NATIONAL Assessment Centre Services	A STATE OF THE STA	Date & Time Complete	ed I	Done b	Š:
Date In: 26 13 118 14:08 Jeb description		Date & Time Complete			
- F					
Farmail (within S	hrs, AIC 2hrs)				,
i-Motor Claim	ı Form	MT10987669	261	3/18	15137.
D.O.A 2413 118 14:00 i-Motor W/O	(Within: OD 2hri,				
OD TP Reporting Only i-Photo Uploa					
Assessment/Sur					
TP Insurer: Ass't Report by		Owner/Wksp		- 30 1115	
		Tel:	Fax:		
Preferred Wksp / INC Assign Wksp / QW: (	D.LO.	10,3860	ì		
TP Particulars: Veh No: SCL 39890 .	INC	Tel:		)	
Owner / Driver: (	N.	Cover Type: (		)	
Policy No: ( ) Period: (	Date:	Time:		)	4
Confirmed by : (  Insured/Driver Liability: ( %) [Note-Est Status (W	110000000000000000000000000000000000000		30-100%]	-	
Year (	)/NO(	)			
Year of Registration: ( ) Warranty: YES (					
Excess: (\$ ) Loading: \$1,000 ( )/\$2,000	( )	1 (10)	G. 1714.		
General Remarks:-		at a NO - I - of rope	iror	1/1-	
( ) Walk-In Customer: Customer's information strictly Cor	nfidential & St	uctily NO 13161 of 1606	11011		
( ) Total Luss Case : to e-mail Insurer URGENTLY.	(5)				
· · · · · · · · · · · · · · · · · · ·		4 44			3.7
Drive-In ( )/ Towed-In ( ); Invoice: YES ( )/ I	10 ( );1	owing Co: (			
Drive-in ( )//owed-in ( ), in-oes	(0 ( );1		ad	Done	by
Remarks:- (INC horline: 6788 6616)	(0 ( ) ; 1	Date&Time Comple	ad	Done	by
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# 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
- 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 or this norm by insurance companies is not an admission of policy liability on the part of the insurance companies.
   Any false reporting may be referred to the Police for investigation.
   This report will be forwarded by the insurers of the 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

foresaid.	ACCIDENT STATEMENT
Date Of Report	26/03/2018 14:08
	24/03/2018 14:00
Exact Location Of Accident	MULTI STOREY CARPARK OF NEX (LEVEL 2) UP SLOPE
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SGF588G
Insured/Policyholder	
Name Of Registered Owner	ONE2RENT CARS PTE. LTD.
	201306179N
Co Reg No Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-93804959
Vehicle Particulars	
Manufacturer	TOYOTA
	ALTIS
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
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5079229409-01
Cover Note Number	
Driver	
Name of Driver	LIM CHOON TEONG
NRIC No	S2584429G
Date Of Birth	25/04/1963
Occupation	OUTDOOR
Date Of Driving Pass	23/02/1989
Driving Experience	29 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93804959
	NORDPANICOMANDO DE
Fax Number Contact Number	OTHERS-93208010
EMail Address	NOEMAIL
Elvian Address	Page 1

BLK 335 AMK AVE 1 #11-2011 Address

560335 Postcode

Was driver an employee of the Insured's Company NO

OTHER - HIRER 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

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

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.

Number of Passengers (Including Driver) 3

: LIM KIM SUAN NAME: Passenger 1

: FEMALE GENDER:

: KIM JUN HENG NICHOLAS NAME: Passenger 2

NO

GENDER: : MALE

**Details of Police Action** 

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

PLEASE REFER TO ATTACHED 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

SCL3989D Vehicle Registration Number

Vehicle Make/Model/Colour **Details Of Properties** 

PRIVATE CAR Vehicle Category

DEBBY WAN YUAN TING Name of Driver

S9230844H NRIC/Passport Number 93266698 Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage No. Of Passenger (Including Driver)

#### SKETCH PLAN

### INIPORTANT NOTICE

- 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 Oriver
- Information provided must be as truthful and accurate as possible. Any wilful m-srepresentation 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 Police for Investigation.
- The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurence Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by Interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

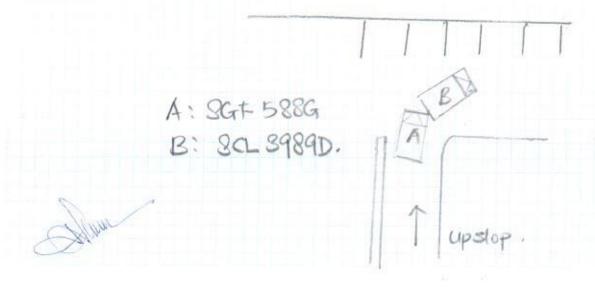
understand, acknowledge, agree and consent that:

- (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/faw firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, involces, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable low 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:
  - 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) Reporting Centre Personnel's Signature

NRIC/FIN No.:



DESCRIBE CIRCUMISTANCES OF THE ACCIDENT

My car was travelling up slope towards level 2 of Nex Building Multi-storey carpark. I was travelling behind vehicle B. While my car was going up slope, my car right front portion lightly touches onto the rear portion of vehicle B. After the accident, both parties came out to investigate on the damages; I found that there was only slight dent on the bumper of vehicle B. I enclosed a copy of the photo I have taken on vehicle B.

		No.
(3)	8	lan
ECLARATION		
We declare the foregoing parti	culars are true in every respect.	
(+( # \ \c)	Mus	mint
olicyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
PHICA CONTRACT IN THE SAME OF THE PERSON OF		

# 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. ٠
- 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.

THE RESIDENCE OF THE PARTY OF T	ACCIDENT DETAILS	
Date of accident	24.03.2018	(DD/MM/YY)
	1400	(HH:MM)
Time of accident		
Exact location of accident	Multi-Stavey corport of 1	DEX (1evol 2).

	DET	AILS OF VI	HICLE
Vehicle registration number	3GF 58	8G	
Vehicle make and model	Torota	Altrs.	
Type of vehicle	Saloon Lorry 🗆	MPV □ Bus □	CRV U Van U Others:
Vehicle category	Private □	Comme	rcial Motorcycle 🗆
Purpose of using at said time	Commercia	cial	
Are you claiming under your own insurance company?	Yes   Third part cla	No □ im □	if no, please select: Reporting only

	INSURANCE IN	ORMATION	
Insurance company	NTUC		
Policy number	5079 22940	9-01	
Type of policy	Comprehensive 2	Third party fire & theft □	TP only 🗆

THE RESERVE OF THE PARTY OF THE	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	Lim Chan Teang	Male Female
NRIC / Fin / Passport number	32584429G	(do d) - Iteach
Contact		(daughter / Jonet)
Address	BIK 335 Ang mo Kio Ave 1 #11-2011. S(560335)	
Email address		
Date of birth	25.04.1963	
Occupation	Indoor  Outdoor	
Driving date pass	23.02.1989	

G	ENERAL IN	FORMATION OF	THE ACCIDENT	
Was driver an employee of	Yes □	No		Hire.
the insured's company?	If no, rela	tionship of the d	river and insured:	
Accident captured by camera?	Yes 🗆	No		
Weather condition	Clear	Raining 🗆	Others:	
Road surface	Dry	Wet □		
No of passenger		Ø3.		(Inclusive of driver)
		PASSENGER 1		
Name	Lim	Kim Suc	λΛ·	
Gender	Male □	Female -		
		,		
THE SECOND SECOND		PASSENGER :		
Name	Lim	Jun Heng	Witholas.	
Gender	Male	Female 🗆		
		PASSENGER :		
Name				
Gender	Male □	Female 🗆		
			/	
THE REPORT OF THE PARTY OF		PASSENGER	4	
Name				
Gender	Male □	Female 🗆	/	
		PASSENGER	5	
Name				
Gender	Male 🗆	Female 🗆		
		to accompany to the second		
		PASSENGER	6	
Name				
Gender	Male 🗆	Female □		
				The state of the s
	THE STATE OF	OTHER INFORMA	ATION	2000年1月1日 1日 1
Was anybody injured?	Yes □	No 🗆		
Was other vehicle damaged?	Yes 🗆	No 🗆		
	DE	TAILS OF POLICE		
Reported to police?	Yes 🗆	No If ye	s, please state whic	h police station.
Police station name		7.0		
1656年中国共和国共和国共和国共和国共和国共和国共和国共和国共和国共和国共和国共和国共和国		WITNESS 1		
Name			/	
3 <del>.</del>		7		
		WITNESS 2		<b>是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个</b>
Name			/	

	THE DARTY VEHICLE 1	TO SEE STATE OF THE SECOND SEC
	THIRD PARTY VEHICLE 1	A STATE OF THE RESIDENCE OF THE PARTY OF THE
Vehicle registration number	9CL 3989D.	
Vehicle make model	D.11	Add: 57 Choo. Chu
Name	Debby Wan Yuan Ting 8 9230 844 H 93266698	
NRIC / Fin / Passport number	3 4230 844 H	Kang Laup
Contact	93266698	#11-41
		(689685)
MARK TO THE RESERVE THE PROPERTY OF THE PERSON OF THE PERS	THIRD PARTY VEHICLE 2	
Vehicle registration number	A CONTRACT OF THE PARTY OF THE	
Vehicle make model		
77.0		
Name NRIC / Fin / Passport number		
Contact	-	
	THE PARTY VEHICLE 2	CONTRACTOR OF THE PARTY OF THE
	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		
STATE OF THE PARTY	THIRD PARTY VEHICLE 5	
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		
	THIRD PARTY VEHICLE 6	
	I THRO PARTY VEHICLE O	INDIANA PROPERTY AND ADDRESS OF THE PARTY OF
Vehicle registration number	N. 2017.	
Vehicle make model	-	
Name		
NRIC / Fin / Passport number		
Contact		
		The state of the s
	THIRD PARTY VEHICLE 7	THE RESERVE OF THE PARTY OF THE
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		
Contact		

	Car and Mark	INJURED P	ERSON 1	STATE OF THE PARTY OF	Contract Con	THE PARTY	To be the state of	
Name								
Injuries sustained								
Which vehicle person in?								
Were seat belts worn?	Yes 🗆	No □						
Was injured conveyed to	Yes 🗆	No □						
hospital by ambulance?	NESCHOOL	2202.62						
	THE PERSON NAMED IN	INJURED P	ERSON 2				Property and the	
Name							their -	
Injuries sustained				/-				
Which vehicle person in?								
Were seat belts worn?	Yes □	No □						
Was injured conveyed to	Yes □	No □	1					
hospital by ambulance?								
								1112400
	LA HOSE	INJURED P	PERSON 3					
Name								
Injuries sustained					= 5//5			
Which vehicle person in?				/				
Were seat belts worn?	Yes 🗆	No 🗆		2				_
Was injured conveyed to	Yes 🗆	No □						
hospital by ambulance?								
			NEOCON III		The same of the same	THE REAL PROPERTY.	Comment of the	
<b>医型型原物型集件</b> 的制		INJURED F	PERSON 4				To all the second	
Name		INJURED F	PERSON 4				No. of A	
Injuries sustained		INJURED I	PERSON 4			* 10 10		
Injuries sustained Which vehicle person in?	Ves		PERSON 4	<u>/</u>				
Injuries sustained Which vehicle person in? Were seat belts worn?	Yes 🗆	No 🗆	PERSON 4					
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes  Yes		PERSON 4	/				
Injuries sustained Which vehicle person in? Were seat belts worn?		No 🗆	PERSON 4	<i>/</i>				
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to		No 🗆 No 🗅						
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?		No 🗆 No 🗅	PERSON 4 PERSON 5					
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?		No 🗆 No 🗅						
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained		No 🗆 No 🗅				7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		
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Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes 🗆	No 🗆 No 🗅 INJURED						
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes 🗆	No 🗆 No 🗅 INJURED						
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes 🗆	No   No   INJURED						
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?	Yes 🗆	No   No   INJURED	PERSON 5					
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name	Yes 🗆	No   No   INJURED	PERSON 5					
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained	Yes 🗆	No   No   INJURED	PERSON 5					
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name	Yes 🗆	No   No   INJURED	PERSON 5					
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in?	Yes 🗆 Yes 🗆	No   No   INJURED	PERSON 5					



# 1SCL39891 Voltamogen Centre Street

## REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$2584429G





LIM CHOON TEONG

Race CHINESE Date of birth 25-04-1963

Country/Place of birth

S2584429G

5542023



S2584429G



18-12-2015

APT BLK 335 ANG MO KIO AVENUE 1 #11-2011 SINGAPORE 560335



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

PASS DATE

Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms

23 Feb 1989

NP 428A





### Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)

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

Certificate Number: 5079229409-01

Cover : drivo PREMIUM

Index mark and Registration Number of Vehicle

: SGF588G

Chassis Number

: MR053REH104548436

2. Name of Policyholder

: ONE2RENT CARS PTE. LTD.

3. Effective Date of Insurance

: 03 Apr 2017

4. Expiry Date of Insurance

: 02 Apr 2018

Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

### This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing.

(b) Use for the carriage of goods (other than samples) in connection with any trade or business.

(c) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)

EXCESS (SECTION 2)

: N/A ADDITIONAL EXCESS

: PLEASE REFER OVERLEAF UNNAMED DRIVER EXCESS

· YES REPAIR AT OWNER'S PREFERRED WORKSHOP

: YES

INSURE WITH COE

NCD PROTECTION

TRANSPORT ALLOWANCE

: NO : NO

**EXCESS WAIVER** 

: N/A

PRIMARY DRIVER

: N/A

NAMED DRIVER (1)

: N/A

NAMED DRIVER (2)

HIRE PURCHASE COMPANY

: N/A

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)

: Marsh (Singapore) Pte Ltd (00000690300)

Date of Issue

: 13 Mar 2017 20:10 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

**Authorised Officer** 

Chief Executive

### Claim Handling

dent MT/0987669	CONTRACTOR OF THE CONTRACTOR O	Vehicle No.	SGF588G		GS1 Registration 101	201306179N
CA MO.	5079229409-01	Activité un	A STORY CO		POSCYTOGET THEE	201306179N
icyholder Name	ONEZRENT CARS PTE. LTD.		drivo PREMIUM		Loading	0
	FLEET INSURANCE	Cover 1784	Office Processing		Contact No.(Home)	A-12
	93804959	Contact No.(Office)			eCode	No *
all Address	AT BY Mattern	Special Remark	and the second		eCode Reason	
K	- No Yes	TCA	No Yes		Private Hire	Yes
	No	NCD Entitlement(%)	0			
Protection Accident Details					Accident Type	Collision - Head to Rear
	26/03/2018 15:32	Accident Report Within 24 hrs	Yes		Country of Accident	Singapore
port orace	24/03/2018	Time of Accident hh:mm	14:00		ICM No.	SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS
ite of Accident	24/03/2010	Orange Force			ICH NO.	
porting Centre	MULTI STOREY CARPARK OF NEX (LEVEL 2)	IP SLOPE				
cident Location	MULTI STOREY CARPARK OF NEX (CEVES 2)					
→ Benefits						
<b>▽</b> Excess	5.0000	The second was proceeded.		0.00	Windscreen Excess	
wn damage Excess	1,000.00	Additional Excess		1,000.00		
nnamed Driver Excess		Outside Singapore Ob Excess		1,000.00		
hird Party Excess	00.000,2	Outside Singapore TP Excess		4,000.00		
GST Registered Informa	ation		W00010000000	and Bata	01/12/2015	
ST Registered	Yes		GST Registr		Yes	
ST Registration No.	201306179N		GS1 Status	1011120		
nodification History						
The second secon						
Policyholder Mailing Ad	idress		The second second		Address 3	SINGAPORE 408570
	70 UBI CRESCENT	Address 2	#01-12		Post Code	408570
Address 1	1980	Address Type	Singapore address		(1600/0000)	
Address 4	01412	Related Policy Number	5081725603-01			
Unit No.	01+12					
♥ OI Driver Info	the same of Deliver	Driver Type	Unnamed Driver			25/04/1963
Driver Name	Unnamed Driver	Driver NRIC	S2584429G		Driver DOB	
Unnamed driver Name	LIM CHOON TEONS	Driver Age	54		Driving Experience	29
Register Date of Driver Licens	e 23/02/1989	Contact No.(Office)			Contact No.(Home)	ACT   100
Contact No.(Mobile)	93804959	Address 2	ANG MO KIO AVE	NUE 1	Address 3	SINGAPORE 560335
Address 1	BLK 335 #11-2011		Singapore address		Post Code	560335
Address 4		Address Type				
Unit No.	11-2011	20.0000 SANDON 2007			Driver Insurer Company	
Does he own a Singapore	Yes a No	Driver Vehicle No.				
Registered Car?						
Declaration						
Breathalyser or Blood Test	0 mg	Any injury?	Yes No			
Reading?						
Modification History						
Market State of the State of th						
THE RESERVE OF THE PARTY OF THE	iew					
A STATE OF THE PARTY OF THE PAR	tew				Spensor ware	201304179N
Claim 001 OD-MX		Insured Name	ONEZRENT CARS	) PTE, LTD.	Insured NRIC	201306179N
Claim Type *	OD-MX Y	a production of the second	ONEZRENT CARS	S PTE, LTD.	Contact No.(Office)	62927575
Claim 001 OD-MX	OD-MX •	Contact No.(Home)	NIL	S PTE, LTD.	Contact No.(Office) TP Vehicle Number	62927575 SCL3989D
Claim Type *	OD-MX  enquiry@one2rentcars.com	a production of the second	-	S PTE, LTD.	Contact No.(Office)	62927575 SCL3989D
Claim Type * Contact No.(Mobile) Email Address Claim Description	OD-MX enquiry@one2rentcars.com SGF588G / SCL3989D ON 24 Mer 2018	Contact No.(Home) OI Vehicle Number	NIL SGF\$88G	S PTE, LTD.	Contact No.(Office) TP Vehicle Number	62927575 SCL3989D
Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact	OD-MX enquiry@one2rentcars.com SGF588G / SCL3989D ON 24 Mer 2018	Contact No.(Home) OI Vehicle Number  Insured Liability *	NIL SGF588G Fully at Fault	•	Contact No.(Office) TP Vehicle Number	62927575 SCL3989D
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Claim 001 OD-MX  Claim Type * Contact No. (Mobile)  Email Address Claim Description  Preferred Workshop Contact No.  Require Finalisation  Date Registered  Report Taken By  Print AK letter  Attachment  Accident No.	OD-MX  enquiry@one2rentcars.com  SGF588G / SCL3989D ON 24 Mar 2018  Ves  Zb/03/2018 15:35  LIEW SHAN HUI  MT/0987669	Contact No.(Home) OI Vehicle Number  Insured Liability * Preferered Repair Option Claim Close Date Workshop Repairer  Claim No.	NIL SGF588G Fully at Fault Preferred Work  Save Submit	001 26/03/2018 15:37 Category *	Contact No.(Office) TP Vehicle Number Name of Preferred Worksho  GIA report Date Received Total Loss but Repaired  Confidential	62927575 SCL3989D D Received 28/03/2018 00:00
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