NATIONAL Assessment Centre		MI TEGLICA TO			P.	
Date In 6/12/17 11:50	Jeb description		Date & Time Comple	ited	Done t	2
Ref No NA/INC 17023 131 1 h4	5AS e-filing					
Veh No Skx S896 X	E-mail (within 8)	its, AIC Chrs)				- 4
DOA 4112117 19:50	i-Motor Claim	Form	MT   0972614	6112	117	16:02
	i-Motor W/O	(Within OD 2hrs	TP 4hrs)	4	21	
OD Preporting Only	i-Photo Uploa	ded			Acceptant of	
777 1	Assessment/Sur	vey Report	_			
TP Insurer	Ass't Report by	Fax / Hand to	Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (		Marie Company	Tel:	Fax:		)
TP Particulars: Veh No:	JE 602 T	INC(	)/Non-INC(	)		
Owner / Driver: (			Tel			
Policy No: ( ) Perio	od: (	)	Cover Type: (			
Confirmed by : (		Date:	Time:		)	0.000
Insured/Driver Liability: ( %) [N	ote-Est Status (W	70): N: 0-20	1%; P: 21-79%. F	; SO-100%]		
	arranty: YES (	)/NO(	)		1700	1
Excess: (\$ ) Loading: \$1,00	0 ( )/\$2,000	( )		The state of		
General Remarks:-				ELECTIONS.		
( ) Walk-In Customer: Customer's inform		nfidential & St	rictly NO refer of rep	aner.		
( ) Total Loss Case : to e-mail Insurer	URGENTLY.	11				
Drive-In ( ) / Towed-In ( ); Invoice:	YES ( ) / N	io( );T	owing Co. (			1
Remarks:- (INC horline: 6788 6616)			Date&Time Compl	erad er	Done	by
Apply for Transport Allowance ( )/Co	ourtesy Car (	)				
2) QC Check / Post Repair Inspection	( )					
3) Upload Resurvey Photo [Repair Cost > \$30	000] (	)				
Injury:						
Date/Time Actions				10000	THE PARTY OF THE P	
					-	
		Invoice Dr	eparation Checklis		Amt (\$)	Amt (\$
N N	1FZFOFIA		nt Reporting (\$30),		30.00	Add Bil
Claimant's Particulars:-	in a	2) DA : Damag	e Assessment (\$100);	INC (\$80)		
Driver/Owner:		3) TF : Towing	Fee Through Survey	\$40/\$45 \$120		
		5) FT : Follow-	Through Survey (Resurve	y) \$30		-
Contact No:		6) TR : Re-ing	egainst INC Only (wef It	375		
Damaged Portion:		7) N1 : Idae D.	A + SMRT Survey	\$160		
		OD:	itional Services.			
QC Checked by (Engr-In-Charge):			rsy Car / Tpt Allowande - Co-ordination	\$5 510		
Audiensi Composit		*N7: Fost R	apair Inspection	\$25		
Auditors' Comments :-			Collect Excess Coordinatio TP (Non INC) against INC			
<u> 2at. 1:</u>		9) N12: Idac 1	debil:	3)	)	
lat. 2 / 3:		Invoice dated		Charged Charged		

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to
- 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.
- 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
- This report will be forwarded by the insurers of the traders of the Garage between Management Certific established by the General 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

foresaid.	ACCIDENT STATEMENT	
Date Of Report	06/12/2017 11:50	
Date Of Assident	04/12/2017 19:50	
Exact Location Of Accident	SINGAPORE CUSTOM TWDS MALAYSIA	
Country/State of Loss	SINGAPORE	The second
District of 2000	ETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKX5886X	
Insured/Policyholder		
Name Of Registered Owner	ONE2RENT CARS PTE. LTD.	
Co Reg No	201306179N	
Email Address	NOEMAIL	
Mobile Phone No		
Alternative Phone No	OFFICE-97113835	
Vehicle Particulars		
Manufacturer	HONDA	
Model	VEZEL	
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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 CAR	
Insurance Company	THE RESERVE OF THE PARTY OF THE	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD	
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	NO	
Policy Number	5079229409-01	
Cover Note Number	.*.	
Driver		
Name of Driver	ROSS ALLAN MAST	
NRIC No	S7233420E	
Date Of Birth	18/09/1972	
Occupation	OUTDOOR	
Date Of Driving Pass	16/05/2005	
Driving Experience	12 YEARS AND 6 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-97113835	
Fax Number		
Contact Number	NO DECLARATION OF THE PROPERTY	
EMail Address	NOEMAIL	Page 1 of 1
		-

Address

18 JALAN INDAH 7/9 BUKIT INDAH 81200 JOHOR BAHRU MALAYSIA

Postcode

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

.

226.55 W. 0555

\*\*

NO

NO

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
Was any body injured in the Accident? NO
Was any other material or property damaged? YES

Was any other material or property damaged?

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

Number of Passengers (Including Driver) 2

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? Remarks/ Reasons:

WITH DRIVER

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SJE602T

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver SONG TICK ENG NRIC/Passport Number S7964908B

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**Details of Witness** 

Name

Phone Number

**Email Address** 

#### SKETCH PLAN

#### INPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurage 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 Police for Investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centra established by the General Insurance Association of Singapore (GIA) for architeing 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 heraby consent to the architing of this report at the centre and to copies of the report being made available aforesaid.
- Consent under the Personal Data Protection Act (FOPA)
   Lunderstand, 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 the 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 (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "insurers"), the insurers lawyers/faw farms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
    - processing, handling and/or doaling 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 making 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/mall 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

Oriver's Signature

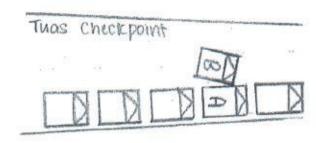
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling straight on the right side of the lane of Singapore custom towards Malaysia. As the traffic was heavy, all the vehicles were moving very slowly. Suddenly, I felt an impact from my vehicle's left portion. When I got out of the car, I realized that vehicle B had collided into the left front door of my vehicle while trying to cut into the lane. I wish to state that vehicle B did not have his signal indicator switched on while trying

to cut in.		Oler.
DECLARATION  I/We declare the foregoing particular  Policyholder's Signature  Date & Time:	Driver's Signature (If driver is not the policyholder)	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 fruitful and accurate as possible. Any witful misrepresentation or withholding of material facts may allow insurance
- Companies to repulsists 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: 04/12/17		IM/YY) Time: \	1	HH:MM
Date and time of accident Exact location of accident	0.000 0	ustom	towards	Makysia	
Exact location of account				4.5	0=17.0

### Details of vehicle

Vehicle registration number	SKX58	3864			
Vehicle make and model	Honda	Vezel			
Type of vehicle	Saloon E	MPV D	CRV D Van C Motorcycle D	Others:	
Vehicle category	Private []	Comme	rcial Motorcyc	le 🗆	
Purpose of using at said time	Dava	The state of the s	to the sale of		
Are you claiming under your own insurance company?	Yes  Third part	No 🗈	if no, please select: Reporting only □	<u> </u>	

## Insurance information

Insurance company	NTUC		
Policy number	- Lander G	Third party fire & theft a	TP only 🗆
Type of policy	Comprehensive O	Illia party inc.	Timbes

## Insured / Policy holder

	and can the Ital.	Male D Female D
Name	ONE & KETTI COID	
NRIC / Fin / Passport number	2013061792	A WAR AND EAST OF THE PARTY OF
	70 UB? Crescent \$01-12	
Address	40 Ub? Tech Park 8(408570)	

#### Driver

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

Male D	Female I
Ross Allan Mast	
91733HOOF	
- I by TICL Micke I'T was	
81200 Johor Bohru, Malaysia	
2 (1012)	
a si como	
mace: _	
16/05/2005	base 1
	Ross Allan Mast Male D 87233430E 9711 3835 18 Jaian Indah 719, Bukit Indah 81200 Johor Bohru, Malaysia 18/09/1972 Indoor D 16/05/2005

# General information of the accident

Was driver an employee of the insured's company?	Yes I No. I Hite triver and insured: Hite! (Inclusive of driver
	2
No of passenger Accident captured by camera?	Yes E No D
Accident captured by camera	Clear Raining Others:
Weather condition Road surface	Dry D Wet D

## Other information

Gener Historia		
t adv jalurad?	Yes my	No B
Was anybody injured? Was other vehicle damaged?	Yes 🗷	No II
Was other vernors and		

## Details of police action

		the police station.
	Yes D No.B	If yes, please state which police station.
Reported to police?	100 =	The second secon
Police station name		

## Third party vehicle 1

	Song Tick Eng		
ame	301.3	WSG 22-03-10-10-10-10-10-10-10-10-10-10-10-10-10-	
ontact number	5556 NO 598		
pic / Fin / Passport number	S7964908B		
ehicle registration number	32E602T		
ehicle make model			OVIEWS:

## Third party vehicle 2

lame	DUTT- DW - CHANGE MILES		
Contact number		A CASC ON COLUMN	
unic / Fin / Passport number			
Vehicle registration number			
Vehicle make model		The state of the s	

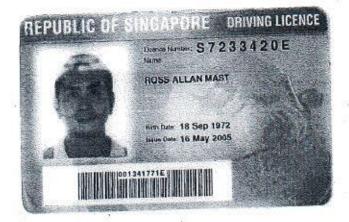
## Third party vehicle 3

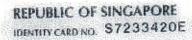
,
- A Marie Control of the Control of

# Third party vehicle 4

		_
Name		
Contact number		
NRIC / Fin / Passport number		
Vehicle registration number Vehicle make model	P	age 2

sedian exa d					
Witness 1					
ame					
Bilbers					
Witness 2					
lame				- Company	
			9		
Injured person 1					
lame .	-				
aluries sustained					
Which vehicle person in r	-	Non			
Mere seat belts worn?	Yes 🗆	Non	1		
Was Injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆			1
Injuries sustained					
Name					_
Injuries sustained	-			APP AND LOCAL PROPERTY OF THE	
which vehicle person in	Yes 🗆	No□		Control of the Contro	
Were seat belts worn?	Yes 🗆	No□			
Was injured conveyed to hospital by ambulance?	Yes L				
ACTION AND ADDRESS OF THE ACTION AND ADDRESS					
Injured person 3	and the late of th				
Name					_
balaries sustained		The second second	ON THE PROPERTY OF THE PARTY OF		_
which vehicle person in	11	No 🗆			-
Word seat belts worn?	Yes 🗆	No 🗆			
Was injured conveyed to hospital by ambulance?	Yes 🗆	NOL			
Injured person 4	110				10.55
injuien person :					
Name	_				
Injuries sustained					
Which vehicle person in?	Yes□	No 🗆			
Were seat belts worn? Was injured conveyed to	Yes 🗆		/		
	· Vac C	tute 1			







ROSS ALLAN MAST

EURASIAN Due of Brth 18-09-1972 SINGAPORE

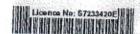
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

PASS DATE

Motor cars =< 3000 kg with << 7 passengers, exclusive of the driver; and motor tractors /vehicles =< 2500 kg

16 May 2005

NP 428A



S7233420E

30-09-2002

18 JALAN INDAH 7/9, BUKIT INDAH 81200 JOHOR BAHRU, MALAYSIA

S7233420E

15/08/2013

B T h									GeneralClaim	
eBaoTech					Change Lan	guage	· Change Passwor	d Log Out		
My Desktop Notice of Loss	-	cy Query				Date of Acci	dent	04/12	/2017 11:49	]
	Policy No. Vehicle No.(For Motor)		SKX5886X	SKX5886X						
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5079229409-01	ONE2RENT CARS PTE. LTD.	201306179N	GFT	drivo PREMIUM	SKX5886X	SKX5886X	03/04/2017	
						Continue				

olicy No.	5079229409-01	Policyholder Name	ONEZRENT CARS PTE. LT	D. Policyholder NRIC	201306179N
ddress	70 UBI CRESCENT #01-12	SINGAPORE 408570			
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
olicy ssue 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- nsurance Flag Open Policy Info Certificate Info	No				
	nolder Mailing Address				
Address 1	70 UBI CRESCENT	Address 2	#01-12	Address 3	SINGAPORE 408570
Address 4		Address Type Related	Singapore address	Post Code	408570
Unit No.	01+12	Policy Number	5081725603-01		
1 Insure	ed Object: SKX5886X				
· Endors	sements				
Sequen	Date of Endorsement  03/04/2017 00:00	Endorsement Type  Basic Information Endorsement	e Endorsement Number 000001286522976	Endorsement Status  Endorsement Take Effective	Endorsement Content  Thank you for giving us the opportunity to serve you. We confirm that the following 1 vehicle have been deleted fron 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.
2	05/04/2017 00:00	Basic Information Endorsement	000001286533970	Endorsement Take Effective	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 DATI 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.
3	11/04/2017 00:00	Basic Information Endorsement	000001286537328	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the following 1 vehicle have been deleted fro this policy: VEHICLE NUMBER CANCELLATION DATE REFUN 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)

claim Handling he premium on this policy has no	at been collected.				
ccident MT/0972614		27100000000000	-Server Couply Live	GST Registration No.	
olicy No.	5079229409-01	Vehicle No.	5KX5886X	Policyholder NRIC	
olicyholder Name	ONEZRENT CARS PTE. LTD.	X4P8001240000		Loading	
roduct Code	FLEET INSURANCE	Cover Type	drivo PREMIUM	Contact No.(Home)	
ordact No.(Mobile)	97113835	Contact No.(Office)		eCode	-
mail Address		Special Remark	No	eCode Reason	
FK	® No ← Yes	TCA	67	U MARKACOLOGOGO	
ICD Protection	No	NCD Entitlement(%)	0		
Accident Details				national supre-	Collision -
Report Date	06/12/2017 15:54	Accident Report Within 24 hrs	Yes	The second secon	
Date of Accident	04/12/2017	Time of Accident hhamm	19:50		Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SINGAPORE CUSTOM TWDS MALAYSIA				
⇒ Benefits					
♥ Excess				2015 10002020	
Own damage Excess	1,000.00	Additional Excess	0.00	Windscreen Excess	
Jonamed Driver Excess		Outside Singapore OD Excess	1,000.00		
Third Party Excess	1,000.00	Outside Singapore TP Excess	1,000.00		
	tion			,000mage0000	
GST Registered	Yes		GST Registration Date	01/12/2015	
GST Registration No.	201306179N		GST Status Verified	Yes	
Modification History					
Policyholder Mailing Add	dress				
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		
→ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	ROSS ALLAN MAST	Driver NRIC	57233420E	Driver DOB	
Register Date of Driver License	16/05/2005	Driver Age	45	Driving Experience	
Contact No.(Mobile)	97113835	Contact No.(Office)		Contact No.(Home)	
Address 1	18 JLN INDAH 7/9 BT INDAH 81	Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Unit No.					
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					
#(3) #(4) *	OD-MX ¥	Insured Name	ONEZRENT CARS PTE. LTD.	Insured NRIC	
Claim Type *	V-170	Contact No.(Home)	NIL	Contact No.(Office)	
Contact No.(Mobile)	Total Control Control Control	OI Vehicle Number	SKX5886X	TP Vehicle Number	
Email Address	enquiry@one2rentcars.com	SELECTION OF COLUMN		Name of Preferred Workshop	
Claim Description	SKX5886X / SJE602T ON 4 Dec 2017	100 Cappeners 2	Not at Fault	A two way was to the same and his	
Preferred Workshop Contact No.	0	Insured Liability *	1100 01 1 0011	▼ GIA report	
Require Finalisation	Yes	Preferend Repair Option	Preferred Workshop, Name unknown	Date Received	
Date Registered	06/12/2017 16:01	Claim Close Date		Marie Lancolt 20	
Report Taken By	LIEW SHAN HUI				
Print AK letter			Caus Cubra		
Attachment			Save Submit		
<b>⇒</b>		\$20pm 200	Vancaire		=
Accident No.	MT/0972614	Claim No.	001		
Last Doc. Received	● Yes © No	Upload Date	06/12/2017 16:02	Confidential Urger	nc)

