement(%)	0	Private Hire	Yes	
Accident Details				Private raid	Collision - Head to Rear Singapore	
port Date	17/10/2019 13:51	Accident Report Within 24 hrs	Yes	Landau Trans		
te of Accident			William Control	Acadent Type		
corting Centre	16/10/2019	Time of Accident hhomm	21/25	Country of Accident		
ident Location		Orange Force		ICM No.		
Excess	CTE (SLE) BEFORE Y10 OHU KANG RD EXI					
n damage Excess	1,000.00	Additional Excess	0	Windscreen Excess	100.00	
armed Driver Excess		Outside Singapore OD Excess	3,000.00			
d Party Excess	1,500.00	Outside Singagore TP Excess	3,000.00			
Senefits						
GST Registered Inform	ation					
Registered	No		GST Registration Date			
Registration No.			GST Status Verified	Yes		
fication History	17/10/2019 13:53:04 Syst	tem changed GST Status Verified from	n No to Yes			
Policyholder Halling Ad	formes					
ress 1	8 KAKI BUKIT AVENUE 4	Address 5	and an experience of the second	122772	0.000.000.000.000	
ress 1	- CANA BURLL AVERUE 4	Address 2	#05-50 PREMIER @ KAKI BUKI)	Address 3	SINGAPORE 415875	
ress 4	or ro	Address Type	Singapore address	Post Code	415875	
OI Driver Info	05-50	Related Policy Number	5106937496			
OI Briver Info	Unnamed Driver					
arred driver Name	NORAZIAN BIN SALEH	Driver Type	Unnamed Driver		11000000000000	
		Oriver NRIC	\$8037460G	Driver DOB	30/11/1980 18 0 TAMPINES STARLIGHT 520722	
ster Date of Driver License		Driver Age	38	Driving Experience		
tact No. (Mobile)	96444345	Contact No. (Office)	0	Contact No.(Home)		
ress I	8LK 722	Address 2	TAMPINES STREET 72	Address 3		
ress 4	SINGAPORE 520722	Address Type	Singapore address	Post Code		
t No.	03-19					
es he own a Singapore	20000200					
	O Yes ® No	Driver Vehicle No.		Driver Insurer Company		
pistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company		
istered car?	10-15/70/8		7500 05 0	Driver Insurer Company		
istered car? laration athalyser or Blood Test	○ Yes ® No	Driver Vehicle No. Any injury?	® Yes ○No	Driver Insurer Company		
gistered car? deration sathalyser or Blood Test ading?	10-15/70/8		® Yes ○ No	Drover Insurer Company		
istored car? iaration athalyser or Blood Test iding?	10-15/70/8		Yes ○ No	Drover Insurer Company		
gistered car? Saration Sathalyser or Blood Test	10-15/70/8		® Yes ○ No	Driver Insurer Company		
istered car? isration sthatyser or Blood Test cling? struction History Jalm 001 New	© mg	Any ingury?				
istered car? aration athalyser or Blood Test ding? thoation History laim 001 New	10-15/70/8	Any inquiry? Insured Name		Insured NRIC	201611527W	
istered car? aration athalyser or Blood Test cling? athalison History laim 001 New m Type * tact No.(Moole)	© mg	Any ingury?			201611527W 66351820	
intered car? aration Athalyser or Blood Test ding? fication History alm 001 New Type * act No.(Mooile) if Address	O mg	Any inquiry? Insured Name	RELIABLE RIDES PTE LTD SLU8417B	Insured NRIC		
aration Athalyser or Blood Test Ging? Thoation History ailm 001 New Type * tact No.(Modile) if Address mant Type Claimant Type *	O mg	Any injury? Insured Name Contact No.(Home) Cl Vehicle Number Type of Benefit *	RELIABLE RIDES PTE LTD	Insured NRIC Contact No. (Office)	66351820	
aration athalyser or Blood Test cling? Afficiation History Ialm 001 New In Type * Istact No. (Mobile) Ist Address Imant Type Claimant Type * Imant Name *	O mg	Any injury? Insured Name Contact No.(Home) Gt Vehicle Number	SELIABLE RIDES PTE LTD	Insured NRIC Contact No. (Office)	66351820	
eration Ethalyser or Blood Test cling? fication History laim 001 New Type * inct No.(Hobile) iii Address mant Type Claimant Type * mant Name *	O mg OD-MX Please Select	Any injury? Insured Name Contact No.(Home) Cl Vehicle Number Type of Benefit *	SELIABLE RIDES PTE LTD	Insured NRIC Contact No. (Office)	66351820	
steed car? aration athalyser or Blood Test ding? fication History laim 001 New m Type * sact No. (Mobile) iii Address mant Type Claimant Type * mant Address m Oescription	O mg OD-MX Please Select	Any injury? Insured Name Contact No.(Home) Cl Vehicle Number Type of Benefit *	SELIABLE RIDES PTE LTD	Insured NRIC Contact No. (Office)	66351820	
steed car? aration athalyser or Blood Test ding? fication History laim 001 New m Type * sact No. (Mobile) iii Address mant Type Claimant Type * mant Address m Oescription	O mg OD-MX Please Select ≥≥	Any injury? Insured Name Contact No.(Home) Cl Vehicle Number Type of Benefit *	SELIABLE RIDES PTE LTD	Insured NRIC Contact No. (Office) TP Vahicle Number	66351820	
aration athalyser or Blood Test drig? Affication History Falm 001 New Type * tact No.(Mobile) Address mant Type Claimant Type * mant Address m Description arred Workshop Coreact	O mg OD-MX Please Select ≥≥	Any injury? Insured Name Contact No.(Home) CI Vehicle Number Type of Benefit * Claimare NR3C *	AELIABLE RIDES PTE LTD SLUB417B Please Select	Insured NRIC Contact No. (Office) TP Vahicle Number	66351820	
stered car? sration schalyser or Blood Test ding? fication History laim 001 New Type * stact No.(Mobile) iii Address mant Type Claimant Type * mant Address m Description erred Workshop Contact ure Finalisation	0 mg OD-MX V Please Select V SLU8417B / €1888Y ON 16 Oct 2019	Any injury? Insured Name Contact No.(Home) CI Vehicle Number Type of Benefit * Claimare NR3C * Insured Liability * Preferend Repair Option	RELIABLE RIDES PTE LTD SLUB417B Please Select Not at Fault	Insured NRIC Contact No. (Office) TP Vahicle Number Name of Preferred Workshop	66351820 E1888Y	
stered car? sration Whatyser or Blood Test ding? fication History aim 001 New Type * test No.(Mobile) if Address mant Type Claimant Type * mant Address m Description erred Workshop Contact ure Finalisation Registered	0 mg OD-MX Please Select Please Select >≥ SLU8417B / E1888Y ON 16 Oct 2019 Yes 17/10/2019 13:53	Any injury? Insured Name Contact No.(Home) CI Vehicle Number Type of Benefit * Claimars NR3C *	RELIABLE RIDES PTE LTD SLUB417B Please Select Not at Fault	Insured NRIC Contact No. (Office) TP Vahicle Number Name of Preferred Workshop	(66351820 (£1898Y	
stered car? sration Whatyser or Blood Test ding? fication History laim 001 New Type * tact No.(Mobile) if Address mant Type Claimant Type * mant Address m Description erred Workshop Contact ure Finalisation Registered ort Taken By	0 mg OD-MX	Any injury? Insured Name Contact No.(Home) CI Vehicle Number Type of Benefit * Claimare NR3C * Insured Liability * Preferend Repair Option	RELIABLE RIDES PTE LTD SLUB417B Please Select Not at Fault	Insured NRIC Contact No. (Office) TP Vahicle Number Name of Preferred Workshop	66351820 E1888Y	
stered car? sration Whatyser or Blood Test ding? fication History laim 001 New Type * tact No.(Mobile) if Address mant Type Claimant Type * mant Address m Description erred Workshop Contact ure Finalisation Registered ort Taken By	0 mg OD-MX Please Select Please Select >≥ SLU8417B / E1888Y ON 16 Oct 2019 Yes 17/10/2019 13:53	Any injury? Insured Name Contact No.(Home) CI Vehicle Number Type of Benefit * Claimare NR3C * Insured Liability * Preferend Repair Option	RELIABLE RIDES PTE LTD SLUB417B Please Select Not at Fault	Insured NRIC Contact No. (Office) TP Vahicle Number Name of Preferred Workshop	66351820 E1888Y	
aration athalyser or Blood Test ding? Incation History I	0 mg OD-MX Please Select Please Select >≥ SLU84178 / E1888Y ON 16 Oct 2019 Yes 17/10/2019 13:53	Insured Name Contact No.(Home) Gt Vehicle Number Type of Benefit * Claimant NR3C * Insures Liability * Preferered Repair Option Claim Close Date	RELIABLE RIDES PTE LTD SLUB417B Please Select Not at Fault	Insured NRIC Contact No. (Office) TP Vahicle Number Name of Preferred Workshop	66351820 E1888Y	
aration thatyser or Blood Test drig? fication History alm 001 New If Yee * lact No. (Mobile) If Address and Name * hant Type Claimant Type * hant Name * hant Modress in Description arred Workshop Contact pre Finalisation Registered drit Taken By Print AK lietter	0 mg OD-MX Please Select Please Select >≥ SLU84178 / E1888Y ON 16 Oct 2019 Yes 17/10/2019 13:53	Insured Name Contact No.(Home) Gt Vehicle Number Type of Benefit * Claimant NR3C * Insures Liability * Preferered Repair Option Claim Close Date	RELIABLE RIDES PTE LTD SLU84178 Please Select Not as Fault Preferred Workshop, Name unknown	Insured NRIC Contact No. (Office) TP Vahicle Number Name of Preferred Workshop	66351820 E1888Y	
aration thatyser or Blood Test drig? fication History alm 001 New If Yee * lact No. (Mobile) If Address and Name * hant Type Claimant Type * hant Name * hant Modress in Description arred Workshop Contact pre Finalisation Registered drit Taken By Print AK lietter	0 mg OD-MX Please Select Please Select >≥ SLU84178 / E1888Y ON 16 Oct 2019 Yes 17/10/2019 13:53	Insured Name Contact No.(Home) Gt Vehicle Number Type of Benefit * Claimant NR3C * Insures Liability * Preferered Repair Option Claim Close Date	RELIABLE RIDES PTE LTD SLU84178 Please Select Not as Fault Preferred Workshop, Name unknown	Insured NRIC Contact No. (Office) TP Vahicle Number Name of Preferred Workshop	66351820 E1888Y	
stered car? sration Whalyser or Blood Test drig? fication History aim 001 New Type * tact No.(Mobile) If Address mant Type Claimant Type * mant Address m Description aimed Workshop Contact use Finalisation Registered ort Taken By Print AK letter	0 mg OD-MX Please Select Please Select >≥ SLU84178 / E1888Y ON 16 Oct 2019 Yes 17/10/2019 13:53	Insured Name Contact No.(Home) Gt Vehicle Number Type of Benefit * Claimant NR3C * Insures Liability * Preferered Repair Option Claim Close Date	RELIABLE RIDES PTE LTD SLU8417B Please Select Not at Fault Preferred Workshop, Name unknown Save Subme	Insured NRIC Contact No. (Office) TP Vahicle Number Name of Preferred Workshop	66351820 E1888Y	
stered car? sration Whalyser or Blood Test drig? fication History aim 001 New Type * tact No. (Mobile) If Address mant Type Claimant Type * mant Address m Description aimed Workshop Contact wire Finalisation Registered ort Taken By Print AK letter tachment dens No.	0 mg OD-MX Please Select Please Select >≥ SLU84178 / E1888Y ON 16 Oct 2019 Yes 17/10/2019 13:53 Deckson	Insured Name Contact No.(Home) Gt Vehicle Number Type of Benefit * Claimare NR3C * Insured Liability * Preferend Repair Option Claim Close Date	RELIABLE RIDES PTE LTD SLU8417B Please Select Not at Fault Preferred Workshop, Name unknown Save Submit	Insured NRIC Contact No. (Office) TP Vahicle Number Name of Preferred Workshop	66351820 E1888Y	
stered car? sration Whalyser or Blood Test drig? fication History aim 001 New Type * tact No. (Mobile) If Address mant Type Claimant Type * mant Address m Description aimed Workshop Contact wire Finalisation Registered ort Taken By Print AK letter tachment dens No.	0 mg OD-MX	Insured Name Contact No.(Home) Gt Vehicle Number Type of Benefit * Claimans NR3C * Insured Liability * Preferend Repair Option Claim Close Date	RELIABLE RIDES PTE LTD SLU8417B Please Select Not at Fault Preferred Workshop, Name unknown 5ave Subme 001 17/10/2019 13:54	Insured NRIC Contact No. (Office) TP Vahicle Number Name of Preferred Workshop GIA report Date Received	Received 17/10/2019 00:00	
stered car? sration thatyser or Blood Test ding? fication History aim 001 New In Type * fact No. (Mobile) If Address mant Type Claimant Type * mant Address in Description sized Workshop Contact are Finalisation Registered ort Taken Sy Print AK letter technent fere No.	0 mg OD-MX Please Select Please Select >≥ SLU84178 / E1888Y ON 16 Oct 2019 Yes 17/10/2019 13:53 Deckson	Insured Name Contact No.(Home) Gt Vehicle Number Type of Benefit * Claimare NR3C * Insured Liability * Preferend Repair Option Claim Close Date Claim No, Upload Date	RELIABLE RIDES PTE LTD SLU84178 Please Select Not at Fault Preferred Workshop, Name unknown 17/10/2019 13:54 Category *	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received Confidential Urger	Received 17/10/2019 00:00	
stered car? sration thatyser or Blood Test ding? fication History aim 001 New In Type * fact No. (Mobile) If Address mant Type Claimant Type * mant Address in Description sized Workshop Contact are Finalisation Registered ort Taken Sy Print AK letter technent fere No.	0 mg OD-MX	Insured Name Contact No.(Home) Gt Vehicle Number Type of Benefit * Claimare NR3C * Insured Liability * Preferend Repair Option Claim Close Date	RELIABLE RIDES PTE LTD SLU8417B Please Select Not at Fault Preferred Workshop, Name unknown 5ave Subme 001 17/10/2019 13:54	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received Confidential Urger	Received 17/10/2019 00:00	
stered car? sration Whalyser or Blood Test drig? fication History aim 001 New Type * tact No. (Mobile) If Address mant Type Claimant Type * mant Address m Description aimed Workshop Contact wire Finalisation Registered ort Taken By Print AK letter tachment dens No.	0 mg OD-MX	Insured Name Contact No.(Home) Gt Vehicle Number Type of Benefit * Claimare NR3C * Insured Liability * Preferend Repair Option Claim Close Date Claim No, Upload Date	RELIABLE RIDES PTE LTD SLU84178 Please Select Not at Fault Preferred Workshop, Name unknown 17/10/2019 13:54 Category *	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received Confidential Urger	Received 17/10/2019 00:00	
stered car? sration thatyser or Blood Test ding? fication History aim 001 New In Type * fact No. (Mobile) If Address mant Type Claimant Type * mant Address in Description sized Workshop Contact are Finalisation Registered ort Taken Sy Print AK letter technent fere No.	0 mg OD-MX	Insured Name Contact No.(Home) Gt Vehicle Number Type of Benefit * Claimans NR3C * Insured Liability * Preferend Repair Option Claim Close Date Claim No. Upload Date Browse.	RELIABLE RIDES PTE LTD SLU8417B Please Select Not at Fault Preferred Workshop, Name unknown 17/10/2019 13:54 Category * Clear Please Select Please Select	Insured NRIC Contact No. (Office) TP Vahicle Number Name of Preferred Workshop GIA report Date Received Confidential Urger NO. V Normal	Received 17/10/2019 00:00	
stered car? sration thatyser or Blood Test ding? fication History aim 001 New In Type * fact No. (Mobile) If Address mant Type Claimant Type * mant Address in Description sized Workshop Contact are Finalisation Registered ort Taken Sy Print AK letter technent fere No.	0 mg OD-MX	Insured Name Contact No.(Home) CI Vehicle Number Type of Benefit * Claimare NR3C * Insured Liability * Preferend Repair Option Claim Close Date Claim No. Upload Date Browse. Browse.	RELIABLE RIDES PTE LTD SLU8417B Please Select Not at Fault Preferred Workshop, Name unknown 17/10/2019 13:54 Category * Clear Please Select Please Select Please Select	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received Confidential Urger NO. V Normal V NO. V Normal	Received 17/10/2019 00:00	
aration athalyser or Blood Test ding? Incation History Initiation History Initiatio	0 mg OD-MX	Insured Name Contact No.(Home) CI Vehicle Number Type of Benefit * Claimars NR3C * Insured Liability * Preferend Repair Option Claim Close Date Claim No. Upload Date Browse. Browse. Browse.	RELIABLE RIDES PTE LTD SLU8417B Please Select Not at Fault Preferred Workshop, Name unknown 17/10/2019 13:54 Category * Clear Please Select Clear Please Select Clear Please Select	Insured NRIC Contact No. (Office) TP Vahicle Number Name of Preferred Workshop GIA report Date Received Confidential Urger Normal V Normal V Normal V Normal V Normal	Received 17/10/2019 00:00	
istered car? iaration athalyser or Blood Test ding? thication History laim 001 New im Type • tact No.(Mobile) iii Address mant Type Claimant Type •	0 mg OD-MX	Insured Name Contact No.(Home) CI Vehicle Number Type of Benefit * Claimare NR3C * Insured Liability * Preferend Repair Option Claim Close Date Claim No. Upload Date Browse. Browse.	RELIABLE RIDES PTE LTD SLU8417B Please Select Not at Fault Preferred Workshop, Name unknown 17/10/2019 13:54 Category * Clear Please Select Please Select Please Select	Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received Confidential Urger NO. V Normal V NO. V Normal	Received	

	Uploaded By/Date	Folder Date	File Name		የ	Source		Actio	
Video List		Oct 2019 13:53	Photos		Normal	Photo	s 2019+10+17		
15%	NAC_PAYA_UB1_B00601(NATIONAL ASSESSMENT CENTRE SERVI					Photos 2019-10-17			
8	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Oct 2019 13:53		Photos		Normal	Photos 2019-10-17			
	NAC_PAYA_UB1_800801(NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Oct 2019 13:53		Photos		Normal	Photos 2019-10-17			
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Oct 2019 13:53		Photos		Normal	Photos 2019-10-17			
-	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Oct 2019 13:53		Photos		Normal	Photos 2019-10-17			
1	NAC_PAYA_UBL_800601/ NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Oct 2019 13:53		Photos		Normal	Photos 2019-10-17			
29	NAC_PAYA_UBI_B00601[NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Oct 2019 13:53		Photos		Normal	Photos 2019-10-17			
4	NAC_PAYA_UBI_BOOGOS[NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Oct 2019 13:53		Photos		Normal Photos 2019-10-17				
	NAC_PAYA_UBI_BD0601[NAT] CES) on 17	Photos	Normal Photos 2019-10-17						
1	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 17 Oct 2019 13:54		SAS	SAS Normal		SAS 2019-10-17			
AND AND STO MISS STO MISS		ONAL ASSESSMENT CENTRE SERVI Oct 2019 13:54	NRIC/ Driving License	*	Normal	NRIC/ Drivin			
Attachment	Upload	ed By/Date	Category	?	Urgency		escription	(CO)	