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OD : TP ! Reporting Only	i-Photo Uploade	ed				
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Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:		,
TP Particulars: Veh No: Y		. INC()/Non-INC(), .		
Owner / Driver: (Tel:	<u> </u>	<u>)</u>	
Policy No: ()	Period: ()	Cover Type: (<u>, </u>	
2 2 11 /		Date:	Time:	D 00 1000/1	,	110000
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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
- 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy habitity 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 GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
 By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

oresald.	CCIDENT STATEMENT	
2	5/01/2018 13:50	
ate Of Report	4/01/2018 12:25	
Date Of Accident	PSA COMPOUND BERTH 24	
exact Location Of Accident	SINGAPORE	
-t-/Ctata at Lace	TAILS OF OWN VEHICLE	
HIRO	GBE4988Z	***************************************
Vehicle Registration Number		
Insured/Policyholder	ONE2RENT CARS PTE LTD	
Name Of Registered Owner	201306179N	
Co Reg No	NOEMAIL	
Email Address	NOCIN III	
Mobile Phone No	OFFICE-89999999	
Alternative Phone No	OFFIGE STATE OF THE PARTY OF TH	
Vehicle Particulars	TOYOTA	
Manufacturer	TOYOTA DYNA 150 MANUAL	
Model		
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 THE BARTY	
If No, Please state action to be taken	THIRD PARTY	
Vehicle Category	COMMERCIAL VEHICLE	
Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD	
Name of Insurance Company		
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	YES	
Policy Number	5079227496-01	
Cover Note Number		
Driver		
Name of Driver	TAN BAN TIONG	
NRIC No	S8016675C	
Date Of Birth	11/06/1980	
Occupation	OUTDOOR	
Date Of Driving Pass	21/06/2015	
Driving Experience	2 YEARS AND 7 MONTHS	
Gender	MALE	
Mobile Number	+65-97225492	
Fax Number		
Contact Number	OFFICE-97225492	
EMail Address	NOEMAIL	Page 1 o

Address

BLK 418A FERNVALE LINK

#10-132 791418

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

General Information of the Accident

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO Number of vehicles involved in the accident 2 NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. 0 Number of Passengers (Including Driver)

Details of Police Action

NO Was the accident reported to the police?

If Yes, Please state which Police Station

NO Was notice of intended Prosecution given?

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 NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

YM8827P Vehicle Registration Number

FS FREIGHT SYSTEMS PTE LTD Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category

SATHI Name of Driver

NRIC/Passport Number

97697285 Contact Number

NO 5 JALAN KILANG BARAT #07-07 PETRO CENTRE Address

159349 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
- 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 misr epresentation 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.
- 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.
- 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.
- 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 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;
 - (a) 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")
- 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
- 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.
- 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.

Date & Time:

Policyholder's Signature Date & Time:

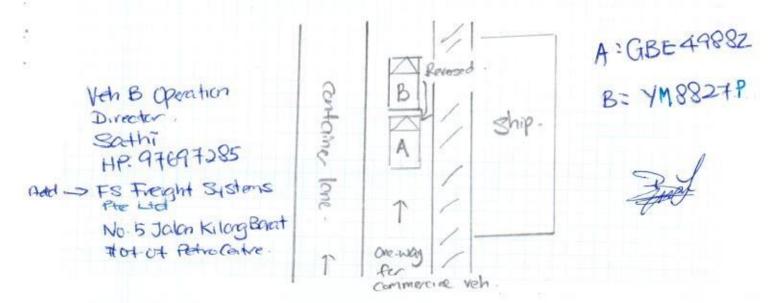
Driver's Signature (If driver is not the policyholder)

NRIC/FIN No .:

Name:

Reporting Centre Pe

s Signature



DESCRIBE CIRCUINISTANCES OF THE ACCIDENT

My lorry was parked along Berth 24 in the compound of PSA. As such, I went up onboard the ship to work. After my work, I walked towards my lorry and I found that the front portion of my lorry and the rear shield glass were damage. A PSA guard informed me that there was a lorry; bearing the registration plate YM8827 P has made a reversed and hit onto the front portion of my lorry. After which, the Operation Director of YM8827 P, Mr. Sathi from FS Freight Systems Pte Ltd came to my workshop and admitted that it was his driver fault that reversed the vehicle YM8827 P, which caused the damage of my lorry. I wish to stated that beside the PSA guard witnessed the accident, there were also a container driver, who was in the container vehicle no. 104 also saw that the driver of YM8827 P reserved and hit onto my lorry.

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 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 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: 24-01-2018	(DD/MM/YY) Time:	1225	(HH:MM)
Exact location of accident	PSA compound.	, Berth 24.		

Details of vehicle

Vehicle registration number	GBE4988Z
Vehicle make and model	
Type of vehicle	Saloon MPV CRV Van
	Lorry Bus Motorcycle Others:
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	Commerical
Are you claiming under your	Yes No if no, please select:
own insurance company?	Third part claim Reporting only

Insurance information

Insurance company	Niue.		
Policy number			
Type of policy	Comprehensive □	Third party fire & theft	TP only

Insured / Policy holder

Name	ONE2RENT CARS PTE LTD	Male 🗆	Female
NRIC / Fin / Passport number	201309179N		
Contact			
Address	70 UBI CRESCENT #01-12 UBI TECH PARK		
	SINGAPORE 408570		

Driver

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

Name	Tan Ban Tions	Male Female
NRIC / Fin / Passport number	9.201/11/10/2	
Contact	9725492 19025465	+ (Girlfriend)
Address	BIK 41819 Femvale Link #10-132 (791418)	
Email address		
Date of birth	11.06.1980	
Occupation	Indoor Outdoor	
Driving date pass	21-01-2015.	200 00

General information of the accident

Was driver an employee of the insured's company?	Yes D No D If no, relationship of the driver and insured:
Accident captured by camera?	Yes 🗆 No 🗷
Weather condition	Clear Raining Others:
Road surface	Dry.e Wet a
No of passenger	(Inclusive of driver)

Passenger 1

Name			
Gender	Male □	Female 🗆	

Passenger 2

Name			
Gender	Male 🗆	Female	

Passenger 3

Name			
Gender	Male 🗆	Female	

Passenger 4

Name			
Gender	Male 🗆	Female □	

Passenger 5

	Name			
-	Gender	Male □	Female □	

Passenger 6

Name		
Gender	Male Female	

Other information

Was anybody injured?	Yes □	No □
las other vehicle damaged?	Yes 🗆	No □

Details of police action

Reported to police?	Yes □	No □	If yes, please state which police station.
Police station name		/	

Third party vehicle 1

Name	TS Freight Syste	ins fre ltd.
Contact number	97697785	
NRIC / Fin / Passport number		
Vehicle registration number	YL8857U	(4U8891b)
Vehicle make model	1W882J3	7

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	3
Vehicle registration number	
Vehicle make model	

Third party vehicle 5

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

Third party vehicle 6

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

Witness 1

Name	
0.00	

Witness 2

Name		
4.4151211	40	
H-10 Series 8-9-9		

Injured person 1

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes 🗆 No 🗆
Was injured conveyed to hospital by ambulance?	Yes No No

Injured person 2

Name			
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No □	
Was injured conveyed to hospital by ambulance?	Yes □	No □	

Injured person 3

Name				
Injuries sustained				
Which vehicle person in?				
Were seat belts worn?	Yes 🗆	No 🗆	/	
Was injured conveyed to hospital by ambulance?	Yes 🗆	No □		

Injured person 4

Name				
Injuries sustained		I amount to be a second	4	
Which vehicle person in?				
Were seat belts worn?	Yes 🗆	No □		
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆		



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: S66SS0020G / GST Reg. No.: M400017735

<u>IMPORTANT NOTE</u>: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

.....

	ADDE	NDUM	
PARTICULARS OF P	ERSON MAKING THE AMENDM	IENTS:	
Original Report No	MNA 118012409	Vehicle Registration No: 4BE 49882	
		NRIC/FIN/Passport No : S801 66750	<
	(ehicle Owner) (*) Please delete		
Address	: Blk 4184 Fernvale	Link & lo_ 132Singapore(191418
Contact (Tel)	<u> </u>	Mobile No.: 97225492	
Email Address	2		
Date of Accident	: 74/1/18	Time of Accident :	
Place of Accident	: PSA Compound, Be	1th 24.	
Insurance Compan	(A) (A)		
Add in			
	e		
	E	A	
Policyholder / Drive Date:	er's Signature	Reporting Centre Personnel's Signature Name: NRIC/FINNo.:	e





SINGAPORE





eBao Tech									Gene	eralClaim
Hello, NAC_PAYA_UBI_800	601						Change Lan	guage ,	Change Passwo	ord • Log Out
My Desktop	Polic	cy Query								•
Notice of Loss	Policy N Vehicle	lo. No.(For Motor)	GBE4988Z			Date of Acc	ident	24/01/2	2018 12:25	
	Select	Policy No.	Policyholder Name	, Policyholder NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5079227496- 01	ONEZRENT CARS PTE. LTD.	201306179N	GFT	Comprehensive	GBE4988Z	GBE4988Z	03/04/2017	
						Continue				

Policy No.	5079227496-01	Policyholder Name	ONE2RENT CARS PTE. L	TD. Policyholder NRIC	201306179N
Address	70 UBI CRESCENT #01-12	SINGAPORE 40857	0		
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy 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		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	Marsh (Singapore) Pte Ltd	Agent Tel.	63277687	GST Flag	Y
Co- insurance Flag Open Policy Info Certificate	No		è		
Info Policyh	nolder 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		
) Insure	d Object: GBE4988Z		<i>g</i> *		
♥ Endors	ements				
Sequen	ce Date of Endorsement	Endorsement Typ	e Endorsement Number	Endorsement Status	Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicle as follows: VEHICLE
			Ç ¹	Endorsement Take	NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. GZ57: 20-04-2017 \$907.54 In view of this amendment, an additional premium of \$907.54 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if
ī	20/04/2017 00:00	Basic Information Endorsement	000001286543118	Effective Effective	you have since made payment Otherwise, we would appreciat it if you could make payment t us within 14 days from the dat of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.
					Thank you for giving us the opportunity to serve you. We confirm that this policy is

im Handling						
dent HT/0979516				GST Registration No.	201306179N	
y No. 5	079227496-01	Vehicle No.	G864988Z		201306179N	
	NEZRENT CARS PTE. LTD.			Policyholder NRIC		
principal indicate	LEET INSURANCE	Cover Type	Comprehensive	Loading	0	
		Contact No.(Office)	0	Contact No.(Home)	0	
		Special Remark		eCode	NC V	
a Address	a	TCA	No ○Yes	eCode Reason		
	® No ○Yes	NCD Entitlement(%)	0	Private Hire	No.	
Protection f	VO.	NCD Encoument, wy	7			
Accident Details				Accident Type	Damaged whilst parked	
ort Date	25/01/2018 17:53	Accident Report Within 24 hrs.	yes		Singapore	
	24/01/2018	Time of Accident hh:mm	12:25	Country of Accident	- Southern -	
a di seconda	1202022	Orange Force		ICM No.		
orting Centre		at the second				
ident Location	PSA COMPOUND BERTH 24					
Benefits						
Excess				Windspren Excess	0.00	,
n damage Excess	2,000.00	Additional Excess		Wilden and Property		
named Driver Excess		Outside Singapore OD Excess				
	1,000.00	Outside Singapore TP Excess				
rd Party Excess						
GST Registered Informat			GST Registration Date	01/12/2015		
Registered	701306179N		GST Status Verified	Yes		
T Registration No.	5013061/344					
diffication History						
Policyholder Mailing Add	frees	· ·		Address 3	SINGAPORE 408570	
idress 1	70 UBI CRESCENT	Address 2	#Dt-12		409570	
	0.000 months (67.67)	Address Type	Singapore address	Post Code	7	
ddress 4	acces.	Related Policy Number	5061725603-01			
nit No.	01+12					
© OI Driver Infe			Unnamed Driver			
river Name	Unnamed Driver	Driver Type	58016675C	Driver DOB	11/06/1980	
nnamed driver Name	TAN BAN TIONS	Driver NRIC		Oriving Experience	2	
egister Date of Driver License	21/05/2015	Driver Age	37	Contact No. (Home)	0	
Contact No.(Mobile)	97225492	Contact No. (Office)	0		FERNIVALE RIVERWALK	
	PICK ATEA	Address 2	FERNVALE LINK	Address 3		
doress 1	BLK 418A	Address 7 Address Type	PERNVALE LINK Singapore address	Post Code	791418	
uddress 1 uddress 4	SINGAPORE 791418					
uddress 4 Init No.		Address Type			791418	
uddress 4	SINGAPORE 791418			Poet Code	791418	
uddress 4 Init No. Joes he own a Singapore Legistered (ar?)	SINGAPORE 791418 10-132	Address Type Driver Vehicle No.	Singapore address	Poet Code	791418	
uddress 4 Init No. Does he own a Singapore Legistered Car? Declaration Breathalyser or Blood Test	SINGAPORE 791418 10-132	Address Type		Poet Code	791418	
uddress 4 Init No. Joes he own a Singapore	SINGAPORE 791418 10-132 ○ Yes ® No	Address Type Driver Vehicle No.	Singapore address	Poet Code	791418	
uddress 4 Init No. Does he own a Singapore tegistered car? Declaration Breathalyser or Blood Test Reading?	SINGAPORE 791418 10-132 ○ Yes ® No	Address Type Driver Vehicle No.	Singapore address	Poet Code	791418	
uddress 4 Init No. Does he own a Singapore Legistered Car? Declaration Breathalyser or Blood Test	SINGAPORE 791418 10-132 ○ Yes ® No	Address Type Driver Vehicle No.	Singapore address	Poet Code	791418	
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ddress 4 init No. loos he own a Singapore legistered (ar? lectaration breathalpser or Blood Test leading?	SINGAPORE 791418 10-132 ○ Yes ® No	Address Type Driver Vehicle No.	Singapore address	Poet Code	791418	
ddress 4 int No. loes he own a Singapore legistered car? actaration breathalyser or Blood Test leading?	SINGAPORE 791418 10-132 ○ Yes No 0 mg	Address Type Driver Vehicle No. Any injury?	Singapore address ○ Yes No	Post Code Driver Insurer Comp	791418 pany	
ddress 4 ink No. loes he own a Singapore legistered car? lectaration lectaration leading? codification History Claims GO1 MEE	SINGAPORE 791418 10-132 ○ Yes ® No	Address Type Driver Vehicle No. * Any injury? Insured Name	Singapore address ○ Yes No ONEZRENT CAAS PTE, LTD.	Post Code Driver Insurer Comp	791418 pany 2013061794	
direction History Claim Type *	SINGAPORE 791418 10-132 ○ Yes No 0 mg	Address Type Driver Vehicle No. Any injury?	Singapore address O Yes ® No ONEZERNT CARS PTE, LTD. NIL	Post Code Driver Insurer Comp Insured NRIC Contact No.(Office)	791418 Sany 2013061794 62927575	
direct No. Joes he own a Singapore legistered Car? Andination Breathalyser or Blood Test leading? Claims 001 Next Claims Type * Eontact No. (Mobile)	SINGAPORE 791418 10-132 ○ Yes No 0 mg	Address Type Driver Vehicle No. * Any injury? Insured Name	Singapore address ○ Yes No ONEZRENT CAAS PTE, LTD.	Post Code Driver Insurer Comp Insured NRIC Contact No. (Office) Tit Vehicle Number	791418 Serry 2013061799 62927575 YM88279	
ddress 4 nit No. logs he own a Singapore logistered car? actaration reathalyser or Blood Test leading? Claim 001 Nex Claim Type * Contact No. (Mobile) Email Address	SINGAPORE 791418 10-132 Yes ® No 0 mg OD-MX enquiry@one2rentcars.com	Andreas Type Driver Vehicle No. Any injury? Insured Name Contact No.(Home) OI Vehicle Number	Singapore address O Yes ® No ONEZERNT CARS PTE, LTD. NIL	Post Code Driver Insurer Comp Insured NRIC Contact No.(Office)	791418 Serry 2013061799 62927575 YM88279	
ddress 4 nit No. loos he own a Singapore epistered car? ectaration ireathalyser or Blood Test leading? Claim GO3 Nex Claim Type 4 Contact No. (Mobile) Email Address Claim Description	SINGAPORE 791418 10-132 ○ Yes No 0 mg	Andress Type Driver Vehicle No. Any injury? Insured Name Contact No.(Home) OI Vehicle Number	ONEZRENT CARS PTE, LTD. NIL GBB4968Z	Post Code Driver Insurer Comp Insured NRIC Contact No. (Office) Tit Vehicle Number	791418 Serry 2013061799 62927575 YM88279	
ddress 4 nit No. loos he own a Singapore egistered (ar? eclaration ireathalyser or Bloos Test leading? Claim 001 Mex Claim Type 4 Contact No. (Mobile) Email Address Claim Description Preferred workshop Contact	SINGAPORE 791418 10-132 Yes ® No 0 mg OD-MX enquiry@one2rentcars.com	Andreas Type Driver Vehicle No. Any injury? Insured Name Contact No.(Home) OI Vehicle Number	ONEZRENT CARS PTE, LTD. NIL GBB49682	Post Code Driver Insurer Comp Insured NRIC Conton No. (Office) TP Vehicle Number Name of Preferred	791418 2013061799 62927575 VMS8279	
diress 4 Init No. Iodes he own a Simpapore opistered (ar? Initialization Initialization History Claim 001 Max Claim 17ps 4 Contact No. (Mobile) Email Address Court Description Performed Workshop Contact No.	SINGAPORE 791418 10-132 ○ Yes ● No 0 mg OD-MX enquiry@one2rentcars.com G8549687 / YM8822P ON 24 Jan 201	Andress Type Driver Vehicle No. Any injury? Insured Name Contact No.(Home) OI Vehicle Number	ONEZRENT CARS PTE, LTD. NIL GBB4968Z	Post Code Driver Insurer Comp Insured NRIC Contain No. (Office) Thy yehicle Number Name of Preferred en GIA report	791418 2013061799 62927575 VM68279 Received	
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diress 4 int No. loos he own a Singapore legistered (ar? leading) reathalyser or Blood Test leading? claims 001 Next Claims Type * Contact No. (Mobile) Email Address Claim Description Perferred workshop Contact No. Require Finalisation Date Registered	SINGAPORE 791418 10-132 ○ Yes ® No 0 mg OD-MX enquiry@one2rentcars.com 08549887 / YM5822P ON 24 Jan 201	Andreas Type Driver Vehicle No. Any injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability *	ONEZRENT CARS PTE, LTD. NIL GBB49682	Post Code Driver Insurer Comp Insured NRIC Contain No. (Office) Thy yehicle Number Name of Preferred en GIA report	791418 2013061799 62927575 VM68279 Received	
diress 4 Int No. Ioes he own a Singapore legistered car? actianation Irrathalyser or Blood Test leading? Claim Got Mark Claim Type * Contact No. (Mobile) Email Address Claim Description Perfermed Workshop Contact No. Require Finalization	SINGAPORE 791418 10-132 ○ Yes ● No 0 mg OD-MX Enguiry@one2rentcars.com GBE49687 / YMS827P ON 24 Jan 201	Andress Type Driver Vehicle No. Any injury? Insured Name Contact No.(Home) O! Vehicle Number Insured Liability * Preference Repair Option	ONEZRENT CARS PTE, LTD. NIL GBB49682	Post Code Driver Insurer Comp Insured NRIC Contain No. (Office) Thy yehicle Number Name of Preferred en GIA report	791418 2013061799 62927575 VM68279 Received	
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init No. Joes he own a Simpapore registered (ar? pactaration Breathalyser or Blood Test reading? Claim Type * Contact No. (Mobile) Email Address Claim Description Pyeferred Workshop Contact No. Require Finalisation One Registered Report Taken By	SINGAPORE 791418 10-132 ○ Yes ® No 0 mg OD-MX enquiry@one2rentcars.com 08549887 / YM5822P ON 24 Jan 201	Andress Type Driver Vehicle No. Any injury? Insured Name Contact No.(Home) O! Vehicle Number Insured Liability * Preference Repair Option	ONEZRENT CARS PTE, LTD. NIL GBB49682	Post Code Driver Insurer Comp Insured NRIC Contain No. (Office) TP Vehicle Number Name of Preferred en GIA report	791418 2013061799 62927575 VM68279 Received	
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ddress 4 nit No. des he dwn a Singapore egistered (ar? actaration reathalyser or Blood Test eading? claim Q03 Nex Claim Q03 Nex Claim Type 4 Contact No. (Mobile) Email Address Claim Description Preferred workshop Contact No. Require Finalization Dase Registered Report Taken Ry	SINGAPORE 791418 10-132 ○ Yes ® No 0 mg OD-MX enquiry@one2rentcars.com 08549887 / YM5822P ON 24 Jan 201	Andress Type Driver Vehicle No. Any injury? Insured Name Contact No.(Home) O! Vehicle Number Insured Liability * Preference Repair Option	ONEZRENT CARS PTE, LTD: NIL GBE49682 Prot at Fault Preferred Workshop, Name unknown	Post Code Driver Insurer Comp Insured NRIC Contain No. (Office) TP Vehicle Number Name of Preferred en GIA report	791418 2013061799 62927575 VM68279 Received	
ddress 4 nit No. oes he own a Singapore egistered car? eclaration reathalyser or Blood Test eading? claim 903 NEX Claim 903 NEX Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Done Registered Report Taken By 56 Print AK letter Attachment	SINGAPORE 791418 10-132 ○ Yes ® No 0 mg OD-MX enquiry@one2rentcars.com 08549887 / YM5822P ON 24 Jan 201	Andress Type Driver Vehicle No. Any injury? Insured Name Contact No.(Home) O! Vehicle Number Insured Liability * Preference Repair Option	ONEZRENT CARS PTE, LTD: NIL GBE49682 Prot at Fault Preferred Workshop, Name unknown	Post Code Driver Insurer Comp Insured NRIC Contain No. (Office) TP Vehicle Number Name of Preferred en GIA report	791418 2013061799 62927575 VM68279 Received	
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ddress 4 nit No. loos he own a Singapore epistered car? ectaration ireathalyser or Blood Test leading? Claims GO3 MEX Claims GO3 MEX Claims Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Dore Registered Report Taken By 56 Print AK letter Attachment	SINGAPORE 791418 10-132 ○ Yes ® No 0 mg OD-MX enguiry@one2rentcars.com G8649887 / YM8827P ON 24 Jan 201 Ves 25/01/2018 17:95 Jackson MT/0979516	Address Type Driver Vehicle No. Any injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preference Repair Option Claim Close Date Claim No.	ONEZRENT CARS PTE, LTD. NIL GBE4968Z Preferred Workshop, Name unknow Save Submit	Post Code Driver Insurer Comp Insured NRIC Contact No.(Office) TP yehicle Number Name of Preferred an SiA report Date Received	791418 2013061799 62927575 VM68279 Received	
diress 4 Init No. Ioses he own a Singapore egistered car? eciatation treathalyser or Blood Test leading? Claim GO3 NEX Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Dore Registered Report Taken By 56 Print AK letter	SINGAPORE 791418 10-132 ○ Yes ® No 0 mg OD-MX Enguiry®one2rentcars.com GBE49887 / YM8827P ON 24 Jan 201 Ves 25/01/2018 17:95 Jackson	Andress Type Driver Vehicle No. Any injury? Insured Name Contact No.(Home) OJ Vehicle Number Insured Liability * Preference Repair Option Claim Close Date	ONEZRENT CARS PTE, LTD. ONEZRENT CARS PTE, LTD. NIL. GBE4968Z Prot at Fault Freferred Workshop, Name unknow Save Submit 001 25/01/2018 17:5	Post Code Driver Insurer Comp Insured NRIC Contact No. (Office) TP Vehicle Number Name of Preferred an V GIA report Date Received	791418 201306179N 62927575 VH8827P Workshap Received 25/01/2018 00:00	
didress 4 Init No. Ioos he own a Singapore opisiered (ar? ectaration treathalyser or Blood Test teading? Claim GO3 Nex Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalization Dose Registered Report Taken By 56 Print AK lettler Attachment	SINGAPORE 791418 10-132 ○ Yes ® No 0 mg OD-MX enguiry@one2rentcars.com G8649887 / YM8827P ON 24 Jan 201 Ves 25/01/2018 17:95 Jackson MT/0979516	Address Type Driver Vehicle No. Any injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preference Repair Option Claim Close Date Claim No.	ONEZRENT CARS PTE, LTD. ONEZRENT CARS PTE, LTD. NIL GBE4968Z Preferred Workshop, Name unknow Save Submit OOL 25/01/2018 17:5 Category	Post Code Driver Insurer Comp Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred wn V GIA report Date Received 66 Confidential	201306179N 62927575 VH88279 Received 25/01/2018 00:00	
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Attachment		Uploaded By/Date	Category	P	Urgency	Description	Msg Sent? Action (CO)
ma-	NAC_PAYA_UBI_800601(NA	TIONAL ASSESSMENT CENTRE SERVICES) on 25 Ja n 2018 17:56	NR3C/ Driving License		Normal	NRIC/ Driving Licerse 2018-1-25	Edit
***	NAC_PAYA_UBI_800601(NA	TIONAL ASSESSMENT CENTRE SERVICES) on 25 Ja n 2018 17:56	SAS		Normal	SAS 2018-1-25	Edit
194	NAC_PAYA_UBI_800601 NA	TIONAL ASSESSMENT CENTRE SERVICES) on 25 Ja n 2018 17:56	Photos		Normal	Priotos 2018-1-25	Edit
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	NAC_PAYA_UBI_B00501(NA	TIONAL ASSESSMENT CENTRE SERVICES) on 25 Ja : n 2018 17:55	Photos		Normal	Photos 2018-1-25	Edit
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	NAC_PAYA_UBI_800601(NA	TIONAL ASSESSMENT CENTRE SERVICES) on 25 Ja n 2018 17:55	Photos		Normal	Photos 2018-1-25	Edit
♥ Video List							
	Uploaded By/Date	Folder Date	File Name		9	Source	Action