

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA118059933-01

Date In: 8/5/18-14:43	Job description	Date & Time Completed	Done by
Ref No: NA/INC18008441/24	SAS e-filing		
Veh No: 5L958E	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 7/5/18-17:10	i-Motor Claim Form	M/0993544-001	8/5/18 8:37
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-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: XD6390D	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 & 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 & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()			
2) QC Check / Post Repair Inspection ()			
3) Upload Resurvey Photo [Repair Cost > \$3000] ()			

Injury: _____

Date/Time	Actions

Claimant's Particulars:-	Driver/Owner:	Contact No:	Damaged Portion:	QC Checked by (Engr-In-Charge):	Auditors' Comments:-	Lat. 1:	Lat. 2 / 3:
NA1802901							

Invoice Preparation Checklist	Ant (\$) for Bill	Ant (\$) Add Bill
1) AR: Accident Reporting (\$30);		
2) DA: Damage Assessment (\$100); INC (\$80)		
3) TF: Towing Fee \$40/\$45		
4) FT: Follow-Through Survey \$120		
5) FT: Follow-Through Survey (Resurvey) \$30		
For claiming against INC Only (wef 10 Jan 2005)		
6) TR: Re-inspection \$75		
7) N1: Idao DA + SMRT Survey \$160		
8) NTUC Additional Services:-		
OD:		
*N5: Courtesy Car / Tpl Allowance \$5		
*N6: Repair Co-ordination \$10		
*N7: Post Repair Inspection \$25		
*N8: DV / Collect Excess Coordination \$5		
TP (N11): TP (Non INC) against INC \$20		
9) N12: Idnc Mobile 30		
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	08/05/2018 14:43
Date Of Accident	07/05/2018 17:10
Exact Location Of Accident	1 NALLUR RD TWDS UPP EAST COAST RD
Country/State of Loss	SINGAPORE

DETAILS 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	
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

Name of Driver	RUSLIGHANI ISKANDAR BIN ABDOL SHUKOR
NRIC No	S7318307C
Date Of Birth	29/05/1973
Occupation	INDOOR
Date Of Driving Pass	20/03/2006
Driving Experience	12 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-85858191
Fax Number	
Contact Number	OFFICE-85858191
Email Address	NOEMAIL

Address	BLK 338 UBI AVENUE 1 #04-855
Postcode	400338
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	4
Passenger 1	NAME: : HANISAH SAKINAH MAWADDAH BINTE RUSLIGHANI ISKANDAR GENDER: : FEMALE
Passenger 2	NAME: : SITI AISHAH MAISARAH BINTE RUSLIGHANI ISKANDAR GENDER: : FEMALE
Passenger 3	NAME: : MUHAMMAD NABIL IKHWAN BIN RUSLIGHANI ISKANDAR GENDER: : MALE

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)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XD6390D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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	RUSLIGHANI ISKANDAR BIN ABDOL SHUKOR
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 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 ambulance?	NO
Address	
Postcode	

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 Person's Signature
Name:
NRIC/FIN No.:

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.

[illegible]

I/We declare the foregoing particulars are true in every respect.

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

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

ACCIDENT DETAILS

Date of accident	07 May 2018	(DD/MM/YY)
Time of accident	05:10pm	(HH:MM)
Exact location of accident	1 Nallur Road towards upper East Coast Road	

DETAILS OF VEHICLE

Vehicle registration number	SJL958E		
Vehicle make and model	Toyota Altis		
Type of vehicle	Saloon <input checked="" type="checkbox"/>	MPV <input type="checkbox"/>	CRV <input type="checkbox"/> Van <input 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			
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	9079229409-01		
Type of policy	Comprehensive <input checked="" 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	201309179N	
Contact		
Address	70 UBI CRESCENT #01-12 UBI TECH PARK SINGAPORE 408570	

SHUKOR

DRIVER

SAME AS INSURED ABOVE ☐ (SKIP TO D.O.B)

Name	RUSLIHANI Iskander Bin Abdul	Male <input type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	87318307C	
Contact	85858191	
Address	Blk 338 Ubi Ave 1 #04-855 S(4D0338)	
Email address		
Date of birth	29-05-1973	
Occupation	Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/>	
Driving date pass	20 Mar 2006	

GENERAL INFORMATION OF THE ACCIDENT

Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If no, relationship of the driver and insured: <u>Hire</u>
Accident captured by camera?	Yes <input type="checkbox"/> No <input checked="" 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>4</u>	(Inclusive of driver)

PASSENGER 1

Name	<u>HANISAH SAKINAH MAWADDAH BINTE RUSLI GHANI</u>	
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	<u>ISKANDAR</u>

PASSENGER 2

Name	<u>SITI AISHAH MAISARAH BINTE RUSLI GHANI</u>	
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	<u>ISKANDAR</u>

PASSENGER 3

Name	<u>MUHAMMAD NABIL IKHWAN BIN RUSLI GHANI</u>	
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	<u>ISKANDAR</u>

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 checked="" type="checkbox"/> No <input type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

DETAILS OF POLICE ACTION

Reported to police?	Yes <input checked="" 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	XD6390D
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	RUSLIGHANI ISKANDAR BIN ABDO SHUKOR.
Injuries sustained	NECK & BACK.
Which vehicle person in?	3JL958E
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	HANISAH SAKINAH MAWADDAH BIN RUSLIGHANI
Injuries sustained	ISKANDAR - NECK & BACK.
Which vehicle person in?	3JL958E
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 3	
Name	SITI AISHAH MAISARAH BIN RUSLIGHANI ISKANDAR.
Injuries sustained	NECK & BACK.
Which vehicle person in?	3JL958E
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 4	
Name	MUHAMMAD NABIL IKHWAN BIN RUSLIGHANI ISKANDAR
Injuries sustained	NECK & BACK.
Which vehicle person in?	3JL958E
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 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"/>

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA118059933 Vehicle Registration No: SL958E
Name(as shown in NRIC) : Ruslighani Iskandar Bin Abdul Shukur NRIC/FIN/Passport No : S7318307c
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : Blk 338 Ubi Avenue 1 #04-835 #04-855 Singapore (400338)
Contact (Tel) : _____ Mobile No.: 8585891
Email Address : _____
Date of Accident : 7/5/18 Time of Accident : 17:10
Place of Accident : 1 Nallur Rd twds upp East Coast Rd
Insurance Company: NTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

1. Amend name of passenger.

Policyholder / Driver's Signature
Date:

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

REPUBLIC OF SINGAPORE
DRIVING LICENCE


Licence Number: **S7318307C**
Name: **RUSLIGHANI ISKANDAR BIN ABDOL SHUKOR**
Birth Date: **29 May 1973**
Issue Date: **21 Apr 2007**

001493257B



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S7318307C**

Name: **RUSLIGHANI ISKANDAR BIN ABDOL SHUKOR**
Race: **MALAY**
Date of birth: **29-05-1973** Sex: **M**
Country of birth: **SINGAPORE**



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

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

PASS DATE: **20 Mar 2006**

NP 428A

Licence No: **S7318307C**

300134

S7318307C

Date of issue: **03-01-2007**

APT BLK 339 UBI AVENUE 1 #04-855
SINGAPORE 400338

NRIC No: **S7318307C** Date: **24/03/2009** No: **6336736**



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 : drive PREMIUM

1. Index mark and Registration Number of Vehicle : **SJL958E**
Chassis Number : **MR053ZEE106132450**
2. Name of Policyholder : **ONE2RENT 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

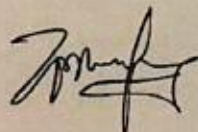
- (a) Use for racing, pace-making, reliability trial or speed-testing.
 - (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
 - (c) Use for any purpose in connection with the Motor Trade.
- # Limitations rendered inoperative by Section 8 of the Motor Vehicle (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
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: YES
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: HENLY ENTERPRISES CO PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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

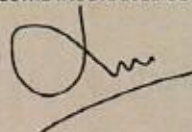
Agency : Marsh (Singapore) Pte Ltd (00000690300)
Date of Issue : 13 Mar 2017 20:10 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.

Date of Accident

07/05/2018 17:10

Vehicle No. (For Motor)

SJL958E

[Search](#)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5079228162-02	ONE2RENT CARS PTE. LTD.	201306179N	GFT	Third Party	SJL958E	SJL958E	03/04/2018	

[Continue](#)

▼ Policy Information

Policy No.	5079228162-02	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	02/04/2018	Effective Date	03/04/2018 00:00	Expiry Date	02/04/2019 23:59
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	1000.00	Outside Singapore TP Excess	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					

▼ 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	5079228162-02		

▶ Insured Object: SJL958E

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
<div>Continue</div> <div>Cancel</div>					

Claim Handling

Claim Handling
The premium on this policy has not been collected.

Accident MT/0993544

Policy No.	5079228162-02	Vehicle No.	SIL9588	GST Registration No.	
Policyholder Name	ONE2RENT CARS PTE. LTD.			Policyholder NRIC	201906179N
Product Code	FLEET INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<input type="text" value=""/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

Accident Details

Report Date		08/05/2018 18:35	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident		07/05/2018	Time of Accident (h:mm)	17:50	Country of Accident	Singapore
Reporting Centre			Orange Force		ICM No.	
Accident Location		1 HALLUR RD TWOS UPP EAST COAST RD				

Benefits

Excess

TW Excess				Windscreen Excess	0.00
Glen damage excess	1,000.00	Additional Excess	0		
(Uninjured Driver) Excess		Outside Singapore OD Excess	1,000.00		
Third Party Excess	1,000.00	Outside Singapore TP Excess	1,000.00		

© GST Registered Information

GST Registered Information		GST Registration Date	
GST Registered	No	GST Status Verified	No
GST Registration No.			
Modification History			

Policyholder Mailing Address

Policyholder Mailing Address		Address 2	#01-12	Address 2	SINGAPORE 408570
Address 1	70 URB CRESCENT	Address Type	Singapore address	Post Code	408570
Address 4	05-12	Related Policy Number	5079228162-02		

[OI Driver Info](#)

OS Driver Info			
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver
Unnamed driver Name	RUSLIGHANI ISKANDAR BIN AB	Driver NRIC	S7318307C
Register Date of Driver License	20/03/2006	Driver Age	44
Contact No.(Mobile)	95856193	Contact No.(Office)	0
Address 1	BLK 338	Address 2	UBI AVENUE 1
Address 4		Address Type	Singapore address
Unit No.	04-855		
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	
		Driver Insurer Company	

Declaration

Declaration			
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No

Modification History

Claim 001 New

Claim Type *	GD-MX	Insured Name	ONE2RENT CARS PTE. LTD.	Insured NRIC	201306179N
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	62927575
Email Address	enquiry@one2rentcars.com	GI Vehicle Number	SJL958E	TP Vehicle Number	XD6390D
Claim Description	SJL958E / XD6390D ON 7 May 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	08/05/2018 00:00
Date Registered	08/05/2018 18:37	Claim Close Date			
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print &K letter					

Attachment

Accident No.	MT/0993544	Claim No.	001		
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	08/05/2018 18:39		

Path *	Category *	Confidential	Urgency *	Description *
Browse...	Clear <input type="text" value="Please Select"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="text" value="Normal"/>	
Browse...	Clear <input type="text" value="Please Select"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="text" value="Normal"/>	
Browse...	Clear <input type="text" value="Please Select"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="text" value="Normal"/>	
Browse...	Clear <input type="text" value="Please Select"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="text" value="Normal"/>	
Browse...	Clear <input type="text" value="Please Select"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="text" value="Normal"/>	
Browse...	Clear <input type="text" value="Please Select"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="text" value="Normal"/>	
Browse...	Clear <input type="text" value="Please Select"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="text" value="Normal"/>	

☐ Send Message

Attachment List							
Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CO)	Action	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Ma y 2018 18:39	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-5-8		Edit	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Ma y 2018 18:39	SAS	Normal	SAS 2018-5-8		Edit	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Ma y 2018 18:38	Photos	Normal	Photos 2018-5-8		Edit	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Ma y 2018 18:38	Photos	Normal	Photos 2018-5-8		Edit	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Ma y 2018 18:38	Photos	Normal	Photos 2018-5-8		Edit	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Ma y 2018 18:38	Photos	Normal	Photos 2018-5-8		Edit	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Ma y 2018 18:38	Photos	Normal	Photos 2018-5-8		Edit	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Ma y 2018 18:38	Photos	Normal	Photos 2018-5-8		Edit	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Ma y 2018 18:38	Photos	Normal	Photos 2018-5-8		Edit	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Ma y 2018 18:38	Photos	Normal	Photos 2018-5-8		Edit	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Ma y 2018 18:38	Photos	Normal	Photos 2018-5-8		Edit	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Ma y 2018 18:38	Photos	Normal	Photos 2018-5-8		Edit	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Ma y 2018 18:38	Photos	Normal	Photos 2018-5-8		Edit	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Ma y 2018 18:38	Photos	Normal	Photos 2018-5-8		Edit	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Ma y 2018 18:38	Photos	Normal	Photos 2018-5-8		Edit	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 08 Ma y 2018 18:38	Photos	Normal	Photos 2018-5-8		Edit	
Video List		Folder Date	File Name	Source	Action		
Uploaded By/Date							
		Display in New Window		Scan and uploading			