		i , per st	1 172	
NATIONAL Assessment Centre S	Camilage			
		Date & Time Completed	Done b	y
Date In: 8 1/18-143	Jeb description	Date terms		3577000
Ref No: NA INC18008441/24	SAS e-filing			
Veh No: SL958E	E-mail (within Shrs, AIC 2hrs)		I-Islia a	
D.O.A .: 7/7/18-17:10	i-Motor Claim Form	M10993544-001	8/2/18 18:3	3+
	i-Motor W/O (Within: OD 2	thrs, TP 4brs)		
OD (TP) Reporting Only	i-Photo Uploaded	1		
	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Han	d to Owner/Wksp		
INC Assiss When I OW: I		the second secon	Fax:	
Preferred Wksp / INC Assign Wksp / QW: (TP Particulars: Veh No: XD6390	D INC	()/Non-INC().		
	<u>y</u>	Tel:)	075-127/10
Owner / Driver: (-) Period	d: () Cover Type: ()	
Tolley No. (Date:	Time:)	
Confirmed by : ()-20%; P: 21-79%. P: 30	-100%]	47 42 42 42 43 43 43 44 44 45 45 46 46 46 46 46 46 46 46 46 46 46 46 46
Insured Pirrer Charles	manty: YES ()/NO ()		
T car of registrations (, , , , , , , , , , , , , , , , , , , ,		
Excess: (\$) Loading: \$1,000	A Service of the serv	end owners and and are	**************************************	
General Remarks:-	Charles John Harrison Control of the	and a NO refer of separate		
() Walk-In Customer: Customer's inform	ation strictly Confidential &	Strictly NO rater of repaire	14	
() Total Loss Case : to e-mail Insurer		99 3 3		
Drive-In ()/ Towed-In (); Invoice:	YES () / NO ()	; Towing Co: (
Remarks: (INC hotline: 6788 6616)		Date&Time Completed	Done	by -
C/900 PC00000 University Area 2 PC000 5	irtesy Car ()			
./ppi) to: 11	()			
2) QC Check / Post Repair Inspection	001 ()			
3) Upload Resurvey Photo [Repair Cost > \$300	30)			
Injury:				
Date/Time Actions		3.0	MESSICALLE.	
Date Luite Cassis in a second	(Common to the common to the c		- Wester	
		THE RESERVE THE STREET OF THE STREET		
	A			
•				NAME OF TAXABLE PARTY.
344	Invoice	Preparation Checklist	Ant (\$) fit Bill	Add Bi
NA1862901 :	1975 X 1075 X 10	ident Reporting (\$30);	edera income	- Atom Ch
laimant's Particulars :-	2) DA : Dar	nage Assessment (\$100); INC	(\$30)	
priver/Owner:	3) TF : Tow	ing Fee ow-Through Survey	\$120	
	C. COT. Rall	Through Survey (Resurvey)	\$30	
ontact No:	For clein 6) TR : Re-	ing against INC Only (wef 10 Jan	210	
amaged Portion:	7) N1 : Idao	DA + SMRT Survey	\$160	
		dditional Services:-		
C Checked by (Engr-In-Charge):	OD: •N5: Co	uricsy Car / Tpt Allowance	\$5	
	• N6: Re	pair Co-ordination	\$10 \$25	
Auditors' Comments :-	*N8: DV	st Repair Inspection // Collect Excess Coordination	\$5	
Control St. Commerce Statement Commerce Control	TP (NII): TP (Non INC) against INC	30	1.
<u>at. 1:</u>	9) N12: Id	no Mobile	ged	A SEP
at 2/3;	Involce de Involce de	2. 7.4	BORNES AND AND ADDRESS.	i

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.

- 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

. By the lodgement of this report to the insurers, you hereby conseitoresaid.	ACCIDENT STATEMENT
late Of Report	08/05/2018 14:43
	07/05/2018 17:10 1 NALLUR RD TWDS UPP EAST COAST RD
Exact Location Of Accident	
Country/State Of LOSS	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJL958E
Insured/Policyholder	
Name Of Registered Owner	ONE2RENT CARS PTE LTD
Co Reg No	201306179N
Email Address	NOEMAIL
Mobile Phone No	DEMANA
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
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	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5079228162-02
Cover Note Number	
Driver	

RUSLIGHANI ISKANDAR BIN ABDOL SHUKOR Name of Driver S7318307C

NRIC No 29/05/1973 Date Of Birth INDOOR Occupation 20/03/2006 Date Of Driving Pass

12 YEARS AND 1 MONTH Driving Experience

MALE Gender

(LOCAL) +65-85858191 Mobile Number

Fax Number

OFFICE-85858191 Contact Number

NOEMAIL **EMail Address**

BLK 338 UBI AVENUE 1 Address #04-855

400338 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

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by NO 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)

Passenger 1

HANISAH SAKINAH MAWADDAH BINTE RUSLIGHANI ISKANDAR NAME:

: FEMALE GENDER:

: SITI AISHAH MAISARAH BINTE RUSLIGHANI ISKANDAR NAME: Passenger 2

: FEMALE GENDER:

Passenger 3

MUHAMMAD NABIL IKHWAN BIN RUSLIGHANI NAME:

ISKANDAR

: MALE GENDER:

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

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

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

XD6390D

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE

Vehicle Category Name of Driver

Page 2 of 22

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

RUSLIGHANI ISKANDAR BIN ABDOL SHUKOR

Approximate Age

NECK & BACK Injuries Sustain

Injured person in which vehicle?

SJL958E

Were seat belts worn?

YES

Was this injured conveyed to hospital by

NO

ambulance?

Address Postcode

DETAILS OF INJURED PERSON 2

Name

HANISAH SAKINAH MAWADDAH BINTE RUSLIGHANI ISKANDAR

Approximate Age

Injuries Sustain

NECK & BACK

Injured person in which vehicle?

SJL958E

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 3

Name

SITI AISHAH MAISARAH BINTE RUSLIGHANI ISKANDAR

Approximate Age

Injuries Sustain

NECK & BACK

Injured person in which vehicle?

SJL958E

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

DETAILS OF INJURED PERSON 4

Name

MUHAMMAD NABIL IKHWAN BIN RUSLIGHANI ISKANDAR

Approximate Age

Injuries Sustain

NECK & BACK

Injured person in which vehicle?

SJL958E

Were seat belts worn?

YES

Was this injured conveyed to hospital by

NO

ambulance?

Address

Postcode

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 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
- 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 report will for a fee be made available upon application by interested parties.
- By the largement of this report to the insurers, you heraby 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)

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")
- (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
- 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.

Policyholder's Signature

Date & Time:

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

Reporting Centre Pers Name:

Signature

NRIC/FIN No.:

DESCRIBE CIRCUMISTANCES OF THE ACCIDENT

I was stationary at 1 Nallur Road waiting for Upper East Coast Road to be clear of vehicles before turning out. Suddenly vehicle B made a sharp turn and collided onto my vehicle.

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	The second secon	۸ .
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		war and the second seco
		Commence of the Commence of th
ECLARATION		
	economic de la reservación de	
we decisie the joregoing part	iculars are true in every respect.	
1 3 /2/	A	
(" 8 . 10)	- Ind	
licyholder's Signature		My
ite & Time:	Driver's Signature	Reporting Centre Personnel's Signature
all of	(If driver is not the policyholder) Date & Time:	Name:
55 F 58 E 55 E	word or filling;	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.

Data of acidont	07 May 2018	(DD/MM/YY)
Date of accident		(HH:MM)
Time of accident	05:10pm	
Exact location of accident	I Natiur Road towards	upper Fast Coast Road

	DETAILS OF VEHICLE
Vehicle registration number Vehicle make and model	SJL958E TOUMA ALTIS
Type of vehicle	Saloon MPV CRV Van CRV Others:
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes □ No if no, please select: Third part claim Reporting only □

	INSURANCE IN	FORMATION	
Insurance company	NTUC	N.1	
Policy number	9079229409		TD only =
Type of policy	Comprehensive	Third party fire & theft □	TP only 🗆

Nome	INSURED / POLICY HOLDER ONE2RENT CARS PTE LTD	Male □	Female 🗆
Name NRIC / Fin / Passport number	201309179N		
Contact	TOTAL TOTAL TOTAL TOTAL DARK		
Address	70 UBI CRESCENT #01-12 UBI TECH PARK SINGAPORE 408570		
		SHUKOY	

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)
Name	& Ruslianani Iskander Bin Abdol Male - Female -
NRIC / Fin / Passport number	57318307C
Contact	85858191
Address	BIK 338 Ubi AVL 1 #04-855 3(400328)
Email address	
Date of birth	29-05-1973
Occupation	Indoor Outdoor
Driving date pass	20 Mar 2006

G	ENERAL IN	IFORMATION	OF THE ACCIDE	NT	THE PARTY OF THE P
Was driver an employee of	Yes 🗆	No		20	I Carre
the insured's company?	If no, rela		ne driver and ins	ured:	Hircy
Accident captured by camera?	Yes 🗆	Noz	11/2000 AND DESCRIPTION		
Weather condition	Clear	Raining	Others:		
Road surface	Dry Z	Wet □			/) [£ .l
No of passenger	4				(Inclusive of driver)
	of the same of the same of the			Total Revision of the Control of	
	WALLE	PASSENG	ER 1	ILDAAA	PINTE DIVITALITANI
Name				TODUH	BINTE PUSIFIEHANI
Gender	Male 🗆	Female			SKANDHR
		DA COENIC		Way Sales	- CONTRACTOR OF THE PARTY OF
	SITI	PASSENG	MAISARAH	RINTE	RUSLIGHANI
Name	Male 🗆	Female t	MAISITEMIT	DIIVIO	ISKANDAR
Gender	Iviale L	Terriale 4		ecot(MI)	O PHILLIP
TELEPHONE TO THE TOTAL OF THE		PASSENG	ER3	建筑的	
Name	MUHAN	IN GAMN	ABIL IKHWA	N BIN	RUSLIGHAN
Gender	Male #	Female :			SKANDAR.
			1-21-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		
		PASSENG	ER 4		
Name					
Gender	Male 🗆	Female 2			
	2				
		NASSENG	SER 5		
Name					
Gender	Male 🗆	Female			
	N. 400 - 1810	PASSENC	EP 6		
Name	PhotoVictory	PERMIT	JEK O		
Gender	Male 🗆	Female	1		
Gender	Iviale	remaie			
	The state of	OTHER INFO	RMATION		
Was anybody injured?	Yes	No 🗆	And the second s	The state of the s	
Was other vehicle damaged?	Yes	No □			
Was other venice damaged.	1.07				
	DE	TAILS OF PO	The second like the second lit is second like the second like the second like the second like		
Reported to police?	Yes	No □	If yes, please sta	te which p	oolice station.
Police station name					
			2271701100110011001100		TO THE REAL PROPERTY OF THE PARTY OF THE PAR
		WITNE	SS 1	PART NAME OF	
Name					
	the stage of the stage of		ec 2	A SECURITION OF THE PARTY OF TH	
		WITNE	55 2	200	
Name			1		

	THIRD PARTY VEHICLE 1
Vehicle registration number	XD6390D
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
TO BE SHOULD BE	THIRD PARTY VEHICLE 2
	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	
THE WAR WAS A STATE OF THE PARTY OF THE PART	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	
	·
THE RESERVE OF THE PARTY OF THE	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Contact	

INJURED PERSON 1		
Name	PUSLIGHAN ISKANDAR BIN ABOOL SHUKOR.	
Injuries sustained	NECK & BACK.	
Which vehicle person in?	\$7L958E	
Were seat belts worn?	Yes No 🗆	
Was injured conveyed to hospital by ambulance?	Yes 🗆 No.	

INJURED PERSON 2		
Name	HANISAH SAKINAH MAWADDAH BIN RUSLIGHAN	
Injuries sustained	ISKANDAR - NECK & BACK.	
Which vehicle person in?	85L958E	
Were seat belts worn?	Yes No 🗆	
Was injured conveyed to hospital by ambulance?	Yes 🗆 No 🤊	

	INJURED PERSON 3
Name	SITI AISHAH MAISARAH BIN RUGURHANI ISKANDAR
Injuries sustained	NECK & BACK.
Which vehicle person in?	35L998E
Were seat belts worn?	Yes No 🗆
Was injured conveyed to hospital by ambulance?	Yes 🗆 No 🗷

	INJURED PERSON 4
Name	MUHAMMAD HABIL IKHWAN BIN RUSLIGHANI ISKANDA
Injuries sustained	NECK & BACK.
Which vehicle person in?	3719785
Were seat belts worn?	Yes No 🗆
Was injured conveyed to hospital by ambulance?	Yes 🗆 No 🗷

	INJURED PERSON 5
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes □ No Q
Was injured conveyed to hospital by ambulance?	Yes 🗆 No 🗆

Name	
Injuries sustained	
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: \$665500206 / GST Reg. No.: M400017735

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

ADDENDUM

		ADDEN	IDUM	
A)	PARTICULARS OF PERSON	MAKINGTHEAMENDME	NTS:	
		. 1196+G022	Vahicle Pagistration No.	51 L958E
	Original Report No : MN	slind and le brache Rio	Aboby Shaler NRIC/FIN/Passport No :	S7318307C
	Name(as shownin NRIC): KV	Signari B Minder Bir	s appropriate	
	(*Vehicle Driver / Vehicle	Owner) (*) Please delete a	sappropriate	11/20770
	Address : <u>B</u>		4 04-835 \$04-855	
	Contact (Tel) :		Mobile No. : 8585 8 9	1
	Email Address :			
	Date of Accident : 7	2 18	Time of Accident :	110
		Nallur Rd fwds	upp East Gast Rd	
	Insurance Company: N		- 17	
(B)	ADDITIONALINFORMAT	ION / AIVIENDIVICIATS.		dditional information or
	I have made a report on t	the above mentioned accid	lent and would like to include a	
	make the following amer			
	1. Amend name on	e passanger.		
	O-1			
			/	
	77			
		i-natura	Reporting Centre Pe	sonnel's Signature
	Policyholder / Driver's S Date:	ignature	Name:	
	Date.		NRIC/FIN No.:	
			Date:	



REPUBLIC OF SINGAPORE



RUSLIGHANI ISKANDAR BIN ABDOL SHUKOR

Racu MALAY Date of birth

373,103070

29-05-1973 M Country of birth SINGAPORE

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

PASS DATE

Motor Cars=< 3000kg with =</ passengers, axclusive 20 Mar 2006

of the driver, and other motor vehicles << 2500kg

NP 428A

Licence No: \$7318307C

HTC No. S7318307C

03-01-2007

APT BLK 338 UBI AVENUE 1 #04-855 SINGAPORE 400338

NEUG No: \$73183070

Date: 24/03/2009

No: 6356786



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

1. Index mark and Registration Number of Vehicle

: SJL958E

Chassis Number

: MR053ZEE106132450

2. Name of Policyholder

: ONE 2 RENT CARS PTE. LTD.

3. Effective Date of Insurance

: 03 Apr 2017

4. Expiry Date of Insurance

: 02 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 headings.

EXCESS (SECTION 1)

EXCESS (SECTION 2)

ADDITIONAL EXCESS : N/A

: PLEASE REFER OVERLEAF **UNNAMED DRIVER EXCESS**

REPAIR AT OWNER'S PREFERRED WORKSHOP : YES : YES INSURE WITH COE NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO : NO **FXCESS WAIVER**

: N/A PRIMARY DRIVER : N/A NAMED DRIVER (1) : N/A NAMED DRIVER (2)

HIRE PURCHASE COMPANY : HENLY ENTERPRISES CO PTE LTD

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS SUM INSURED

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

- Da a Ta ala			100						Gene	ralClaim
eBaoTech	0601						Change Lan	guage	· Change Passwor	
My Desktop	Polic	y Query						0710	5/2018 17:10	5
Notice of Loss	Policy N	0.				Date of Acc	cident	07/0	3/2010 17.10	illi.
	Vehicle	No.(For Motor)	SJL958E							
					-	Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5079228162- 02	ONEZRENT CARS PTE. LTD.	201306179N	GFT	Third Party	S)L958E	S)L958E	03/04/2018	
		58				Continue				

olicy No.	5079228162-02	Policyholder Name	ONE2RENT C		Policyholder NRIC	201306179N	
ddress	70 UBI CRESCENT #01-12 SING	APORE 40857	0				
roduct lame	FLEET INSURANCE Plan		Group Policy Flag	N			
Policy ssue Date	02/04/2018	Effective Date	03/04/2018	00:00	Expiry Date	02/04/2019 23:59	9
Excess Type		All Claim Excess					
Third Party Excess	1000.00	Own damage Excess	1000.00		Windscreen Excess	0.00	
Additional Excess	0	OS Premium	9507.97				
Outside Singapore OD Excess	Singapore 1000.00		1000.00			Young/Inexperience Driver Excess	
Agent	Marsh (Singapore) Pte Ltd	Agent Tel.	63277687		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policy	yholder Mailing Address		S 923	58204970		Address 3	SINGAPORE 408570
Address 1	70 UBI CRESCENT	Add	ress 2	#01-12			
		Add	ress Type	Singapore address		Post Code	408570
Address 4		Rel	ated Policy	5079228162-02			
Address 4 Unit No.	01+12	Nur	nuer				
Unit No.	01+12 red Object: SJL958E		nuer				
Unit No.			nder			sement Status	Endorsement Content

ertitum on this policy has no	t been collected.					
mium on this policy fals no nt MT/0993544					THE RESIDENCE OF THE	
NO.	079228162-02	Vehicle No.	531,9588		SST Registration No.	201306179N
1100	WEZRENT CARS PTE, LTD.				Policyholder NRTC	
The state of the s	PLEET INSURANCE	Cover Type	Third Party		Loading	0
		Contact No.(Office)	0		Contact No.(Home)	0
tact No.(Mobile)		Special Remark			eCode	Tree V
ili Address	200	TCA	® No ○Yes		eCode Reason	*
	® No ○ Yes				Private Hire	Yes
Protection	No	NCD Entitlement(%)	0			
Accident Details						Committee Commit
	08/05/2018 18:35	Accident Report Within 24 hrs	Ves		Accident Type	Damaged whitst parked
		Time of Accident hh.mm	17-10		Country of Accident	Singapore
e of Accident	07/05/2018	Orange Force			ICM No.	
sorting Centine		Giarge rance				
ident Location	I NALLUK RD TWOS UPP EAST COAST RD					
Benefits						
Excess						0.00
in damage Excess	1,000.00	Additional Excess	0		Windscreen Excess	0.000
		Outside Singapore OD Excess		1,000.00		
named Driver Excess	1,000.00	Outside Singapore TP Excess		1,000.00		
rd Party Excess						
GST Registered Informat			GST Registr	ration Date		
T Registered	NO.		GST Status		No	
T Registration No.			W21 308008	V-17-68		
dification History						
Policyholder Mailing Add	Iress					SINGAPORE 408570
	70 UBI CRESCENT	Address 2	¥01-12		Address 3	
idress 1	ACCURACION NO.	Address Type	Singapore address		Pest Code	408570
spress 4	unique	Related Policy Number	5079228162-02			
ret No.	01+12	ROBING PURCE HURIDON				
Or OI Driver Info		Walles Town	Unnamed Driver			
river Name	Unnamed Driver	Oriver Type			Driver DOB	29/05/1973
nnamed driver Name	RUSLIGHANI ISKANDAR BIN AB	Driver NRIC	57318307C		Onlying Experience	12
egister Date of Oriver License	20/03/2006	Driver Apri	44			0
ontact No.(Mobile)	85858191	Contact No. (Office)	п		Contact No.(Home)	SINGAPORE 400338
		Address 2	UBI AVENUE 1		Address 3	
ddress I	8LK 338	Address Type	Singapore addres	\$	Post Code	400338
ddress 4		William Albert				
Init No.	64-855				Driver Insurer Compa	TV.
loes he own a Singapore	○ Yes ® No	Driver Vehicle No.			array triggers, somepar	(1)
egistered car?						
eclaration	16.902A	Ame intury?	® Yes ○No			
eclaration scathalyser or Blood Test scading?	D ing	Any injury?	® Yes ○ No			
eclaration scathalyser or Blood Test	D ing	any injuny?	® Yes ○ No			
eclaration treathalyser or Blood Test seading?	D ing	any injuny?	∰ Yes ○ No			
eclaration treathalyser or Blood Test seading?	D mg	Any injury?	∰ Yes ○ No			
eclaration reathlyser or Blood Test reading?	D mg	any injuny?	∰ Yes ○ No			
eclaration reathlyser or Blood Test leading? leading 19story	D #g	any injuny?	® Yes ○ No			
eclaration breathspace or Blood Test seading? saddication (9story)			***************************************	S PTE. LTD.	Insured NRIC	20130617994
eclaration breathspace or Blood Test seading? saddication (9story)	D ing	Insured Name	ONEZRENT CAR	S PTE. LTD.		201306179N 62927575
eclaration breathalyser br Blood Test scading? bodication History Claim 001 Next		Insured Name Contact No.(Home)	ONE SRENT CARS	S PTE. LTD.	Contact No.(Office)	62927575
eclaration prestnayeer or Blood Test prestnay? Claim OD1 Naw Claim Type * Connect No. (Motife)		Insured Name	ONEZRENT CAR	S PTE. LTD.	Contact No.(Office) TP Vehicle Number	62927575 XD6390D
eclaration prestnayeer or Blood Test peoding? Claim 001 Naw Claim Type * Consect No. (Motrie) Email Address	GD-MX enquiry@one2rentcars.com	Insured Name Contact No.(Home)	ONE SRENT CARS	5 97E, LTD.	Contact No.(Office)	62927575 XD6390D
reclaration prestnature or Blood Test reclaring? claim 001 New Claim Type * Connect No. (Motive) Email Address Claim Description	ор-мх	Insured Name Contact No.(Home) OI Vehicle Number	ONE SRENT CARS	S PTE. LTD.	Contact No.(Office) TP Vehicle Number	62927575 XD6390D
eclaration prestnayeer or Blood Test peoding? Claim 001 Naw Claim Type * Consect No. (Motrie) Email Address	GD-MX erquiry@one2rentsars.com S1958E / XDS390D ON 7 May 2018	Insured Name Contact No.(Home) OI Value Number Insured Liability *	ONE SERENT CARE NUL SULPSIN	<u></u>	Contact No.(Office) TP Vehicle Number Name of Preferred W	62927575 XD6390D
eclaration preathalyser or Blood Test seeding? Claim 001 Naw Claim Type * Consect No. (Motrie) Email Address Claim Description Preferred Workshop Contact No.	GD-MX enquiry@one2rentcars.com	Insured Name Contact No.(Home) OI Value Number Insured Liability * Preference Regain Option	ONE SERENT CARE NUL SULPSIN		Contact No. (Office) TP Vehicle Number Name of Preferred W	62927575 xb63900 brkshop
eclaration prestratives or Blood Test peoding? Craim OD1 New Claim Type * Connect No. (Motife) Email Address Claim Bestription Preferred Workshop Contact No. Reguire Finalisation	GD-MX enquiry@one2rentcars.com \$1,958E / XD63900 ON 7 May 2018	Insured Name Contact No.(Home) OI Value Number Insured Liability *	ONE SERENT CARE NUL SULPSIN	<u></u>	Contact No.(Office) TP Vehicle Number Name of Preferred W	62927575 xD6390D rkshop
eclaration preathalyser or Blood Test peoding? Claim 001 Naw Claim 1995 * Contact No. (Motrie) Email Address Claim Description Preferred Workshop Contact No. Reguire Finalisation Desc Registered	GD-MX errquiry@one2rentcars.com \$11958E / XD63900 ON 7 May 2018 Yes 08/05/2018 18:37	Insured Name Contact No.(Home) OI Value Number Insured Liability * Preference Regain Option	ONE SERENT CARE NUL SULPSIN	<u></u>	Contact No. (Office) TP Vehicle Number Name of Preferred W	62927575 xD6390D rkshop
eclaration preathalyser or Blood Test seeding? craim 001 Naw Claim Type * Contact No. (Motife) Email Address Claim Description Preferred Workshop Contact No. Reguire Finalisation Date Registered Regort Taken By	GD-MX erquiry@one2rentsars.com S1(958E / XDS)900 ON 7 May 2018 Ves	Insured Name Contact No.(Home) OI Value Number Insured Liability * Preference Regain Option	ONE SERENT CARE NUL SULPSIN	<u></u>	Contact No. (Office) TP Vehicle Number Name of Preferred W	62927575 xD6390D rkshop
eclaration leading? claim 001 New Claim 001 New Claim 196 * Connect No. (Mobile) Email Address Claim Workshop Contact No. Regular Finalisation Date Registered	GD-MX errquiry@one2rentcars.com \$11958E / XD63900 ON 7 May 2018 Yes 08/05/2018 18:37	Insured Name Contact No.(Home) OI Value Number Insured Liability * Preference Regain Option	ONEZRENT CAR: NIL SUL9SEE Not at Fault Preferred Work	snop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred W	62927575 xD6390D rkshop
eclaration preathalyser or Blood Test seeding? craim 001 Naw Claim Type * Contact No. (Motife) Email Address Claim Description Preferred Workshop Contact No. Reguire Finalisation Date Registered Regort Taken By	GD-MX errquiry@one2rentcars.com \$11958E / XD63900 ON 7 May 2018 Yes 08/05/2018 18:37	Insured Name Contact No.(Home) OI Value Number Insured Liability * Preference Regain Option	ONE SERENT CARE NUL SULPSIN	snop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred W	62927575 xD6390D rkshop
eclaration leading? Claim 901 New Claim 901 New Claim 1996 * Consect No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Principation Date Registered Regort Taken By Elever & Kietter	GD-MX errquiry@one2rentcars.com \$11958E / XD63900 ON 7 May 2018 Yes 08/05/2018 18:37	Insured Name Contact No.(Home) OI Value Number Insured Liability * Preference Regain Option	ONEZRENT CAR: NIL SUL9SEE Not at Fault Preferred Work	snop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred W	62927575 xD6390D rkshop
eclaration leading? claim 001 New Claim 001 New Claim 1001 New Consect No. (Mobile) Email Address Claim Workshop Contact No. Reguire Finalisation Date Registored Regort Taken By	GD-MX errquiry@one2rentcars.com \$11958E / XD63900 ON 7 May 2018 Yes 08/05/2018 18:37	Insured Name Contact No.(Home) OI Value Number Insured Liability * Preference Regain Option	ONEZRENT CAR: NIL SUL9SEE Not at Fault Preferred Work	snop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred W	62927575 xD6390D rkshop
eclaration ivestifiatives or Blood Test leading? claim 001	GD-MX errquiry@one2rentcars.com \$11958E / XD63900 ON 7 May 2018 Yes 08/05/2018 18:37	Insured Name Contact No.(Home) OI Value Number Insured Liability * Preference Regain Option	ONEZRENT CAR: NIL SUL9SEE Not at Fault Preferred Work	snop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred W	62927575 xD6390D rkshop
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coloration restriative or Blood Test coding? Claim 001	GD-MX	Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Preferend Repair Option Claim Close Date Claim No. Lipload Date	ONE 2RENT CAR: NIL SIL9586 Not at Fault Preferred Work: Seve Submit	DOL CB/05/2018 18-29 Category *	Contact No. (Dffice) TP vehicle Number Name of Preferred W GIA report Date Received Confidencies	62927575 xD6390D Received
eclaration reathalyser or Blood Test coding? Claim 001	QD-MX	Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Preferend Repair Option Claim Close Date Claim No. Lipload Date	ONE 2RENT CAR: NIL SIL 9666 Not at Fault Preferred Work: Seve Submit	DOI DB/OS/2018 18-39 Category *	Confact No. (Dffice) TP vehicle Number Name of Preferred W GIA report Date Received Confidential	62927575 xD6390D Received 08/05/2018 00:00 Urgency * Description *
eclaration reading? Claim 001 Hstw Claim 701 Hstw Claim 701 Hstw Connect No. (Mobile) breating Description Performed Workshop Contact Regular Finalisation Date Registered Regular Finalisation Date Registered Accedent No.	QD-MX	Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Preferend Repair Option Claim Close Date Claim No. Upload Date Bro	ONE 2RENT CAR: NIL SIL 9666 Not at Fault Preferred Work: Seve Submit	DOL CB/05/2018 18-29 Category *	Contact No. (Diffice) TP vehicle Number Name of Preferred W GIA report Date Received Confidencies	62927575 xD6390D Received
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tachment I	List		9	urgency	Description	Mag Sent? Action (CO)
chment	Uploaded By/Date	Category	1	urgence		14503
alta.	NAC_PAVA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Ma y 2018 18:39	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-5-8	Edi
10	NAC_PAYA_UBI_BOOKOI(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Ma	SAS		Normal	SAS 2018-5-0	td
6	MAC_PAYA_UBIL SCORDI(NATIONAL ASSESSMENT CENTRE SERVICES) on 06 Ma	Photos		Normal	Photos 3018-5-8	£4
	NAC_PAYA_UBI_BODGG1(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Ms y 2018 16:38	Photos		Normal	Shotos 2018-5-8	Ed
M	NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Ma y 2018 18:38	Photos		Normal	Photos 2018-5-8	E
	NAC_PAYA_UBL_BODGOTI NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Ma v 2018 18:38	Photos		Normal	Photos 2018-5-8	
	NAC_PAYA_UST_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on OB Ma y 2018 18:38	Photos		Normal	Photos 2018-5-8	
4	y 2018 18:36 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on DB Ma y 2018 18:38	Photos		Normal	Photos 2018-5-8	
	ASSESSMENT CENTRE SERVICES) on DE MA	Photos		Normal	Photos 2018-5-8	9
	Y COLO MADO	Photos		Normal	Photos 2018-5-8	
	NAME AND A PART OF THE PROPERTY NATIONAL ASSESSMENT CENTRE SERVICES) OF OR MA	Photos		Normal	Photos 2018-5-8	
	NAT HAVE HEL ROOKOLI NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Ma	Photos		Normal	Photos 2018-5-8	
134	y 2018 18: 38 NAC_PAYA_UBI_BOSSO1 NATIONAL_ASSESSMENT CENTRE SERVICES) on 08 Ma	Photos		Normal	Photos 2018-5-8	
N.	AND THE SOURCE MATIONAL ASSESSMENT CENTRE SERVICES) on 06 Ma	Photos		Normal	Photos 2018-5-8	
	y 2010 to 181	Photos		Normal	Photos 2018-5-8	
1	V 2018 18:38 NAC_PAYA_UBI_6006011 NATIONAL ASSESSMENT CENTRE SERVICES) on DS Ma	Photos		Normal	Protos 2018-5-8	
E	NAC_PAYA_UBI_BOSO1(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Ma	Photos		Normal	Photos 2018-5-6	
1	y 2018 18.36			Normal	Photos 2018-5-8	
	NAC_PAYA_UDI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Ma y 2018 18:38	Photos				755.49
Video Li	Uproaded Hy/Date Folder Date	File Name		9	Source	Action