

Date In: 26/12/18 11:24	Job description	Date & Time Completed	Done by
Ref No: MA/INC 18003565/hy	SAS e-filing		
Veh No: G2 575	E-mail (within 3hrs, AIO 3hrs)		
D.O.A: 25/12/18 11:15	1-Motor Claim Form	MT/0983759	26/12/18 18:55
OD (TP) Reporting Only	1-Motor W/O (Within OD 3hrs TP 3hrs)		
	1-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:

SH02930L

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%;

P: 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

## Invoice Preparation Checklist

Amt (\$)

Amt (\$)

Est Bill

Act Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Cat. 1:

Cat. 2 / 3:

MA1801232

1) AR: Accident Reporting (\$30)

2) DA: Damage Assessment (\$100)

3) TP: Towing Fee (\$40/\$45)

4) FT: Follow-Through Survey (\$120)

5) RT: Follow-Through Survey (Resurvey) (\$30)

For claiming against INC Only (wef 10 Jan 2019)

6) TR: Re-inspection (\$75)

7) N1: Ideal DA - SMRT Survey (\$140)

8) NTUC Additional Services:

Q1:

\*NS: Courtesy Car / Tpt Allowance \$5

\*NS: Repair Co-ordination \$10

\*NT: Post Repair Inspection \$25

\*NS: DV / Collect Excess Coordination \$5

TP (N1): TP (N1) against INC \$20

9) N12: Ideal Mobile \$0

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 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	26/02/2018 11:24
Date Of Accident	25/02/2018 11:15
Exact Location Of Accident	ROUNDAABOUT TWDS SENTOSA COVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ57S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ONE2RENT CARS PTE. LTD.
Co Reg No	201306179N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96697838
<b>Vehicle Particulars</b>	
Manufacturer	FIAT
Model	DOBLO CARGO MAXI 1.6 MTJ AMT GLAZE
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5079227496-01
Cover Note Number	-

### Driver

Name of Driver	TAN PEI XI (CHEN PEIXI)
NRIC No	S8907407Z
Date Of Birth	25/02/1989
Occupation	OUTDOOR
Date Of Driving Pass	12/11/2009
Driving Experience	8 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96697838
Fax Number	
Contact Number	OTHERS-62786560
Email Address	NOEMAIL



Address	54 SEMBAWANG RD #03-02
Postcode	779085
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3
Passenger 1	NAME: : FELICIA GOH XINYI GENDER: : FEMALE
Passenger 2	NAME: : BERWIN TAN WEI HAN GENDER: : MALE

#### 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?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD2930L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name TAN PEI XI (CHEN PEIXI)

Approximate Age

Injuries Sustain RIGHT SHOULDER

Injured person in which vehicle? GZ57S

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

## 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.

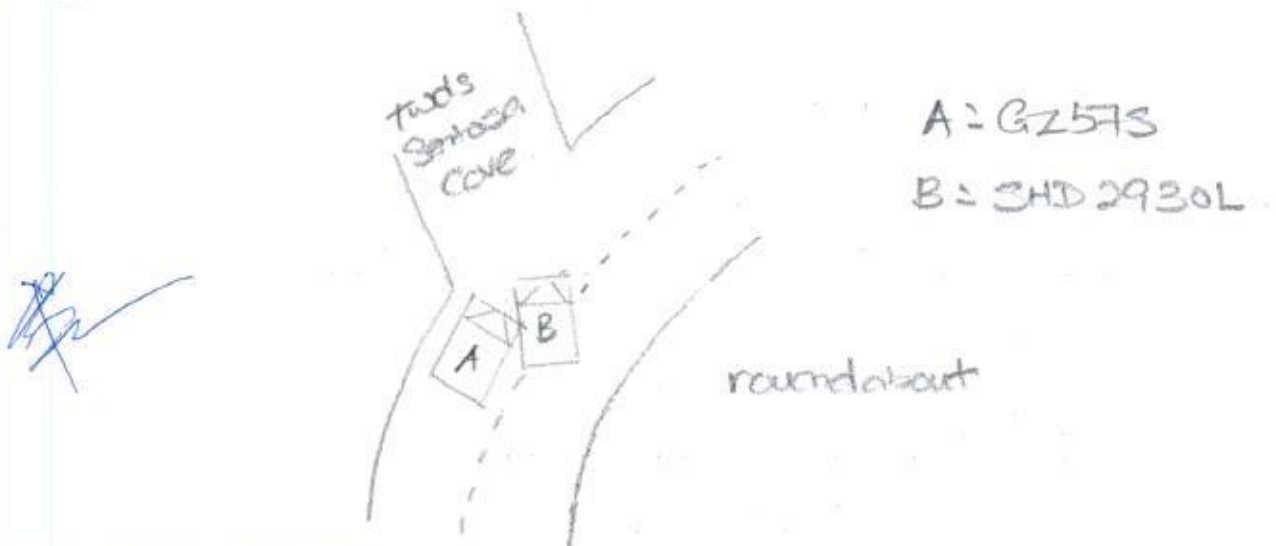
Policyholder's Signature  
Date & Time:

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

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



SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

7

refer to traffic police report  
No: - T/20180225/7004  
dtd. 25.02.18.

7



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.:

Later towing come take photo.

## 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 of accident	25.02.2018 (DD/MM/YY)
Time of accident	1115 (HH:MM)
Exact location of accident	Roundabout two Sengkang Core.

DETAILS OF VEHICLE	
Vehicle registration number	GZ 578
Vehicle make and model	
Type of vehicle	Saloon <input type="checkbox"/> MPV <input type="checkbox"/> CRV <input type="checkbox"/> Van <input checked="" type="checkbox"/> Lorry <input type="checkbox"/> Bus <input type="checkbox"/> Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Motorcycle <input type="checkbox"/>
Purpose of using at said time	Commercial
Are you claiming under your own insurance company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> if no, please select: Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/>

INSURANCE INFORMATION	
Insurance company	Ntuc
Policy number	
Type of policy	Comprehensive <input type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input type="checkbox"/>

INSURED / POLICY HOLDER	
Name	ONE2RENT CARS PTE LTD Male <input type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	201306179N
Contact	
Address	70 UBI CRESCENT #01-12 UBI TECH PARK SINGAPORE 408570

DRIVER		SAME AS INSURED ABOVE <input type="checkbox"/> (SKIP TO D.O.B)	
Name	Tan Pei Xi	Male <input type="checkbox"/>	Female <input checked="" type="checkbox"/>
NRIC / Fin / Passport number	88907407Z		
Contact	9697838 / 62786560		
Address	54 Sembawang Rd #03-02 (779085)		
Email address			
Date of birth	25.02.1989		
Occupation	Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/>		
Driving date pass	12.11.2009		



GENERAL INFORMATION OF THE ACCIDENT	
Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Accident captured by camera?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	<u>03</u> (Inclusive of driver)

PASSENGER 1	
Name	<u>Felicia Goh Xinyi</u>
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>

PASSENGER 2	
Name	<u>Berwin Tan Wei Han</u>
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 3	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 4	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 5	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 6	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

OTHER INFORMATION	
Was anybody injured?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was other vehicle damaged?	Yes <input type="checkbox"/> No <input type="checkbox"/>

DETAILS OF POLICE ACTION	
Reported to police?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please state which police station.
Police station name	

WITNESS 1	
Name	

WITNESS 2	
Name	



THIRD PARTY VEHICLE 1	
Vehicle registration number	8HD 2930L
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 2	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 3	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 4	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 5	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 6	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 7	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

INJURED PERSON 1	
Name	Tan Pei Xi
Injuries sustained	right shoulder
Which vehicle person in?	CZ 57S
Were seat belts worn?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

INJURED PERSON 2	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 3	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 4	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 5	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 6	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>





# SINGAPORE POLICE FORCE



T/20180225/7004

1 of 4

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

Report No. T/20180225/7004

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/02/2018 14:49		Vide Report No.: D/20180225/0092		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: TAN PEI XI			Address: 54 SEMBAWANG ROAD #03-02 SINGAPORE 779085		
ID Type / ID No.: NRIC NO / S8907407Z			Contact No.: Home/Office: Mobile: 96697838		
Nationality: SINGAPORE CITIZEN			Email: peixi@focusadventure.com		
Sex: Female	Age: 29	Date of Birth: 25/02/1989	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SALES			Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 25/02/2018 11:15	Type of Location: Roundabout
Location:  ALLANBROOKE ROAD  Roundabout towards Sentosa Cove				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GZ57S	Van	FIAT	Doblo	Grey		2
SHD2930L	Car	TOYOTA	Vellfire	White		0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20180225/7004

2 of 4

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

Report No. T/20180225/7004

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	TAN PEI XI	ID No.	S8907407Z
Related Vehicle	GZ57S (Van)	Contact No.	96697838
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Passenger</b>			
Name	Berwin Tan Wei Han	ID No.	S9039410Z
Related Vehicle	GZ57S (Van)	Contact No.	81881114
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Passenger</b>			
Name	Felicia Goh Xin Yi	ID No.	S9208278D
Related Vehicle	GZ57S (Van)	Contact No.	93879539
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 25 Feb 2018 at about 1115hrs, I was driving my company vehicle (GZ57S) from Beach Station travelling to Tanjong Beach with my two colleagues.

While I was driving on the outer lane at the roundabout, one Prime taxi (SHD2930L) which was initially on the inner lane, wanted to overtake my vehicle so as in to travel towards Sentosa Cove in the next roundabout exit. However, when the taxi driver was overtaking, his vehicle collided with mine and the front right (driver side) was damaged.

I immediately stopped but the taxi driver did not stop and continued his journey. I did not notice if there is any passenger in the taxi but my colleagues who were in my vehicle were not injured.





**SINGAPORE  
POLICE FORCE**



T/20180225/7004

3 of 4

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

Report No. T/20180225/7004

**CONTINUATION OF REPORT**

The damages on my vehicle:

- 1) Dented driver side door
- 2) Unable to start engine
- 3) Dented front licence plate
- 4) Broken front bumper

Police was called in at the time of accident. This accident was recorded by my dashcam.



**SINGAPORE  
POLICE FORCE**



T/20180225/7004

4 of 4

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

Report No. T/20180225/7004

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
25/02/2018 14:49

Classification Of Case:

Authentication Stamp  
NP168



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8907407Z



Name:

TAN PEI XI  
(CHEN PEIXI)

陳 佩 希

Race:

CHINESE

Date of birth:

25-02-1989

Sex:

F

S8907407Z

Country of birth:

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S8907407Z

Name:

TAN PEI XI  
(CHEN PEIXI)

Birth Date: 25 Feb 1989

Issue Date: 12 Nov 2009



3484820

NRIC No: S8907407Z



Date of issue:  
10-03-2004

Address:

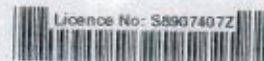
54 SEMBAWANG ROAD  
#03-02  
SINGAPORE 779085

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

PASS DATE

Class 3 Motor Cars =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 12 Nov 2009

NP 428A



Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#) [Change Password](#) [Log Out](#)[My Desktop](#)  
[Notice of Loss](#)

## Policy Query

Policy No.

Date of Accident

Vehicle No.(For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="checkbox"/>	5079227496-01	ONE2RENT CARS PTE. LTD.	201306179N	GFT	Comprehensive	GZ57S	GZ57S	20/04/2017	



## ▼ Policy Information

Policy No.	5079227496-01	Policyholder Name	ONE2RENT CARS PTE. LTD.	Policyholder NRIC	201306179N
Address	70 UBI CRESCENT #01-12 SINGAPORE 408570				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	13/03/2017	Effective Date	03/04/2017 00:00	Expiry Date	02/04/2018 23:59
Third Party Excess	1000	Own damage Excess	1000	Windscreen Excess	0
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	No				
Open Policy Info					
Certificate Info					

## ▼ Policyholder 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		

## ► Insured Object: GZ57S

## ▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	20/04/2017 00:00	Basic Information Endorsement	000001286543118	Endorsement Take Effective	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 NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. GZ57S 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 you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date 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.
2	15/05/2017 00:00	Basic Information Endorsement	000001286558891	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is

## Claim Handling

## Accident MT/0983759

Policy No.	5079227496-01	Vehicle No.	GZ57S	GST Registration No.	201
Policyholder Name	ONE2RENT CARS PTE. LTD.			Policyholder NRIC	201
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	96697838	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

## ▼ Accident Details

Report Date	26/02/2018 18:50	Accident Report Within 24 hrs	Yes	Accident Type	Colli
Date of Accident	25/02/2018	Time of Accident hh:mm	11:15	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	ROUNDAABOUT TWDS SENTOSA COVE				

## ▼ Benefits

## ▼ Excess

Own damage Excess	1,000.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	1,000.00	Outside Singapore TP Excess			

## ▼ GST Registered Information

GST Registered	Yes	GST Registration Date	01/12/2015
GST Registration No.	201306179N	GST Status Verified	Yes
Modification History			

## ▼ Policyholder Mailing Address

Address 1	70 UBI CRESCENT	Address 2	#01-12	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	4081
Unit No.	01+12	Related Policy Number	5081725603-01		

## ▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	TAN PEI XI (CHEN PEIXI)	Driver NRIC	S8907407Z	Driver DOB	25/02/1988
Register Date of Driver License	12/11/2009	Driver Age	29	Driving Experience	8
Contact No.(Mobile)	96697838	Contact No.(Office)		Contact No.(Home)	
Address 1	54 SEMBAWANG ROAD	Address 2	#03-02	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	7791
Unit No.	03-02				
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 checked="" type="radio"/> Yes <input type="radio"/> No

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	ONE2RENT CARS PTE. LTD.	Insured NRIC	201
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	629
Email Address	enquiry@one2rentcars.com	OI Vehicle Number	GZ57S	TP Vehicle Number	SHD
Claim Description	GZ57S / SHD2930L ON 25 Feb 2018			Name of Preferred Workshop	0
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Rec
Date Registered	26/02/2018 18:53	Claim Close Date		Date Received	26/02/2018
Report Taken By	LIEW SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

## Attachment



2/26/2018

## Claim Handling(accident reporting Claim Task )

Accident No.

MT/0983759

Claim No.

001

Last Doc. Received

☒ Yes
 ☐ No

Upload Date

26/02/2018 18:55

Path \*

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read
















Category \*

Confidential

Urgency \*

Clear	Please Select ▼	NO ▼	Normal ▼
Clear	Please Select ▼	NO ▼	Normal ▼
Clear	Please Select ▼	NO ▼	Normal ▼
Clear	Please Select ▼	NO ▼	Normal ▼
Clear	Please Select ▼	NO ▼	Normal ▼
Clear	Please Select ▼	NO ▼	Normal ▼

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2018 18:55	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2018 18:55	SAS	Normal	SAS 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2018 18:55	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2018 18:55	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2018 18:55	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2018 18:55	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2018 18:55	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2018 18:55	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2018 18:54	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2018 18:54	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2018 18:54	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2018 18:54	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2018 18:54	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2018 18:54	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 26 Feb 2018 18:54	Photos	Normal	Photos 2018

## Video List

Uploaded By/Date	Folder Date	File Name	Source
------------------	-------------	-----------	--------

Display in New Window

Scan and uploading