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TP Particulars: Veh No:	-	- Nie i	Tel:	Fax:	
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Confirmed by : (5d. ()	Cover Type: ()	
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V2 AVAILALE 2001 TELVARIONE CONTRACTOR					
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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

	ACCIDENT STATEMENT
Date Of Report	14/11/2019 12:23
Date Of Accident	13/11/2019 15:45
Exact Location Of Accident	LOR 23 GEYLANG TWDS SIMS AVE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLU2852S
Insured/Policyholder	
Name Of Registered Owner	RELIABLE RIDES PTE LTD
Co Reg No	201611527N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	HONDA
Model	FREED HYBRID 1.5G AUTO
Exact Purpose for which vehicle was being used at ime of accident	COMMERCIAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f No, Please state action to be taken	REPORTING ONLY
/ehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096223545-01
Cover Note Number	
Driver	

 Name of Driver
 WANG KEE WEI

 NRIC No
 \$7005342Z

 Date Of Birth
 16/02/1970

 Occupation
 OUTDOOR

 Date Of Driving Pass
 28/06/1989

 Driving Experience
 30 YEARS AND 4 MONTHS

Diving Exponence

Gender MALE

Mobile Number (LOCAL) +65-96953002

Fax Number

Contact Number OFFICE-96953002

EMail Address NOEMAIL

Address 80 CARDIFF GROVE

Postcode 558946

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 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

1

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

YES

Police Station Name

SERANGOON GARDENS NEIGHBOURHOOD POLICE POST

Police Station Address

ROAD: 51 SERANGOON GARDEN WAY, POSTCODE: 555947.

COUNTRY: SINGAPORE

Police Station Contact

TEL NO: 1800-2879999 - FAX NO: 62815969

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20191113/2182.

Attachment(s)

Are accident photos available for attachment? YES

YES

Was there any video captured by Car Camera?

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

NO

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Driver's Signature (If driver is not the policyholder)

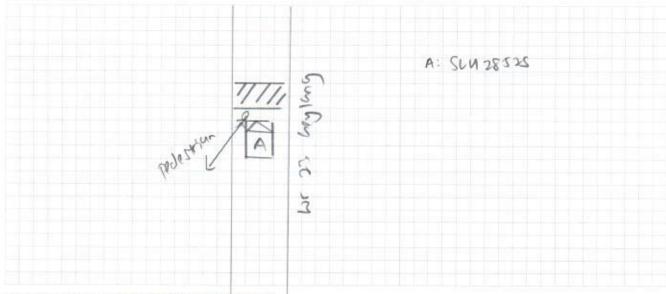
Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

Date & Time:

SKETCH PLAN



refor to	Blice	18 bet - 1/2/0/11/3/2/82.	

DECLARATION

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

Policyholder's Signature Date & Time:

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:





1 of 3

Report No. T/20191113/2182

Police Station Of Origin: Serangoon Gardens NPP 51 Serangoon Garden Way SINGAPORE 555947

Tel No: 1800-2879999

REPORT OF A TRAFFIC ACCIDENT

	ne Report M 019 19:33	flade:	Vide Report No.: G/20191113/0094	Station Diary No.: 24
Informa	nt's Particu	ulars		
	f Informant: KEE WEI		Address: 80 CARDIFF GROVE SINGA	PORE 558946
	/ ID No.: O / S700534	42Z	Contact No.: Home/Office:	Mobile: 96953002
National SINGAP	ity: ORE CITIZ	EN	Email:	2
Sex: Male	Age:	Date of Birth: 16/02/1970	Type of Informant: Driver	10.
Race: Chinese		2 2	Language: English	Institution / School Name:
Occupat		(+	Driving Licence Information: Class:	Date of Expiry:

General Inform	mation of the Accident			
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 13/11/2019 15:45	Type of Location:
Location: Along Road 1 LORONG 23				
Weather:		ad Surface:		Road Speed Limit:
Traffic Flow:	Tra	ffic Control:	*1	Traffic Volume:
Type of Collis Moving Vehic	sion: lle Against - Pedestrian			Anyone conveyed by ambulance: Yes

Details of V	enicle invo	ived	A STATE OF THE PARTY OF THE PAR		APPLICATION OF THE PARTY OF	
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SLU2852S	92					1

Details of Person Involved	
Any Pedestrian Involved: Yes	
No. of Pedestrians Injured: 1	Use of Pedestrian Crossing: Not Available





Police Station Of Origin: Serangoon Gardens NPP 51 Serangoon Garden Way SINGAPORE 555947 Tel No: 1800-2879999

2 of 3 Report No. T/20191113/2182

CONTINUATION OF REPORT

Driver			AND REPORT H		Manufacture.	William Committee of the Committee of th
Name	WANG KEE WEI			ID No).	S7005342Z
Related Vehicle	SLU2852S			Conta	act No.	96953002
Hospital/Clinic	NIL			Class Drivin Licen Expin	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of			

Brief Details.

On 13.11.2019 at around 1549hrs, I was driving my grab vehicle SLU2852S with 1 passenger along Lorong 23 Geylang towards Sims avenue at a slow speed. As I was driving suddenly there was a female pedestrian who suddenly cross the road and I did not manage to stop in time. The pedestrian hit onto my front windscreen and there was a crack. I quickly stopped my vehicle and assisted the pedestrian into my vehicle. The passenger in my vehicle decided to stop his journey and left. Passers by called for ambulance which arrived later. The female pedestrian was conveyed by ambulance. I wish to state that the pedestrian did not make a check for her oncoming traffic and I was driving slowly. I am not injured at that time.





Police Station Of Origin: Serangoon Gardens NPP 51 Serangoon Garden Way SINGAPORE 555947

Tel No: 1800-2879999

3 of 3 Report No. T/20191113/2182

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

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

- N	
Signature Of Officer Recording The Report:	Signature Of Informant:
Sgt 3 MUHAMMAD ASYRAF BIN ARIS	Maylleti
Signature Of Interpreter:	Date/Time:
Not applicable	13/11/2019 19:33
Officer In Charge Of Case:	Classification Of Case:
Sr Staff Sgt SHAHRUL NIZAM BIN SAMARRI	
Contact No.: 65476904	
Authentication Stamp	
	1 V

eBaoTech										Gener	alClaim
Hello, NAC_PAYA_UBI_80	0601					-	· Change	Language	: · Chan	ge Password	· Log Out
My Desktop	Poli	cy Query									9
Notice of Lass	Policy N	vo.				Date o	of Accident	I	3/11/2019	15:45	
	Vehicle	No.(For Motor)	SLU285	25		Certifi	cate Number	[
					18	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5096223545- 01		RELIABLE RIDES PTE LTD	201611527N	GPC	drivo CLASSIC	SLU28529	SLU2852S	28/11/2018	27/11/2019
					C	Continue					

Sequen	ce Date of Endorsement		ndorsemer	at Tuna	Endorsement	Chabus	Endorsement Content
□ Endors	ements						
) Insure	Object: SLU2852S						
Jnit No.	05-50	Relate	d Policy er	5106937496			
Address 4		Addres	s Type	Singapore address		ost Code	415875
Address 1	8 KAKI BUKIT AVENUE 4	Addres	is 2	#05-50 PREMIER @	KAKI BUKIN	Address 3	SINGAPORE 415875
Policyh	older Mailing Address						
Certificate Info							
Open Policy Info							
Flag	9550						
Co- nsurance	No						
Agent	TAN INSURANCE BROKERS PTE	Agent Tel.	NIL		GST Flag	Y	
Outside Singapore OD Excess	3000	Outside Singapore TP Excess	3000			Young	/Inexperience Driver Excess
Additional Excess	0	OS Premium	0				
Third Party Excess	1500	damage Excess	1000		Windscreen Excess	100	
Туре		Excess			2007		
Excess	***************************************	Date All Claims	20/11/201	10 00.00	Expiry Date	27/11/2019 2	3139
Policy	29/10/2018	Effective	28/11/201	18.00-00	Policy Flag		13-50
Product Name	PRIVATE CAR INSURANCE	Plan			Group	N	
No. Address	8 KAKI BUKIT AVENUE 4 #05-50	PREMIER @	KAKI BUKI	T SINGAPORE 415875			
Certificate	5096223545-01	Name	- LEANUEL	RIDES PTE LTD	NRIC	201611527N	

ccident MT/1071365									
Cident #17/10/1363									
olicy No.	5096223945-01	Vehicle No.	90028525		G	ST Registration N	0,:		
emiticate No.									
olicyholder Name	RELIABLE RIDES PTE LTD				P	olicyholder NR3C		201611527	N .
roduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLAS	SIC	750	oading		0.5	
intact No. (Mobile)	ő	Contact No.(Office)	0			Contact No.(Home)		0	
nail Address	20	Special Remark	35			Code		100	
κ.	® No ⊜ Yes	TCA	® No ○ Y	45		Code Reason			
D Protection	No.	NCD Entitlement(%)	10			rivate Hire		Yes	
Accident Details	AD	ACC CHILIBRIANCE (N)	44			civace rare		res	

port Date	14/11/2019 [4:18	Accident Report Within 24 hrs.				codent Type		Collided into	Pegestrian
te of Accident	13/1L/2019	Time of Accident bhomm	15:45			ountry of Acciden	Ĭ.	Singapore	
porting Centre		Drange Force			10	OM No.			
cident Location	LCR 23 GEYLANG TWOS SIMS AVE								
Excess									
vn damage Excess	1,000.00	Additional Excess	0		W	Vindscreen Excess		100.00	
named Driver Excess		Outside Singapore OD Excess		3,000.00					
nd Party Excess	1,500.00	Outside Singapore TP Excess		3,000.00					
Benefits									
GST Registered Informa	ation								
Registered	No		G51	Registration Date					
T Registration No.				Status Verified		Yes			
dification History	14/11/2019 14:19:53 S	ystem changed GST Status verified fro	m No to Yes						
Policyholder Mailing Ad				2012/2011/00					
ktress I	8 KAKI BUKIT AVENUE 4	Address 2		EMIER @ KAKI BUKII		ddress 3		SINGAPORE	415875
dress 4		Address Type	Singapore a		Py	ost Code		415875	
e No.	05-50	Related Policy Number	510693749	6					
OI Driver Info									
iver Name	Unnamed Driver	Oriver Type	Unnamed 0						
hamed driver Name	WANG KEE WEI	Oriver NRIC	\$70053422	N. Company	D	river DDS		16/02/1970	800
gister Date of Driver License	28/06/1989	Oriver Age	49		D	riving Experience		30	
ntact No.(Mobile)	96953002	Contact No.(Office)	0		0	lontact No.(Home)		0	
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