| NATIONAL Assessment Cer | itre Services. well Janos | WHAI186CAZPP | | |
|--|---|---|---|---------------|
| Date In: 17/5/8-18:14 | Jeb description | Date &Time Completed | Done | py. |
| Res No: NAJ INC 18 6 39 00 5 /24 | SAS e-filing | | | |
| Veh No: SKU95329 | E-mail (within Shrs, AIC 2hrs) | | | ુ |
| D.O.A: 17/18-16 W | i-Motor Claim Form | MT/0994794-001 | 17/18 18 | 3:35 |
| | i-Motor W/O (Within: OD 2hr | rs, TP 4hrs) | | |
| OD / TP Reporting Only | i-Photo Uploaded | 1 | - Independent | in the second |
| TP Insurer: | Assessment/Survey Report | | | |
| IT insurer. | Ass't Report by Fax / Hand | to Owner/Wksp | | |
| Preferred Wksp / INC Assign Wksp / QW: (| | Tel: F | ax: | |
| TP Particulars: Veh No: St | ,06090 . INC(|)/Non-INC(). | | |
| Owner / Driver: (| | Tel: |) | |
| Policy No: () | Period: (| Cover Type: (|) | |
| Confirmed by : (| Date: | Time: |) | |
| Insured/Driver Liability: (% |) [Note-Est. Status (WO): N: 0-2 | 0%; P: 21-79%. P: 80-1 | 00%] | |
| Year of Registration: () | Warranty: YES ()/NO (|) | | |
| Excess: (\$) Loading: \$ | 1,000 ()/\$2,000 () | | | |
| General Remarks: | | 327 386 28 60 28 67 1 | 175 | week. |
| Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance () | / Courtesy Car () | Date&Time Completed | Jane 1 | by |
| 2) QC Check / Post Repair Inspection | () | 1 | | |
| 3) Upload Resurvey Photo [Repair Cost> | \$30001 () | | | |
| | | 347 345 7 | | |
| Injury: | | · · · | | - |
| Date/Time Actions | | | REPLOATEE | |
| | | | | - |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | 1 | | | |
| NA1803122. | Inveice Pre | paration Checklist | Am((S) | 7.00 |
| NA1803122. | 1) AR : Accident | Reporting (\$30); | fá Bill | 7.00 |
| NA 80 3 2 2 . laimant's Particulars :- | 1) AR : Accident 2) DA : Damege 3) TF : Towing F | Reporting (\$30); Assessment (\$100); INC (\$80 ce \$40/ | fit Bill 0) /545 | 7.0000000 |
| NA 80 3 2 2 . laimant's Particulars :- | 1) AR : Accident 2) DA : Damege 3) TF : Towing F 4) FT : Follow-Ti | Reporting (\$30); Assessment (\$100); INC (\$80 oc \$40/ | fieBill 0) | 7.00 |
| NA 803122. laimant's Particulars:- | 1) AR : Accident 2) DA : Darrage 3) TF : Towing F 4) FT : Follow-Ti 5) FT : Follow-Ti For claiming as | Reporting (\$30); Assessment (\$100); INC (\$80 ee \$400 brough Survey \$ brough Survey (Resurvey) gainst INC Only (wef 10 Jen 2005) | 7545 5120 530 | 7.00 |
| NA1803122. | 1) AR : Accident 2) DA : Darrage 3) TF : Towing F 4) FT : Follow-Ti 5) FT : Follow-Ti For claiming as 6) TR : Re-inspec | Reporting (\$30); Assessment (\$100); INC (\$80 ee \$400 brough Survey \$ brough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005) | 7 FE Bill 00) 75 45 51 20 53 0 | 7.00 |
| NA 803122. Inimant's Particulars:- river/Owner: ontact No: | 1) AR : Accident 2) DA : Damage 3) TF : Towing F 4) FT : Follow-Ti 5) FT : Follow-Ti For claiming as 6) TR : Re-inspec 7) N1 : Idao DA : 8) NTUC Additio | Reporting (\$30); Assessment (\$100); INC (\$86 ee \$400 brough Survey \$ brough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005) stion SMRT Survey \$ | 7545 5120 530 575 | 7.00.00 |
| NA 803122. Inimant's Particulars:- river/Owner: ontact No: | 1) AR : Accident 2) DA : Damage 3) TF : Towing F 4) FT : Follow-Ti 5) FT : Follow-Ti For claiming as 6) TR : Re-inspec 7) N1 : Idao DA = 8) NTUC Additio OD* | Reporting (\$30); Assessment (\$100); INC (\$86 ee \$400 brough Survey (Resurvey) reinst INC Only (wef 10 Jan 2005) stion + SMRT Survey \$ anal Services:- | 7545 5120 530 575 | 7.00.00 |
| NA 80 3 2 2 . Inimant's Particulars :- river/Owner: ontact No: amaged Portion: | 1) AR: Accident 2) DA: Damage. 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming a: 6) TR: Re-inspec 7) N1: Idao DA: 8) NTUC Additio OD* *N5: Courtesy *N6: Repair Co | Reporting (\$30); Assessment (\$100); INC (\$86 ee \$400 brough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005) etion + SMRT Survey \$ call Services:- Car / Tpl Allowance condination | 75 Bill (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) | 7 10 10 10 10 |
| NA 80 3 2 2 . Inimant's Particulars :- river/Owner: ontact No: amaged Portion: | 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming as 6) TR: Re-inspec 7) N1: Idao DA: 8) NTUC Additio OD* *N5: Courtesy *N6: Repair Co *N7: Post Rep | Reporting (\$30); Assessment (\$100); INC (\$86 ee \$400 brough Survey (Resurvey) reinst INC Only (wef 10 Jan 2005) stion - SMRT Survey \$ anal Services:- Car / Tpt Allowance pordination air Inspection | 7545 5120 530 575 5160 | 7.00 |
| NA 80 3 2 2 . Inimant's Particulars :- river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge): | 1) AR : Accident 2) DA : Darrage . 3) TF : Towing F 4) FT : Follow-Ti 5) FT : Follow-Ti For claiming as 6) TR : Re-inspec 7) N1 : Idao DA * 8) NTUC Additio OD* *N5: Courtesy *N6: Repair Co *N7: Post Repair Co *N7: Post Repair Co *N8: DV / Coll TP (N11) : TP | Reporting (\$30); Assessment (\$100); INC (\$80); ee \$400 brough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005); stion + SMRT Survey \$50 broad Services:- Car / Tpt Allowance pordination air Inspection lect Excess Coordination (Non INC) against INC | 55 510 525 535 520 | Amu(\$ |
| NA 80 3 2 2 . Inimant's Particulars :- river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge): Iditors! Comments :- | 1) AR : Accident 2) DA : Darrage 3) TF : Towing F 4) FT : Follow-Ti 5) FT : Follow-Ti For claiming as 6) TR : Re-inspec 7) N1 : Idao DA = 8) NTUC Additio OD* *N5: Courtesy *N6: Repair Co *N7: Post Repair *N8: DV / Coll | Reporting (\$30); Assessment (\$100); INC (\$80); ee \$400 brough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005); stion + SMRT Survey \$50 broad Services:- Car / Tpt Allowance pordination air Inspection lect Excess Coordination (Non INC) against INC | 54 Bill 50 5120 5330 575 5160 525 53 520 530 50 50 50 50 50 50 50 50 50 50 50 50 50 | 7 10 10 10 10 |

Figure 1 1.70

SINGAPORE ACCIDENT STATEMENT

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.
- 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.

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.

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.

| ACCI | DENI | STA | 100 | IENT |
|------|------|-----|-----|------|
| ACCI | DEN | SIA | -11 | EN |

Date Of Report 17/05/2018 18:14

Date Of Accident 17/05/2018 16:05

Exact Location Of Accident SERANGOON GARDEN WAY TWDS SHELL PETROL STATION

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKU9532G

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 CLASSIC 1.6 CVT

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?

40

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 COMPREHENSIVE

Fleet Policy YES

Policy Number 5079229409-02

Cover Note Number

Driver

Name of Driver CHEN TECK YOONG

 NRIC No
 S1127659H

 Date Of Birth
 19/01/1955

 Occupation
 OUTDOOR

 Date Of Driving Pass
 19/04/1973

Driving Experience 45 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-94354941

Fax Number

Contact Number OFFICE-94354941

EMail Address NOEMAIL

BLK 518 SERANGOON NORTH AVENUE 4 Address

#09-214 550518

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

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 2 Number of vehicles involved in the accident

NO Was any body injured in the Accident?

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) 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

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

Was there any audio recorded?

NO

NO

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

SLU6629U Vehicle Registration Number SUBARU XV Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

INVIPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyhelder sad/or the Authorised Driver.
- Information provided must be as <u>mathful</u> and accurate as <u>possible</u>. Any uniful mest epresentation or withholding of material facts may allow insurance companies to <u>repudiate policy Bability</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.
- Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centro 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 incurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aloresaid.
- 8. Consent under the Personal Data Protection Act (PDPA)
 - lunderstand, arknowledge, 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 one 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 farms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the pelice), 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, involves, 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 permittee 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:

Apple Toronto

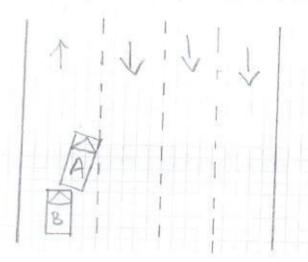
Oriver's Signeture (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



A! Sku 9532 G B: SLU 66 24U

off Ryou"

DESCRIBE CIRCURVISTANCES OF THE ACCIDENT

I was travelling along Serangoon garden turning right towards shell petrol station, stationary while waiting for the oncoming traffic to clear; suddenly I felt an impact from the rear portion of my vehicle.

DECLARATION

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

Policyholder's Signature Date & Time:

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

Name: NRtC/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.

| Date of accident | 17-05-2018 | (DD/MM/YY |
|----------------------------|---------------------------------|--------------------------------|
| Time of accident | 4:02bw | MM:HH) |
| Exact location of accident | SERMULTERN Gunden model turning | towards sevengeen garden shell |

| | DETAILS OF VEHICLE |
|---|--|
| Vehicle registration number | SKU 95326 |
| Vehicle make and model | To Yota Mitis |
| Type of vehicle | Saloon MPV CRV Van D |
| Vehicle category | Private Commercial Motorcycle |
| Purpose of using at said time | CHEVAS |
| Are you claiming under your own insurance company? | Yes □ No □ if no, please select: Third part claim Ø Reporting only □ |

| | INSURANCEIN | FORMATION | |
|-------------------|---------------|----------------------------|-----------|
| Insurance company | NTUC | | |
| Policy number | | | |
| Type of policy | Comprehensive | Third party fire & theft 🗆 | TP only 🗆 |

| | INSURED / POLICY HOLDER | | |
|------------------------------|--|--------|----------|
| Name | ONEZRENT CARS PTE LTD | Male 🗆 | Female o |
| 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 | CHEN TECK YOOM Male & Fema | ale 🗆 |
| NRIC / Fin / Passport number | S 1127659H | |
| Contact | 9435 4941 | |
| Address | B 518 Semyen worth Are 4 #09-214 Sygen 550518 | |
| Email address | | |
| Date of birth | 19-01-1955 | |
| Occupation | Indoor Outdoor Outdoor | |
| Driving date pass | 19. HPK. 1973. | |

| | ENERALIN | NFORMATION OF THE ACCIDENT |
|--|---|--|
| Was driver an employee of | Yes 🗆 | No E |
| the insured's company? | If no, rela | ationship of the driver and insured: HMER. |
| Accident captured by camera? | Yes 🛮 | No 🗆 - |
| Weather condition | Clear II | Raining Others: |
| Road surface | Dry 🖂 | Wet 🗆 |
| No of passenger | l. | (Inclusive of driver) |
| | | |
| 一种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种 | I E SINE | PASSENGER 1 |
| Name | CHE | |
| Gender | Male @ | Female D |
| | | |
| | Take with | PASSENGER 2 |
| Name | | |
| Gender | Male 🗆 | Female |
| | | |
| THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER. | September 18 | PASSENGER 3 |
| Name | | |
| Gender | Male 🗆 | Female D |
| The state of the s | V-0.1 | |
| 以 | Party. | PASSENGER 4 |
| Name | | |
| Gender | Male 🗆 | Female |
| | | |
| | | PASSENGER 5 |
| Name | | |
| Gender | Male 🗆 | Female a |
| | | |
| | A REPORT | PASSENGER 6 |
| Name | | |
| Gender | Male 🗆 | Female 🗆 |
| 4 | | |
| And the same of the same | 1 | OTHER INFORMATION |
| Was anybody injured? | Yes 🗆 | No of |
| Was other vehicle damaged? | Yes 🗹 | No 🗆 |
| | 10000 | The art power vertical |
| | the latest devices in | No of If yes, please state which police station. |
| Reported to police? | Yes 🗆 | No of If yes, please state which police station. |
| Police station name | | |
| | Sales Anna Paris | WITNESS 1 |
| | | WHINE22 T |
| Name | | |
| | Mar Condition of the Land | |
| MARKS SERVED BY THE PARTY OF TH | 25.25 | WITNESS 2 |
| Name | | |

| TO SERVICE OF THE PARTY OF THE PARTY. | THIRD PARTY VEHICLE 1 |
|---------------------------------------|-----------------------|
| Vehicle registration number | SLU 6629U |
| Vehicle make model | SUBARU XV |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |

| (FEEE BLACKS TO THE THE SECOND | 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 | |

| 医多种性的现在分词形式 | THIRD PARTY VEHICLE 5 |
|------------------------------|-----------------------|
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |

| THE RESERVE THE PERSON NAMED IN | 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 | |

| THE RESERVE OF THE PARTY. | THE SHAPE | INJURED | PERSON 1 | 自己为于75.000000000000000000000000000000000000 | SEW P |
|--|-------------------------|-------------------|----------|--|--------------------|
| Name | | The second second | | | |
| Injuries sustained | | | | | |
| Which vehicle person in? | | | | 14.0 | |
| Were seat belts worn? | Yes 🗆 | No 🗆 | | | |
| Was injured conveyed to | Yes 🗆 | No 🗆 | | | |
| hospital by ambulance? | 01/06/07/2020 | | | | |
| | | | | | |
| | A STATE OF THE PARTY OF | INJURED | PERSON 2 | 1 1/10-11-15 | |
| Name | THE RESERVE | Participan | | | |
| Injuries sustained | | | | | |
| Which vehicle person in? | | | | | |
| Were seat belts worn? | Yes□ | No 🗆 | | | |
| Was injured conveyed to | Yes 🗆 | No 🗆 | | | |
| hospital by ambulance? | 0.0300.00 | West Total | | / | |
| | | | | | |
| | 12000 | INJURED | PERSON 3 | THE STATE OF THE S | -5 |
| Name | | | | | |
| Injuries sustained | | | | | |
| Which vehicle person in? | | 11-11-11 | | | |
| Were seat belts worn? | Yes 🗆 | No□ | | | |
| Was injured conveyed to | Yes□ | No 🗆 | / | | |
| hospital by ambulance? | | | | | |
| | | | | | |
| COMPLET WARREN | | INJURED | PERSON 4 | | |
| Name | | \wedge | | 11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1 | |
| Injuries sustained | | | | | |
| Which vehicle person in? | | | | | |
| Were seat belts worn? | Yes □ | /No 🗆 | | | |
| Was injured conveyed to | Yes 🗆 / | No 🗆 | | | |
| hospital by ambulance? | / | | | | |
| | | | | | |
| 10000000000000000000000000000000000000 | / | INJURED | PERSON 5 | | |
| Name | | | | | |
| Injuries sustained | | | | | |
| Which vehicle person in? | | -140 | | \ | - 0- |
| Were seat belts worn? | Yes 🗆 | No 🗆 | | | |
| Was injured conveyed to | Yes 🗆 | No □ | | | |
| hospital by ambulance? | | | | | |
| | | VI Indiana | | ALTERNATION AND ADDRESS OF THE PARTY. | TOTAL CONTROL |
| | No. of Street, Street, | INJURED | PERSON 6 | The state of the s | THE REAL PROPERTY. |
| Name | | | | | |
| Injuries sustained | | | | | |
| Which vehicle person in? | 100-100 | 1000000 | | | |
| Were seat belts worn? | Yes 🗆 | No 🗆 | | 1 | |
| Was injured conveyed to | Yes 🗆 | No 🗆 | | 1 | |
| hospital by ambulance? | 162 [| NO L | | | |



REPUBLIC OF SINGAPORE IDENTITY CARD HO S1127659H





CHEN TECK YOUNG

inon in 龍

CHINESE 19-01-1955

HOESSYSIES

4150.5

SINGAPORE

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

PASS DATE

Motor Cars and Motor Trectors the weight of which unleden does not exceed 2500 kilograms

19 Apr 1973

S1127659H

15-03-2008

APT BLK 518 SERANGOON NORTH AVENUE 4 #09-214 SINGAPORE 550518

| eBaoTech | | | | | | | | | Gene | eralClaim |
|-------------------------|----------|-------------------|---|----------------------|---------|---------------|----------------|-------------------|------------------|---------------|
| Hello, NAC_PAYA_UBI_800 | 0601 | | 100000000000000000000000000000000000000 | | | | Change Lan | guage) | Change Passwo | ord + Log Out |
| My Desktop | Poli | cy Query | | | | | | | | |
| Notice of Loss | Policy N | 10. | | | | Date of Acc | ident | 17/05/ | 2018 16:05 | |
| | Vehicle | No.(For Motor) | SKU9532G | | | | | | | |
| | | | | | | Search | | | | |
| | Select | Policy No. | Policyholder Name | Policyholder NRJC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
| | 0 | 5079229409- 02 | ONEZRENT CARS PTE. LTD. | 201306179N | GFT | drivo PREMIUM | SKU9532G | SKU9532G | 03/04/2018 | |
| | | | | | - 1 | Continue | | | | |

| Policy No. | 5079229409-02 | Policyholder Name | ONEZRE | NT CARS PTE. LTD. | Policyholder NRIC | 201306179 | |
|--|--|-----------------------------------|---------------------------------------|------------------------------------|--|------------------------|---|
| Address | 70 UBI CRESCENT #01-12 SIN | GAPORE 40857 | 70 | | | | |
| Product Name | FLEET INSURANCE | Plan | | | Group Policy Flag | N | |
| Policy ssue Date | 02/04/2018 | Effective Date | 03/04/20 | 018 00:00 | Expiry Date | 02/04/2019 | 23:59 |
| xcess | | All Claim Excess | | | | | |
| Third Party excess | 1000.00 | Own damage 1000.00 Excess | | | Windscreen Excess | 0.00 | |
| Additional Excess | 0 | OS Premium | 25830.66 | 6 | | | |
| Outside Singapore OD Excess | 1000:00 | Outside Singapore TP Excess | 1000.00 | | | You | ng/Inexperience Driver Excess |
| Agent | Marsh (Singapore) Pte Ltd | Agent Tel. | 6327768 | 87 | GST Flag | Υ | |
| Co- nsurance | No | | | | | | |
| | | | | | | | |
| Flag Open Policy | | | | | | | |
| Flag Open Policy Info Certificate | | | | | | | |
| Plag Open Policy nfo Certificate nfo | holder Mailing Address | | | | | | |
| Plag Open Policy Info Certificate Info Policy | holder Mailing Address 70 UBI CRESCENT | Addri | ess 2 | #01-12 | | Address 3 | SINGAPORE 408570 |
| Flag Open Policy Info Certificate Info Policy Address 1 | N LOW THE DESIGNATION OF THE PARTY OF THE PA | | ess 2 ess Type | #01-12 Singapore address | | Address 3 Post Code | SINGAPORE 408570 408570 |
| Flag Open Policy Info Certificate Info Policy Address 1 Address 4 | N LOW THE DESIGNATION OF THE PARTY OF THE PA | Addre | ess Type ed Policy | | | | |
| Plag Dipen Policy Info Certificate Info Policy Address 1 Address 4 Juit No. | 70 UBI CRESCENT | Addre Relat | ess Type ed Policy | Singapore address | | | |
| Den Policy of Po | 70 UBI CRESCENT 01+12 ed Object: SKU9532G | Addre Relat | ess Type ed Policy | Singapore address | | | |
| Plag Dipen Policy Info Certificate Info Policy Address 1 Address 4 Juit No. | 70 UBI CRESCENT 01+12 ed Object: SKU9532G sements | Addre Relat | ess Type ed Policy ber | Singapore address | 0.2.11.2.1.2.1.2.2.2.2.2.2.2.2.2.2.2.2.2 | | Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(has/have been deleted from this |
| Flag Open Policy Info Certificate Info PolicyI Address 1 Address 4 Unit No. Insure Endors | 70 UBI CRESCENT 01+12 ed Object: SKU9532G sements | Addre Relat Numl | ess Type ed Policy ber ent Type ation | Singapore address 5079228162-02 | 0.2.11.2.1.2.1.2.2.2.2.2.2.2.2.2.2.2.2.2 | Post Code | Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s |

| ncy No. | 5079329409-03 | Vehicle No. | SKU9532G | GST Registration No. | 201306179N |
|--|---|--|--|---|---|
| Nicyholder Name | ONEZRENT CARS PTE. LTD. | | | Policyholder NR1C | 201306179N |
| oduct Code | FLEET INSURANCE | Cover Type | drivo PREMIUM | Loeding | 0 |
| ritact No.(Mobile) | 0 | Contact No. (Office) | 0 | Contact No.(Home) | 0 |
| nial Address | | Special Remark | | eCode | Tru. V |
| es. | ® No ⊜ Yes | TCA | No ○ Yes | eCode Reason | |
| CD Protection | No | NCD Entitlement(%) | 0 | Private Hire | Yes |
| Accident Details | | | | | |
| port Date | 17/05/2018 18:31 | Accident Report Within 24 hrs | ves | Accident Type | Damaged whest parked |
| Me of Acodem | 17/05/2018 | Time of Accident hhimm | 16:03 | Country of Accident | 2 ingapore |
| eporting Centre | 1110012010 | Orange Force | G1075 | ICM No. | 870 TST8800 |
| codem Location | SERANGOON GARDEN WAY TWOS SHELL PE | | | | |
| Benefits | SEGMEDOUR GARDEN WAT THOS SPEED PE | The athlese. | | | |
| Z Excess | | | | | |
| | 1.000.00 | Additional Excess | 0 | Windscreen Excess | 0.00 |
| wn damage Excess | 1,000.00 | Outside Singapore OD Excess | 1,000.00 | The second second | |
| nnamed Driver Excess | 0.095.00 | | 1,000,00 | | |
| ed Party Excess | 1,000.00 | Duraide Singapore TP Excess | 1,002.00 | | |
| GST Registered Informa | | | GST Registration Date | 01/12/2015 | |
| ST Registered ST Registration No. | Yes 201306179N | | GST Status Ventiled | Yes | |
| adfication History | And the second | | | | |
| | | | | | |
| Policyholder Mailing Ad | dress | | | | |
| idress 1 | 70 UBI CRESCENT | Address 2 | #01-12 | Address 3 | SINGAPORE 408570 |
| sciness 4 | | Address Type | Singapore address | Post Code | 408570 |
| nit No. | 01+12 | Related Policy Number | 5079228162-02 | | |
| OI Driver Info | | | | | |
| river Name | Unnamed Driver | Driver Type | Unnamed Driver | | |
| nnamed driver Name | CHEN TECK YOUNG | Driver NRIC | 5112765944 | Driver DOB | 19/01/1955 |
| egister Date of Driver License | 19/04/1973 | DriverAge | 63 | Driving Expenence | 45 |
| ontact No.(Mobile) | 94354941 | Contact No.(Office) | 0 | Contact No. (Home) | 0 |
| ddress 1 | BLK 518 | Address 2 | SERANGOON NORTH AVENUE 4 | Address 3 | SINGAPORE \$50518 |
| ddress 4 | | Address Type | Singapore address | Post Code | 550518 |
| nit No. | 09-214 | | | | |
| oes he own a Singapore | ○ Yes ® No | Driver Vehicle No. | | Driver Insurer Company | |
| egistered car? | | | | | |
| | | | | | |
| claration | | | | | |
| eathalyser or Blood Test | 0 ma | Any injury? | ○ Yes ® No | | |
| reathalyser or Blood Test | 0 mg | Any Injury? | ○ Yes ® No | | |
| eclaration reachalyser or Blood Test eading? | © mg | Any injury? | © ves ® № | | |
| eathalyser or Blood Test bading? | © mg. | Any injury? | ○ Yes ® No | | |
| eathalyser or Blood Test advig? dification History | © mg. | Απγ ιημιγ? | ○ Yes ® No | | |
| eathalyser or Blood Test ading? dification History | © mg. | Απγ ισμιγέ | ○ Yes ® No | | |
| reathalyser or Blood Test eading? addition History Claim 001 New | | | | Insured NRIC | 2013061794 |
| eathalyser or Blood Test auding? odification History Claim 001 New wm Type * | o mg | Insured Name | ONEZRENT CARS PTE. LTD. | | |
| eathalyser or Blood Test lading? Indification History Claim 001 New wm Tyse * | 00-MX | Insured Name Contact No.(Home) | ONEZRENT CARS PTE: LTD. | Contact No.(Office) | 62927575 |
| eathalyser or Blood Test adding? odification History Claim 001 New wm Type * ordact No. (Mobile) mail Address | enquiry@one2rentzars.com | Insured Name | ONEZRENT CARS PTE. LTD. | Consect No.(Office) TP Vehicle Number | |
| reathalyser or Blood Test eading? Claim 001 New wirn Type * ontact No.(Mobile) mail Address aim Description | 00-MX | Insured Name Contact No.(Home) O) Vehicle Number | ONEZRENT CARS PTE: LTD. NIL SKU9532G | Contact No.(Office) | 62927575 |
| eathalyser or Blood Test lading? Indification History Claim 001 New Write Type * ontact No (Mobile) nail Address Write Diescription Description Descripti | CO-MX enquiry@one2rentzars.com SKU9532G / SLU6629U ON 17 Mey 2018 | Insured Name Contact No.(Home) O) Vehicle Number Insured Liability * | ONE2RENT CARS PTE. LTD. NILL SKU9532G Not at Fault | Contact No. (Diffice) TP Vehicle Number Name of Preferred Workshop | 62927575 SLU6629U |
| eathalyser or Blood Test lading? dification History Claim 001 New arm Type * ordact No.(Mobile) nail Address arm Discorption electred Workshop Corriact | CO-MXC enquiry@one2rentzars.com SKU9532G / SLU6629U ON 17 Mey 2018 Yes | Insured Name Contact No.(Home) O) Vehicle Number Insured Liability * Preferend Repair Option | ONEZRENT CARS PTE: LTD. NIL SKU9532G | Consect No (DMIce) TP Vehicle Number Name of Preferred Workshop GIA report | 62927575 SLU6629U |
| eathalyser or Blood Test lading? Indification History Claim 001 New wirm Type * ordact No. (Mobile) mail Address aim Description referred Workshop Contact b. spaire Finalisation ater Registered. | CO-MX enquiry@one2rentzars.com SKU9532G / SLU6629U ON 17 Mey 2015 Yes 17/05/2018 18:35 | Insured Name Contact No.(Home) O) Vehicle Number Insured Liability * | ONE2RENT CARS PTE. LTD. NILL SKU9532G Not at Fault | Contact No. (Diffice) TP Vehicle Number Name of Preferred Workshop | 62927575 SLU6629U |
| eathalyser or Blood Test lading? Indification History Claim 001 New wirm Type * ordact No. (Mobile) mail Address aim Description referred Workshop Contact b. spaire Finalisation ater Registered. | CO-MXC enquiry@one2rentzars.com SKU9532G / SLU6629U ON 17 Mey 2018 Yes | Insured Name Contact No.(Home) O) Vehicle Number Insured Liability * Preferend Repair Option | ONE2RENT CARS PTE. LTD. NILL SKU9532G Not at Fault | Consect No (DMIce) TP Vehicle Number Name of Preferred Workshop GIA report | 62927575 SLU6629U |
| eathalyser or Blood Test lading? Indification History Claim 001 New Indification History Claim 001 New Indification History Indification History Indification History Indification Indiffication Indification Indificat | CO-MX enquiry@one2rentzars.com SKU9532G / SLU6629U ON 17 Mey 2015 Yes 17/05/2018 18:35 | Insured Name Contact No.(Home) O) Vehicle Number Insured Liability * Preferend Repair Option | ONE2RENT CARS PTE. LTD. NILL SKU9532G Not at Fault | Consect No (DMIce) TP Vehicle Number Name of Preferred Workshop GIA report | 62927575 SLU6629U |
| eathalyser or Blood Test lading? Idification History Claim 001 New Imm Type * Inmar And Mobile) Inal Address Imm Description Interfered Workshop Contact Spaine Finalisation Interfered Registered Inport Taken By | CO-MX enquiry@one2rentzars.com SKU9532G / SLU6629U ON 17 Mey 2015 Yes 17/05/2018 18:35 | Insured Name Contact No.(Home) O) Vehicle Number Insured Liability * Preferend Repair Option | ONE2RENT CARS PTE. LTD. NILL SKU9532G Not at Fault | Consect No (DMIce) TP Vehicle Number Name of Preferred Workshop GIA report | 62927575 SLU6629U |
| eathalyser or Blood Test admg? dification History Claim 001 New arm Type * Impact No. (Mobile) Impact No. (Mo | CO-MX enquiry@one2rentzars.com SKU9532G / SLU6629U ON 17 Mey 2015 Yes 17/05/2018 18:35 | Insured Name Contact No.(Home) O) Vehicle Number Insured Liability * Preferend Repair Option | ONEZRENT CARS PTE. LTD. NIL SKU9532G Not at Fault Preferres Workshop, Name unknown | Consect No (DMIce) TP Vehicle Number Name of Preferred Workshop GIA report | 62927575 SLU6629U |
| eathalyser or Blood Test adding? dification History Claim 001 New Imm Type * Intract No (Mobile) Insil Address Internet Workshop Cornact Internet | CO-MX enquiry@one2rentzars.com SKU9532G / SLU6629U ON 17 Mey 2015 Yes 17/05/2018 18:35 | Insured Name Contact No.(Home) O) Vehicle Number Insured Liability * Preferend Repair Option | ONEZRENT CARS PTE. LTD. NIL SKU9532G Not at Fault Preferres Workshop, Name unknown | Consect No (DMIce) TP Vehicle Number Name of Preferred Workshop GIA report | 62927575 SLU6629U |
| eathalyser or Blood Test adding? dification History Claim 001 New Imm Type * Intract No (Mobile) Insil Address Internet Workshop Cornact Internet | OO-MX | Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferend Repair Option Claim Close Dace | ONEZRENT CARS PTE. LTD. NIL. SKU9532G Not at Fault Preferred Workshop, Name unknown | Consect No (DMIce) TP Vehicle Number Name of Preferred Workshop GIA report | 62927575 SLU6629U |
| eathalyser or Blood Test auding? dification History Claim 001 New with Tyse * moract No. (Mobile) has Address aim Description elerred Workshop Corract befored Workshop Corract before Taken By Print AK letter Attachment | CO-MX enquiry@one2rentzars.com SKU9532G / SLU6629U ON 17 Mey 2015 Yes 17/05/2018 18:35 | Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferend Repair Option Claim Close Dace Claim No. | ONEZRENT CARS PTE. LTD. NIL. SKU9532G Not at Fault Preferred Workshop, Name unknown Save Submit | Consect No (DMIce) TP Vehicle Number Name of Preferred Workshop GIA report | 62927575 SLU6629U |
| eathalyser or Blood Test auding? dification History Claim 001 New with Type * moract No. (Mobile) has Address aim Description eferred Workshop Corract by Print AK letter Attachment | OO-MX | Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferend Repair Option Claim Close Dace | ONEZRENT CARS PTE. LTD. NIL. SKU9532G Not at Fault Preferred Workshop, Name unknown | Consect No (DMIce) TP Vehicle Number Name of Preferred Workshop GIA report | Received 17/05/2018 00:00 |
| eathalyser or Blood Test adding? dification History Claim 001 New Imm Type * Intract No (Mobile) Insil Address Internet Workshop Corract Internet | OO-MX | Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferend Repair Option Claim Close Dace Claim No. | ONE2RENT CARS PTE. LTD. NIL. SKU9532G Not at Fault Preferres Workshop, Name unknown OUI 17/05/2018 18:36 Category * | Confidencial Urger Confidencial Urger | Received 17.05/2018 00:00 |
| eathalyser or Blood Test adding? dification History Claim 001 New Imm Type * Intract No (Mobile) Insil Address Internet Workshop Corract Internet | OO-MX | Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferend Repair Option Claim Close Dace Claim No. | ONE 2 RENT CARS PTE. LTD. NIL. SKU9532G Not at Fault Preferres Workshop, Name unknown OII 17/05/2018 18:36 Category * | Consist No. (Diffice) TP Vehicle Number Name of Preferred Workshop GIA report Date Received | Received 17/05/2018 00:00 |
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| reathslyser or Blood Test sading? Indification History Claim 001 New Winn Type * India Address Winner Description India Address Winner Description India Registered Registered Report Taken By Print AK letter Attachment | OO-MX | Insured Name Contact No.(Nome) OI Vehicle Number Insured Liability * Preferend Repair Option Claim Close Dace Claim No. Uplead Date Browse | ONEZRENT CARS PTE: LTD. NIL SKU9532G Not at Fault Preferred Workshop, Name unknown O1 17/05/2018 18:36 Category * Clear Prease Select Freese Select | Confidencial Urger Confidencial Urger Confidencial Urger V NO V Normal | Received |
| reathslyser or Blood Test sading? Indification History Claim 001 New Winn Type * India Address Winner Description India Address Winner Description India Registered Registered Report Taken By Print AK letter Attachment | OO-MX | Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferend Repair Option Claim Close Dace Claim No. Uplead Date Browse Browse | ONEZRENT CARS PTE. LTD. NIL SKU9532G Not at Fault Preferred Workshop, Name unknown O1 17/05/2018 18:36 Category * Clear Please Select Clear Please Select Clear Please Select | Confidencial Urger Confidencial Urger Confidencial Urger V NO V Normal | Received 17.05/2018 00:00 Description * |
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| Attachment | Carry and the marries trees | Uploaded By/Date | Category | 9 | Urgency | Description | Sent? A (CO) |
|------------|-----------------------------|---|-----------------------|---|---------|--------------------------------|-----------------|
| 7 | NAC_PAYA_UBI_800601(NAT | ONAL ASSESSMENT CENTRE SERVICES) on : y 2018 18:36 | NRIC/ Driving License | | Normal | NRIC/ Driving Ucente 2018-5-17 | 1 |
| 1 | NAC_PAYA_UBI_800601(NATI | ONAL ASSESSMENT CENTRE SERVICES) on 3 y 2018 18:36 | 7 Ma SAS | | Normal | SAS 2018-5-17 | - 1 |
| | NAC_PAYA_UBI_600501(NATI | ONAL ASSESSMENT CENTRE SERVICES) on y 2018 18:36 | 7 Mg Photos | | Normal | Photos 2018-5-17 | Ü |
| Friends. | NAC_PAYA_UB1_800601(NAT | ONAL ASSESSMENT CENTRE SERVICES) on y 2018 18:36 | 7 Ma Photos | | Normal | Photos 2018-5-17 | |
| 态 | NAC_PAYA_UB1_800601(NATI | ONAL ASSESSMENT CENTRE SERVICES) on y 2018 18:36 | 7 Mw Photos | | Normal | Photos 2018-5-17 | |
| | NAC_PAYA_UBI_800601[NATI | DNAL ASSESSMENT CENTRE SERVICES) on 1 y 2018 18:36 | 7 Ma Photos | | Normal | Photos 2018-5-17 | |
| - | NAC_PAYA_UBI_800601(NAT) | ONAL ASSESSMENT CENTRE SERVICES) on 1 y 2018 18:36 | 7 Ma Photos | | Normal | Photos 2018-5-17 | |
| ¥. | NAC_PAYA_UBI_B00601(NATI | ONAL ASSESSMENT CENTRE SERVICES) on 1 y 2018 18:35 | 7 Ma Photos | | Normal | Photos 2018-5-17 | |
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| | NAC_PAYA_UBI_800601(NATI | OWAL ASSESSMENT CENTRE SERVICES) on 1 y 2018 18:35 | 7 Ma Photos | | Normal | Photos 2018-5-17 | |
| | NAC_PAYA_UBI_800601(NATI | ONAL ASSESSMENT CENTRE SERVICES) on 1 y 2018 18:35 | 7 Ma Photos | | Normal | Protos 2018-5-17 | |
| 1 | NAC_PAYA_US1_800501(NATI | ONAL ASSESSMENT CENTRE SERVICES) on I y 2018 18:35 | 7 Ma Photos | | Normal | Photos 2018-5-17 | |
| 6 | NAC_PAYA_USI_800601(NATI | ONAL ASSESSMENT CEMTRE SERVICES) on 1 y 2018 18:35 | 7 Ma Photos | | Normal | Photos 2018-5-17 | |
| Video List | Uploaded By/Date | Folder Date | File Name | | 9 | Source | Action |