A CONTRACT OF THE PARTY OF THE	Jeb description		Date & Time Completed	Done	by
Date In: 29/1/19 - 16:01 Ref No: 4/4/14	SAS e-filing				
Veh No: SLY55357	E-mail (within	Shrs, AIC 2hrs)			4
D.O.A: 29/11/19-14:05	i-Motor Clair		M7/10736237001	29/11/19	16:16
	i-Motor W/O	(Within: OD 2hr:			
OD / (P) Reporting Only	i-Photo Uplo:		1		
	Assessment/Su				
TP Insurer:			o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Fax:	
TP Particulars: Veh No: SE		INC ()/Non-INC()	-	
Owner / Driver: (10004		Tel:)	
	Period: ()	Cover Type: ()	
Confirmed by: (Date:	Time:)	
	Note-Est. Status (V	VO): N: 0-2	0%; P: 21-79%. P: 80-	100%]	
Year of Registration: ()	Warranty: YES ()/NO()		
	1,000 ()/\$2,000	Manage Science		CANADA TO DATE OF THE COMPANY	
General Remarks;-	Julio Habitanar vos alavanar A	STREET, STREET	4.574 (A.S. 4.5.4.5.4.5.4.5.4.5.4.5.4.5.4.5.4.5.4.		
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() Total Loss Case : to e-mail Ins		(O. /) T	and a Co. (
Drive-In ()/ Towed-In (); Invo	oice: YES () / N	0();1	owing Co: (
Remarks: (INC hotline: 6788 6616			Date&Time Completed	Don	by
1) Apply for Transport Allowance ()	/ Courtesy Car ()	*	W. Volume I ale a little	
2) QC Check / Post Repair Inspection	()				
	() \$3000] ())			
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost >	\$3000] ())			
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions	\$3000] ()			4
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions	\$3000] ()	,			
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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.
- 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.
- 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.

aloresaid.	
TOTAL DESCRIPTION OF THE PARTY	ACCIDENT STATEMENT
Date Of Report	29/11/2019 16:01
Date Of Accident	29/11/2019 14:05
Exact Location Of Accident	JUNC CTE & JLN BUKIT MERAH
Country/State of Loss	SINGAPORE
THE RESERVE OF THE PARTY OF THE	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLU5533T
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	SHUTTLE HYBRID 1.5 AUTO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096389477-01
Cover Note Number	
Driver	
Name of Driver	MONG KALCHOONG

Name of Driver	WONG KAI CHOONG
NRIC No	S8073045D
Date Of Birth	25/12/1980
Occupation	OUTDOOR
Date Of Driving Pass	23/04/2003
Driving Experience	16 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92292436
Fax Number	
Contact Number	OFFICE-92292436
EMail Address	NOEMAIL

Address BLK 646 JURONG WEST STREET 61

#05-146

Postcode 640646

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

OTTIER THIRE

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

NO

Was any other material or property damaged?

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

NO

2

YES

Number of Passengers (Including Driver)

Passenger 1

ambulance?

NAME: :

GENDER: : FEMALE

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, MY VEHICLE WAS STATIONARY STOPPED ALONG THE STATED VENUE AS TRAFFIC JUNCTION WAS RED. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZED THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SE1800A

B + 7 O/B - -

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

98329194

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name WONG KAI CHOONG

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SLU5533T Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES NO

Address Postcode

SKETCH PLAN

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

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

Policyholder's Signature Date & Time:

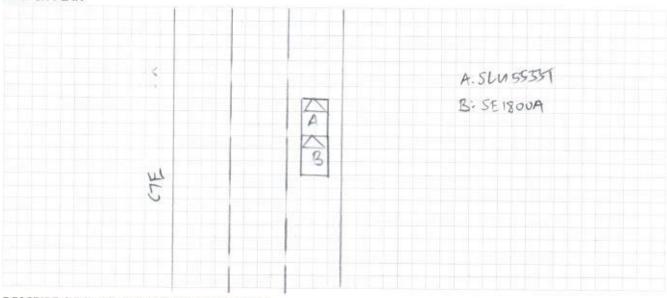
Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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	74

DECLARATION

I/We declare the following 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 .:

eBaoTech										Gener	alClaim
Hello, NAC_PAYA_UBI_80	0601						+ Chang	e Language	e • Char	ge Password	· Log Ou
My Desktop Notice of Lass	Poli	cy Query									
	Policy N	No.			- 2	Date o	of Accident		29/11/2019	14:05	
	Vehicle	No.(For Motor)	SLU553	31		Certifi	cate Number				
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5096389477- 01		RELIABLE RIDES PTE LTD	201611527N	GPC	drivo CLASSIC	SLU5533T	SLU5533T	06/12/2018	05/12/2019
				CID		Continue					

Policy No.	5096389477-01	Policyholder Name	RELIABLE I	RIDES PTE LTD	Policyholder NRIC	201611527N	
Certificate No.							
Address	8 KAKI BUKIT AVENUE 4 #05-50	PREMIER @	KAKI BUKIT	SINGAPORE 415875			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	26/11/2018	Effective Date	06/12/201	00:00	Expiry Date	05/12/2019 23:	59
Excess Type		All Claims Excess					
Third Party Excess	1500	Own damage Excess	1000		Windscreen Excess	100	
Additional xcess	0	OS Premium	0:				
Outside Singapore OD Excess	3000	Outside Singapore TP Excess	3000			Young/I	Inexperience Driver Excess
Agent	TAN INSURANCE BROKERS PTE	Agent Tel.	NIL		GST Flag	Y:	
io- nsurance lag	No						
Open Policy Info							
Certificate info							
Policyh	older Mailing Address						
Address 1	8 KAKI BUKIT AVENUE 4	Addre	ss 2	#05-50 PREMIER @	KAKI BUKIT	Address 3	SINGAPORE 415875
Address 4		Addre	ss Type	Singapore address		Post Code	415875
Jnit No.	05-50	Relate Numb	d Policy er	5106937496			
Insured	Object: SLU5533T						
□ Endors	ements						
Sequen	ce Date of Endorsemen	0 1	Endorsemen	t Type	Endorsement	Status	Endorsement Content

ttachment				8	Save Su	bmë						
ort Taken By Print AK letter	Jackson							-41- 44-64-60		29/11/201	9 30.00	
e Registered 29/11/2019 15:16		Claim Close Date	option	preserved	Preferred Workshop, Name unknown		GIA report Date Received		Received 29/11/201	9.00-00		
uire Finalisation	Ves	V	Insured Liability * Preferend Repair		Not at Fa	The state of the s				2		
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ment Address	D. Library											
mars Name =		22	Claimant NR3C +									
mant Type Claimant Type+	Please Select	v	Type of Benefit *		Please Se			TP Vehicle Number	er	SE1800A		
NI Address			OI Vehicle Numbe		5LU5533			Contact No. (Offic		66351820		
itact No.(Mobile)	144.00	×	Erisured Name Contact No. (Home		RELIABLE	RIDES PTE LTD		Insured NRIC		201611527W		
im Type •	DID-MOL	Tul:	Page 1 and 1									
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eathalyser or Blood Test ading?	0 mg		Any injury?		® Yes ○	>Ne						
Claration	- ve consect territorial		wine. Venice No					Driver Insurer C	ompany			
es he own a Singapore gistered car?	○ Yes ® No		Driver Vehicle No		Singapore address			Marie E				
T No.	05-146		Address Type					Post Code		640646		
fress 4	BLK 646		Address 2			WEST STREET 61		Address 3			RE 640646	
rhact No. (Mobile)	92292436		Contact No.(Office	(e)	D			Contact No.(Hor		0		
ister Date of Driver License			Driver Age		38			Driving Experien	ice.	16	301	
named driver Name	WONG KAI CHOONG		Driver NRIC			4SD		Oriver DOS		25/12/1980		
ver Name	Unnamed Driver		Driver Type		Unname	d Details						
OI Driver Info	22.22		Related Policy N	Related Policy Number		7495						
Mreax 4	05-50		Address Type			re address		Post Code		415875		
ress 1 III KAKT BUKTT AVENUE 4		Address 2		#65-30	PREMIER @ KAKI BUKI!		Address 3		SINGAPORE 415875			
Policyholder Mailing Ac												
dification History						GSY Status Venified		Yes				
T Registered Registration No.	No					GST Registration Date						
GST Registered Inform												
9 Benefits												
Nrd Party Excess		1,500.00	Outside Singapi		700077070							
nnamed Driver Excess			Outside Singap			3,000.00		Windscreen Ex	PRES.	100.00		
nn damage Excess		1,000.00	Additional Exce	11	0							
Excess	JUNIC CTE & JUN BU	NEMAH										
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iport Date	29/11/2019 16:14		Acodent Repar	Within 24 no	s Yes			Acodent Type		Collins) - Head to Rear	
Accident Details								Private Hire		Yes		
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Noticyholder Name	DE SAME DE COMME											
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	Uploaded By/Date	Folder Date	File	Name		7	Source	9	Artic
leo List									
	NAC_PAYA_UB3_800603[NAT CES) on 25	TONAL ASSESSMENT CENTRE SERVI 9 Nov 2019 16:16	Photos		Normal	Phot	tos 2019-11-29		
3	NAC_PAYA_UB1_800601(NAT CES) on 25	TIONAL ASSESSMENT CENTRE SERVI 9 Nov 2019 16:16	Photos		Normal	Pho	tos 2019-11-29		
	NAC_PAYA_UBI_800601(NAT CES) on 20	TIONAL ASSESSMENT CENTRE SERVI 9 Nov 2019 16:16	Photos		Normal	Pho	tos 2019-11-29		
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C.	NAC_PAYA_UB1_800603(NA CES) on 2	TIONAL ASSESSMENT CENTRE SERVI 9 Nov 2019 16:16	Photos		Normal	Pho	Mas 2019-11-29		
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	NAC_PAYA_UBI_800601(NA CES) 00-2	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 29 New 2019 16:16			Normal	Pho	otos 2019-11-29		
1	NAC_PAYA_UBI_B00601(NA CES) on 2	TIONAL ASSESSMENT CENTRE SERVI 19 Nov 2019 16:16	Photos		Normal	Pro	otos 2019-11-29		
Dogs	NAC_PAYA_UBI_BDD601(NA CES) on a	ATIONAL ASSESSMENT CENTRE SERVI 29 Nov 2019 16:16	Photos		Normal		otos 2019-11-29		
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3	NAC_PAYA_UB1_800501(W CES) on	SAS		Normal	9	SAS 2019-11-29			
- 100	NAC_PAYA_UBI_R00601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 29 Nov 2019 16:17		MRIC/ Driving License	Y	Normal	NATE/ DIS	Wing License 2019-11-29		
11 150		oaded By/Date.	Category	P	Urgency		Description	(00)	