NATIONAL Assessment Cen	tre Services. [well Jan'os] A	MA 118662773	XII
Date In: 14/7/18-17: 09	Jeb description	Date & Time Completed	Done by
Res No: NA INC 180087 66 124	SAS e-filing		
Veh No: S66 1832E	E-mail (within Shrs, AIC 2hrs)		•
D.O.A: 12/1/18-19:30	i-Motor Claim Form	M710994306-001	14/5/18 2103
i-Motor W/O (Within: OD 2hrs TP 4hrs)			
OD / TP / Reporting Only	i-Photo Uploaded		
T	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:)
TP Particulars: Veh No: SLF	4797 . 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()	
	,000 ()/\$2,000 ()		
General Remarks:-		Facilities and the first of the	And Silvery Control
() Walk-In Customer: Customers in	formation strictly Confidential & S	Strictly NO refer of repairer.	<u></u>
() Total Loss Case : to e-mail Insu		<u></u>	
Drive-In ()/ Towed-In (); Invoi	ice: YES() / NO();	Towing Co: (.)
Remarks:- (INC hotline: 6788 6616)		Date&Time Completed	Done by
	Courtesy Car ()		
2) QC Check / Post Repair Inspection	()	11.000000000000000000000000000000000000	
3) Upload Resurvey Photo [Repair Cost >	\$3000] ()		
Injury:		111	
		e e te realis	GREAT A CONTRACT
Date/Time Actions		and the second s	esanica) u
		-	
			The second secon
· ·			
ALA CORRESPONDENCE CONTRACTOR CON	1	Chadain	Amt (S) Amt (\$)
NA1803058		eparation Checklist	The Bill Add Bill
laimant's Particulars :-	1) AR : Accider 2) DA : Dameg	e Assessment (\$100); INC (\$	
river/Owner:	3) TF : Towing	Fee . 54 Through Survey	0/\$45 \$120
Contact No:	5) FT : Follow-	Through Survey (Resurvey)	\$30
	6) TR : Re-insp	against INC Only (wef 10 Jan 200) ection	\$75
amaged Portion:	7) N1 : Idao DA	+ SMRT Survey	\$160
	OD*	lional Services:-	
C Checked by (Engr-In-Charge):		cy Car / Tpt Allowance	\$10 \$10
	•N7: Fost Re	Co-ordination pair Inspection	\$25
aditors' Comments :-		ollect Excess Coordination P (Non INC) against INC	\$3 \$20
<u>t. 1:</u>	9) N12: Idea M	obile	30
1. 2/3:	Invoice dated	Fee Charged Fee Charged	mater Jake Jake
	Invoice dated	y as charged	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for Investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the ladgement 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
MARKET - AND COMPANY - LINE -	14/05/2019 17:00

Date Of Report 14/05/2018 17:09
Date Of Accident 12/05/2018 17:30

Exact Location Of Accident SLIP RD WOODLANDS AVE 5 TWDS WOODLANDS AVE 12

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLG1832E

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 CAMRY 2.0 AUTO ABS AIRBAG

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 THIRD PARTY

Fleet Policy YES

Policy Number 5079228162-02

Cover Note Number

Driver

Name of Driver SOEN LEH KENG

 NRIC No
 \$1076535H

 Date Of Birth
 02/09/1953

 Occupation
 OUTDOOR

 Date Of Driving Pass
 02/07/2009

Driving Experience 8 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-82871720

Fax Number

Contact Number OFFICE-82871720

EMail Address NOEMAIL

BLK 24 HOUGANG AVENUE 3 Address

#06-426

530024 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

OTHER - HIRER

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO 2 Number of vehicles involved in the accident Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. 3

Number of Passengers (Including Driver)

Passenger 1

GENDER: MALE

Passenger 2

NAME: . .

NAME:

GENDER: : MALE

Details of Police Action

Was the accident reported to the police? If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

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 NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SLF4797J Vehicle Registration Number HONDA VEZEL Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category CHOY SIEW LING Name of Driver S7112119D NRIC/Passport Number

Contact Number

Address Postcode Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the dains process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>stuthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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 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 aforesald.
- 8. Consent under the Personal Data Protection Act (PDPA)

l 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:
 - 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 daims 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)

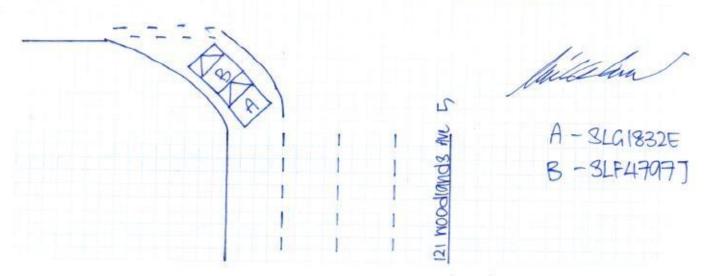
Date & Time:

Reporting Centre Personnel

Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUIVISTANCES OF THE ACCIDENT

I was travelling along 121 Woodlands Ave 5 towards Woodlands Ave 12. While I was travelling along the slip road of 121 Woodlands ave 5 towards Woodlands Ave 12, vehicle B suddenly stopped and I collided onto the rear portion of vehicle B.

DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personne'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	12 May 2018	(DD/MM/YY)
Time of accident	5:30PM	(HH:MM)
Exact location of accident	slip road of moodlands	Ave 5 towards woodland

	DETAILS OF VEHICLE
Vehicle registration number	SLG1832E
Vehicle make and model	TOUDTA CAMPU
Type of vehicle	Saloon MPV CRV Non O
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 INFORMATION	
Insurance company	NTUC	
Policy number	5079228162-02	
Type of policy	Comprehensive Third party fire & theft a	TP only □

	INSURED / POLICY HOLDER		
Name	ONE2RENT CARS PTE LTD	Male 🗆	Female 🗆
NRIC / Fin / Passport number	201306179N		
Contact	· ·		
Address	70 UBI CRESCENT #01-12 UBI TECH PARK SINGAPORE 408570		

DRIVER	SAME AS INSURED ABOVE [(SKIP	TO D.O.B)	
Name	Soen Leh Kena	Male	Female 🗆
NRIC / Fin / Passport number	S1076F35H		
Contact	82871720		
Address	BIK 24 HOUGANG AVU 3 #06-426 9(530024)		
Email address			
Date of birth	02-09-1953		
Occupation	Indoor D Outdoor		
Driving date pass	02 JUIU 2009		

G	GENERAL INFORMATION OF THE ACCIDENT
Was driver an employee of	Yes 🗆 No 🗹
the insured's company?	If no, relationship of the driver and insured: Hirty
Accident captured by camera?	
Weather condition	Clear Raining Others:
Road surface	Dry Wet 🗆
No of passenger	2 (Inclusive of driver
No or passenger	7
	PASSENGER 1
	ALCOHOL STATE OF THE STATE OF T
Name	Male Female =
Gender	Male Female
	PASSENGER 2
Name	Grab Passengur
Gender	Male Female
	PASSENGER 3
Name	
Gender	Male Female
	PASSENGER 4
Name	
Gender	Male Female
THE RESERVE OF THE PARTY OF THE	PASSENGER 5
Name	
Gender	Male Female
	PASSENGER 6
Name	
Gender	Male - Female -
Genden	
The second secon	OXHER INFORMATION
Was anybody injured?	Yes D No Z
Was other vehicle damaged?	Yes D No D
was other venicle damaged:	1039 1103
	DETAILS OF POLICE ACTION
Departed to notice 2	Yes No If yes, please state which police station.
Reported to police? Police station name	162 11 Mo 11 Mes, piease state which ponce station.
Police Station name	
	WITNESS 1
	WITNESS 1
Name	
	WITNESS 2
Name	
92.	

	THIRD PARTY VEHICLE 1
Vehicle registration number	3LF4797J
Vehicle make model	Honda Vizel
Name	Chou Sim Ling
NRIC / Fin / Passport number	371121190
The state of the s	511/21141/
Contact	
	THIRD PARTY VEHICLE 2
Vahiala registration number	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THE PARTY VEHICLE 2
A STATE OF THE STA	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	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes 🗆 No 🗆
Was injured conveyed to	Yes 🗆 No 🗆
hospital by ambulance?	
Wash Care Color of the Color of	INJURED PERSON 2
Name	INJURED PERSON 2
2/20/20 20/20	
Injuries sustained	
Which vehicle person in?	Yes D No D
Were seat belts worn?	
Was injured conveyed to	Yes 🗆 No 🗆
hospital by ambulance?	
	INJURED PERSON 3
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to	Yes D No D
hospital by ambulance?	
No. 180 Ve. XX	
TOTAL WINDS	INJURED PERSON 4
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes 🗆 No 🗆
Was injured conveyed to	Yes No
hospital by ambulance?	
	INJURED PERSON 5
Name	TO DRED PERSON 3
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes No No
Was injured conveyed to	Yes No
hospital by ambulance?	1630 1100
	INJURED PERSON 6
Name	
radine	
Injuries sustained	
10 DECEMBER 1	
Injuries sustained	Yes No
Injuries sustained Which vehicle person in?	Yes No

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1076535H





Name

SOEN LEH KENG



CHINESE 02-09-1953 M

SINGAPORE



ODLIC OF SINGAPONE UNIVING LICENCE

Partor Number: \$1076535H

SOEN LEH KENG

Birth Date: 02 Sep 1953 Issue Date: 02 Jul 2009

MINIO No. S1076535H



22-12-2004

APT BLK 24 HOUGANG AVENUE 3 #06-426 SINGAPORE 530024

NRIC No: \$1078535H

Date: 18/01/2017

DU AND AMERICED TO DRIVE VEHICLES IN THE FULLOWING LLASS.



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: 5079228162-02

Cover : Third Party

1. Index mark and Registration Number of Vehicle

: SLG1832E

Chassis Number

: MR0538K4107032391

2. Name of Policyholder

: ONEZRENT CARS PTE. LTD.

3. Effective Date of Insurance

: 03 Apr 2018

4. Expiry Date of insurance

: 02 Apr 2019

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Pollcyholder'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)	: N/A
EXCESS (SECTION 2)	
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	; N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: LAKE-VIEW CREDIT PTE LTD
SUM INSURED	: N/A

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

: 02 Apr 2018 11:45 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBao Tech								PALO	Gene	eralClaim
Hello, NAC_PAYA_UBI_80	0601			THE RESERVE SPECIAL			Change Lan	iguage ,	Change Passwo	rd • Log Ou
My Desktop	Policy Query									
Notice of Loss	Policy N	lo.				Date of Ac	cident	12/05/	2018 17:30	
	Vehicle	No.(For Motor)	SLG1832E							
						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	SLG1832E	SLG1832E	03/04/2018	
					8	Continue				

olicy No.	5079228162-02	Policyholder Name	ONEZRENT	CARS PTE. LTD.	Policyholder NRIC	201306179N	
ddress	70 UBI CRESCENT #01-12 SIN	GAPORE 40857	0				
Product Name	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 2	3:59
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	g/Inexperience Driver Excess
Agent	Marsh (Singapore) Pte Ltd	Agent Tel.	63277687		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policy	holder Mailing Address						
Address 1	70 UBI CRESCENT	Addre	ess 2	#01-12		Address 3	SINGAPORE 408570
Address 4		Addr	ess Type	Singapore address		Post Code	408570
Unit No.	01+12 Relat		ed Policy 5079228162-02				
	ed Object: SLG1832E						
D Insure	ed Object: SEG1832E						
D Insure	Checker work						

icy No.	5079228162-02	Vehicle No.	SLG1402E	GST Registration No.	201306179N
icyholder Name	ONEZRENT CARS PTE. LTD.			Policyholder NR3C	201306179N
sduct Code	FLEET INSURANCE	Cover Type	Third Party	Loading	0
react No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
nail Address	Country Williams	Special Remark		eCode	u v
к	® No ○Yes	TCA	® No ○Yes	eCode Reason	
D Protection	No	NCO Enotlement(%)	0	Private Hire	Yes
Accident Details	50 10 10 10 10 10 10 10 10 10 10 10 10 10	Page 100 to page 100 to page 100	19025	2 CONTROL NO. 10.	Political Standay Stand
port Date	14/05/2018 21:00	Accident Report Within 24 hrs		Academ Type	Collision - Head to Rear
te of Accident	12/05/2018	Time of Accident hh:mm	17:30	Country of Accident	Singapore
porting Centre		Orange Force		ICM No.	
cident Location	SLIP RD WOODLANDS AVE 5 TWDS WOODL	ANDS AVE 12			
Benefits					
Excess		/ Co. Core-Communi			
in damage Excess	1,000.00	Additional Excess	0	Windscreen Excess	0.00
named Driver Excess		Outside Singapore OD Excess	1,000.00		
rd Party Excess	1,000,00	Outside Singapore TP Excess	\$,000.00		
GSY Registered Informa			Lead at Art Control of the Control o		
T Registered	Yes		GST Registration Date	01/12/2015	
T Registration No.	2013061799		GST Status Verified	Yes	
dification History					
Pelicyholder Hailing Ad	dress				
Pelicyholder Halling Ad Sress I	70 UBL CRESCENT	Address 2	#01-12	Address 3	SINGAPORE 408570
	Co. Sale Supplements	Address Type	Singapore address	Post Code	408570
idress 4	01+12	Related Policy Number	5079228162-02	8400000000	610000
nit No.	01+12	Related Policy Number	30/9228162-02		
OI Driver Info		Driver Type	Unnamed Driver		
iver Name	Unnamed Driver SOEN LEH KENG	Driver Type Driver NRIC	\$1076535H	Driver DOB	02/09/1953
named driver Name			64	Driving Experience	8
gister Date of Driver License		Driver Age Contact No.(Office)	0	Contact No.(Home)	a
oneact No.(Mobile)	82871720	Address 2	HOUGANG AVENUE 3	Address 3	SINGAPORE 530024
foress 1	BCK 24			Post Code	530024
Idress 4		Address Type	Singapore address	Post Code	330024
	4.00				
	D6-426			WOUNDAY ON WOUNDAY ON	
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es he own a Singapore gistered car? claration eathalyser or Blood Test ading? dification History Claime 601 New im Type * react No. (Mobile)	O mg	Any injury? Insured Name Contact No.(Home)	ONESRENT CARS PTE. LTD.	Insured NRIC Centact No.(Office)	62927575
es he own a Singapore gistered car? claration eathalyser or Blood Test ading? dification History Claime 601 New im Type * react No. (Mobile) has Address	○ Yes ® No O mg CO-MX V enquer@one2renters.com	Any injury?	ONE PRENT CARS PTE. LTD.	Insured NRIC Centact No.(Office) TP Venicle Number	62927\$75 SLF4797)
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