

|   |  |                        |              |
|---|--|------------------------|--------------|
| Date In: 4/1/18 15:55                               | Job description: SAS e-filing            | Date & Time Completed: | Done by:     |
| Ref No: NA1 INC 1800250/14                          | E-mail (within 8hrs, ATO 2hrs):          |                        |              |
| Veh No: SJF 5085 Y                                  | i-Motor Claim Form                       | MT/0976426             | 4/1/18 16:56 |
| D.O.A: 4/1/18 08:05                                 | i-Motor W/O (Within: OD 2hrs, TP 4hrs)   |                        |              |
| OD: <input checked="" type="radio"/> Reporting Only | 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:

SJT 5720 Z

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%; F: 80-100%]

Year of Registration: ( ) Warranty: YES ( ) / NO ( )

Excess: (\$) Loading: \$1,000 ( ) / \$2,000 ( )

## General Remarks:-

( ) Walk-In Customer: Customer's information strictly Confidential &amp; 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 &amp; Time Completed

Done by

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost &gt; \$3000] ( )

## Injury:

Date/Time

Actions

## Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

## Auditors' Comments :-

Cat 1:

Cat 2 / 3:

NA 18002143

## Invoice Preparation Checklist

Amt (\$)

Amt (\$)

1st Bill

Add Bill

1) AR: Accident Reporting (\$30);

30.00

2) DA: Damage Assessment (\$100); INC (\$80)

3) TF: Towing Fee \$40/\$45

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 / Tpt 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

Invoice dated

Fee Charged

Invoice dated

Fee Charged



## 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             | 04/01/2018 15:55                          |
| Date Of Accident           | 04/01/2018 08:05                          |
| Exact Location Of Accident | UBI AVE 1 CARPARK ENTRANCE OF BLK 342/343 |
| Country/State of Loss      | SINGAPORE                                 |

### DETAILS OF OWN VEHICLE

|                             |                               |
|-----------------------------|-------------------------------|
| Vehicle Registration Number | SJF5085Y                      |
| <b>Insured/Policyholder</b> |                               |
| Name Of Registered Owner    | ENTERPRISE CAR RENTAL PTE LTD |
| Co Reg No                   | 201701215C                    |
| Email Address               | NOEMAIL                       |
| Mobile Phone No             |                               |
| Alternative Phone No        | OFFICE-81533239               |

### Vehicle Particulars

|  |                |
|--|----------------|
| Manufacturer   | NISSAN         |
| Model  | SYLPHY 1.5 4AT |
| Exact Purpose for which vehicle was being used at time of accident           | WORKING        |
| 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          | THIRD PARTY                            |
| Fleet Policy              | NO                                     |
| Policy Number             | 5091577771                             |
| Cover Note Number         | -                                      |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | SULAIMAN BIN SARIF    |
| NRIC No              | S1581039D             |
| Date Of Birth        | 29/10/1963            |
| Occupation           | OUTDOOR               |
| Date Of Driving Pass | 19/03/2003            |
| Driving Experience   | 14 YEARS AND 9 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-86068847  |
| Fax Number           |                       |
| Contact Number       |                       |
| Email Address        | NOEMAIL               |



|   |                                  |
|---|----------------------------------|
| Address   | BLK 530 BEDOK NORTH ST 3 #04-626 |
| Postcode  | 460530                           |
| 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 - MAJOR/MINOR RD |
| Weather Conditions | CLEAR                      |
| Road Surface       | DRY                        |

#### Other Information

|   |     |
|---|-----|
| Was any foreign vehicle involved in this accident?  | NO  |
| Number of vehicles involved in the accident   |     |
| Was any body injured in the Accident?   | NO  |
| Was any injured conveyed to hospital by ambulance?  |     |
| 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)   | 1   |

#### Details of Police Action

|   |   |
|---|---|
| Was the accident reported to the police?  | YES   |
| If Yes, Please state which Police Station |   |
| Police Station Name                       | TRAFFIC POLICE DIVISION HQ                                    |
| Police Station Address                    | ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE |
| Police Station Contact                    | TEL NO: 65470000 - FAX NO:                                    |
| Was notice of intended Prosecution given? | NO  |
| If Yes, against whom?                     |   |

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

#### 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 | SJT5720Z    |
| Vehicle Make/Model/Colour   |             |
| Details Of Properties       |             |
| Vehicle Category            | PRIVATE CAR |
| Name of Driver              |             |
| NRIC/Passport Number        |             |
| Contact Number              |             |
| Address                     |             |
| Postcode                    |             |
| Insurance Company Name      |             |
| Nature Of Damage            |             |



No. Of Passenger (Including Driver)



## 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 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:
  - (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:

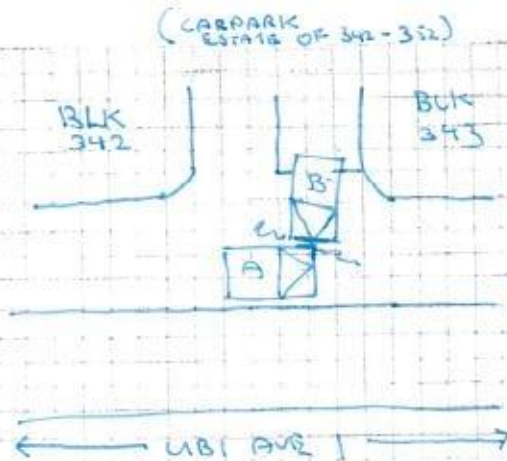
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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



# SKETCH PLAN

VEHICLE A - SJF 5085Y  
VEHICLE B - SST 5720Z



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER POLICE REPORT

REPORT NUMBER:

T/20180104/2020

VEHICLE A - SJF 5085Y

TRAFFIC POLICE DIVISION HQ

VEHICLE B - SST 5720Z

## 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.:



|  |  |                                   |                            |
|--|--|-----------------------------------|----------------------------|
| <b>Vehicle No.</b>                       | SJR 5085 Y   | <b>Model / Make</b>               | NISSAN SILPHY              |
| <b>Date of Accident</b>                  | 04/01/2018   |                                   |                            |
| <b>Time of Accident</b>                  | 08 05  | <b>HRS</b>                        |                            |
| <b>Location of Accident</b>              | UBI AVE 1  | CARPARK ENTRANCE OF BLK 342 / 343 |                            |
| <b>Exact purpose use during accident</b> | WORKING HOUR   |                                   |                            |
| <b>Name of Owner</b>                     | ENTERPRISE CAR RENTAL DIR LTD                        |                                   |                            |
| <b>Telephone No.</b>                     | H/P : 9153 3239                                      | <b>Home :</b>                     | <b>Office :</b>            |
| <b>NRIC</b>                              | 201701215 C  |                                   |                            |
| <b>Address</b>                           | 103 DEPU LANE 10 #01-05 FNA GROUP BUILDING 3(539223) |                                   |                            |
| <b>Claim type</b>                        | OD   | THIRD PARTY                       | REPORTING ONLY             |
| <b>Insurance Company</b>                 | NTUC   |                                   |                            |
| <b>Type of Coverage</b>                  | Comprehensive  | Third Party                       | Third Party / Fire / Theft |
| <b>Policy No.</b>                        | 509157777 1  |                                   |                            |
| <b>Name of Driver</b>                    | As Above If No, SULAIMAN BIN SARIF                   |                                   |                            |
| <b>NRIC</b>                              | 51581039 D   | <b>Any Passengers :</b> NIL       |                            |
| <b>Date of birth</b>                     | 29/10/1963   |                                   |                            |
| <b>Occupation</b>                        | Outdoor  | /                                 | Indoor                     |
| <b>Driving License Pass Date</b>         | 19 MAR 2003  |                                   |                            |
| <b>Gender</b>                            | Male / Female  |                                   |                            |
| <b>Contact No.</b>                       | H/P : 86068847                                       | <b>Home :</b>                     | <b>Office :</b>            |
| <b>Address</b>                           | BLK 530 BEDOK NORTH ST 3 #04-626 S(460530)           |                                   |                            |
| <b>Driver have any own vehicle</b>       | No,  | If yes, Reg No.                   |                            |
| <b>Relationship</b>                      | Employee,  | If no, state RENTAL               |                            |
| <b>Weather condition</b>                 | Clear  | Raining                           | Other                      |
| <b>Road Surface</b>                      | Dry  | Wet                               | Other                      |
| <b>Any Injuries</b>                      | No,  | If Yes, Who?                      |                            |
| <b>Name And Contact No.</b>              |  |                                   |                            |
| <b>Name And Contact No.</b>              |  |                                   |                            |
| <b>Police Report</b>                     | No,  | If Yes, Where?                    | TRAFFIC POLICE DIVISION HQ |
| <b>Vehicle B No.</b>                     | SST 5720 Z   | <b>Any Passengers :</b>           | 1                          |
| <b>Name of Driver</b>                    |  | <b>Contact No. :</b>              |                            |
| <b>Vehicle C No.</b>                     |  | <b>Any Passengers :</b>           |                            |
| <b>Vehicle D No.</b>                     |  | <b>Any Passengers :</b>           |                            |
| <b>Vehicle E no.</b>                     |  | <b>Any Passengers :</b>           |                            |
| <b>Vehicle F No.</b>                     |  | <b>Any Passengers :</b>           |                            |
| <b>Vehicle G No.</b>                     |  | <b>Any Passengers :</b>           |                            |
| <b>Witness Name</b>                      |  | <b>Witness Contact :</b>          |                            |
| <b>Accident Portion</b>                  | LH / FH / FH / LH                                    |                                   |                            |
| <b>Camera Recorder</b>                   | Yes / No   |                                   |                            |
| <b>Email Address</b>                     |  |                                   |                            |
| <b>PARTICULAR WORKSHOP</b>               | N-51 AUTOMOTIVE PTE LTD                              |                                   |                            |
| <b>CONTACT NO.</b>                       | 6842 0051 / 6744 0510                                |                                   |                            |
| <b>CONTACT PERSON</b>                    | IAN  |                                   |                            |
| <b>FAX NO</b>                            | 6741 0510  |                                   |                            |
| <b>WORKSHOP EMAIL ADDRESS</b>            | sales @ n51.com.sg                                   |                                   |                            |





Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20180104/2020

**REPORT OF A TRAFFIC ACCIDENT**

|  |                  |                    |
|--|------------------|--------------------|
| Date/Time Report Made:<br>04/01/2018 10:37 | Vide Report No.: | Station Diary No.: |
|--|------------------|--------------------|

**Informant's Particulars**

|  |            |  |                              |
|--|------------|--|------------------------------|
| Name of Informant:<br>SULAIMAN BIN SARIF |            | Address:<br>APT BLK 530 BEDOK NTH ST 3 #04-626 SINGAPORE<br>460530 |                              |
| ID Type / ID No.:<br>NRIC NO / S1581039D |            | Contact No.:<br>Home/Office:                                       | Mobile: 86068847             |
| Nationality:<br>SINGAPORE CITIZEN        |            | Email:   |                              |
| Sex:<br>Male                             | Age:<br>54 | Date of Birth:<br>29/10/1963                                       | Type of Informant:<br>Driver |
| Race:<br>Malay                           |            | Language:<br>Malay   | Institution / School Name:   |
| Occupation:<br>Interior designer         |            | Driving Licence Information:<br>Class: 3                           | Date of Expiry:              |

**General Information of the Accident**

|   |                      |   |  |                                     |
|---|----------------------|---|--|-------------------------------------|
| Type of Accident:   | Non-Injury<br>Others | Drink Drive:<br>No                          | Date/Time of Accident:<br>04/01/2018 08:05 | Type of Location:<br>Straight Road  |
| Location:<br>Along Road 1<br>UBI AVENUE 1<br><br>NO.343 UBI AVE 1 |                      |   |  |                                     |
| Weather:<br>Clear   |                      | Road Surface:<br>Dry                        | Road Speed Limit:                          |                                     |
| Traffic Flow:<br>Two Way  |                      | Traffic Control:<br>Traffic Light - Working | Traffic Volume:<br>Light                   |                                     |
| Type of Collision:<br>Between Moving Vehicles - Head On           |                      |   |  | Anyone conveyed by ambulance:<br>No |

**Details of Vehicle Involved**

| Vehicle No. | Type | Make | Model | Color | Condition        | No of Passenger |
|-------------|------|------|-------|-------|------------------|-----------------|
| SJF5085Y    | Car  |      |       |       | Slightly Damaged | 0               |
| SJT5720Z    | Car  |      |       |       | Slightly Damaged | 1               |

**Details of Person Involved**

|                                 |                                |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No     |                                |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |





**SINGAPORE  
POLICE FORCE**



T/20180104/2020

2 of 3

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20180104/2020

**CONTINUATION OF REPORT**

|                                   |                       |  |                                   |
|-----------------------------------|-----------------------|--|-----------------------------------|
| Driver Name                       | SULAIMAN BIN SARIF    | ID No.                                 | S1581039D                         |
| Related Vehicle                   | SJF5085Y (Car)        | Contact No.                            | 86068847                          |
| Hospital/Clinic                   | NIL                   | Class of Driving Licence & Expiry Date | Class: 3<br>Date of Expiry: NIL   |
| Date Treatment                    | NIL                   | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | NIL                   | Degree of Injury                       | NIL                               |
| Name                              | JULIAN ANG KIANG HENG | ID No.                                 | S7318344H                         |
| Related Vehicle                   | SJT5720Z (Car)        | Contact No.                            | 96260036                          |
| Hospital/Clinic                   | NIL                   | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                   | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | NIL                   | Degree of Injury                       | NIL                               |

**Brief Details.**

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION

I WAS DRIVING ALONG SAID ROAD, LOCATION IS A 2 LANE 2 WAY ROAD. WHILE DRIVING, THERE WAS A CAR COMING OUT OF THE CARPARK OF A HDB BLOCK 343, AS I WAS DRIVING STRAIGHT, AS THE CAR WAS SLOWING INCHING OUT OF THE CARPARK, I HORNED THE CAR TO ASK HIM TO STOP, HOWEVER HE DID NOT AND AS SUCH THE COLLISION HAD HAPPENED,

BOTH OF US HAD CAME DOWN FROM OUR VEHICLE, EXCHANGED PARTICULARS AND TOOK PHOTOS OF THE DAMAGED PARTS OF THE VEHICLE.

I WOULD LIKE TO INFORM THAT THIS REPORT IS FOR INSURANCE PURPOSES





**SINGAPORE  
POLICE FORCE**



T/20180104/2020

3 of 3

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20180104/2020

**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.

Signature Of Officer Recording The Report:  
TP /  
NICHOLAS HO YE HAO

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIA /  
Staff Sgt TANG SIEW PING  
Contact No.: 65476430

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
04/01/2018 10:37

Classification Of Case:



**SINGAPORE  
POLICE FORCE**

Signature: 



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1581039D



Name  
**SULAIMAN BIN SARIF**

Race  
**MALAY**


Date of Birth  
**29-10-1963**

Sex  
**M**

Country of Birth  
**SINGAPORE**




REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number **S1581039D**  
Name  
**SULAIMAN BIN SARIF**

Birth Date: **29 Oct 1963**  
Issue Date: **19 Mar 2003**

1000324422E



301105



NRIC No. **S1581039D**



Blood Group: **B+** Date of Issue: **27-02-1998**

301105 BELOK NTH ST 3ND FLOOR  
SINGAPORE 460530


No: **S1581039D** Date: **03-06-1999** No: **2901542**

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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE **19 Mar 2003**

Licence No: **S1581039D**



NP 428A



## 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:** 5091577771

**Cover :** Third Party

- |   |                                 |
|---|---------------------------------|
| 1. Index mark and Registration Number of Vehicle  | : SJF508SY                      |
| Chassis Number  | : JN1BAAG11Z0106218             |
| 2. Name of Policyholder   | : ENTERPRISE CAR RENTAL PTE LTD |
| 3. Effective Date of Insurance  | : 04 Sep 2017                   |
| 4. Expiry Date of Insurance   | : 03 Sep 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.

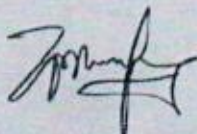
|                                      |            |
|--------------------------------------|------------|
| EXCESS (SECTION 1)                   | : N/A      |
| EXCESS (SECTION 2)                   | : S\$1,500 |
| ADDITIONAL EXCESS                    | : N/A      |
| UNNAMED DRIVER EXCESS                | : N/A      |
| REPAIR AT OWNER'S PREFERRED WORKSHOP | : NO       |
| INSURE WITH COE                      | : N/A      |
| NCD PROTECTION                       | : NO       |
| PRIMARY DRIVER                       | : N/A      |
| NAMED DRIVER (1)                     | : N/A      |
| NAMED DRIVER (2)                     | : N/A      |
| HIRE PURCHASE COMPANY                | : N/A      |
| SUM INSURED                          | : N/A      |

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)

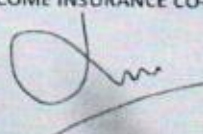
Agency : CITY INSURANCE AGENCY PTE. LTD. (00000573566)  
Date of Issue : 01 Jun 2017 15:39 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive



## Claim Handling

Accident MT/0976426

|                     |   |                     |   |                      |      |
|---------------------|---|---------------------|---|----------------------|------|
| Policy No.          | 5091577771  | Vehicle No.         | SJF5085Y  | GST Registration No. |      |
| Policyholder Name   | ENTERPRISE CAR RENTAL PTE LTD                                 |                     |   | Policyholder NRIC    | 2017 |
| Product Code        | FLEET INSURANCE   | Cover Type          | Third Party   | Loading              | 0    |
| Contact No.(Mobile) | 81533239  | Contact No.(Office) |   | Contact No.(Home)    |      |
| Email Address       |   | Special Remark      |   | eCode                | No   |
| KFK                 | <input checked="" type="radio"/> No <input type="radio"/> Yes | TCA                 | <input checked="" type="radio"/> No <input type="radio"/> Yes | eCode Reason         |      |
| NCD Protection      | No  | NCD Entitlement(%)  | 0   | Private Hire         | Yes  |

**Accident Details**

|                   |   |                               |       |                     |         |
|-------------------|---|-------------------------------|-------|---------------------|---------|
| Report Date       | 04/01/2018 16:52                          | Accident Report Within 24 hrs | Yes   | Accident Type       | Collisi |
| Date of Accident  | 04/01/2018                                | Time of Accident hh:mm        | 08:05 | Country of Accident | Singap  |
| Reporting Centre  |   | Orange Force                  |       | ICM No.             |         |
| Accident Location | UBI AVE 1 CARPARK ENTRANCE OF BLK 342/343 |                               |       |                     |         |

**Benefits**

**Excess**

|                       |          |                             |          |                   |  |
|-----------------------|----------|-----------------------------|----------|-------------------|--|
| Own damage Excess     | 0.00     | Additional Excess           | 0.00     | Windscreen Excess |  |
| Unnamed Driver Excess |          | Outside Singapore OD Excess | 0.00     |                   |  |
| Third Party Excess    | 1,500.00 | Outside Singapore TP Excess | 1,500.00 |                   |  |

**GST Registered Information**

|                      |    |                       |     |
|----------------------|----|-----------------------|-----|
| GST Registered       | No | GST Registration Date |     |
| GST Registration No. |    | GST Status Verified   | Yes |
| Modification History |    |                       |     |

**Policyholder Mailing Address**

|           |                       |                       |                          |           |       |
|-----------|-----------------------|-----------------------|--------------------------|-----------|-------|
| Address 1 | 150 SOUTH BRIDGE ROAD | Address 2             | #02-12 FOOK HAI BUILDING | Address 3 | SINGA |
| Address 4 |                       | Address Type          | Singapore address        | Post Code | 0587  |
| Unit No.  | 02-12                 | Related Policy Number | 5092424573               |           |       |

**OI Driver Info**

|   |   |                     |                      |                        |       |
|---|---|---------------------|----------------------|------------------------|-------|
| Driver Name                             | Unnamed Driver  | Driver Type         | Unnamed Driver       | Driver DOB             | 29/10 |
| Unnamed driver Name                     | SULAIMAN BIN SARIF  | Driver NRIC         | S1581039D            | Driving Experience     | 14    |
| Register Date of Driver License         | 19/03/2003  | Driver Age          | 54                   | Contact No.(Home)      |       |
| Contact No.(Mobile)                     | 86068847  | Contact No.(Office) |                      | Address 3              | SINGA |
| Address 1                               | BLK 530 #04-626   | Address 2           | BEDOK NORTH STREET 3 | Post Code              | 4605  |
| Address 4                               |   | Address Type        | Singapore address    |                        |       |
| Unit No.                                | 04-626  |                     |                      |                        |       |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No.  |                      | Driver Insurer Company |       |

**Declaration**

|                                     |      |             |   |
|-------------------------------------|------|-------------|---|
| Breathalyser or Blood Test Reading? | 0 mg | Any injury? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
|-------------------------------------|------|-------------|---|

Modification History

Claim 001 New

|                                |                                   |                         |                                  |                            |       |
|--------------------------------|-----------------------------------|-------------------------|----------------------------------|----------------------------|-------|
| Claim Type *                   | OD-MX                             | Insured Name            | ENTERPRISE CAR RENTAL PTE L      | Insured NRIC               | 2017  |
| Contact No.(Mobile)            | 93639889                          | Contact No.(Home)       |                                  | Contact No.(Office)        |       |
| Email Address                  | carrenting101@gmail.com           | OI Vehicle Number       | SJF5085Y                         | TP Vehicle Number          | SJT57 |
| Claim Description              | SJF5085Y / SJT5720Z ON 4 Jan 2018 |                         |                                  | Name of Preferred Workshop | 0     |
| Preferred Workshop Contact No. | 0                                 | Insured Liability *     | Not at Fault                     | GIA report                 | Recei |
| Require Finalisation           | Yes                               | Preferred Repair Option | Preferred Workshop, Name unknown | Date Received              | 04/01 |
| Date Registered                | 04/01/2018 16:55                  | Claim Close Date        |                                  |                            |       |
| Report Taken By                | LEW SHAN HUI                      |                         |                                  |                            |       |

☒ Print AK letter

Save Submit

Attachment















|                    |   |             |                  |
|--------------------|---|-------------|------------------|
| Accident No.       | MT/0976426  | Claim No.   | 001              |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 04/01/2018 16:56 |

| Path * | Browse... | Clear | Category *    | Confidential | Urgency * |
|--------|-----------|-------|---------------|--------------|-----------|
|        | Browse... | Clear | Please Select | NO           | Normal    |
|        | Browse... | Clear | Please Select | NO           | Normal    |
|        | Browse... | Clear | Please Select | NO           | Normal    |
|        | Browse... | Clear | Please Select | NO           | Normal    |
|        | Browse... | Clear | Please Select | NO           | Normal    |
|        | Browse... | Clear | Please Select | NO           | Normal    |

## Attachment List

| Attachment  | Uploaded By/Date   | Category              | Urgency | Description           |
|---|--|-----------------------|---------|-----------------------|
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jan 2018 16:56 | NRIC/ Driving License | Normal  | NRIC/ Driving License |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jan 2018 16:56 | SAS                   | Normal  | SAS 2018-             |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jan 2018 16:55 | Photos                | Normal  | Photos 2018           |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jan 2018 16:55 | Photos                | Normal  | Photos 2018           |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jan 2018 16:55 | Photos                | Normal  | Photos 2018           |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jan 2018 16:55 | Photos                | Normal  | Photos 2018           |
|   | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jan 2018 16:55 | Photos                | Normal  | Photos 2018           |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jan 2018 16:55 | Photos                | Normal  | Photos 2018           |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jan 2018 16:55 | Photos                | Normal  | Photos 2018           |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jan 2018 16:55 | Photos                | Normal  | Photos 2018           |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jan 2018 16:55 | Photos                | Normal  | Photos 2018           |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jan 2018 16:55 | Photos                | Normal  | Photos 2018           |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 04 Jan 2018 16:55 | Photos                | Normal  | Photos 2018           |

## Video List

| Uploaded By/Date | Folder Date | File Name  | Source |
|------------------|-------------|--|--------|
|                  |             | <input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/> |        |