

# NATIONAL Assessment Centre Services. [wef 1 Jan'09] MNA118 075022

|                           |  |                       |              |
|---------------------------|--|-----------------------|--------------|
| Date In: 9/6/18 - 14:35   | Job description                          | Date & Time Completed | Done by      |
| Ref No: NA/MIC18010546/24 | SAS e-filing                             |                       |              |
| Veh No: SKU9509A          | E-mail (within 8hrs, AIC 2hrs)           |                       |              |
| D.O.A: 8/6/18 - 17:20     | i-Motor Claim Form                       | MT/0998032-001        | 9/6/18 16:49 |
| 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: 6B39001D  | 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

|                                 |   |                       |                       |
|---------------------------------|---|-----------------------|-----------------------|
| NA1803647                       | Invoice Preparation Checklist                   | Am't (\$)<br>Est Bill | Am't (\$)<br>Add Bill |
| Claimant's Particulars:-        | 1) AR: Accident Reporting (\$30);               |                       |                       |
| Driver/Owner:                   | 2) DA: Damage Assessment (\$100); INC (\$80)    |                       |                       |
| Contact No:                     | 3) TF: Towing Fee \$40/\$45                     |                       |                       |
| Damaged Portion:                | 4) FT: Follow-Through Survey \$120              |                       |                       |
| QC Checked by (Engr-In-Charge): | 5) FT: Follow-Through Survey (Resurvey) \$30    |                       |                       |
| Auditors' Comments:-            | For claiming against INC Only (wef 10 Jan 2009) |                       |                       |
|                                 | 6) TR: Re-inspection \$75                       |                       |                       |
|                                 | 7) N1: Idac DA + SMRT Survey \$160              |                       |                       |
|                                 | 8) NTUC Additional Services:-                   |                       |                       |
|                                 | QJ*:  |                       |                       |
|                                 | *N5: Courtesy Car / Tpt 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: Idac 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             | 09/06/2018 14:35               |
| Date Of Accident           | 08/06/2018 17:20               |
| Exact Location Of Accident | PIE (TUAS) BEFORE ADAM RD EXIT |
| Country/State of Loss      | SINGAPORE                      |

### DETAILS OF OWN VEHICLE

|                             |                       |
|-----------------------------|-----------------------|
| Vehicle Registration Number | SKU9509A              |
| <b>Insured/Policyholder</b> |                       |
| 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 USE                |
| 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          | COMPREHENSIVE                          |
| Fleet Policy              | YES                                    |
| Policy Number             | 5079229409-02                          |
| Cover Note Number         |  |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | LEE SIEW THYE         |
| NRIC No              | S1343062D             |
| Date Of Birth        | 28/06/1959            |
| Occupation           | OUTDOOR               |
| Date Of Driving Pass | 27/09/1978            |
| Driving Experience   | 39 YEARS AND 8 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-90061044  |
| Fax Number           |                       |
| Contact Number       | OFFICE-90061044       |
| Email Address        | NOEMAIL               |

|   |  |
|---|--|
| Address   | BLK 110 SPOTTISWOODE PARK ROAD<br>#06-93 |
| Postcode  | 081110                                   |
| 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   | CHAIN COLLISION |
| Weather Conditions | CLEAR           |
| Road Surface       | DRY             |

#### Other Information

|   |                               |
|---|-------------------------------|
| Was any foreign vehicle involved in this accident?  | NO                            |
| Number of vehicles involved in the accident   | 3                             |
| 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)   | 2                             |
| Passenger 1   | NAME: : -<br>GENDER: : FEMALE |

#### 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         | GBB9001D           |
| Vehicle Make/Model/Colour           | NISSAN             |
| Details Of Properties               |                    |
| Vehicle Category                    | COMMERCIAL VEHICLE |
| Name of Driver                      | LOW CHEE JING      |
| NRIC/Passport Number                | G2234665U          |
| Contact Number                      | 81113099           |
| Address                             |                    |
| Postcode                            |                    |
| Insurance Company Name              |                    |
| Nature Of Damage                    |                    |
| No. Of Passenger (Including Driver) |                    |

**DETAILS OF OTHER VEHICLE PROPERTY 2**

|                                     |                 |
|-------------------------------------|-----------------|
| Vehicle Registration Number         | SJM3827A        |
| Vehicle Make/Model/Colour           | HYUNDAI         |
| Details Of Properties               |                 |
| Vehicle Category                    | PRIVATE CAR     |
| Name of Driver                      | AZMEE BIN HAMID |
| NRIC/Passport Number                | S7139622C       |
| Contact Number                      |                 |
| Address                             |                 |
| Postcode                            |                 |
| Insurance Company Name              |                 |
| Nature Of Damage                    |                 |
| No. Of Passenger (Including Driver) |                 |

**DETAILS OF INJURED PERSON 1**

|   |               |
|---|---------------|
| Name  | LEE SIEW THYE |
| Approximate Age                                     |               |
| Injuries Sustain                                    | NECK & BACK   |
| Injured person in which vehicle?                    | SKU9509A      |
| Were seat belts worn?                               | YES           |
| Was this injured conveyed to hospital by ambulance? | NO            |
| Address   |               |
| Postcode  |               |



## SKETCH PLAN

### 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 Personnel's Signature  
Name:  
NRIC/FIN No.:



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along PIE towards Jurong, road was dry, moderate traffic. I was in lane 2 and stopped because the car in front of me (SJM3827A) stopped and I stopped accordingly. Shortly after, the lorry (GBB9001U) hit me in the back, causing my car to move forward and hit the car in front.

### 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:  
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           | 8/6/2018                                      | (DD/MM/YY) |
| Time of accident           | 17:20   | (HH:MM)    |
| Exact location of accident | PIE TOWARDS JURONG BEFORE ADAM RD EXIT Lane 2 |            |

## DETAILS OF VEHICLE

|  |  |  |   |
|--|--|--|---|
| Vehicle registration number                        | SKU 9509 A                                 |  |   |
| 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:<br>Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/> |

## INSURANCE INFORMATION

|                   |   |
|-------------------|---|
| Insurance company | NTUC  |
| Policy number     |   |
| Type of policy    | Comprehensive <input type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input type="checkbox"/> |

## INSURED / POLICY HOLDER

|                              |                         |                               |                                 |
|------------------------------|-------------------------|-------------------------------|---------------------------------|
| Name                         | One 2 Rent Cars Pte Ltd | Male <input type="checkbox"/> | Female <input type="checkbox"/> |
| NRIC / Fin / Passport number |                         |                               |                                 |
| Contact                      |                         |                               |                                 |
| Address                      |                         |                               |                                 |

## DRIVER

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

|                              |   |   |                                 |
|------------------------------|---|---|---------------------------------|
| Name                         | Lee Siew Thye   | Male <input type="checkbox"/>               | Female <input type="checkbox"/> |
| NRIC / Fin / Passport number | S1343062D   |   |                                 |
| Contact                      | 90061044  |   |                                 |
| Address                      | APT BLK 110 SPOTTISWOODE PARK ROAD #06-93<br>SINGAPORE 081100 |   |                                 |
| Email address                | thyerobert@gmail.com  |   |                                 |
| Date of birth                | 28.06.1959  |   |                                 |
| Occupation                   | Indoor <input type="checkbox"/>                               | Outdoor <input checked="" type="checkbox"/> |                                 |
| Driving date pass            | 37.09.1978  |   |                                 |



# GENERAL INFORMATION OF THE ACCIDENT

|  |  |
|--|--|
| Was driver an employee of the insured's company? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                      |
| 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                                  | 2 (Inclusive of driver)  |

## PASSENGER 1

|        |  |
|--------|--|
| Name   | Lee Siew Thye  |
| Gender | Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> |

## PASSENGER 2

|        |  |
|--------|--|
| Name   | Grab Passenger   |
| Gender | Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> |

## PASSENGER 3

|        |   |
|--------|---|
| Name   |   |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

## 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 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  | GBB 9001D     |
| Vehicle make model           | NISSAN LORRY  |
| Name                         | Low Chee Jing |
| NRIC / Fin / Passport number | 92234665 U    |
| Contact                      | 8111 3099     |

Back

### THIRD PARTY VEHICLE 2

|                              |                 |
|------------------------------|-----------------|
| Vehicle registration number  | GJM 3827 A      |
| Vehicle make model           | HYUNDAI CAR     |
| Name                         | Azmee Bin Hamid |
| NRIC / Fin / Passport number | S7139 522C      |
| Contact                      | —               |

Front

### 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   | Lee Grew Thye.                          |  |
| Injuries sustained                             | Neck & Back                             |  |
| Which vehicle person in?                       | SKU 9509 A                              |  |
| 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   |                              |                             |
| 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 3

|  |                              |                             |
|--|------------------------------|-----------------------------|
| 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 4

|  |                              |                             |
|--|------------------------------|-----------------------------|
| 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 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"/> |



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S1343062D**

Name: **LEE SIEW THYE**

Birth Date: **28 Jun 1959**

Issue Date: **05 Mar 2004**

001151239E




REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S1343062D**



LEE SIEW THYE

李兆泰

Race

CHINESE

Date of Birth

28-06-1959

Sex

M

Country of Birth

SINGAPORE



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE  
27 Sep 1978

NP 428A



Licence No: S1343062D



276699

NRIC No: S1343062D



Blood Group: Date of issue

A+ 27-12-1995

Address

APT BLK 110 SPOTTISWOODE PARK ROAD #08-53  
SINGAPORE 081110

NRIC No: S1343062D

Date: 20-11-1987

No: 2353227

## 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: 5079229409-02

Cover : drivo PREMIUM

1. Index mark and Registration Number of Vehicle : SKU9509A  
Chassis Number : MR053REH104535507
2. Name of Policyholder : ONE2RENT 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 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                | : MAYBANK   |
| 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 : 02 Apr 2018 11:40 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive



eBaoTech

GeneralClaim

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## Policy Query

Policy No.

Date of Accident

08/06/2018 17:20

Vehicle No. (For Motor)

SKU9509A

| Select                | Policy No.    | Policyholder Name       | Policyholder NRIC | Product | Cover Type    | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|---------------|-------------------------|-------------------|---------|---------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5079229409-02 | ONE2RENT CARS PTE. LTD. | 201306179N        | GFT     | drive PREMIUM | SKU9509A    | SKU9509A       | 03/04/2018    |             |

## Policy Information

|                             |   |                             |                         |                                  |                  |
|-----------------------------|---|-----------------------------|-------------------------|----------------------------------|------------------|
| Policy No.                  | 5079229409-02                           | 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                  | 25830.66                |                                  |                  |
| 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: SKU9509A

## Endorsements

| Sequence | Date of Endorsement | Endorsement Type              | Endorsement Number | Endorsement Status         | Endorsement Content   |
|----------|---------------------|-------------------------------|--------------------|----------------------------|---|
| 1        | 25/04/2018 00:00    | Basic Information Endorsement | 000001286802810    | Endorsement Take Effective | Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SKW9515X 25-04-2018 \$876.92 2. SKX444X 25-04-2018 \$876.92 In view of this amendment, a refund of \$1,753.84 (inclusive of GST) will be adjusted against the outstanding premium. |
| 2        | 26/04/2018 00:00    | Basic Information Endorsement | null               | Entry Rejected             |   |

Continue

Cancel



## Claim Handling

The premium on this policy has not been collected.

+ Exit

Accident MT/0998022

|                     |   |                     |   |                      |                      |
|---------------------|---|---------------------|---|----------------------|----------------------|
| Policy No.          | 5079229409-02   | Vehicle No.         | SKU9509A  | GST Registration No. | 201306179N           |
| Policyholder Name   | ONE2RENT CARS PTE. LTD.                                       |                     |   | Policyholder NRIC    | 201306179N           |
| Product Code        | FLEET INSURANCE   | Cover Type          | drive PREMIUM   | Loading              | 0                    |
| Contact No.(Mobile) | 0   | Contact No.(Office) | 0   | Contact No.(Home)    | 0                    |
| Email Address       |   | Special Remark      |   | eCode                | <input type="text"/> |
| 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                  |

|                   |  |                                |  |                               |  |       |  |                     |  |                 |  |
|-------------------|--|--------------------------------|--|-------------------------------|--|-------|--|---------------------|--|-----------------|--|
| Report Date       |  | 09/06/2018 16:47               |  | Accident Report Within 24 hrs |  | Yes   |  | Accident Type       |  | Chain Collision |  |
| Date of Accident  |  | 08/06/2018                     |  | Time of Accident (hh:mm)      |  | 17:20 |  | Country of Accident |  | Singapore       |  |
| Reporting Centre  |  |                                |  | Orange Force                  |  |       |  | ICM No.             |  |                 |  |
| Accident Location |  | PIE (TUAS) BEFORE AQAM RD EXIT |  |                               |  |       |  |                     |  |                 |  |

|          |  |  |  |  |  |  |  |  |  |  |  |
|----------|--|--|--|--|--|--|--|--|--|--|--|
| Benefits |  |  |  |  |  |  |  |  |  |  |  |
| Excess   |  |  |  |  |  |  |  |  |  |  |  |

|                       |          |                             |          |                   |      |
|-----------------------|----------|-----------------------------|----------|-------------------|------|
| Own damage Excess     | 1,000.00 | Additional Excess           | 0        | Windscreen Excess | 0.00 |
| Unnamed 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             | Yes        | GST Registration Date | 01/12/2015 |
| GST Registration No.       | 201306179N | GST Status verified   | Yes        |
| Modification History       |            |                       |            |

|                              |                  |                       |                   |
|------------------------------|------------------|-----------------------|-------------------|
| Policyholder Mailing Address |                  |                       |                   |
| Address 1                    | 70 UBI CRESCENT  | Address 2             | #01-12            |
| Address 4                    |                  | Address Type          | Singapore address |
| Unit No.                     | 01+12            | Related Policy Number | 5079228162-02     |
| Address 3                    | SINGAPORE 408570 | Post Code             | 408570            |

|   |   |                        |                        |
|---|---|------------------------|------------------------|
| OI Driver Info                          |   |                        |                        |
| Driver Name                             | Unnamed Driver  | Driver Type            | Unnamed Driver         |
| Unnamed driver Name                     | LEE SIEW THYE   | Driver NRIC            | S1343062D              |
| Register Date of Driver License         | 17/09/1978  | Driver Age             | 58                     |
| Contact No.(Mobile)                     | 90061044  | Contact No.(Office)    | 0                      |
| Address 1                               | BLK 110   | Address 2              | SPOTTISWOODE PARK ROAD |
| Address 4                               | SINGAPORE 081110  | Address Type           | Singapore address      |
| Unit No.                                | 06-93   | Post Code              | 081110                 |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No.     |                        |
|   |   | Driver Insurer Company |                        |

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

Modification History

Claim 001 New

|   |                                   |                         |                                  |                            |                  |
|---|-----------------------------------|-------------------------|----------------------------------|----------------------------|------------------|
| Claim Type *  | OD-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          | OI Vehicle Number       | SKU9509A                         | TP Vehicle Number          | G889001D         |
| Claim Description                                   | SKU9509A / G889001D On 8 Jun 2018 |                         |                                  | Name of Preferred Workshop |                  |
| Preferred Workshop Contact No.                      |                                   | Insured Liability *     | Not at Fault                     |                            |                  |
| Require Finalisation                                | Yes                               | Preferred Repair Option | Preferred Workshop, Name unknown | GIA report                 | Received         |
| Date Registered                                     | 09/05/2018 16:49                  | Claim Close Date        |                                  | Date Received              | 09/06/2018 00:00 |
| Report Taken By                                     | Jackson                           |                         |                                  |                            |                  |
| <input checked="" type="checkbox"/> Print AK letter |                                   |                         |                                  |                            |                  |

Save Submit

Attachment

|                    |   |             |                  |
|--------------------|---|-------------|------------------|
| Accident No.       | MT/0998022  | Claim No.   | 001              |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 09/06/2018 16:52 |

| Path *               | Category *           | Confidential         | Urgency *            | Description *        |
|----------------------|----------------------|----------------------|----------------------|----------------------|
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| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

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