NATIONAL Assessment C	cutre Services 1	ker i da moj		D 1	
Date In 21/02/2018 1	7:26 Jeb description		Date & Time Completed	Done b	7.
ReINO NA/INC 18003328					
VeliNo SJZ8539E		las, AIC 2hrs)			
DOA 13/02/2018 L		n Form	:MT/0983143	22 2 18	[0:0
	i-Motor W/O	(Within: OD 2hr	s. TP 4hrs)		
OD TP / Reporting Only	i-Photo Uploa	ıdeq			
	Assessment/Sun	rvey Report	1		
TP Insurcr:	Ass't Report by	Y Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / Q	pW: (		1011	Fax:	)
TP Particulars: Veh No	: SJG8474	H. INC (	)/Non-INC ( )		
Owner / Driver: (	Maria Service		Tel:		
Policy No: (	) Period: (	)	Cover Type: (		
Confirmed by : (		Date:	Time:	)	
Insured/Driver Liability: (	%) [Note-Est. Status (V		20%; P: 21-79%. F: 80	-100%]	
Year of Registration: (	) Warranty: YES (	)/NO(	)		
Excess: (\$ ) Loadin	ng:\$1,000( )/\$2,000	( )			
General Remarks:-		10 C.	Barrior Annual L	g 900	
( ) Walk-In Customer : Custom	er's information strictly Cou	nfidential & S	Strictly NO refer of repaire	r.	
( ) Total Loss Case : to e-mai					
		10( ):	Towing Co. (		)
Drive-In ( )/ Towed-In ( );	; Invoice: YES ( ) / N	10 ( ),		77 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
Remarks:- (INC horline: 6788	6616)	7.	Date&Time Completed	Done	бу
1) Apply for Transport Allowance (	) / Courtesy Car (	)			
2) QC Check / Post Repair Inspectio	n ( )	)			
3) Upload Resurvey Photo [Repair C	Cost > \$3000] (	)			
and the same of th					
Injury:			On brooking appearance of the Park Street	WORLD IT	
Date/Time Actions		Gos. Secureos		Albaras .	
			Construction of Sandary	Anit (\$)	. Amt (5)
	A1801157	Invoice P	reparation Checklist	lst Bill	Add Bii
N	MIGUICA	1) AR : Accid	Salar Andrew Control of the Control		
laimant's Particulars :-	NEEDS TO THE	2) DA : Dame	ge Assessment (\$100); INC	C (\$30) \$40/\$45	
river/Owner:		3) TF : Towin 4) FT : Follow	v-Through Survey	\$120	
Contact No:		5) FT : Follow For claimin	v-Through Survey (Resurvey) ug against INC Only (wef 10 Jan	2003)	
		6) TR : Re-in	spection	\$160	
pamaged Portion:		8) NTUC Ad	OA + SMRT Survey ditional Services:-		-
		OD.		\$5	
C Checked by (Engr-In-Charge)	:	*NS: Cour	tesy Car / Tpt Allowance ir Co-ordination	510	
		*N7: Post	Renair Inspection	\$25 \$5	
Auditors' Comments :-	a salan ya katamaran	*N8: DV /	Collect Excess Coordination TP (Non INC) against INC	\$20	
at. 1:	W.	9) N12: Idae	Mobile	30	
Cat. 2 / 3:		Invoice date	Char Char		
/ H1		Invoice date	a	10000	

# SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

- 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 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.

- 6. 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.
- the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available

<ol> <li>By the lodgement of this report to the insurers, you aforesaid.</li> </ol>	o nereby constant to the archiving of this report of the desired and the property of		
	ACCIDENT STATEMENT		
Date Of Report	21/02/2018 17:26		
Date Of Accident	13/02/2018 15:20		
Exact Location Of Accident	SERANGOON RD TWDS PIE		
Country/State of Loss	SINGAPORE		
	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SJZ8539E		
Insured/Policyholder			
Name Of Registered Owner	AUTOBAHN RENT A CAR PTE, LTD.		
Co Reg No	201607970Z		
Email Address	NOEMAIL		
Mobile Phone No	Phone No (LOCAL) +65-90623585		

OFFICE-90623585

Alternative Phone No Vehicle Particulars

HYUNDAI Manufacturer

AVANTE 1.6 AT ABS D/AB 2WD 4DR Model

Exact Purpose for which vehicle was being used at

time of accident

WORK

Are you claiming under your own insurance policy

for repair to your vehicle?

THIRD PARTY If No. Please state action to be taken PRIVATE HIRE Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

5079864471-01 Policy Number

Cover Note Number

Driver

MUHAMMAD SOLEHIN BIN RAHIM Name of Driver

S9500894A NRIC No 05/01/1995 Date Of Birth INDOOR Occupation 22/02/2017 Date Of Driving Pass

0 YEAR AND 11 MONTH Driving Experience

MALE Gender

(LOCAL) +65-90623585 Mobile Number

Fax Number

OTHERS-90623585 Contact Number

NOEMAIL EMail Address

BLK 44 CHAI CHEE STREET Address

#07-112 461044

Postcode

Was driver an employee of the Insured's Company NO

OTHER - RENTAL If No. Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLIDED INTO PARKED VEHICLE 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

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

YES Was any other material or property damaged?

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

NO 2

Number of Passengers (Including Driver)

Passenger 1

NAME: : ROSMINI BTE AHMAD

GENDER: : FEMALE

**Details of Police Action** 

YES Was the accident reported to the police?

If Yes Please state which Police Station

BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE Police Station Name

NO

ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: Police Station Address

SINGAPORE

TEL NO: 1800-2449999 - FAX NO: 62447258 Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180213/2182

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJG8474H

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

DON Name of Driver

NRIC/Passport Number

82223872 Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# **DETAILS OF INJURED PERSON 1**

MUHAMMAD SOLEHIN BIN RAHIM Name

Approximate Age

SLIGHT Injuries Sustain SJZ8539E Injured person in which vehicle? YES Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address Postcode

# **DETAILS OF INJURED PERSON 2**

ROSMINI BTE AHMAD Name

Approximate Age

SLIGHT Injuries Sustain SJZ8539E Injured person in which vehicle? YES Were seat belts worn?

Was this injured conveyed to hospital by

ambulance? Address Postcode

# SKETCH PLAN

# IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Polleyholder and/or the Atthorised Driver.
- 3. Information provided must be as trighful and acquirate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to reguliare 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.
- 5. 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 ruport will for a fee be made available upon application by
- 7. By the lodgment of this report to the insurers, you hereby consent to the entitleing of this report at the centre and to copies of the report being made available aforesoid.
- 8. Consent under the Personal Data Protection Act (PDPA)

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, disclase 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 adddent (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)
  - (i) processing, handling and/or dealing with my dains 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 anguirles by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invokes, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mall packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or deating with my dalma. (collectively the "Purposes")
- all insurer(s) who have insured uphicle(s) involved in this accident and the insurers' lawyers/law firms, mov/are permitted to collect, use, disclaim 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 complie 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 situred / 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 at reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signatur Date & Time:

Oriver's Signal (if driver is not the policyholder)

Date & Times

Reporting Centre Personnel's Signature

Name:

HAIC/FIN No.:

# SKETCH PLAN Pro 1130180313 Janes DESCRIBE CIRCUMSTANCES OF THE ACCIDENT DECLARATION I/We declare the foregoing particulars are true in every respess Oriver's Signature, Reporting Contro Perspanel's Signatura (If driver is not the policyholder) Name: Date 6. Time: NEIC/FIN No.: GLASNIC SketchPlenfintm\_v3





1 of 3

Report No. T/20180213/2182

Police Station Of Origin: Bedok North N.P.C 30 Bedok North Road SINGAPORE 469676 Tel No: 1800-2449999

# REPORT OF A TRAFFIC ACCIDENT

	ne Report N 018 22:35	Nade;	Vide Report No.:	Station Diary No. 156	
Informa	nt's Partic	ulars			
	f Informant: IMAD SOLE	EHIN BIN RAHIM	Address: APT BLK 44 CHAI CHEE 461044	STREET #07-112 SINGAPORE	
	/ ID No.: O / S95008	94A	Contact No.: Home/Office: Mobile: 90623585		
National SINGAP	lity: PORE CITIZ	'EN	Email:		
Sex: Age: Date of Birth: Male 23 05/01/1995			Type of Informant: Driver		
Race: Malay			Language: English	Institution / School Name:	
Occupation: UNEMPLOYED			Driving Licence Information: Class: 3 Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/02/2018 15:20	Type of Location Straight Road
Location: Along Road 1 SERANGOOI ALONG SER	N ROAD ANGOON ROAD TO	DWARDS PIE	El .	
Weather: Clear		Road Surface: Dry		Road Speed Limit:
		Traffic Control: Traffic Light - Wo	orking	Traffic Volume: Moderate
Type of Collis	ion: le Against - Parked	Vehicle	2.2	Anyone conveyed by ambulance:

Details of V	ehicle Invo	lved				
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
SJG8474H	Car	HONDA	FIT 1.3G A	Blue	Slightly Damaged	1
SJZ8539E	Car	HYUNDAI	AVANTE 1.6 AT ABS D/AB 2WD 4DR	Beige	Slightly Damaged	1



T/20180213/2182

2 of 3

Report No. T/20180213/2182

Police Station Of Origin: Bedok North N.P.C 30 Bedok North Road SINGAPORE 469676

Tel No: 1800-2449999

CONTINUATION OF REPORT

A. Dedestrien In	walved: No							
Any Pedestrian in	Any Pedestrian Involved: No No. of Pedestrians Injured: NIL Use of F					Pedestrian Crossing: NA		
No. of Pedesulan Driver	S Injured. IVIL							
5117-51	"DON"			ID No.		NIL		
Name	DON							
normal and the latest	SJG8474H (Car)				ct No.	82223872		
Related Vehicle	53G0474F1 (Cal)							
Usanital/Clinia	NIL			Class	of	Class: NIL		
Hospital/Clinic	IVIL		Driving		Date of Expiry: NIL			
				Licenc				
			Expiry	Date				
Date Treatment	NIL Date Disc			harge	NIL			
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL			
Driver								
Name	MUHAMMAD SOLEHIN BIN RAHIM			ID No.	ŝ	S9500894A		
Related Vehicle	SJZ8539E (Car)			Contact No. 9		90623585		
Related verticie	33287382 (021)							
Hospital/Clinic	CHANGI GENERAL HOSPITAL			Class of		Class: 3		
Hospital/Cillic				Drivin	g	Date of Expiry: NII		
				Licent	ce &			
	(4				Date			
Date Treatment	13/02/2018		Date Disc	harge				
	ited Medical Leave	03	Degree of	finiting	Sligh	t		

# Brief Details.

On the 13/02/2018 at about 1520hrs, I was involved in an accident which happened at Serangoon Road towards PIE. While I was travelling with my vehicle, SJZ8539E, along Serangoon Road at Lane 2. I came to a stop at the stop line near the traffic light as the light turned red. Out a sudden, vehicle SJG8474H collided to my vehicle from behind while my vehicle was still stationary. The front of vehicle SJG8474H had dents and so is the rear of my vehicle SJZ8539E. Both of us got down our vehicle and he asked if I wanted a private settlement or insurance. As my vehicle is a rented car. I told him that I will get back to him. He had one passenger and my mother was inside the vehicle with me when the incident happened. I wish to state that he did not explained to me why he was not able to stop in time since it was still red light.

My mother, 'Rosmini' and I went to see a doctor at Changi General Hospital after which and we were both given 3 days of MC. Hence, I am lodging this report.





3 of 3

Report No. T/20180213/2182

Police Station Of Origin: Bedok North N.P.C 30 Bedok North Road SINGAPORE 469676 Tel No: 1800-2449999

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.

CONTINUATION OF REPORT

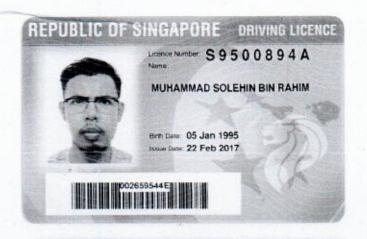
Signature Of Officer Recording The Report: G / Sgt 2 KOH WEN RUI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 13/02/2018 22:35
Officer In Charge Of Case: TP / AEIT / SI DZUL HAIRIE BIN RAMLI Contact No.: 65476220	Classification Of Case:
Authentication Stamp	

SIGNATURE

Reported on 21/2/2018 @1300HRS.

# **ACCIDENT STATEMENT**

I. DETAILS OF VEHICLE  OVEHICLE NUMBER:  SIT 78539E  DINSURANCE COMPANY:  CIPOLOCY NUMBER:  DIPOLOCY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)  e)MAKE & MODEL:  I)TYPE: (SALODN / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  g)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  h)PURPOSE OF USING AT ACCIDENT TIME  I)ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES/NO)  IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  2. INSURED / FOLICY HOLDER  A)NAME:  D)NRIC/FIN/PASSPORT:  CONTACT:  CADDRESS:  CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DINNEC/FIN/PASSPORT:  CONTACT:  CONTACT:  CONTACT:  OF A STATE WHICH POLICE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  S. O)WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  D)ROAD SUFFACE: (DETY WET / OTHERS  MY AND SUPPORTED TO POLICE (YES ) NO)  IP YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  O) VEHICLE NUMBER:  OONTACT:  O' VEHICLE NUMBER:  O' NEIC/FIN/PASSPORT:  CONTACT:  O' VEHICLE NUMBER:  O' V	A	CCIDENT DATE: 13/ 02/2018 (DD/MM/YYYY), TIME: ( 5:20)(HH:MM)
GIVEHICLE NUMBER:  b)INSURANCE COMPANY: c)POLICY NUMBER: d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT) e)MAKE & MODEL: f)TYPES:(SALOON / COUPE / MPV // AN / LORRY / MOTORCYCLE / OTHERS) g)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE / h)PURPOSE OF USING AT A COIDENT TIME: l)ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  2. INSURED / POLICY HOLDER A)NAME: b)NRIC/FIN/PASSPORT: c)ADDRESS: c)CONTACT:	Lo	OCATION: Serangoon Rd towards PIE
GIVEHICLE NUMBER:  b)INSURANCE COMPANY: c)POLICY NUMBER: d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT) e)MAKE & MODEL: f)TYPES:(SALOON / COUPE / MPV // AN / LORRY / MOTORCYCLE / OTHERS) g)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE / h)PURPOSE OF USING AT A COIDENT TIME: l)ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  2. INSURED / POLICY HOLDER A)NAME: b)NRIC/FIN/PASSPORT: c)ADDRESS: c)CONTACT:		٠
C)POLICY NUMBER:  d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY FIRE & THEFT)  e) MAKE & MODEL: fittype: (SALOON / COUPE / MPV /V AN / LORRY / MOTORCYCLE / OTHERS) g)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h)PURPOSE OF USING AT ACCIDENT TIME: l) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  2. INSURED / POLICY HOLDER A)NAME: b)NRIC/FIN/PASSPORT: c)ADDRESS:  CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER (Including diver) d) ANAME: b)NRIC/FIN/PASSPORT: c)ADDRESS:  CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER (Including diver) d) DATE OF BIRTH: d) (J)DATE OF BIRTH: f) (J)DATE OF BIRTH: f		
C)POLICY NUMBER:  d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY FIRE & THEFT)  e) MAKE & MODEL: fittype: (SALOON / COUPE / MPV /V AN / LORRY / MOTORCYCLE / OTHERS) g)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h)PURPOSE OF USING AT ACCIDENT TIME: l) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  2. INSURED / POLICY HOLDER A)NAME: b)NRIC/FIN/PASSPORT: c)ADDRESS:  CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER (Including diver) d) ANAME: b)NRIC/FIN/PASSPORT: c)ADDRESS:  CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER (Including diver) d) DATE OF BIRTH: d) (J)DATE OF BIRTH: f) (J)DATE OF BIRTH: f		DINSURANCE COMPANY:
d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)  e)MAKE & MODEL:  1)TYPE: (SALOON / GOUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  g)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  h)PURPOSE OF USING AT ACCIDENT TIME:  1) JARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES/NO)  IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  2. INSURED / POLICY HOLDER  A)NAME:  (MALE / FEMALE)  b)NRIC/FIN/PASSPORT:  CONTACT:  C)ADDRESS:  **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  BNIVER  DINEME:  (MALE / FEMALE)  DINEME:  DINEME		
e)MAKE & MODEL:  ITYPE:(SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  GIVEHICLE CATEGORY: [PRIVATE / COMMERCIAL / MOTORCYCLE    h) PURPOSE OF USING AT ACCIDENT TIME:  IJARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES/NO)  IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  2. INSURED / POLICY HOLDER  A)NAME:  CONTACT:  C)ADDRESS:  **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DINEC/FIN/PASSPORT:  CONTACT:  C)ADDRESS:  **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DINEC/FIN/PASSPORT:  CONTACT:  C)ADDRESS:  ADDRESS:  ADD		
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g)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h)PURPOSE OF USING AT ACCIDENT TIME:    JAME YOU CLAIMING UNDER YOUP OWN INSURANCE (YES/NO)   IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  2. INSURED / POLICY HOLDER   ANAME:		
Induding driver)  In purpose of using at accident time:    Jake You claiming under youp own insurance (Yes/NO)   If NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  2. INSURED / POLICY HOLDER   Almame:		
I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  2. INSURED / POLICY HOLDER  A) NAME: (MALE / FEMALE) b) NRIC/FIN/PASSPORT: CONTACT: c) ADDRESS:  **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER G) NAME: (MALE / FEMALE) b) NRIC/FIN/PASSPORT: CONTACT: (1062 3555) c) ONTACT: (1062 3555) d) DATE OF BIRTH: ( / / / / ) (DD/MM/YYYY) e) OCCUPATION: (INDOOR / OUTDOOR) f) YEARS OF DRIVING EXPRERIENCE: 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: b) NROAD SURFACE: (DRY) WET / OTHERS b) NROAD SURFACE: (DRY) WET / OTHERS 6. WAS ANYBODY INJURED (YES/NO) IF YES, PLEASE STATE WHICH POLICE STATION:  **ME of PASSENGER** Including driver) **DON'S STAME: DON C) NRIC/FIN/PASSPORT: CONTACT: 87223872  NOW STAPP OF THE DEAD ON THE POLICE C) NRIC/FIN/PASSPORT: CONTACT: 87223872  NOW STAPP OF THE DEAD ON THE POLICE C) NRIC/FIN/PASSPORT: CONTACT: 87223872  NOW STAPP OF THE DEAD ON THE POLICE C) NRIC/FIN/PASSPORT: CONTACT: 87223872  NOW STAPP OF THE DEAD ON THE POLICE C) NRIC/FIN/PASSPORT: CONTACT: 87223872  NOW STAPP OF THE DEAD ON THE POLICE C) NRIC/FIN/PASSPORT: CONTACT: 87223872  NOW STAPP OF THE POLICE C) NRIC/FIN/PASSPORT: CONTACT: 87223872  **NOW STAPP OF THE POLICE ON TACT: 87223872  **NOW STAPP OF THE POLICE ON TACTE ON TACTE ON TACTE		
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  2. INSURED / POLICY HOLDER  A) NAME:  D) NRIC/FIN/PASSPORT:  C) ADDRESS:  CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  D) NRIC/FIN/PASSPORT:  C) ADDRESS:  C) CONTACT:  D) NRIC/FIN/PASSPORT:  C) ADDRESS:  C) CONTACT:  D) CONTACT:  C) CONTACT:  D) CONTACT:  D) CONTACT:  C) CONTACT:  D) CONTACT:  C) CONTACT:  C) CONTACT:  C) CONTACT:  C) CONTACT:  C) CONTACT:  D) CONTACT:  C) CONT		. [ - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
2. INSURED / POLICY HOLDER  A)NAME:  b)NRIC/FIN/PASSPORT:  c)ADDRESS:  **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  ()MALE / FEMALE)  DNIVER  ()MALE / FEMALE)  DRIVER  ()MALE / FEMALE)  DINGLE / FEMALE)  DRIVER  ()MALE / FEMALE)  ()MALE / FEMALE)  DRIVER  D		
A) NAME:    DINRIC/FIN/PASSPORT:		
b)NRIC/FIN/PASSPORT:		
C)ADDRESS:  * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  a)NAME:  (Including driver)  A)DATE OF BIRTH:  (Including driver)  (Incl		
CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  JNAME: (MALE / FEMALE)  JNAME: (DINC/FIN/PASSPORT: CONTACT: 9623555  CIADDRESS: (JADDRESS: CONTACT: 96235555  JOCCUPATION: (INDOOR / OUTDOOR)  JYEARS OF DRIVING-EXPRERIENCE:  WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS  b) BROAD SURFACE: (DRY) WEY OTHERS  6. WAS ANYBODY INJURED (YES / NO)  1 PYES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  UN OF PASSENGER  O) VEHICLE NUMBER: DON  C) NRIC/FIN/PASSPORT: CONTACT: 872223872  NOVESTOP: DENZBORY CONTACT: 72223872  NOVESTOP: NAME: 72223872  NOVESTOP: TOTACT: 72223875  NOVESTOP: TOTAC		
DRIVER  CINCLUDING driver)  DINRIC/FIN/PASSPORT:  CIADDRESS:  CIADRESCRIPTON  CIAD		C)ADDRESS:
DRIVER  (Including driver)  DINRIC/FIN/PASSPORT:  CIADDRESS:  CIADDRESCONTACT:  CIADDRESS:  CIADDRESCONTACT:  CIADRESCONTACT:  CIADRESCO	*	
Claddress:    Claddress:	1 0	
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b)ROAD SURFACE: (DRY) WET / OTHERS  6. WAS ANYBODY INJURED (XES / NO) 2 PER ON A JAJANY)  7. a)REPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  A) VEHICLE NUMBER: SJG8474H MODEL:  (a) VEHICLE NUMBER: DON  (b) DRIVER'S NAME: DON  (c) NRIC/FIN/PASSPORT: CONTACT: 872223872  (d) VEHICLE NUMBER: MODEL:  (e) DRIVER'S NAME:  (e) DRIVER'S NAME:  (f) NRIC/FIN/PASSPORT: CONTACT:  (D) WOVESLOP: benzbody Kit @ gimail = com  (mail =		47.45 = 10.1843 [C.B. 1843 [C.B.
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(_) NRIC/FIN/PASSPORT:	100	0.47
9. THIRD PARTY VEHICLE  No of passenger e) VEHICLE NUMBER:		
No of passenger d) VEHICLE NUMBER:	(_)	
Induding driver) f) DRIVER'S NAME:  (	900 02	AL VEUCLE AUGUSTIA
(_)  NRIC/FIN/PASSPORT:	No of passeng	
(_)  Workshop: benzbodykit@ginail-com  email=	Induding driv	
email =	1	217 Milestration City
email =	()	ti de la companya de
email =		Auntalana Lan-hadulata
email =		Marcarob Delizioad KIL (a dinail - com
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# REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9500894A





MUHAMMAD SOLEHIN BIN RAHIM

محمد صليهين بن راحم

MALAY

05-01-1995 M

SINGAPORE

59500894A

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

EFFECTIVE DATE

Motor cars with unladen weight =< 3000kg with =< 7 22 Feb 2017 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg Class 3

NP 428A

22-10-2010

APT BLK 44 CHAI CHEE STREET #07-112 SINGAPORE 461044



## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1950 ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5079864471-01

SJZ8539E

1. Index mark and Registration Number of Vehicle Chassis Number

KMHQU418MAU033001

Cover : drivo CLASSIC

2. Name of Policyholder

AUTOBAHN RENT A CAR PTE. LTD.

3. Effective Date of Insurance

26 Apr 2017

4. Expiry Date of Insurance

: 25 Apr 2018

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder

- (b) Any other person who is driving on the Policyholder's order or with his/her permission. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any
- enactment or regulation in that behalf from driving the Motor Vehicle. 6 Limitations as to Use#
  - (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

### This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade
- # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these

Treatings.	
EXCESS (SECTION 1)	: 5\$3,500
EXCESS (SECTION 2)	: 5\$3,000
WINDSCREEN EXCESS	5\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PŘÍMARY DRIVER	N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	MAYBANK
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency

HAMILTON AUTOHUB PTE, LTD. (00000573281)

Date of Issue

21 Apr 2017 15:35 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

<b>eBao</b> Tech					195				The state of the last	ralClaim
Hello, NAC_PAYA_UBI_	800601					, (	Change Lan	guage '	Change Passwor	d • Log Ou
My Desktop	Polic	y Query								
Notice of Loss	Policy N	0.				Date of Acc	ident	13/02/	2018 15:20	
	Vehicle	No.(For Motor)	SJZ8539E							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	ō	5079864471- 01	AUTOBAHN RENT A CAR PTE, LTD.	201607970Z	GFT	drivo CLASSIC	S)Z8539E	SJZ8539E	26/04/2017	

Policy Information	1	Pol	licv	In	for	ma	tio	n
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Y FUIL	y Amormación				
Policy No.	5079864471-01	Policyholder Name	AUTOBAHN RENT A CAR PTE, LT	Policyholder NRIC	201607970Z
Address	NIL				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	21/04/2017	Effective Date	26/04/2017 00:00	Expiry Date	25/04/2018 23:59
Third Party Excess	3000.00	Own damage Excess	3500.00	Windscreen Excess	100.00
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	3500.00	Outside Singapore TP Excess	3000.00		
Agent	HAMILTON AUTOHUB PTE, LTD.	Agent Tel.	64751946	GST Flag	Y
Co- insurance Flag	No				
Open Policy Info					
Certificate Info					
<b>▽</b> Policy	holder Mailing Address				
Address 1	NIL	Address 2		Address 3	

Singapore address

5079864471-01

Post Code

999999

Address

Туре Related Policy Number

# LOT38 Insured Object: \$178539E

Address 4

Unit No.

▼ Endorsem	ents				
Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
		Basic Information		Endorsement Take	Thank you for giving us the opportunity to serve you. We confirm that the following 1 vehicle have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND
1	26/04/2017 00:00	Endorsement	000001286547733	Effective	PREMIUM (INCL GST) 1. SKF4489K 26-04-2017 \$440.55 In view of this amendment, a refund of \$440.55 (inclusive of GST) will be adjusted against the outstanding premium.
2	21/06/2017 00:00	Basic Information Endorsement	null	Underwriting Rejected	Thank you for giving us the opportunity to serve you.
3	30/06/2017 00:00	Basic Information Endorsement	000001286589438	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 28 Jun 2017, the Vehicle Number SKB438E is amended as follows: VEHICLE REGISTRATION NUMBER: SGM37T
4	21/08/2017 00:00	Basic Information Endorsement	000001286623192	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 3 additional vehicles as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1.

# Claim Handling

folicy No.	5079864471-01	Vehicle No.	S)Z8539E	GST Registration No.	
olicyholder Name	AUTOBAHN RENT A CAR PTE, LTD.			Policyholder NRIC	201
roduct Code	FLEET INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	90623585	Contact No.(Office)	0	Contact No.(Home)	0.
		Special Remark		eCode	No
mail Address	• No Yes	TCA	■ No ○ Yes	eCode Reason	
ICD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
▼ Accident Details					
	22 (22 (22 (22 (22 (22 (22 (22 (22 (22	Accident Report Within 24 hrs	Ves	Accident Type	Co
leport Date	22/02/2018 09:59	Time of Accident hh:mm	15:20	Country of Accident	Sir
Date of Accident	13/02/2018	en Secucion administra	15.20	ICM No.	
Reporting Centre		Orange Force		2011/101	
Accident Location	SERANGOON RD TWDS PIE				
<b>▽</b> Benefits					
<b>▽</b> Excess					
Own damage Excess	3,500.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess	3,500.00		
Third Party Excess	3,000.00	Outside Singapore TP Excess	3,000.00		
GST Registered Informa	ation				
SST Registered	No		GST Registration Date	4	
GST Registration No.			GST Status Verified	Yes	
Modification History					
	dress				
Address 1	NIC	Address 2		Address 3	
Address 4		Address Type	Singapore address	Post Code	9
Unit No.	LOT38	Related Policy Number	5079864471-01		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	MUHAMMAD SOLEHIN BIN RAHI	Driver NRIC	S9500894A	Driver DOB	0
Register Date of Driver License	22/02/2017	Driver Age	23	Driving Experience	0
Contact No.(Mobile)	90623585	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 44	Address 2	CHAI CHEE STREET	Address 3	
Address 4		Address Type	Singapore address	Post Code	4
	-07.443				
Unit No.	#07-112			Driver Insurer Company	
Does he own a Singapore Registered car?	Yes • No	Driver Vehicle No.		Diver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No		
Modification History  Claim 001 OD-MX New	×.				
	OD-MX ¥	Insured Name	AUTOBAHN RENT A CAR PTE, LT	Insured NRIC	5
Claim Type *	OD-HIA	Contact No.(Home)		Contact No.(Office)	6
Contact No.(Mobile)	88380101	Of Vehicle Number	SJZ8539E	TP Vehicle Number	S
Email Address	INSURANCEHAMILTONAUTOHUB	Of venice number	provided to	Name of Preferred Workshop	Ī
Claim Description	SJZ8539E / SJG8474H ON 13 Feb 2018	Account Account to	Not at Fault Y		
		Insured Liability *	THE GET TOOLS	T ### TOOLS	T
Preferred Workshop Contact No.	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	L
Preferred Workshop Contact	ics			Date Received	2
Preferred Workshop Contact No.	22/02/2018 10:11	Claim Close Date			
Preferred Workshop Contact No. Require Finalisation Date Registered		Claim Close Date Workshop Repairer		Total Loss but Repaired	
Preferred Workshop Contact No. Require Finalisation	22/02/2018 10:11			Total Loss but Repaired	

2/22/2018 Accident No.

MT/0983143

Claim No.

Last Doc. Received

● Yes □ No

Upload Date

22/02/2018 10:05

		Path *	
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Urgency *		ential	Confide	Category *	C	
-	Normal		* NO	Please Select	Clear	
	Normal	•	▼ NO	Please Select	Clear	
	Normal	•	* NO	Please Select	Clear	
-	Normal	*	▼ NO	Please Select	Clear	
1	Normal	•	▼ NO	Please Select	Clear	
	Normal	*	▼ NO	Please Select	Clear	

Message Read						
Attachment L	ist					
Attachment		Uploaded By/Date	Category	9	Urgency	Descrip
r:T	NAC_PAYA_UBI_800601	( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Feb 2018 10:11	NRIC/ Driving License		Normal	NRIC/ Driving Lice
1	NAC_PAYA_UBI_800601	( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Feb 2018 10:10	SAS		Normal	SAS 201F
224	NAC_PAYA_UBI_800601	( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Feb 2018 10:09	Photos		Normal	Photos 20:
	NAC_PAYA_UB1_800601	( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Feb 2018 10:09	Photos		Normal	Photos 20:
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