NATIONAL Assessment Cent	tre Services	[we! 1 Jan'05] M	HAIMINOOST	-		
Date In: World- 14:18	Jeb descriptio	n	Date & Time Com	pleted	Don	e by
Res No: NALINGIAN 871/24	SAS e-filing					
Veh No: SUZZYINL	E-mail (within	a Shrs, AIC 2hrs)				
D.O.A: 71/12/19-17:15	i-Motor Cla	im Form	m) 1068070-	231	W/0/14	18:31
	i-Motor W/	O (Within: OD 2hrs				
OD : TP ! Reporting Only	i-Photo Upl	oaded				
	Assessment/S	Survey Report				
TP Insurer:	Ass't Report	by Fax / Hand to	Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (-	Tel:	F:	ex:	
TP Particulars: Veh No: 68	Aterox .	. INC()/Non-INC().	9	
Owner / Driver: (304		Tel:	4)	
Policy No: () P	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-20	%; P: 21-79%.	P: 80-10	00%]	
Year of Registration: ()	Warranty: YES ()/NO()			
	,000 ()/\$2,000	0()				
General Remarks:-				I In		N.
() Walk-In Customer: Customer's inf	formation strictly Co		<u> </u>		and the second	
The state of the s	rer URGENTLY.					
	ce: YES()/1	NO () : To	owing Co: (d.)
Drive-In ()/ Towed-In (); Invoid		NO () ; To	owing Co: (1)
		NO () ; To	owing Co. (e ad	Don) by
Drive-In ()/ Towed-In (); Invoid Remarks: (INC hotline: 6788 6616)		NO(); To		e ad	Don) by
Drive-In ()/ Towed-In (); Invoid Remarks: (INC hotline: 6788 6616)		NO(); To		erad.	Don) by
Drive-In ()/ Towed-In (); Invoid Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/	Courtesy Car (NO(); To		etad	Don) by
Drive-In ()/ Towed-In (); Invoid Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection	Courtesy Car (NO(); To		e'sd	Don) by · ·
Drive-In ()/ Towed-In (); Invoid Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury:	Courtesy Car (NO(); To		e sd	Don) Shy
Drive-In ()/ Towed-In (); Invoid Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$	Courtesy Car (NO(); To		e 3d	Don) Shy
Drive-In ()/ Towed-In (); Invoid Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury:	Courtesy Car (NO(); To		e sa	Don) Shy
Drive-In ()/ Towed-In (); Invoid Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury:	Courtesy Car (NO(); To		e 3d	Don) Shy
Drive-In ()/ Towed-In (); Invoid Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury:	Courtesy Car (NO(); To		e sa	Don) Shy
Drive-In ()/ Towed-In (); Invoid Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury:	Courtesy Car (NO(); To		e sa	Don) by
Drive-In () / Towed-In (); Invoice Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance () / 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions	Courtesy Car (NO(); To		e sa		
Drive-In () / Towed-In (); Invoice Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance () / 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > S Injury: Date/Time Actions	Courtesy Car ()			Ant(s)	(\$)
Drive-In ()/ Towed-In (); Invoid Remarks: (ING hotline: 6788 6616) 1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > S Injury: Date/Time Actions	Courtesy Car (Invoice Prep	Date&Time Compi		Ant (5)	
Drive-In () / Towed-In (); Invoice Remarks: (ING hotline: 6788 6616) 1) Apply for Transport Allowance () / 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > S Injury: Date/Time Actions NAISON SPARTICULARS:	Courtesy Car (Invoice Prep 1) AR: Accident F 2) DA: Damage A	aration Checklist teporing (\$30); ssessment (\$100);	INC (580	Ant (5)	(\$)
Drive-In ()/ Towed-In (); Invoid Remarks: (ING hotline: 6788 6616) 1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > S Injury: Date/Time Actions	Courtesy Car (Invoice Prep 1) AR: Accident F 2) DA: Darnage A 3) TF: Towing Fe 4) FT: Follow-The	aration Checklist deporting (\$30); seessment (\$100); tough Survey	INC (\$80 \$40/5	Ant (5)	(i)
Drive-In () / Towed-In (); Invoice Remarks: (ING hotline: 6788 6616) 1) Apply for Transport Allowance () / 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > S Injury: Date/Time Actions NAISON SPArticulars:- river/Owner:	Courtesy Car (Invoice Prep 1) AR: Accident F 2) DA: Darnege A 3) TF: Towing Fe 4) FT: Follow-The 5) FT: Follow-The	aration Checklist keporting (\$30); ssessment (\$100); sough Survey rough Survey (Resurvey)	INC (\$80 \$40/5	Anit (5) [9: Bill)	(\$)
Drive-In () / Towed-In (); Invoice Remarks: (ING hotline: 6788 6616) 1) Apply for Transport Allowance () / 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > S Injury: Date/Time Actions Itimant's Particulars:- river/Owner:	Courtesy Car (Invoice Prep 1) AR: Accident F 2) DA: Darrage A 3) TF: Towing Fe 4) FT: Follow-The 5) FT: Follow-The For claiming age	aration Checklist leporting (\$30); ssessment (\$100); rough Survey rough Survey (Resurvey)	INC (580 540/5 5) Jon 2005)	Anit (5) [9t Bill) 145	(i)
Drive-In () / Towed-In (); Invoice Remarks: (ING hotline: 6788 6616) 1) Apply for Transport Allowance () / 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > S Injury: Date/Time Actions Itimant's Particulars:- river/Owner:	Courtesy Car (Invoice Prep 1) AR: Accident F 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-The 5) FT: Follow-The For claiming age 6) TR: Re-inspect 7) N1: Idao DA +	aration Checklist keporting (\$30); ssessment (\$100); cough Survey rough Survey (Resurvey) sinst JNC Only (wef 10; ion SMRT Survey	INC (\$50 \$40/ \$ Jon 2005)	Anit (5) (5) Bill) 645 (20 (30)	(i)
Drive-In () / Towed-In (); Invoice Remarks: (ING hotline: 6788 6616) 1) Apply for Transport Allowance () / 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > S Injury: Date/Time Actions Itimant's Particulars:- river/Owner:	Courtesy Car (Invoice Prep 1) AR: Accident F 2) DA: Damege A 3) TF: Towing Fer 4) FT: Follow-The For claiming age 6) TR: Re-inspecti 7) N1: Idac DA + 8) NTUC Addition	aration Checklist keporting (\$30); ssessment (\$100); cough Survey rough Survey (Resurvey) sinst JNC Only (wef 10; ion SMRT Survey	INC (\$50 \$40/ \$ Jon 2005)	Ant (5) fst Bill) 645 (20 (30	(i) Amu(i)
Drive-In () / Towed-In (); Invoice Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance () / 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > S Injury: Date/Time Actions Inimant's Particulars:- river/Owner: ontact No: amaged Portion:	Courtesy Car (Invoice Prep 1) AR: Accident F 2) DA: Damage A 3) TF: Towing Fet 4) FT: Follow-The For claiming age 6) TR: Re-inspect 7) N1: Idac DA + 8) NTUC Addition OD*	aration Checklist keporting (\$30); ssessment (\$100); cough Survey rough Survey (Resurvey) sinst JNC Only (wef 10; ion SMRT Survey	INC (\$80 \$40/ \$1 Jan 2005)	Ant (5) fst Bill) 645 (20 (30	(i) Amu(i)
Drive-In () / Towed-In (); Invoice Remarks: (ING hotline: 6788 6616) 1) Apply for Transport Allowance () / 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > S Injury: Date/Time Actions NAISON SPArticulars:- river/Owner:	Courtesy Car (Invoice Prep Invoice Prep I) AR: Accident F DA: Darnege A TF: Follow-The Forclaiming age TN: Re-inspect NI: Idac DA + NTUC Addition OD* NS: Courtesy C NG: Repair Co	Date& Lime Compi	INC (\$80 \$40/ \$1 Jon 2005)	Ant (S) (\$\delta\d	(S) Amil (S)
Drive-In () / Towed-In (); Invoice Remarks: (ING hotline: 6788 6616) 1) Apply for Transport Allowance () / 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > S Injury: Date/Time Actions NAISO 165 Inimant's Particulars: inver/Owner: ontact No: amaged Portion: Checked by (Engr-In-Charge):	Courtesy Car (Invoice Prep Invoice Prep I) AR: Accident F DA: Darnege A TF: Follow-The Forclaiming age TR: Re-inspect NI: Idac DA + NTUC Addition OD* NS: Courtesy C NG: Repair Co- NT: Fost Repair	Date& Lime Compi	INC (\$80 \$40/ \$1 Jon 2005)	Anit (5) fit Bill) 645 (20 (30 (75 (60	(3)
Drive-In () / Towed-In (); Invoice Remarks: (ING hotline: 6788 6616) 1) Apply for Transport Allowance () / 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > S Injury: Date/Time Actions NAISON SPARTICULARS: river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):	Courtesy Car (Invoice Prep 1) AR: Accident F 2) DA: Damege A 3) TF: Towing Fer 4) FT: Follow-The 5) FT: Follow-The For claiming age 6) TR: Re-inspecti 7) N1: Idac DA + 8) NTUC Addition OD* *N5: Courtesy C *N6: Repair Co *N7: Fost Repair *N8: DV / Colle TP (N11): TP (aration Checklist Exporting (\$30); seesament (\$100); sough Survey ough Survey (Resurvey) sinst INC Only (wef 10); ion SMRT Survey al Services: cordination r Inspection ct Excess Coordination Nun INC) against INC	INC (\$80 \$40/ \$1 Jon 2005)	Anit (S) (st Bill) 645 (20 (30) (75) (60) (52) (53) (54) (55) (54) (56) (57) (56) (57	(S) Amil (S)
Drive-In () / Towed-In (); Invoice Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance () / 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions NAIS-2652 Inimant's Particulars:- river/Owner: Ontact No: Imaged Portion: C Checked by (Engr-In-Charge):	Courtesy Car (Invoice Prep Invoice Prep I) AR: Accident F 2) DA: Damege A 3) TF: Towing Fet 4) FT: Follow-The For claiming age 6) TR: Re-inspect 7) N1: Idac DA + 8) NTUC Addition OD* *N5: Courtesy C *N6: Repair Co *N7: Fost Repair *N8: DV / Colle	ar atton Checklist Exporting (\$30); seesment (\$100); sough Survey ough Survey (Resurvey) sinst INC Only (wef 10, 10); ion SMRT Survey al Services:- ordination r Inspection ct Excess Coordination Non INC) against INC le	INC (\$80 \$40/ \$1 Jon 2005)	Anit (5) (5) (5) (5) (5) (5) (5) (5) (5) (5) (5)	(S) Amil (S)

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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.		MINISTER PROCESSORS OF STREET
	ACCIDENT STATEMENT	NEW YORK
Date Of Report	22/10/2019 14:58	
Date Of Accident	21/10/2019 17:15	
Exact Location Of Accident	SLIP RD CAVENAGH RD TWDS BUKIT TIMAH RD	
Country/State of Loss	SINGAPORE	
District Control of the Distri	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLT7212L	
Insured/Policyholder		
Name Of Registered Owner	RELIABLE RIDES PTE LTD	
Co Reg No	201611527N	
Email Address	NOEMAIL	
Mobile Phone No	WCC AMERICA. ACID	
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	WORKING	
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	5095692108-01	
Cover Note Number		
Driver		
Name of Driver	HO CHEE KHEONG (HE ZHIQIANG)	
NRIC No	S7312970B	
Date Of Birth	26/03/1973	
Occupation	OUTDOOR	
Date Of Driving Pass	19/11/2015	
Driving Experience	3 YEARS AND 11 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-84015394	
Fax Number		
Contact Number	OFFICE-84015394	
CMail Address	NOEMAII	

NOEMAIL

Address BLK 755 YISHUN STREET 72

#09-246

Postcode 760755

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

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

2 NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 3

YES

Number of Passengers (Including Driver)

Passenger 1

NAME:

.

GENDER: : MALE

Passenger 2

NAME:

. .

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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE, AS I LOOK ON MY RIGHT VIEW TO CHECK ONCOMING VEHICLES ALONG THE MAIN RD. WHEN I LOOK BACK TO THE FRONT VIEW AND MY VEHICLE HIT ONTO VEHICLE B REAR PORTION.

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

VIDEO FOOTAGE WITH DRIVER

Remarks/ Reasons:

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Was there any audio recorded?

GBA5852X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver RAJA RAO A/L THATHA

NRIC/Passport Number

F7454420R

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding 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. 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.
- 7. 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:

- 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:
 - (i) 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
- 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

for complying with requirements under any regulations, laws or court orders.

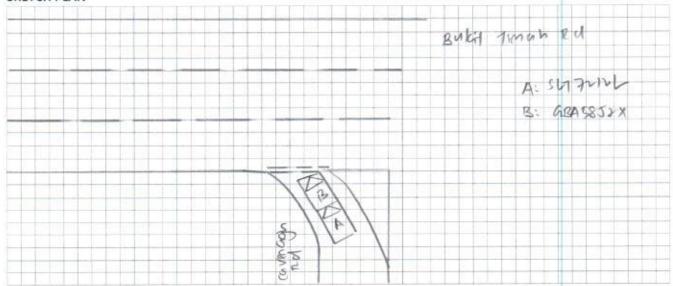
Policyholder's Signature Date & Time:

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

COLO A CALA CALA CALA CALA CALA CALA CAL	
Refer to distangent.	

DECLARATIONS A

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					100					Genera	alClaim
Hello, NAC_PAYA_UBI_80060	1	Acres	10000				+ Change	Languag	e · Chan	ge Password	· Log Out
My Desktop	Poli	cy Query									,
Notice of Loss Policy No.		No.				Date o	of Accident		21/10/2019 1	17:15	
	Vehicle	No.(For Motor)	SLT721	2L		Certific	cate Number		<u> </u>		
					18	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5095692108- 01		RELIABLE RIDES PTE LTD	201611527N	GPC	drivo CLASSIC	SLT7212	SLT7212L	08/11/2018	07/11/2019
	-				- C	continue					

Policy No.	5095692108-01	Policyholder	RELIABLE RIDES P		Policyholder	201611527N	
	3033032100-01	Name	ACTIABLE KIDES P	i LLID	NRIC	20101132/14	
Certificate No.							
Address	8 KAKI BUKIT AVENUE 4 #05	-50 PREMIER @	KAKI BUKIT SINGAI	ORE 415875			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	17 per 17 per
Policy issue Date	29/10/2018	Effective Date	08/11/2018 00:00		Expiry Date	07/11/2019 23:5	9
Excess Type		All Claims Excess					
Third Party	1500	Own damage	1000		Windscreen	100	110-01
Excess	1500	Excess	1000		Excess	100	
Additional Excess	0	OS Premium	0				
Outside		Outside				In the County of	
Singapore OD Excess	3000	Singapore TP Excess	3000			Young/Ir	experience Driver Excess
Agent	TAN INSURANCE BROKERS P	TE Agent Tel.	NIL		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
	nolder Mailing Address						
Address 1	8 KAKI BUKIT AVENUE	4 Addre	ss 2 #05-5	0 PREMIER @ H	KAKI BUKI1	Address 3	SINGAPORE 415875
Address 4		Addre	ss Type Singar	ore address		Post Code	415875
Unit No.	05-50	Relate	d Policy 51069	37496			
	d Object: SLT7212L						
D Insure							
▶ Insure ♥ Endors	ements						

Accident MT/1068070									
Policy No.	5095692108-01		Vehicle No.	51.772121		GST Registration No	h.		
Certificate No.									
Policyholder Name	RELIABLE RIDES PTE LTD	5				Policyholder NR3C		20161152	774
Product Code	PRIVATE CAR INSURANCE	æ	Cover Type	drive CLASSIC		Loading		0	
Contact No.(Mobile)	0		Contact No.(Office)	0		Contact No.(Home)		0	
Email Address			Special Remark			eCode		N V	
KFK.	® No ○ Yes		TCA	® No ○Yes		eCode Reason			
NCD Protection	No		NCD Entitlement(%)	0		Private Hire		Yes	
♥ Accident Details									
Report Date	22/10/2019 17:58		Accident Report Within 24 hrs	Yes		Accident Type		Collision -	Head to Rear
Pate of Accident	21/10/2019		Time of Academ hhimm	17:15		Country of Accident		Singapore	
Reporting Centre			Drange Force			ICM No.			
Accident Location	SLIP RD CAVENAGH RD	TWOS BUKIT TIMAH	RD						
♥ Excess									
Own damage Excess	1,	,000.00	Additional Excess	0		Windscreen Excess		100.00	
Innamed Driver Excess			Outside Singapore OD Excess	3,000.00					
Third Party Excess	1,	500.00	Outside Singapore TP Excess	3,000.00					
♥ Senefitz									
♥ GST Registered Informa	tion								
SST Registered	No			GST Registration Date					
ST Registration No.				GST Status Verified		Yes		1	
fodification History									
♥ Policyholder Halling Ad	fress								
Address 1	B KAKI BUKIT AVENUE 4	V.	Address 2	#05-50 PREMIER @ KAKI BUKIT		Address 3		SINGAPOR	E 415875
Address 4	C. STALL DURAL PARCE A		Address Type	Singapore address		Post Code		415875	
Unit No	05-50		Related Policy Number	5106937496					
S OI Driver Info	03-34		The series of the series of	220000-100					
Driver Name	Unnamed Driver		Driver Type	Unnamed Driver					
Unnamed driver Name	HO CHEE KHEONG (HE 2	TAIQIA	Driver NRJC	573129708		Driver DOS		25/03/197	3
Register Date of Driver License	19/11/2015		Driver Age	46		Driving Experience		3	
Contact No. (Mobile)	84015394		Contact No.(Office)	0		Contact No.(Home)		0	
Address 1	BLK 755		Address 2	YISHUN STREET 72		Address 3		SINGAPOR	E 760755
Address 4			Address Type	Singapore address		Post Code		760755	
Unit No.	09-246			Disect Color (Color (Co				21-08-03	
Does he own a Singapore	○ Yes ® No		727777888127807~				2000		
			Driver Vehicle No.			Driver Insurer Com-	Daula:		
Registered car?	O'IS G'III		Driver Vehicle No.			Driver Insurer Com	pany		
CONTRACTOR DE VI	O'ICO III		Driver Vehicle No.			Driver Insurer Com	pany		
Declaration Streathalyser or Blood Test	0 mg		Onver Vehicle No.	○ Yes ® No		Driver Insurer Com	pany		
Declaration Streathalyser or Blood Test	1518 (A		or or poor or or	○ Yes ® No		Driver Insurer Com	pany		
Declaration Sreathalyser or Blood Test Reading?	1518 (A		or or poor or or	○ Yes ® No		Driver Insurer Com	pany	F	
Declaration Breathalyser or Blood Test Reading? Hodification History	1518 (A		or or production	○ Yesi ® No		Driver Insurer Com	pany		
Declaration Sreathalyser or Blood Test Reading?	1518 (A		or or production	○ Yesi ® No		Driver Insurer Com	pany		
Declaration Streathalyser or Blood Test Reading? Hodification History	1518 (A		or or production	○ Yes ® No		Driver Insurer Com	pany		
Declaration Streathalyser or Blood Test Reading? Hodification History Claim 001	0 mg	V)	Any injury?				pany	20161152	776
Declaration Breathalyser or Blood Test Reading? Hodification History Claim 001 New	1518 (A	¥	Any injury? Insured Name	○ Yes ® No		Insured NRIC		20161152	
Ceclaration Screathalyser or Blood Test Reading? Hodification History Claim 001 New Claim Type * Corriect No.(Hobile)	0 mg	V	Any injury? Insured Name Contact No.(Home)	RELIABLE RIDES PTE LTD		insured NRIC Contact No. (Office)		66351820	
Scelaration Scelaration Scelaration Scelaration Reading? Claim 001 New Claim 1ype * Corriact No.(Mobile) Email Address	0 ≈g	2/2/4	Any injury? Insured Name Contact No.(Home) Of Vehicle Number	RELIABLE RIDES PTE LTD		Insured NRIC			
Scelaration Scelaration Scelaration Scelaration Scelaration Color O01 New Carried No.(Mobile) Email Address Commant Type *	0 ≈g		Any injury? Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit +	RELIABLE RIDES PTE LTD		insured NRIC Contact No. (Office)		66351820	
Scelaration Scelaration Scelaration Scelaration Scelaration Color O01 New Carried No. (Mobile) Email Address Olarmant Type Claimant Type * Olarmant Name *	0 ≈g	2/2/4	Any injury? Insured Name Contact No.(Home) Of Vehicle Number	RELIABLE RIDES PTE LTD		insured NRIC Contact No. (Office)		66351820	
Scelaration Scelaration Scelaration Scelaration Scelaration Codin Ool New Carried No. (Mobile) Email Address Olamant Type Claimant Type * Claimant Name * Claimant Address	0 mg	222	Any injury? Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit +	RELIABLE RIDES PTE LTD		Insured NRIC Consact No. (Office) TP Venicle Number		66351820	
Claim 1 Type * Commant Type Claimant Type * Claimant Name * Claimant Address	0 ≈g	222	Any injury? Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit + Clemant NRIC +	RELIABLE RIDES PTE LTD SLT7212L Please Select		insured NRIC Contact No. (Office)		66351820	
Claim 1 Type * Comment Type Claimant Type * Claimant Address Claimant Add	0 mg OD-MX Please Select SLT7212L / GBA5852K C	≥≥ 0N 21 Oct 2019	Any injury? Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC *	RELIABLE RIDES PTE LTD SLT7212L Please Select Fully at Fault		Indured NRIC Confact No. (Office) TP Vehicle Number Name of Preferred		66351820 GBA58520	
Claim 1990 - Comment Type * Comment Type Claiment Type * Claiment Type Claiment Type * Claiment Type Claiment Type * Claiment Name * Claiment Address Claiment	0 mg OD-MX Please Select SLT7212L / GBA5852X C	222	Any injury? Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option	RELIABLE RIDES PTE LTD SLT7212L Please Select	wn 🗸	Insured NRIC Confact No. (Office) TP Venicle Number Name of Preferred		66351820 GBA58520	
Declaration Breathalyser or Blood Test Reading? Hodification History Claim 001 New Common Type * Commant No. (Mobile) Email Address Commant Type Claimant Type * Claimant Address Cowm Description Preferred Workshop Contact No. Require Finalisation Date Registered	0 mg OD-MX Please Select SLT7212L / GBA5852X C Ves 22/10/2019 18:01	≥≥ 0N 21 Oct 2019	Any injury? Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC *	RELIABLE RIDES PTE LTD SLT7212L Please Select Fully at Fault	wn 🗸	Indured NRIC Confact No. (Office) TP Vehicle Number Name of Preferred		66351820 GBA58520	
Claim 001 New Claim 001 New Claim 001 New Carriact No.(Mobile) Email Address Claimant Type Claimant Type • Claimant Name • Claimant Address Claimant Address Claimant Experiment Name Reguire Finalisation Date Registered Report Taken By	0 mg OD-MX Please Select SLT7212L / GBA5852X C	≥≥ 0N 21 Oct 2019	Any injury? Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option	RELIABLE RIDES PTE LTD SLT7212L Please Select Fully at Fault	wn 🗸	Insured NRIC Confact No. (Office) TP Venicle Number Name of Preferred		66351820 GBA58520	
Declaration Breathalyser or Blood Test Reading? Hodification History	0 mg OD-MX Please Select SLT7212L / GBA5852X C Yes 22/10/2019 18:01	≥≥ 0N 21 Oct 2019	Any injury? Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option	RELIABLE RIDES PTE LTD SLT7212L Please Select Fully at Fault	wn 🗸	Insured NRIC Confact No. (Office) TP Venicle Number Name of Preferred		66351820 GBA58520	
Declaration Breathlyser or Blood Test Reading? Hodification History Claim 001 New Caim Type * Commant No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address Covin Description Perferred Workshop Contact No. Require Finalisation Date Registered Report Taken By	0 mg OD-MX Please Select SLT7212L / GBA5852X C Yes 22/10/2019 18:01	≥≥ 0N 21 Oct 2019	Any injury? Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option	RELIABLE RIDES PTE LTD SLT7212L Please Select Fully at Fault	wn 🗸	Insured NRIC Confact No. (Office) TP Venicle Number Name of Preferred		66351820 GBA58520	
Claim 001 New Claim 001 New Claim 001 New Carriact No.(Mobile) Email Address Claimant Type Claimant Type • Claimant Name • Claimant Address Claimant Address Claimant Experiment Name Reguire Finalisation Date Registered Report Taken By	0 mg OD-MX Please Select SLT7212L / GBA5852X C Yes 22/10/2019 18:01	≥≥ 0N 21 Oct 2019	Any injury? Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option	RELIABLE RIDES PTE LTD SLT7212L Please Select Fully at Fault Preferred Workshop, Name unkno	wn 🗸	Insured NRIC Confact No. (Office) TP Venicle Number Name of Preferred		66351820 GBA58520	
Claim 001 New Claim 001 New Claim 001 New Corract No.(Mobile) Email Address Claimant Type Claimant Type * Claimant Address Claimant Address Claimant Explainant Require Finalisation Date Registered Report Taken By	0 mg OD-MX Please Select SLT7212L / GBA5852X C Yes 22/10/2019 18:01	≥≥ 0N 21 Oct 2019	Any injury? Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option	RELIABLE RIDES PTE LTD SLT7212L Please Select Fully at Fault Preferred Workshop, Name unkno	wn 🗸	Insured NRIC Confact No. (Office) TP Venicle Number Name of Preferred		66351820 GBA58520	
reclaration Streathalyser or blood Test teading? Indiffication History Claim 001 New Daim Type * Comment No. (Hobbin) Email Address Down Description Interferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter	O mg OD-MX Please Select SLT7212L / GBA5852K C Ves 22/10/2019 18:01	≥≥ 0N 21 Oct 2019	Any injury? Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Close Date	RELIABLE RIDES PTE LTD SLT7212L Please Select Fully at Fault Preferred Workshop, Name unkno	wn 🗸	Insured NRIC Confact No. (Office) TP Venicle Number Name of Preferred		66351820 GBA58520	
Corination Claim 001 New Claim 001 New Corract No.(Mobile) Email Address Downant Type Claimant Type * Covernant Name * Covernant Address	0 mg OD-MX Please Select SLT7212L / GBA5852X C Yes 22/10/2019 18:01	≥≥ 0N 21 Oct 2019	Any injury? Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option	RELIABLE RIDES PTE LTD SLT7212L Please Select Fully at Fault Preferred Workshop, Name unkno	wn 🗸	Insured NRIC Confact No. (Office) TP Venicle Number Name of Preferred		66351820 GBA58520	
Contact No. (Mobile) Email Address Down Type * Contact No. (Mobile) Email Address Downant Type Claimant Type * Downant Name * Down Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By JP Print AK letter Attachment	O mg OD-MX Please Select SLT7212L / GBA5852K C Ves 22/10/2019 18:01	≥≥ 0N 21 Oct 2019	Any injury? Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Close Date	RELIABLE RIDES PTE LTD SLT7212L Please Select Fully at Fault Preferred Workshop, Name unkno	wn 🔻	Insured NRIC Confact No. (Office) TP Venicle Number Name of Preferred		66351820 GBA58520	
Contact No. (Mobile) Email Address Down Type * Contact No. (Mobile) Email Address Downant Type Claimant Type * Downant Name * Down Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By JP Print AK letter Attachment	0 mg OD-MX	≥≥ 0N 21 Oct 2019	Any injury? Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim No.	RELIABLE RIDES PTE LTD SLT7212L Please Select Fully at Pault Preferred Workshop, Name unkno	wn 🔻	Insured NRIC Confact No. (Office) TP Venicle Number Name of Preferred		66351820 GBA58521 Received 22/10/201	
claim 001 New Claim 001 New Claim 001 New Cornact No. (Mobile) Email Address Darmant Type Claimant Type * Darmant Name *	0 mg OD-MX	DN 21 Oct 2019	Any injury? Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim No.	RELIABLE RIDES PTE LTD SLT7212L Please Select Fully at Pault Proferred Workshop, Name unkno 001 22/10/2019 18:0 Category	wn 🔻	Insured NRTC Contact No. (Office) TP Venicle Number Name of Preferred GIA report Date Recoved	Workshop	66351820 GBA58521 Received 22/10/201	9 00:00
claim 001 New Claim 001 New Claim 001 New Cornact No. (Mobile) Email Address Darmant Type Claimant Type * Darmant Name *	0 mg OD-MX	DN 21 Oct 2019	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Close Date Claim No. Upload Date	RELIABLE RIDES PTE LTD SLT7212L Please Select Fully at Pault Preferred Workshop, Name unkno 001 22/10/2019 18:0 Category Class Please Select	wn 🗸	Insured NRTC Confact No. (Office) TP Venicle Number Name of Preferred GIA report Date Received Confidencial	Workshop	GBA58521 GBA58521 Received 22/10/201	9 00 00
claim 001 New Claim 001 New Claim 001 New Cornact No. (Mobile) Email Address Darmant Type Claimant Type * Darmant Name *	0 mg OD-MX	DN 21 Oct 2019	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim No. Upload Date Brows	RELIABLE RIDES PTE LTD SLT7212L Please Select Fully at Pault Preferred Workshop, Name unkno 001 22/10/2019 18:0 Category Category Please Select Please Select	wn 🗸	Insured NRTC Confact No. (Office) TP Venicle Number Name of Preferred GIA report Date Received Confidencial NO V	Workshop Urgeno Normal	Received 22/10/201	9 00 00
claim 001 New Claim 001 New Claim 001 New Cornact No. (Mobile) Email Address Darmant Type Claimant Type * Darmant Name *	0 mg OD-MX	DN 21 Oct 2019	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim No. Upload Date Brows Brows	RELIABLE RIDES PTE LTD SLT7212L Please Select Fully at Pault Preferred Workshop, Name unkno Category	wn V	Insured NRTC Connact No. (Office) TP Venicle Number Name of Preferred GIA report Date Received Confidencial NO V NO V	Urgenc Normal Normal	Received 22/10/201	9 00 00
Declaration Breathalyser or Blood Test Reading? Hodification History Claim 001 New Caim Type * Contact No. (Mobile) Email Address Colument Type Claimant Type * Claimant Name * Claimant Address Colument Mobile Contact No. Require Finalisation Date Registered Report Taken By Denit AK letter Attachment	0 mg OD-MX	DN 21 Oct 2019	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim No. Upload Date Brows Brows Brows Brows	RELIABLE RIDES PTE LTD SLT7212L Please Select Fully at Pault Preferred Workshop, Name unkno Category	wn V	Confidencial Confidencial Confidencial Confidencial Confidencial Confidencial CONFIDENCIA CONFIDENCIA	Urgenc Normal Normal	Received 22/10/201	9 00 00
Claim 001 New Claim 001 New Claim 001 New Commant Type * Contact No. (Mobile) Email Address Cowmant Type Claimant Type * Claimant Name * Claimant Address Cowmant Name * Claimant Address Cowmant Type Claimant Type * Accident Name New Attachment Accident No.	0 mg OD-MX	DN 21 Oct 2019	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim No. Upload Date Brows Brows Brows Brows Brows	RELIABLE RIDES PTE LTD SLT7212L Please Select Fully at Fault Preferred Workshop, Name unkno Category	an V	Confidencial	Urgenc Normal Normal Normal Normal	Received 22/10/201	9 00 00
Claim 001 New Claim 001 New Claim 001 New Commant Type * Commant Type Claimant Type * Claimant Name * Claimant Address Claimant Address Claimant Type Claimant Type * Claimant Type Claimant Type * Claimant Address Claimant Address Claimant Address Claimant Address Claimant Type Claimant Type * Claimant Address Claimant Claimant Type * Claimant Claimant Claimant Type * Claimant Clai	0 mg OD-MX	DN 21 Oct 2019	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim No. Upload Date Brows Brows Brows Brows	RELIABLE RIDES PTE LTD SLT7212L Please Select Fully at Pault Preferred Workshop, Name unkno Category	an V	Confidencial	Urgenc Normal Normal Normal	Received 22/10/201	9 00 00

	Uploaded By/Date	Folder Date	A	le Name		9	Source		Actio
Video List									
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Oct 2019 18:01		Photos		Normal		105 2019-10-22		
Down R.	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Oct 2019 18:01		Photos		Normal	Pho	tos 2019-10-22		
6	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Oct 2019 18:01		Photos		Normal	Pho	tos 2019-10-22		
	NAC_PAYA_UBI_800601(NAT CES) on 22	ONAL ASSESSMENT CENTRE SERVI Oct 2019 18:01	Photos		Normal	Pho	tos 2019-10-22		
		IONAL ASSESSMENT CENTRE SERVI Oct 2019 18:01	Photos		Normal	Pho	tos 2019-10-22		
		IONAL ASSESSMENT CENTRE SERVI Oct 2019 18:01	Photos		Normal	Pho	tos 2019-10-22		
4	NAC_PAYA_UBI_800601(NAT CES) on 23	IONAL ASSESSMENT CENTRE SERVI Oct 2019 18:01	Photos		Normal	Pho	tos 2019-10-22		
-		IONAL ASSESSMENT CENTRE SERVI Oct 2019 18:01	Photos		Normal	Pho	tos 2019-10-22		
16		TOWAL ASSESSMENT CENTRE SERVE Oct 2019 18:01	Photos		Normal	Pho	tos 2019-10-22		
19	NAC_PAYA_UBI_800601(NAT CES) on 2	SAS		Normal	S	S 2019-10-22			
Constant Total	NAC_PAYA_UBI_BOOGO1(NATIONAL ASSESSMENT CENTRE SERVI CES) on 22 Oct 2019 18:01		NR3C/ Driving License	Y	Normal	NRIC/ Driv	ing License 2019-10-22		
Attachment	Uploaded By/Date		Category	Ŷ	Urgency		Description	(CO)	