

# NATIONAL Assessment Centre Services

(Part 1 of 2)

MMA 119142667.

|                            |   |                           |                |
|----------------------------|---|---------------------------|----------------|
| Date: 29/10/19 13:03       | Job description: SAS e-filing             | Date & Time Completed:    | Done by:       |
| Ref No: MMA/IMC19019079/64 | E-mail (e-filing, AIC, etc):              |                           |                |
| SLV 2785Y                  | I-Motor Claim Form                        | MT/1068945 <sup>001</sup> | 29/10/19 18:01 |
| 28/10/19 15:40             | I-Motor W/O (within: OD 2hrs, TP 4hrs)    |                           |                |
|                            | I-Photo Uploaded                          |                           |                |
|                            | Assessment/Survey Report                  |                           |                |
|                            | Ass't Report by Fax / Hand to Owner/Whelp |                           |                |

|   |  |                       |
|---|--|-----------------------|
| Professional Whelp / INC Assign Whelp / QW: | Tel:   | Fax:                  |
| IP Particulars:                             | Veh No: Pedestrian                                       | INC ( ) / Non-INC ( ) |
| Owner / Driver:                             | Tel:   |                       |
| Policy No: ( )                              | Period: ( )  | Cover Type: ( )       |
| Confirmed by: ( )                           | Date: ( )  | Time: ( )             |
| Insured/Driver Liability: ( ) %             | [Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%] |                       |
| Year of Registration: ( )                   | Warranty: YES ( ) / NO ( )                               |                       |
| Excess: (\$ )                               | Loading: \$1,000 ( ) / \$2,000 ( )                       |                       |

General Remarks:

( ) Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repeler.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

|   |                        |          |
|---|------------------------|----------|
| Remarks: (INC Ref: 6788/6616)                           | Date & Time Completed: | Done by: |
| 1) Apply for Transport Allowance ( ) / Courtesy Car ( ) |                        |          |
| 2) QC Check / Post Repair Inspection ( )                |                        |          |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] ( )     |                        |          |

Injury: \_\_\_\_\_

| Date/Time | Actions |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

|                                 |  |             |          |
|---------------------------------|--|-------------|----------|
| WA1908082                       | Invoice (Ref: 119142667)                       | Am (\$)     | PAH (\$) |
| Claimant's Particulars:         | 1) AR: Accident Reporting (\$300)              | 300.00      |          |
| Driver/Owner:                   | 2) DA: Damage Assessment (\$100) INC (\$40)    |             |          |
| Contact No:                     | 3) TF: Towing Fee \$40/\$45                    |             |          |
| Damaged Portion:                | 4) FT: Follow-Through Survey \$120             |             |          |
| QC Checked by (Engr-In-Charge): | 5) FT: Follow-Through Survey (Resurvey) \$20   |             |          |
| Auditors' Comments:             | For claiming assist INC Only (w/c 10 Jan 2003) |             |          |
|                                 | 6) TR: Re-inspection \$75                      |             |          |
|                                 | 7) NI: Idas DA + SMRT Survey \$160             |             |          |
|                                 | 8) NTUC Additional Services:                   |             |          |
|                                 | ON:  |             |          |
|                                 | *NS: Courtesy Car / Tpl Allowance \$5          |             |          |
|                                 | *NG: Repair Co-ordination \$10                 |             |          |
|                                 | *NI: Post Repair Inspection \$25               |             |          |
|                                 | *NB: DV / Collect Excess Coordination \$5      |             |          |
|                                 | TP (NI): TP (Non INC) against INC \$20         |             |          |
|                                 | 9) NI2: Idas Mobile \$30                       |             |          |
|                                 | Invoice dated                                  | Fee Charged |          |
|                                 | Invoice dated                                  | Fee Charged |          |

## 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 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. 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             | 29/10/2019 13:03 |
| Date Of Accident           | 28/10/2019 15:40 |
| Exact Location Of Accident | BENCOOLEN LINK   |
| Country/State of Loss      | SINGAPORE        |

### DETAILS OF OWN VEHICLE

|                             |                        |
|-----------------------------|------------------------|
| Vehicle Registration Number | SLV2785Y               |
| <b>Insured/Policyholder</b> |                        |
| Name Of Registered Owner    | RELIABLE RIDES PTE LTD |
| Co Reg No                   | 201611527N             |
| Email Address               | NOEMAIL                |
| Mobile Phone No             |                        |
| Alternative Phone No        | OFFICE-96737711        |

### Vehicle Particulars

|  |                       |
|--|-----------------------|
| Manufacturer   | HONDA                 |
| Model  | SHUTTLE HYBRID 1.5 AT |
| Exact Purpose for which vehicle was being used at time of accident           | COMMERCIAL            |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO                    |
| If No, Please state action to be taken                                       | 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             | 5096971519-01                          |
| Cover Note Number         |  |

### Driver

|                      |                              |
|----------------------|------------------------------|
| Name of Driver       | SIM KOON YONG (SHEN KUNRONG) |
| NRIC No              | S6801918D                    |
| Date Of Birth        | 12/01/1968                   |
| Occupation           | OUTDOOR                      |
| Date Of Driving Pass | 29/08/1989                   |
| Driving Experience   | 30 YEARS AND 1 MONTH         |
| Gender               | MALE                         |
| Mobile Number        | (LOCAL) +65-96313346         |
| Fax Number           |                              |
| Contact Number       |                              |
| Email Address        | NOEMAIL                      |



|   |                              |
|---|------------------------------|
| Address   | BLK 127 BISHAN ST 12 #04-137 |
| Postcode  | 570127                       |
| Was driver an employee of the Insured's Company     | NO                           |
| If No, Relationship of the Driver with the Insured  | OTHER - HIRER                |
| Vehicle Registration Number of Driver's Own Vehicle | -                            |
|   | -                            |
| Insurance Company of Driver's Own Vehicle           | -                            |
|   | -                            |
|   | -                            |

#### General Information of the Accident

|                    |                          |
|--------------------|--------------------------|
| Type Of Accident   | COLLIDED INTO PEDESTRIAN |
| Weather Conditions | RAINING                  |
| Road Surface       | WET                      |

#### Other Information

|   |     |
|---|-----|
| Was any foreign vehicle involved in this accident?  | NO  |
| Number of vehicles (including own vehicle) involved in the accident                         | 1   |
| Was any body injured in the Accident?   | YES |
| Was any injured conveyed to hospital by ambulance?  | NO  |
| Was any other material or property damaged?   | YES |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO  |
| Number of Passengers (Including Driver)   | 1   |

#### Details of Police Action

|   |   |
|---|---|
| Was the accident reported to the police?  | YES   |
| If Yes, Please state which Police Station |   |
| Police Station Name                       | TRAFFIC POLICE DIVISION HQ                                    |
| 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? | NO  |
| If Yes, against whom?                     |   |

#### Circumstances of Accident

REFER TO POLICE REPORT T/20191029/7000 & T/20191029/7010.

#### Attachment(s)

|   |             |
|---|-------------|
| Are accident photos available for attachment? | YES         |
| Was there any video captured by Car Camera?   | YES         |
| Remarks/ Reasons:                             | WITH DRIVER |
| Was there any audio recorded?                 | NO          |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |               |
|-----------------------------|---------------|
| Vehicle Registration Number |               |
| Vehicle Make/Model/Colour   | PEDESTRIAN    |
| Details Of Properties       |               |
| Vehicle Category            | NA/UNKNOWN    |
| Name of Driver              | LEE SOON KENG |
| NRIC/Passport Number        | S0292867A     |
| Contact Number              |               |
| Address                     |               |
| Postcode                    |               |
| Insurance Company Name      |               |

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name LEE SOON KENG

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle?

Were seat belts worn?

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**.
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:

- (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:
  - (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
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



SKETCH PLAN

Refer to Sketch

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report  
T/ 20191029 / 7000 & T/20191029 / 7010.

DECLARATION

I/We declare the foregoing particulars are true in every respect.



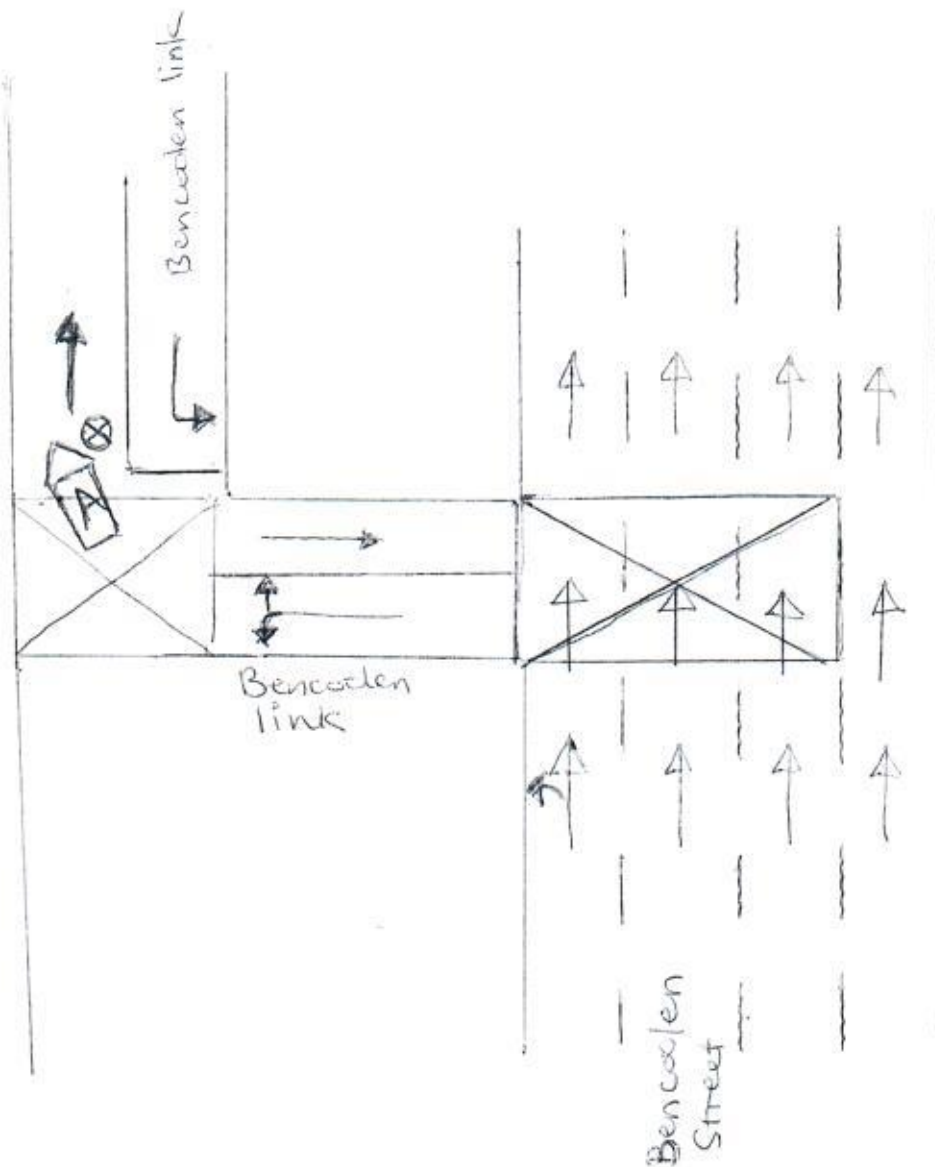
Policyholder's Signature  
Date & Time:

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

*[Signature]*  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

A - Vehicle No SLV 2785Y

⊗ - Pedestrian Lee Soon Keng





# SINGAPORE POLICE FORCE



T/20191029/7000

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

1 of 3

Report No. T/20191029/7000

## REPORT OF A TRAFFIC ACCIDENT

|  |            |                              |   |                    |                            |
|--|------------|------------------------------|---|--------------------|----------------------------|
| Date/Time Report Made:<br>29/10/2019 00:39                     |            | Vide Report No.:             |   | Station Diary No.: |                            |
| <b>Informant's Particulars</b>                                 |            |                              |   |                    |                            |
| Name of Informant:<br>SIM KOON YONG                            |            |                              | Address:<br>APT BLK 127 BISHAN STREET 12 #04-137 SINGAPORE 570127 |                    |                            |
| ID Type / ID No.:<br>NRIC NO / S6801918D                       |            |                              | Contact No.:<br>Home/Office: Mobile: 96313346                     |                    |                            |
| Nationality:<br>SINGAPORE CITIZEN                              |            |                              | Email:<br>skymaster1201@gmail.com                                 |                    |                            |
| Sex:<br>Male   | Age:<br>51 | Date of Birth:<br>12/01/1968 | Type of Informant:<br>Driver                                      |                    |                            |
| Race:<br>Chinese   |            |                              | Language:<br>English  |                    | Institution / School Name: |
| Occupation:<br>Sales and related associate<br>professional nec |            |                              | Driving Licence Information:<br>Class: Date of Expiry:            |                    |                            |

## General Information of the Accident

|   |                                |                                    |  |                                     |
|---|--------------------------------|------------------------------------|--|-------------------------------------|
| Type of Accident:   | Injury<br>Pedestrian / Cyclist | Drink Drive:<br>No                 | Date/Time of Accident:<br>28/10/2019 15:40 | Type of Location:<br>Bend           |
| Location:<br><br>Bencoolen Link                           |                                |                                    |  |                                     |
| Weather:<br>Raining                                       |                                | Road Surface:<br>Wet               |  | Road Speed Limit:                   |
| Traffic Flow:<br>Two Way                                  |                                | Traffic Control:<br>Not Controlled |  | Traffic Volume:<br>No Traffic       |
| Type of Collision:<br>Moving Vehicle Against - Pedestrian |                                |                                    |  | Anyone conveyed by ambulance:<br>No |

## Details of Vehicle Involved

|             |      |      |       |       |           |                 |
|-------------|------|------|-------|-------|-----------|-----------------|
| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
| SLV2785Y    | Car  |      |       |       |           | 0               |

## Details of Person Involved

|                               |   |
|-------------------------------|---|
| Any Pedestrian Involved: Yes  |   |
| No. of Pedestrians Injured: 1 | Use of Pedestrian Crossing: Not Available |





# SINGAPORE POLICE FORCE



T/20191029/7000

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

2 of 3

Report No. T/20191029/7000

## CONTINUATION OF REPORT

|                                   |                            |                  |   |
|-----------------------------------|----------------------------|------------------|---|
| <b>Driver</b>                     |                            |                  |   |
| Name                              | SIM KOON YONG              |                  | ID No. S6801918D  |
| Related Vehicle                   | SLV2785Y (Car)             |                  | Contact No. 96313346  |
| Hospital/Clinic                   | NIL                        |                  | Class of Driving Licence & Expiry Date<br>Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                        | Date Discharge   | NIL   |
| No. of Days granted Medical Leave | NIL                        | Degree of Injury | NIL   |
| <b>Pedestrian</b>                 |                            |                  |   |
| Name                              | LEE SOON KENG              |                  | ID No. S0292867A  |
| Related Vehicle                   | NIL                        |                  | Contact No. NIL   |
| Hospital/Clinic                   | SINGAPORE GENERAL HOSPITAL |                  | Class of Driving Licence & Expiry Date<br>Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | 28/10/2019                 | Date Discharge   | 28/10/2019  |
| No. of Days granted Medical Leave | NIL                        | Degree of Injury | Slight  |

### Brief Details.

On 28th Oct 2019, 3.40 pm I was driving Vehicle A (Vehicle No : SLV2785Y) along Bencoolen Link turning right into Bencoolen Link (Beside Skyline building) at an extremely slow speed of less than 10 km/hr. Suddenly, Pedestrian X (Lee Soon Keng) came in front of my Vehicle A, while crossing the road. I stopped my Vehicle A immediately. Next moment, I noticed Pedestrian X was sitting on the road in front of my Vehicle A. I came out of my Vehicle A immediately and checked on Pedestrian X. She said her left foot ankle was hurt and swollen. I helped Pedestrian X to the road side and examined her foot. I suggested to bring Pedestrian X to Singapore General Hospital for check up. Pedestrian X requested to contact her brother which happened to be at the nearby temple to come over. Thus after her brother's arrival, we discussed and they agreed to go to Singapore General Hospital for check up. Upon arrival at Singapore General Hospital A&E Dept, we proceed for registration and finally seen the doctor. X ray was done and doctor advised to cast her ankle as there was sign of minor fracture. No other injury was reported by doctor except for her ankle. After all these, I paid for the medical bills (not admitting who is at fault) and sent her back home. I examined my Vehicle A very carefully and there was absolutely No dent, No scratches, No physical damage to my Vehicle A. She may very likely fell on the road due to wet weather by herself when my Vehicle A approached near her.



**SINGAPORE  
POLICE FORCE**



T/20191029/7000

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

3 of 3

Report No. T/20191029/7000

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
JUREMAH BINTE AHMAD  
Contact No.: 65476219

Authentication Stamp

NP168

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:  
29/10/2019 00:39

Classification Of Case:





# SINGAPORE POLICE FORCE



T/20191029/7010

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

1 of 3

Report No. T/20191029/7010

**REPORT OF A TRAFFIC ACCIDENT**

|  |            |                              |   |                    |                            |
|--|------------|------------------------------|---|--------------------|----------------------------|
| Date/Time Report Made:<br>29/10/2019 12:28                     |            | Vide Report No.:             |   | Station Diary No.: |                            |
| <b>Informant's Particulars</b>                                 |            |                              |   |                    |                            |
| Name of Informant:<br>SIM KOON YONG                            |            |                              | Address:<br>APT BLK 127 BISHAN STREET 12 #04-137 SINGAPORE 570127 |                    |                            |
| ID Type / ID No.:<br>NRIC NO / S6801918D                       |            |                              | Contact No.:<br>Home/Office: Mobile: 96313346                     |                    |                            |
| Nationality:<br>SINGAPORE CITIZEN                              |            |                              | Email:<br>skymaster1201@gmail.com                                 |                    |                            |
| Sex:<br>Male   | Age:<br>51 | Date of Birth:<br>12/01/1968 | Type of Informant:<br>Driver                                      |                    |                            |
| Race:<br>Chinese   |            |                              | Language:<br>English  |                    | Institution / School Name: |
| Occupation:<br>Sales and related associate<br>professional nec |            |                              | Driving Licence Information:<br>Class: 3 Date of Expiry:          |                    |                            |

**General Information of the Accident**

|   |                                |                                    |  |                           |
|---|--------------------------------|------------------------------------|--|---------------------------|
| Type of Accident:   | Injury<br>Pedestrian / Cyclist | Drink Drive:<br>No                 | Date/Time of Accident:<br>28/10/2019 15:40 | Type of Location:<br>Bend |
| Location:<br><br>BENCOOLEN LINK                           |                                |                                    |  |                           |
| Weather:<br>Raining                                       |                                | Road Surface:<br>Wet               | Road Speed Limit:                          |                           |
| Traffic Flow:<br>Two Way                                  |                                | Traffic Control:<br>Not Controlled | Traffic Volume:<br>No Traffic              |                           |
| Type of Collision:<br>Moving Vehicle Against - Pedestrian |                                |                                    | Anyone conveyed by ambulance:<br>No        |                           |

**Details of Vehicle Involved**

|             |      |       |         |        |           |                 |
|-------------|------|-------|---------|--------|-----------|-----------------|
| Vehicle No. | Type | Make  | Model   | Color  | Condition | No of Passenger |
| SLV2785Y    | Car  | HONDA | SHUTTLE | Silver | No Damage | 0               |

**Details of Vehicle Insurance**

|             |  |               |            |             |
|-------------|--|---------------|------------|-------------|
| Vehicle No. | Insurance Company                          | Insurance No  | Effective  | Expiry Date |
| SLV2785Y    | NTUC Income Insurance Co-Operative Limited | 5096971519-01 | 27/12/2018 | 26/12/2019  |





**SINGAPORE  
POLICE FORCE**



T/20191029/7010

2 of 3

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

Report No. T/20191029/7010

**CONTINUATION OF REPORT**

|                                   |                            |   |                                   |
|-----------------------------------|----------------------------|---|-----------------------------------|
| <b>Details of Person Involved</b> |                            |   |                                   |
| Any Pedestrian Involved: Yes      |                            |   |                                   |
| No. of Pedestrians Injured: 1     |                            | Use of Pedestrian Crossing: Not Available |                                   |
| <b>Driver</b>                     |                            |   |                                   |
| Name                              | SIM KOON YONG              | ID No.                                    | S6801918D                         |
| Related Vehicle                   | SLV2785Y (Car)             | Contact No.                               | 96313346                          |
| Hospital/Clinic                   | NIL                        | Class of Driving Licence & Expiry Date    | Class: 3<br>Date of Expiry: NIL   |
| Date Treatment                    | NIL                        | Date Discharge                            | NIL                               |
| No. of Days granted Medical Leave | NIL                        | Degree of Injury                          | NIL                               |
| <b>Pedestrian</b>                 |                            |   |                                   |
| Name                              | LEE SOON KENG              | ID No.                                    | S0292867A                         |
| Related Vehicle                   | NIL                        | Contact No.                               | NIL                               |
| Hospital/Clinic                   | SINGAPORE GENERAL HOSPITAL | Class of Driving Licence & Expiry Date    | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | 28/10/2019                 | Date Discharge                            | 28/10/2019                        |
| No. of Days granted Medical Leave | NIL                        | Degree of Injury                          | Slight                            |

**Brief Details.**

Reference to earlier Police Report No : T/20191029/7000 submitted on 28th Oct 2019, I need to make amendment to the Police Report filed. Upon viewing the video footage this morning, I noticed that there was a slight impact on Pedestrian X causing her to fell on the road. I came out of my Vehicle A immediately and checked on Pedestrian X. She said her left foot ankle was hurt and swollen. I helped Pedestrian X to the road side and examined her foot. I suggested to bring Pedestrian X to Singapore General Hospital for check up. Pedestrian X requested to contact her brother which happened to be at the nearby temple to come over. Thus, after her brother's arrival, we discussed and agreed to go to Singapore General Hospital for check up.

Upon arrival at Singapore General Hospital A&E Dept, we proceed for registration and finally seen the doctor. X ray was done and doctor advised to cast her ankle as there was sign of minor fracture. No other injury was reported by doctor except for her ankle. After all these, I paid for the medical bills and sent her back home.



**SINGAPORE  
POLICE FORCE**



T/20191029/7010

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

3 of 3

Report No. T/20191029/7010

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
JUREMAH BINTE AHMAD  
Contact No.: 65476219

Authentication Stamp

NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
29/10/2019 12:28

Classification Of Case:



## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number:** 5096971519-01

**Cover :** drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SLV2785Y**  
Chassis Number : GP71121883
2. Name of Policyholder : **RELIABLE RIDES PTE LTD**
3. Effective Date of Insurance : 27 Dec 2018
4. Expiry Date of Insurance : 26 Dec 2019
5. Persons or Classes of Persons entitled to drive#  
(a) The Policyholder.  
(b) Any other person who is driving on the Policyholder's order or with his/her permission.  
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#  
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

**This Policy does not cover**

- (a) Use for racing, pace-making, reliability trial or speed-testing.
  - (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
  - (c) Use for any purpose in connection with the Motor Trade.
- # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

|                                      |   |   |
|--------------------------------------|---|---|
| EXCESS (SECTION 1)                   | : |   |
| EXCESS (SECTION 2)                   | : |   |
| WINDSCREEN EXCESS                    | : |   |
| ADDITIONAL EXCESS                    | : | N/A   |
| UNNAMED DRIVER EXCESS                | : | PLEASE REFER OVERLEAF                           |
| REPAIR AT OWNER'S PREFERRED WORKSHOP | : | NO  |
| INSURE WITH COE                      | : | YES   |
| NCD PROTECTION                       | : | NO  |
| TRANSPORT ALLOWANCE                  | : | NO  |
| EXCESS WAIVER                        | : | NO  |
| PRIMARY DRIVER                       | : | N/A   |
| NAMED DRIVER (1)                     | : | N/A   |
| NAMED DRIVER (2)                     | : | N/A   |
| HIRE PURCHASE COMPANY                | : | LAKE-VIEW CREDIT PTE LTD                        |
| SUM INSURED                          | : | MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS |



I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : TAN INSURANCE BROKERS PTE LTD (00000690287)  
Date of Issue : 26 Nov 2018 12:59 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive



## Claim Handling

Accident MT/1068945

|   |                            |                               |                             |                        |                          |
|---|----------------------------|-------------------------------|-----------------------------|------------------------|--------------------------|
| Policy No.                              | 5096971519-01              | Vehicle No.                   | SLV2785Y                    | GST Registration No.   |                          |
| Certificate No.                         |                            |                               |                             |                        |                          |
| Policyholder Name                       | RELIABLE RIDES PTE LTD     |                               |                             | Policyholder NRIC      | 201611527N               |
| Product Code                            | PRIVATE CAR INSURANCE      | Cover Type                    | drive CLASSIC               | Loading                | 0                        |
| Contact No.(Mobile)                     | 96737711                   | Contact No.(Office)           |                             | Contact No.(Home)      |                          |
| Email Address                           |                            | Special Remark                |                             | eCode                  | No                       |
| KFK                                     | No Yes                     | TCA                           | No Yes                      | eCode Reason           |                          |
| NCD Protection                          | No                         | NCD Entitlement(%)            | 0                           | Private Hire           | Yes                      |
| <b>Accident Details</b>                 |                            |                               |                             |                        |                          |
| Report Date                             | 29/10/2019 17:57           | Accident Report Within 24 hrs | Yes                         | Accident Type          | Collided into Pedestrian |
| Date of Accident                        | 28/10/2019                 | Time of Accident hh:mm        | 15:40                       | Country of Accident    | Singapore                |
| Reporting Centre                        |                            | Orange Force                  |                             | ICM No.                |                          |
| Accident Location                       | BENCOOLEN LINK             |                               |                             |                        |                          |
| <b>Excess</b>                           |                            |                               |                             |                        |                          |
| Own damage Excess                       | 1,000.00                   | Additional Excess             | 0                           | Windscreen Excess      | 100.00                   |
| Unnamed Driver Excess                   |                            | Outside Singapore OD Excess   | 3,000.00                    |                        |                          |
| Third Party Excess                      | 1,500.00                   | Outside Singapore TP Excess   | 3,000.00                    |                        |                          |
| <b>Benefits</b>                         |                            |                               |                             |                        |                          |
| <b>GST Registered Information</b>       |                            |                               |                             |                        |                          |
| GST Registered                          | No                         | GST Registration Date         |                             |                        |                          |
| GST Registration No.                    |                            | GST Status Verified           | Yes                         |                        |                          |
| Modification History                    |                            |                               |                             |                        |                          |
| <b>Policyholder Mailing Address</b>     |                            |                               |                             |                        |                          |
| Address 1                               | 8 KAKI BUKET AVENUE 4      | Address 2                     | #05-50 PREMIER @ KAKI BUKIT | Address 3              | SINGAPORE 415875         |
| Address 4                               |                            | Address Type                  | Singapore address           | Post Code              | 415875                   |
| Unit No.                                | 05-50                      | Related Policy Number         | 5106937496                  |                        |                          |
| <b>OI Driver Info</b>                   |                            |                               |                             |                        |                          |
| Driver Name                             | Unnamed Driver             | Driver Type                   | Unnamed Driver              |                        |                          |
| Unnamed driver Name                     | SIM KOON YONG (SHEN KUNRO) | Driver NRIC                   | 56801918D                   | Driver DOB             | 12/01/1968               |
| Register Date of Driver License         | 29/08/1989                 | Driver Age                    | 51                          | Driving Experience     | 30                       |
| Contact No.(Mobile)                     | 96313346                   | Contact No.(Office)           |                             | Contact No.(Home)      |                          |
| Address 1                               | BLK 127 #04-137            | Address 2                     | BISHAN STREET 12            | Address 3              | SINGAPORE 570127         |
| Address 4                               |                            | Address Type                  | Singapore address           | Post Code              | 570127                   |
| Unit No.                                | 04-137                     |                               |                             |                        |                          |
| Does he own a Singapore Registered car? | Yes No                     | Driver Vehicle No.            |                             | Driver Insurer Company |                          |
| Declaration                             |                            |                               |                             |                        |                          |
| Breathalyser or Blood Test Reading?     | 0 mg                       | Any injury?                   | Yes No                      |                        |                          |

Modification History

Claim 001 **New**

|                         |                                      |                         |                                  |                      |                            |               |            |
|-------------------------|--------------------------------------|-------------------------|----------------------------------|----------------------|----------------------------|---------------|------------|
| Claim Type *            | OD-MX                                | Insured Name            | RELIABLE RIDES PTE LTD           | Insured NRIC         | 201611527N                 |               |            |
| Contact No.(Mobile)     |                                      | Contact No. (Home)      |                                  | Contact No. (Office) | 663511                     |               |            |
| Email Address           |                                      | Of Vehicle Number       | SLV2785Y                         | TP                   | PEDES                      |               |            |
| Claim Description       | SLV2785Y / PEDESTRIAN ON 28 Oct 2019 |                         |                                  |                      | Name of Preferred Workshop | 0             |            |
| Preferred Workshop      | 0                                    | Insured Liability       | Partially at Fault               |                      |                            |               |            |
| Damage No. Finalisation | Yes                                  | Preferred Repair Option | Preferred Workshop, Name unknown | GIA report           | Received                   |               |            |
| Date Registered         |                                      |                         |                                  | Claim Close Date     | 29/10/2019 18:00           | Date Received | 29/10/2019 |
| Report Taken By         | JIEW SHAN HUI                        |                         |                                  |                      |                            |               |            |

Print AX letter

Save Submit

## Attachment

|   |                   |                       |                  |             |                                  |
|---|-------------------|-----------------------|------------------|-------------|----------------------------------|
| Accident No.  | MT/1068945        | Claim No.             | 001              |             |                                  |
| Last Doc. Received  | Yes No            | Upload Date           | 29/10/2019 18:01 |             |                                  |
| Path *  |                   |                       |                  |             |                                  |
| Choose File   | No file chosen    | Clear                 | Please Select    |             |                                  |
| Choose File   | No file chosen    | Clear                 | Please Select    |             |                                  |
| Choose File   | No file chosen    | Clear                 | Please Select    |             |                                  |
| Choose File   | No file chosen    | Clear                 | Please Select    |             |                                  |
| Choose File   | No file chosen    | Clear                 | Please Select    |             |                                  |
| Choose File   | No file chosen    | Clear                 | Please Select    |             |                                  |
| Choose File   | No file chosen    | Clear                 | Please Select    |             |                                  |
| Message Read  |                   |                       |                  |             |                                  |
| <b>Attachment List</b>                                      |                   |                       |                  |             |                                  |
| Attachment  | Uploaded By/Date  | Category              | Urgency          | Description | M                                |
| NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o | 29 Oct 2019 18:01 | NRIC/ Driving License | Y                | Normal      | NRIC/ Driving License 2019-10-29 |



NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o  
29 Oct 2019 18:01

SAS

Normal

SAS 2019-10-29

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o  
29 Oct 2019 18:01

Photos

Normal

Photos 2019-10-29

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o  
29 Oct 2019 18:01

Photos

Normal

Photos 2019-10-29

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o  
29 Oct 2019 18:00

Photos

Normal

Photos 2019-10-29

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o  
29 Oct 2019 18:00

Photos

Normal

Photos 2019-10-29

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o  
29 Oct 2019 18:00

Photos

Normal

Photos 2019-10-29

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o  
29 Oct 2019 18:00

Photos

Normal

Photos 2019-10-29

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o  
29 Oct 2019 18:00

Photos

Normal

Photos 2019-10-29

NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o  
29 Oct 2019 18:00

Photos

Normal

Photos 2019-10-29

Video List

Uploaded By/Date

Folder Date

File Name



Source

Display in New Window

Scan and uploading