

# NATIONAL Assessment Centre Services

[wef 1 Jan 05] MNA17156284

Date In: 27/11/17-12:07	Job description	Date & Time Completed	Done by
Ref No: NA/INC17022584/24	SAS e-filing		
Veh No: SDS 4500A	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 27/11/17-08:50	i-Motor Claim Form	MT/0971383	27/11/17 19:32
OD: (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: GBB4276K	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% P: 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 repairer.

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

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

Remarks:- (INC hotline: 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

NA1707318	<b>Invoice Preparation Checklist</b>	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N'n INC) against INC \$20		
	9) N12: Idac Mobile 30		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	
Auditors' Comments:-			
Dat. 1:			
Dat. 2 / 3:			



## 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 ability.
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 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	27/11/2017 12:07
Date Of Accident	27/11/2017 08:50
Exact Location Of Accident	PIE (CHANGI) AFTER TOA PAYOH EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDS4500A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ONE2RENT CARS PTE LTD
Co Reg No	201306179N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
<b>Vehicle Particulars</b>	
Manufacturer	MAZDA
Model	BIANTE 5-DOOR WAGON 2.0L SP.6EAT
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5079229409-01
Cover Note Number	

### Driver

Name of Driver	KAMARUDIN BIN OSMAN
NRIC No	S1528626A
Date Of Birth	28/01/1962
Occupation	OUTDOOR
Date Of Driving Pass	12/10/1982
Driving Experience	35 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-88381407
Fax Number	
Contact Number	OFFICE-88381407
Email Address	NOEMAIL

Address	BLK 469 CHOA CHU KANG AVENUE 3 #04-109
Postcode	680469
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	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
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)	2

#### 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

REFER TO STATEMENT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBB4276K
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	PAGLICAWAN ZALDY ABELEDA
NRIC/Passport Number	S2744075D
Contact Number	88289919
Address	BLK 942 JURONG WEST STREET 91 #10-451
Postcode	640942
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
Phone Number	
Email Address	

#### DETAILS OF INJURED PERSON 1

Name	KAMARUDIN BIN OSMAN
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SDS4500A
Were seat belts worn?	YES
Was 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 Purpose(s); 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.

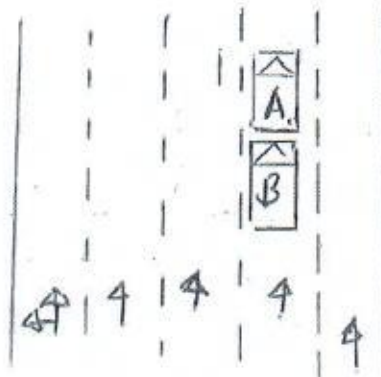
Policyholder's Signature  
Date & Time:



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

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

PIE (Toa Payoh) towards Changi



- A) SDS 4500A
- B) GBB 4276K.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling straight in my own lane along PIE (Toa Payoh) towards Changi. The vehicle in front of me stopped, so I stopped my car at a safe distance and without any contact with the front vehicle. All of a sudden, I felt an impact from the rear portion of my car. I came out of my car and I found that Vehicle B had hit onto the rear portion of my car.


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.:



# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ 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.
- ❖ 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 traffic police department for investigation.

## Accident details

Date and time of accident	Date: 27.11.17 (DD/MM/YY) Time: 0850 (HH:MM)
Exact location of accident	PIC (Tua Ayah) tuda Chong

## Details of vehicle

Vehicle registration number	SDS 4500A			
Vehicle make and model	Mazda Bionte			
Type of vehicle	Saloon <input checked="" type="checkbox"/>	MPV <input type="checkbox"/>	CRV <input type="checkbox"/>	Van <input type="checkbox"/>
	Lorry <input type="checkbox"/>	Bus <input type="checkbox"/>	Motorcycle <input type="checkbox"/>	Others: _____
Vehicle category	Private <input type="checkbox"/>	Commercial <input checked="" type="checkbox"/>	Motorcycle <input type="checkbox"/>	
Purpose of using at said time	Commercial			
Are you claiming under your own insurance company?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	If no, please select:	
	Third part claim <input checked="" type="checkbox"/>	Reporting only <input type="checkbox"/>		

## Insurance information

Insurance company	NTUC		
Policy number	5079229409-01		
Type of policy	Comprehensive <input type="checkbox"/>	Third party fire & theft <input type="checkbox"/>	TP only <input type="checkbox"/>

## Insured / Policy holder

Name	One2rent Corp Pte Ltd.	Male <input type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number	2013061792		
Contact			
Address	70 Ubi Crescent #01-12 Ubi TechPark S(408570)		

## Driver

Same as insured above ☐ (skip to D.O.B)

Name	Kamarudin Bin Usman	Male <input checked="" type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number	S1528626A		
Contact	88381407 / 96406519		
Address	Blk 469 Choa Chu Keng Ave 3 #04-109 (680469)		
Email address			
Date of birth	28.01.1962		
Occupation	Indoor <input type="checkbox"/>	Outdoor <input checked="" type="checkbox"/>	
Driving date pass	12.10.1982		



## General information of the accident

Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If no, relationship of the driver and insured: <u>Hiree</u> (Inclusive of driver)
No of passenger	<u>02</u>	
Accident captured by camera?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Weather condition	Clear <input type="checkbox"/> Raining <input checked="" type="checkbox"/> Others: _____	
Road surface	Dry <input type="checkbox"/> Wet <input checked="" type="checkbox"/>	

## Other information

Was anybody injured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was other vehicle damaged?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

## Details of police action

Reported to police?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which police station.
Police station name	

## Third party vehicle 1

Name	<u>Paglicawan Zaldy Abeleda</u>	
Contact number	<u>88289919</u>	
NRIC / Fin / Passport number	<u>32744075D</u>	Add: <u>Blk 942 Jurong</u>
Vehicle registration number	<u>GBB 4276K</u>	<u>West St 91</u>
Vehicle make model		<u>#10-451</u> <u>(640942)</u>

## Third party vehicle 2

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

## Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

## Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	



Witness 1

Name	
------	--

Witness 2

Name	
------	--

Injured person 1

Name	Kamarudin Bin Osman
Injuries sustained	Neck / Back.
Which vehicle person in?	SDS 4500A
Were seat belts worn?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Injured person 2

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Injured person 3

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Injured person 4

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

4515773



HISC No. S1528626A

Date of issue:  
08-01-2010

Address  
APT BLK 469 CHOA CHU KANG AVENUE 3  
#04-109  
SINGAPORE 680469

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
02	TAXI VL	12/04/1999
03	BUS VL	06/01/1997
04	BUS ATTENDANT	06/01/1997



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1528626A



Name  
KAMARUDIN BIN OSMAN

Race  
MALAY

Date of birth  
28-01-1962

Country of birth  
SINGAPORE

Sex  
M

S1528626A

Land Transport Authority

VOCATIONAL LICENCE

Licence No. S1528628A

Name KAMARUDIN BIN OSMAN

Issue Date 10/8/2014

Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence





REPUBLIC OF SINGAPORE - DRIVING LICENCE


Licence No: S1528628A

Name: KAMARUDIN BIN OSMAN

Birth Date: 28 Jan 1962

Issue Date: 14 Aug 2003

090744086J

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:


CLASS	VEHICLE CLASS	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	19 Nov 1987
Class 3	Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver, and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg	12 Oct 1992
Class 4A	Ominibuses	10 Sep 2004

S / No. 9000005808

S1528628A

NP 428A

Licence No: S1528628A





### 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: 5079229409-01

Cover : drive PREMIUM

- |   |                           |
|---|---------------------------|
| 1. Index mark and Registration Number of Vehicle  | : SD\$4500A               |
| Chassis Number  | : JM6CC1071F0107924       |
| 2. Name of Policyholder   | : ONE2RENT CARS PTE. LTD. |
| 3. Effective Date of Insurance  | : 03 Apr 2017             |
| 4. Expiry Date of Insurance   | : 02 Apr 2018             |
| 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)	:
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: YES
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	: SINGAPURA FINANCE 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 : Marsh (Singapore) Pte Ltd (00000690300)  
Date of Issue : 13 Mar 2017 20:10 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive



eBaoTech

General Claim

Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.  Date of Accident

Vehicle No. (For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5079229409-01	ONE2RENT CARS PTE. LTD.	201306179N	GFT	drive PREMIUM	SD54500A	SD54500A	03/04/2017	

## ▼ Policy Information

Policy No.	5079229409-01	Policyholder Name	ONE2RENT CARS PTE. LTD.	Policyholder NRIC	201306179N
Address	70 UBI CRESCENT #01-12 SINGAPORE 408570				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	13/03/2017	Effective Date	03/04/2017 00:00	Expiry Date	02/04/2018 23:59
Third Party Excess	1000.00	Own damage Excess	1000.00	Windscreen Excess	0.00
Additional Excess	0	OS Premium	37251.98		
Outside Singapore OD Excess	1000.00	Outside Singapore TP Excess	1000.00		
Agent	Marsh (Singapore) Pte Ltd	Agent Tel.	63277687	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## ▼ Policyholder Mailing Address

Address 1	70 UBI CRESCENT	Address 2	#01-12	Address 3	SINGAPORE 408570
Address 4		Address Type	Singapore address	Post Code	408570
Unit No.	01+12	Related Policy Number	5081725603-01		

## ► Insured Object: SDS4500A

## ▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	03/04/2017 00:00	Basic Information Endorsement	000001286522976	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that the following 1 vehicle have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SGS4310X 03-04-2017 \$1,123.07 In view of this amendment, a refund of \$1,123.07 (inclusive of GST) will be adjusted against the outstanding premium.</p>
2	05/04/2017 00:00	Basic Information Endorsement	000001286533970	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that the following 3 vehicles have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SGS3128M 03-04-2017 \$1,123.07 2. SKF4626G 03-04-2017 \$1,123.07 3. SKV1061X 03-04-2017 \$1,123.07 In view of this amendment, a refund of \$3,369.21 (inclusive of GST) will be adjusted against the outstanding premium.</p>
3	11/04/2017 00:00	Basic Information Endorsement	000001286537328	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that the following 1 vehicle have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SGT2754G 04-04-2017 \$1,119.99 In view of this amendment, a refund of \$1,119.99 (inclusive of GST) will be adjusted against the</p>



## Claim Handling

The premium on this policy has not been collected.

Accident MT/0971383

Policy No.	5079229409-01	Vehicle No.	SDS4500A	GST Registration No.	
Policyholder Name	ONE2RENT CARS PTE. LTD.	Cover Type	drive PREMIUM	Policyholder NRIC	
Product Code	FLEET INSURANCE	Contact No.(Office)	0	Loading	
Contact No.(Mobile)	0	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No				
<b>▼ Accident Details</b>					
Report Date	27/11/2017 19:29	Accident Report Within 24 hrs	Yes	Accident Type	
Date of Accident	27/11/2017	Time of Accident hh:mm	08:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE (CHANGI) AFTER TOA PAYOH EXIT				
<b>▼ Benefits</b>					
<b>▼ Excess</b>					
Own damage Excess	1,000.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess	1,000.00		
Third Party Excess	1,000.00	Outside Singapore TP Excess	1,000.00		
<b>▼ GST Registered Information</b>					
GST Registered	Yes	GST Registration Date	01/12/2015		
GST Registration No.	201306179N	GST Status Verified	Yes		
Modification History					
<b>▼ Policyholder Mailing Address</b>					
Address 1	70 UBI CRESCENT	Address 2	#01-12	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	01+12	Related Policy Number	5081725603-01		
<b>▼ OI Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	
Unnamed driver Name	KAMARUDIN BIN OSMAN	Driver NRIC	S1528526A	Driving Experience	
Register Date of Driver License	12/10/1982	Driver Age	55	Contact No.(Home)	
Contact No.(Mobile)	88381407	Contact No.(Office)	0	Address 3	
Address 1	BLK 469	Address 2	CHOA CHU KANG AVENUE 3	Post Code	
Address 4		Address Type	Singapore address		
Unit No.	04-109	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No				
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	ONE2RENT CARS PTE. LTD.	Insured NRIC	
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	enquiry@one2rentcars.com	OI Vehicle Number	SDS4500A	TP Vehicle Number	
Claim Description	SDS4500A / GBB4276K ON 27 Nov 2017				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	27/11/2017 19:32	Claim Close Date		Date Received	
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

















## Attachment

Accident No.	MT/0971383	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	27/11/2017 19:35
Path *		Category *	Confidential Urgency

		Please Select	NO	Normal
		Please Select	NO	Normal
		Please Select	NO	Normal
		Please Select	NO	Normal
		Please Select	NO	Normal
		Please Select	NO	Normal



## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Nov 2017 19:35	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Nov 2017 19:35	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Nov 2017 19:33	SAS	Normal	SAS :
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Nov 2017 19:32	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Nov 2017 19:32	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Nov 2017 19:32	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Nov 2017 19:32	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Nov 2017 19:32	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Nov 2017 19:32	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Nov 2017 19:32	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Nov 2017 19:32	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Nov 2017 19:32	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Nov 2017 19:32	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Nov 2017 19:32	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Nov 2017 19:32	Photos	Normal	Photos
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 27 Nov 2017 19:32	Photos	Normal	Photos

## Video List

Uploaded By/Date	Folder Date	File Name	Source
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