the state of the s	Job description		Late of June Chief Beet	Done	
18 112 117 14:17 NAI INC 1702 39 28 / 44	SAS e-filing				
10/4/ INC 140% 5420/144	E-mail (wiens)	Sars. AVC Card			
3KU 1312 4 /	i-Motor Clair		NATION THIS	10110117	
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TP Insurer	TP Insurer Assessment Survey Report Assessment Survey Report Asset Report by Fax Hand to		Onener Wisn		
Preferred Wksp / INC Assign Wksp / QW: (Ass riveport o	THAT THEFT		Fax: v	
The state of the s		/ DIC)/Non-INC()	7-100 0	
Owner/Driver (SMB 8018 H	/	Tel		
Policy No. () Perio	od. (Cover Type: (-
Confirmed by : (Date:	Time:		
	ote-Est Status (N		0%; P 21-79%. F: SO-	-100%]	
	arranty: YES (
Excess: (S) Loading: \$1,000					E _y
General Remarks:-	William Leading	7			
() Walk-In Customer: Customers inform	nation strictly Co	nfidential & St	rictly NO refer of repairer		
() Total Loss Case : to e-mail Insurer	The second secon				
Drive-In ()/ Towed-In (); Invoice:		VO () . T	owing Co. ()
Dive-in()/ / bwes-in(), invoice.	150()/1	10(); 1			- V
Remarks:- (INC horline: 6788 6616)			Date&Time Completed	Done	by
1) Apply for Transport Allowance () / Co	ourtesy Car () .			
		<u> </u>			
2) QC Check / Post Repair Inspection	()			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30	()			
	()			
3) Upload Resurvey Photo [Repair Cost > \$30 Injury: ————	()			
3) Upload Resurvey Photo [Repair Cost > \$30	(
3) Upload Resurvey Photo [Repair Cost > \$30 Injury: ————	()			
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3) Upload Resurvey Photo [Repair Cost > \$30 Injury : Date/Time Actions Actions Claimant's Particulars :- Oriver/Owner: Contact No: Oamaged Portion: OC Checked by (Engr-In-Charge): Auditors' Comments :=	(000)	1) AR : Accide 2) DA : Dameg 3) TF : Towing 4) FT : Follow- 5) FT : Follow- For plaining 6) TR : Re-insp 7) N1 : Idao D/ 8) NTUC Addi OTH: *N6: Repels	Repering (\$30); Assessment (\$100); INC Fee Intough Sarvey Resurvey; assinst 1900 Only (weft); Not 1 estion - SMRI Sarvey lonal Servicus; Co-ordinator; confinence; confinence; confinence; confinence; confinence; confinence;	191 Bill 30.00 (\$80) (\$80) (\$80) (\$80) (\$80) (\$90) (\$72 (\$90) (\$90	
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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 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.

Any false reporting may be referred to the Police for investigation.

- 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

oresaid.	ACCIDENT STATEMENT
	18/12/2017 14:17
ate of hepon	,
ale of Albordoni	17/12/2017 23:50 WOODLANDS CENTRE RD TWDS CHECKPOINT
Xact Education of Addition	
ountry/State of Loss	SINGAPORE
THE VIEW CO. LANSING MICH.	ETAILS OF OWN VEHICLE
/ehicle Registration Number	SKU9582L /
nsured/Policyholder	
Name Of Registered Owner	ONE2RENT CARS PTE. LTD./
Co Reg No	201306179N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91386898
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS
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	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD/
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5079229409-01/
Cover Note Number	22
Driver	
Name of Driver	KOH HUAN PING/
NRIC No	S7836862D
Date Of Birth	09/12/1978
Occupation	OUTDOOR
Date Of Driving Pass	04/12/1997
O-THE STATE OF STATE	20 YEARS AND 0 MONTHS
Driving Experience Gender	MALE
	(LOCAL) +65-91386898
	(EUCAL) +03-91300030
Mobile Number	(EOCAL) +63-91380030
	OTHERS-92324504

Address

BLK 432D YISHUN AVE 1 #10-561

Postcode

764432

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 - 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

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

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 Vehicle Make/Model/Colour

SMB8018H/

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyhalder and/or the Authorised Driver.
- Information provided must be as <u>truthful</u> and accurate as possible. Any wilful misrepresentation or withholding of material focts 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.
- 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)

Lunderstand, acknowledge, agree and consent that:

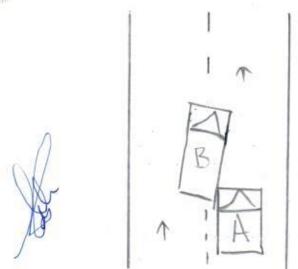
- (a) My insurer, my workshop and the General Insurance Association of Singaporo ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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, involces, 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")
- 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 end/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

Name:

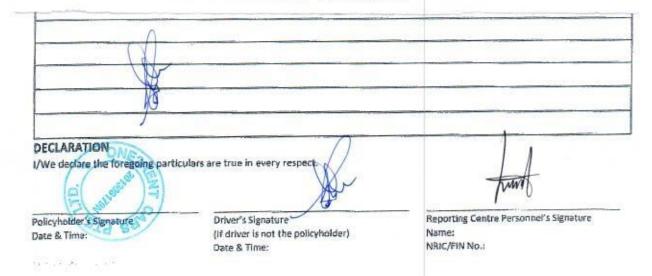
NRIC/FIN No.:



Vehicle A-) SKU9582L Vehicle B-> SMB8018H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING STRAIGHT ALONG WOODLANDS CENTRE ROAD TOWARDS WOODLANDS CHECKPOINT ON THE RIGHT LANE. I WAS STATIONARY WAITING FOR THE TRFFIC TO TURN GREEN. AS THE TRAFFIC LIGHT TURN GREEN, P THE VEHICLE INFRONT OF MY STARTED TO MOVE OFF. WHEN I WAS ABOUT TO MOVE OFF, ALL OF A SUDDEN VEHICLE B FROM MY LEFT SUDDENLY CUT INTO MY LANE AND HIT ONTO MY VEHICLE FRONT LEFT PORTION.



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 willful misrepresentation or withholding of material facts may allow insurance
- 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: 17/12/1	7 (0	D/MN	I/YY) Time:	23:50	(HH:MM)
Exact location of accident	woodlands.	centre	Rd	tods	check Point	

Details of vehicle

Vehicle registration number	Sky 9582 L	
Vehicle make and model	Toyota Atis	
Type of vehicle	Saloon D MPV D CRV D Vall D Lorry D Bus D Motorcycle D Others:	
Vehicle category	Private Commercial Motorcycle Motorcycle	112000
Purpose of using at said time	working	
Are you claiming under your own insurance company?	Yes □ No ☑ if no, please select: Third part claim □ Reporting only □	£

Insurance information

nsurance company	N.	TUC	
Policy number		10000	TIP lu =
Type of policy	Comprehensive a	Third party fire & theft	TP only

Insured / Policy holder

	one & Rent Can Pte Hal.	Male □ Female □
Name		
NRIC / Fin / Passport number	2013061791	LAURA TO THE TOTAL THE TOTAL TO THE TOTAL TOTAL TO THE TO
Contact		
Address	To Ub: Crescent \$01-12 Ub: Techiarte 8(408570)	

Driver

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

	Koh Huan Ping Male & Female
Name	
NRIC / Fin / Passport number	578368620
	91386898 / 92324504
Contact	BIK 43217 Yishun Avenue 1 #10-561 5(764432)
Address	VII. I.
Email address	09/12/1978
Date of birth	0113
Occupation	Indoor D Outdoor D
Driving date pass	04/12/1997

General information of the accident

Was driver an employee of	Yes No Z If no, relationship of the driver and insured:	Hirer
the insured's company?	If no, relationship of the sittle	(Inclusive of driver
No of passenger	2	
Accident captured by camera?	Yes No 🗆	
Accident captured by	Clear Raining Others:	and the second s
Weather condition	Dry D Wet D	
Road surface	DIY D	

Other information

124.75			
Was anybody injured?	Yes 🗆	No B	
Was other vehicle damaged?	Yes 🗷	No 🗆	
AS OF CALLEY			

Details of police action

	YOUNG CONTROL OF THE STATE OF T	the which police station.
- toda nalice?	Yes 🗆 No 🗷	If yes, please state which police station.
Reported to police?	/	
Police station name	- Indiana de la companya del companya del companya de la companya	

Third party vehicle 1

Name	
Contact number	
NRIC / Fin / Passport number	SMB SOIXH (Serial NO. 912)
Vehicle registration number	SWB 8018H (Secial 100. 4(1)
Vehicle registration number	SMRT
Vehicle make model	

Third party vehicle 2

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

Third party vehicle 3

Name	
Contact number	
NOIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	The state of the s

Third party vehicle 4

OF ORALL SE	
Name	
Contact number	
NIPIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	Page 2

Witness 1 Name Witness 2 Name Injured person 1 Name injuries sustained Which vehicle person in? No Yes D Were seat belts worn? No 🗆 Was injured conveyed to Yes 🗆 hospital by ambulance? Injured person 2 Name injuries sustained Which vehicle person in? No 🗆 Were seat belts worn? Yes 🗆 No a Was Injured conveyed to Yes 🗆 hospital by ambulance? Injured person 3 Name Injuries sustained Which vehicle person in? No D Yes a Were seat belts worn? No Was injured conveyed to Yes D hospital by ambulance?

Injured	norson	4
mureu	Melani	-

Name			 		
Injuries sustained			7	200 =200	Water College
Which vehicle person in?		.,	 /		
Were seat belts worn?	Yes 🗆	No a	 		
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆			



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$7836862D





KOH HUAN PING

CHINESE pais of birth 09-12-1978 M

579350520

4330803

SINGAPORE

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 2B Motorcycles =< 200 cc 27 Oct 1995
Class 2A Motorcycles between 201 cc and 409 cc 24 Jul 1997
Class 3 Motor Cars=< 3800kg with =<7 passangers, exclusive of the driver; and other motor vehicles =< 2500kg



NP 428A

S7836862D

Date of Issue 02-01-2009

APT BLK 432D YISHUN AVENUE 1 #10-561 SINGAPORE 764432 NRIC No: \$7,836862D Date: 16/12

Date: 16/12/2014 (R)

eBao Tech								Gener	alClaim
Hello, NAC_PAYA_UBI_80	0601	TANK DESIGNATION				Change Lar	nguage	· Change Password	· Log Out
My Desktop Notice of Loss	Policy Query Policy No.	SKU9582L/		4	Date of Acc	ident	17/12	2/2017 13:23	
	Vehicle No.(For Motor)	Policyholder	Policyholder	Product	Search Cover Type	Vehicle	Insured	Commence Date	Expiry Date
	Select Policy No. 6 5079229409-01	Name ONE2RENT CARS PTE. LTD.	NRIC 201306179N	GFT	drivo PREMIUM	No. SKU9582L	Object SKU9582L	4.000	2/4/2018
					Continue				

	/ Information				
Policy No.	5079229409-01	Policyholder Name	ONE2RENT CARS PTE, LT	D. Policyholder NRIC	201306179N
ddress	70 UBI CRESCENT #01-12 S)		
roduct		Plan		Group Policy Flag	N
lame Policy	FLEET INSURANCE 13/03/2017	Effective Date	03/04/2017 00:00		02/04/2018 23:59
ssue Date Third Party	1000.00	Own damage	1000.00	Windscreen Excess	0.00
Excess		OS	22251 00		
Additional Excess	0	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 Open Policy Info Certificate Info	No				
	nolder Mailing Address				A Colonia de la
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	d Object: SKU9582L				
⊕ Endors	sements				
Sequen	Date of Endorsement 03/04/2017 00:00	Endorsement Typ Basic Information Endorsement	e Endorsement Number	Endorsement Status Endorsement Take Effective	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. Thank you for giving us the
2	05/04/2017 00:00	Basic Information Endorsement	000001286533970	Endorsement Take Effective	opportunity to serve you. We confirm that the following 3 vehicles have been deleted from this policy: VEHICLE NUMBER CANCELLATION DAT! 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 \$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) will be adjusted against the

laim Handling	at the an authorized					
ne premium on this policy has n ccident MT/0974164	or been collected.					
	5079229409-01	Vehicle No.	SKU9582L/		GST Registration No.	
olicy No.	ONEZRENT CARS PTE. LTD.			1	Policyholder NRIC	
Cacynorae Harrie	FLEET INSURANCE	Cover Type	drivo PREMIU	м	Loading	
Product Code	91386898	Contact No. (Office)			Contact No.(Home)	
Contact No.(Mobile)	31300000	Special Remark			eCode	-
CFK.	⊚ No ≅ Yes	TCA	@ No € Yes		eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0		Private Hire	Yes
Accident Details	140					
Report Date	18/12/2017 15:47	Accident Report Within 24 hrs	Yes		Accident Type	Collision
	17/12/2017/	Time of Accident hin:mm	23:50		Country of Accident	Singapo
Date of Accident	Tritle Control	Orange Force			ICM No.	
Reporting Centre	WOODLANDS CENTRE RD TWDS CHECKPOINT					
Accident Location Benefits						
♥ Excess	1,000.00	Additional Excess		0.00	Windscreen Excess	
Own damage Excess		Outside Singapore OD Excess		1,000.00		
Unnamed Driver Excess	1,000.00	Outside Singapore TP Excess		1,000.00		
Third Party Excess	98-303-35					
⇒ GST Registered Informa	Yes		GST I	tegistration Date	01/12/2015	
GST Registered GST Registration No.	201306179N		GST 9	Status Verified	Yes	
Modification History						
Policyholder Mailing Ad	dress					-37
Address 1	70 UBI CRESCENT	Address 2	#01-12		Address 3	
Address 4		Address Type	Singapore as	ddress	Post Code	
Unit No.	01+12	Related Policy Number	5081725603	1-01		
♦ OI Driver Info		0.0000000000000000000000000000000000000				-3
Driver Name	Unnamed Driver	Driver Type	Unnamed Dr	iver		
Unnamed driver Name	KOH HUAN PING	Driver NRIC	57836862D		Driver DO8	
Register Date of Driver License	04/12/1997	Driver Age	39		Driving Experience	
Contact No.(Mobile)	91386898	Contact No.(Office)			Contact No.(Home)	
Address 1	BLK 432D #10-561	Address 2	YISHUN AV	ENUE 1	Address 3	
Address 4	SINGAPORE 764432	Address Type	Singapore a	ddress	Post Code	
Unit No.	10-561					
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 @ N	10		
and the second second						
Modification History Claim 001 New						
		the August State Country of the	ONESDENT	CARC BYE LTD	Insured NRIC	
Claim Type *	OD-MX	Insured Name		CARS PTE. LTD.	Contact No.(Office)	
Contact No.(Mobile)		Contact No.(Home)	NIL SKU9582L	,	TP Vehicle Number	
Email Address	enquiry@one2rentcars.com	OI Vehicle Number	3KU9302L		Name of Preferred Workshop	
Claim Description	SKU9582L / SMB8018H ON 17 Dec 2017	Call Salientes	D. L		St.	
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fau		GIA report	
Require Finalisation	Yes ▼	Preferered Repair Option	Preferred	Workshop, Name unknown *	GIA report	
Date Registered	18/12/2017 15:51	Claim Close Date			Date Received	
Report Taken By	LIEW SHAN HUT					
Print AK letter						
			Save Su	bmit		
Attachment				_		
9						
0.001	MT/0974164	Claim No.		001		
Accident No.	● Yes © No	Upload Date		18/12/2017 15:53		
Last Doc. Received				Category *	Confidential Urg	ency

