NATIONAL Assessment Cer	tire services.	The state of the s	MAIIELLIAM			
Date In: 3 /8/18-12:27	Jeb description		Date &Time C	mpleted	Done	pì.
Ref No: NA/WC189/4111/24	SAS e-filing					
Veli No: 56048636	E-mail (within S	ihrs, AIC 2hrs)				
D.O.A: 1/8/18-07:30	i-Motor Clain	n Form	MT/100 827	001	2/8/18 13	46
	i-Motor W/O	(Within: OD 2hrs				
OD TP Reporting Only	i-Photo Uploa	ided				
TD I	Assessment/Sur	rvey Report				
TP Insurer:	Ass't Report by	Fax / Hand t	o Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (			Tel:	F	ax:	
TP Particulars: Veh No: F	U8530C	. INC (	.)/Non-INC	( ).	80	
Owner / Driver: (			Tel:		)	
Policy No: ( )	Period: (	)	Cover Type: (		)	
Confirmed by : (		Date:	Time		)	
Insured/Driver Liability: ( %	) [Note-Est. Status (W	O): N: 0-20	0%; P: 21-79%	P: 30-1	00%]	
Year of Registration: ( )	Warranty: YES (	)/NO(	)			
Excess: (\$ ) Loading: \$	1,000 ( )/\$2,000 (	( )				
Drive-In ( )/ Towed-In ( ); Invo		O( );T	owing Co: (	<u>.</u>		)
Remarks:- (INC hotline: 6788 6616			Date&Time Co	nple ad	Done	by
The second secon	/ Courtesy Car ( )	are of the state of the state of		•	******	
2) QC Check / Post Repair Inspection	( )		1			
		Control of the Contro				
<ol> <li>Upload Resurvey Photo [Repair Cost &gt;</li> </ol>	\$3000] ( )	:= 4n		9.		
- Consequence	\$3000] ( )	7				
Injury:	\$3000] ( )					
- Consequence	\$3000] ( )				Maria de la composición dela composición de la composición de la composición dela composición dela composición dela composición de la composición de la composición de la composición de la composición dela composición del	1
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Injury:  Onte/Time Actions  Aroyego  aumant's Particulars:- iver/Owner: ntact No:	1	1) AR : Accident 2) DA : Darmage . 3) TF : Towing Fo 4) FT : Follow-TI 5) FT : Follow-TI For claiming as 6) TR : Re-inspec 7) N1 : Idao DA 4	Reporting (\$30); Assessment (\$100);  one  arough Survey  rough Survey (Resurve);  roight INC Only (well  tion  - SMRT Survey	INC (\$8 \$40 (\$9) 10 Jan 2005	(64 Bill ) 0) /545 5120 530	( )
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### 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 <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.
- 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.

Security Sec	ACCIDENT STATEMENT
Date Of Report	03/08/2018 12:27
Date Of Accident	01/08/2018 07:30
Exact Location Of Accident	ALONG BARTLEY ROAD EAST
Country/State of Loss	SINGAPORE
ACCOUNT OF THE PROPERTY OF THE	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGU4863G
Insured/Policyholder	3040030
Name Of Registered Owner	SUNSHINE CAR RENTAL AND SERVICES
Co Reg No	53318074X
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81122218
Alternative Phone No	OFFICE-81122218
Vehicle Particulars	OFFICE-01122210
	LIGHTA
Manufacturer	HONDA
Model	AIRWAVE 1.5 A
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5096317784
Cover Note Number	
Driver	
Name of Driver	YUEN KOK KEONG
NRIC No	S7102156D
Date Of Birth	11/01/1971
Occupation	OUTDOOR
Date Of Driving Pass	12/05/1997
Driving Experience	21 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91475245
Fax Number	
Contact Number	OFFICE-91475245
EMail Address	NOEMAIL

Address BLK 121B EDGEDALE PLAINS

#13-191

Postcode 822121

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 COLLISION - CHANGE/CROSS LANE

Weather Conditions RAINING
Road Surface WET

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? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name TAMPINES NEIGHBOURHOOD POLICE CENTRE

NO

Police Station Address ROAD: 6 TAMPINES AVE 4 , POSTCODE: 529682 , COUNTRY:

SINGAPORE

Police Station Contact TEL NO: 1800-5871999 - FAX NO: 65871699

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20180801/2090.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

FU8530C

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Dotallo Of Froportico

Vehicle Category MOTORCYCLE

Name of Driver KHAIRULANWAR BIN MOHAMAD NOOR

NRIC/Passport Number S9527177D

Contact Number

Address Postcode

Insurance Company Name

No. Of Passenger (Including Driver)

1

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

PC3438X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category BUS

Name of Driver ZAINI BIN ABDUL LAZIS

NRIC/Passport Number S1771215B

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

### SKETCH PLAN

### **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 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 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:
  - 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:
  - 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		
	BARTLEY ROAD EAST	
	S & SC. D	- A 29U48630 - B 7U8530C - C. DC3A38X
ESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	
	POCICE REPORT.	
CLARATION /e declare the foregoing particular that the foregoing p	ilars are true in every respect.	Janus
cyholder's Signature e & Time:	(If driver is not the policyholder)	eporting Centre Personnel's Signature lame: IRIC/FIN No.:



Blk 2 KAKI BUKIT AVE 2 @ KAKI BUKIT AUTOHUB #02-25 SINGAPORE 417921. TEL: 6538 1368 FAX: 6538 1367 Email add: hsautomotives@yahoo.com

VEHICLE NO: 894486:	MAKE/MODEL:	HORRAN .	AIRWAUE
DATE OF ACCIDENT	EAR	7 HR 30	
LOCATION OF ACCIDENT	BARY(ZY ROA	D Try OURA	2
EXACT PURPOSE USE DURING ACCIDENT	wo	RKING	
CAR OWNER			
NAME OF CAR OWNER SUNS	HINE CAR REA	MARAKID 8	BRUICES
CONTACT NO PINO		100000000000000000000000000000000000000	
NRIC			
CLAIM TYPE	OD	THIRD PARTY	REPORTING ONLY
INSURANCE COMPANY W/UC		Manager Co	
TYPE OF COVERAGE	COMPREHENSIVE	THIRD PARTY	THIRD PARTY FIRE & THEFT
POLICY NO 50962	317784		
ACCIDENT DRIVER	AS ABOVE	IF NOT- KINDLY	FILL IN BELOW
NAME OF DRIVER YUZN	KOK KBONG		
NRIC SYIDS!	and the state of t	NO OF PASSENGER/	's O
DATE OF BIRTH _//- 0/-/	The second secon	2000 A DE CONTROL DE C	
OCCUPATION		OUTDOOR	INDOOR
DATE OF DRIVING PASS 12 jung	1987.		
GENDER	4	MALE	FEMALE
CONTACT NO 91478	5255.		
		HE DLAINS -	#13-19/02/82212
DRIVER OWN ANY VEHIC NO/ IF YES	S- REGISTRATION NO		
RELATIONSHIP EMPLOYEE/	FNOT: HIRBR		
WEATHER CONDITION	CLEAR	RAINING	OTHER
ROAD SURFACE	LDRYC	WET	OTHER:
ANY INJURIES	NO/ IF YES- NAME:		
CONTACT NO		-	<del></del>
POLICE REPORT	NO/ IF YES- LOCATION:	-	
3RD PARTY INFO	NO/ YES		
VEHICLE B NO FURS	300		
CHOCKEDATOR AND	300	NO OF PASSENGER/	5
CONTACT NO 975 6	6572		
COMPANIA SANCES			
VEHICLE C NO		NO OF PASSENGER/	
VEHICLE D NO		NO OF PASSENGER/	5
VEHICLE E NO		NO OF PASSENGER/	
VEHICLE F NO		NO OF PASSENGER/S	5
ANY WITNESS			





1 of 4

Report No. T/20180801/2090

# Police Station Of Origin: Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

# REPORT OF A TRAFFIC ACCIDENT

Date/Tir 01/08/2	me Report   018 15:47	Made:	Vide Report No.:	Station Diary No.			
Informa	int's Partic	ulars		100			
Name of YUEN K	f Informant OK KEON		Address: APT BLK 121B EDGEDALE 822121	PLAINS #13-191 SINGAPORE			
NRIC N	/ ID No.; O / S71021	56D	Contact No.: Home/Office: Mobile: 91475245				
	ationality: INGAPORE CITIZEN		Email:				
Sex: Male	Age:	Date of Birth: 11/01/1971	Type of Informant:				
Race: Chinese			Language:	Institution / School Name:			
Occupati GRAB D			Driving Licence Information: Class:	Date of Expiry:			

Type of Accident:	Injury Conveyed By Ambula	ance	Drink Drive: No	Date/Time of Accident: 01/08/2018 07:3		Type of Location		
Location: Along Road 1 BARTLEY RO								
Weather:	Veather: Road S		ad Surface:			Road Speed Limit:		
		. toda	ourrace.		Roa	d Speed Limit:		
Traffic Flow:			Control:	_		id Speed Limit:		

Vehicle No.	Туре	Make	Model	Color	0	
FU8530C	Motorcycle	HONDA			Condition	No of Passenge
	eteroyolo	HONDA	CB400SF2J	Blue		0
PC3438X	Van	TOYOTA	HIACE	0.11		
, van	1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	IOIOIA	COMMUTER	Silver		0
				9	1 1 1	
			GL 3.0 AT	1	1 1	
			2WD 4DR		1 1	
GU4863G	Car	HONDA	LWB		1 1	
		HONDA	AIRWAVE	Silver		
			1.5 A		(	)





Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

2 of 4 Report No. T/20180801/2090

CONTINUATION OF REPORT

A D	n Involved	Carlo de la carlo	THE RESERVE TO SERVE THE PARTY OF THE PARTY		AND ON	
Any Pedestrian I				1	0	
No. of Pedestrian	is Injured: NIL		Use of Pedestrian Crossing: NA			
Rider					1000	
Name	KHAIRULANWAR I	BIN MOHAI	MAD NOOR	ID No	w.	S9527177D
Related Vehicle	FU8530C (Motorcy	cle)		Conta	ct No.	NIL
Hospital/Clinic	NIL			Class Drivin Licend Expin	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc	-	NIL		
	ted Medical Leave	Degree o	THE RESERVE THE PERSON NAMED IN	NIL		
Driver		NIL		all market and	1 5558	CONTRACTOR OF THE PARTY OF THE
Name	ZAINI BIN ABDUL I	LAZIS		ID No	X.	S1771215B
Related Vehicle	PC3438X (Van)			Contact No.		NIL
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	_	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	f Injury	NIL	
Driver						
Name	YUEN KOK KEON	3		ID No.		S7102156D
Related Vehicle	SGU4863G (Car)			Contact No.		91475245
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc		NIL	
	ted Medical Leave	NIL	Degree of	The second secon	NIL	

### Brief Details.

On 1/8/18 at around 0730hours I was driving along bartley road east I was driving along the last lane when a motorcycle who was riding in-between second and last lane crash into my vehicle. He hit the front right portion of my car near to the front right tire and fell to the ground. We then alighted to assist the rider and take picture of the vehicles and also called for ambulance.

The rider was conveyed by ambulance and the van driver left later; I was waiting for traffic police to come but after waiting till it started raining I decided to left and lodge a traffic accident report later. There is a front and back camera in my vehicle.





3 of 4

Report No. T/20180801/2090

Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

CONTINUATION OF REPORT





4 of 4

Report No. T/20180801/2090

Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

CONTINUATION OF REPORT

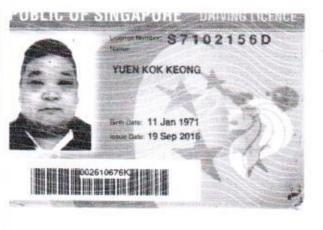
S		4-	-	ח	-	
	~	-	п.	-	-	п

NP168

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: G / Sgt 2 GAN JIAN CAI, DARREN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 01/08/2018 15:47
Officer In Charge Of Case: TP / GIT / Sgt 2 MUHAMMAD ABDILLAH BIN YUSOF Contact No.: 92209878	Classification Of Case:



DU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

Motor cars with unladen weight =< 3000kg with =< 7 12 May 1997 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$7102156D





YUEN KOK KEONG



CHINESE

11-01-1971

SINGAPORE

5667650



IC 110. S7102156D



02-11-2016

APT BLK 1218 EDGEDALE PLAINS SINGAPORE 822121

**VP 428A** 



EFFECTIVE DATE

Land Transport Authority

## **VOCATIONAL LICENCE**

Licence No : \$7102156D

Name : YUEN KOK KEONG

Issue Date : 5/11/2012

Please visit www.lta.gov.sg to check the status of this vocational licence

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapone 575701.

Type

Description

TAXI VL

02

04

BUS VL BUS ATTENDANT

Issue Date

15/11/2006 18/01/2006 18/01/2006



From: hupsoon Lee hupsoon 238@yahoo.com

Date: 3 Aug 2018 at 11:49:47

To: hupsoon Lee hupsoon238@yahoo.com



### 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: 5096317784

Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle

SGU4863G

Chassis Number

: GJ11117082

2. Name of Policyholder

SUNSHINE CAR RENTAL AND SERVICES

3 Effective Date of Insurance

29 Nov 2017

4. Expiry Date of Insurance

28 Nov 2018

- 5. Persons or Classes of Persons entitled to drive#
  - (a) The Policyholder
  - (b) Any other person who is driving on the Policyholder's order or with his/her permission.
    Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive

the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

- 6. Limitations as to Use#
  - (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

#### This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.
  - # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation)
    Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: \$\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: WAH SOON HENG VEHICLE TRADING
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

: INXURE NETWORK SERVICES (00000614975)

Date of Issue

: 29 Nov 2017 14:19 hrs

For NTUC INCOME INSUITANCE CO-OPERATIVE LIMITED

Countersigned By:

**Authorised Officer** 

Chief Executive

<b>eBao</b> Tech							GeneralClaim			
Hello, NAC_PAYA_UBI_80	0601					• Chang	e Language	• Chang	e Password	· Log Out
Notice of Loss Policy No.	Policy Query									
	Policy No.				Date	of Accident	E	1/08/2018 0	7:30	
	Vehicle No.(For Mol	tor) SGU48	863G		Cert	ificate Numbe	r [			
					Search	I				
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 509631778	34	SUNSHINE CAR RENTAL AND SERVICES	53318074X	GPC	Third Party, Fire & Theft	SGU4863G	SGU4863G	29/11/2017	28/11/2018
					Continue					

Policy Information

Certificate	5096317784	Policyholder Name	SUNSHINE	CAR RENTAL AND SE	Policyholder NRIC	53318074X	
No.		THE STATE OF THE S					
Address	BLK 170C #14-697 PUNGGOL F	IELD SINGAPO	RE 823170				
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	29/11/2017	Effective Date	29/11/2017	7 00:00	Expiry Date	28/11/2018 23	59
Excess Type		All Claims Excess					
Third Party Excess	1500	Own damage Excess	0		Windscreen Excess	0	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500			Young/	experience Driver Excess
Agent	INXURE NETWORK SERVICES	Agent Tel.	62956108		GST Flag	Y	
Co- insurance Flag	No.	Agent Tell	32330100		Je 1 1 19	24	
Open Policy Info							
Certificate Info							
	holder Mailing Address						
Address 1	BLK 170C #14-697	Addr	ess 2	PUNGGOL FIELD		Address 3	SINGAPORE 823170
Address 4		Addr	ess Type	Singapore address		Post Code	823170
	Calaborate 1	Relat	ed Policy	F0000F4+00 04		16603000	823170
Unit No.	14-697	Relat Numi	ed Policy ber	5092054133-01			023170
	14-697 ed Object: SGU4863G			5092054133-01			023170
	ed Object: SGU4863G sements	Numi			Endorsemen		Endorsement Content

ccident MT/1005627					
olicy No.	5096317784	Vehicle No.	SGU4863G	GST Registration No.	
ertificate No.					
rolicyholder Name	SUNSHINE CAR RENTAL AND SERVICES			Policyholder NRIC	53318074X
reduct Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
ontact No (Mobile)	81122216	Contact No (Office)	0	Contact No.(Home)	0
mail Address		Special Remark		eCode	NO.
PK.	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	
CD Protection	No	NCD Emitlement(%)	0	Private Hine	Yes
Accident Details					
eport Date	03/08/2018 13:43	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross Jane
ate of Accident	01/08/2018	Time of Accident hhomm	07:30	Country of Accident	Singapore
eporting Centre	017002010	Orange Force	-00,30	ICM No.	Singapore (
200000000000000000000000000000000000000		Grange Force		and no.	
cident Location	ALONG BARTLEY ROAD EAST				
<b>≠</b> Benefits					
P Excess	200		69	200000000000000000000000000000000000000	The second secon
wh damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
mained Driver Excess		Outside Singapore OD Excess	0.00		
ird Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
F GST Registered Informa					
T Registered	No		GST Registration Date	125	
ST Registration No.			GST Status Verified	No	
odification History					
Policyholder Mailing Ad	Idraes				
ddress 1	BLK 170C #14-697	Address 2	PUNGGOL FIELD	Address 3	SINGAPORE 823170
ddress 4		Address Type	Singapore address	Post Code	823170
nit No.	14-697	Related Policy Number	5092054133-01		
OI Driver Info					
nyer Name	Unnamed Driver	Driver Type	Unnamed Driver		
mamed driver Name	YUEN KOK KEONG	Driver NRIC	57102156D	Driver DOS	11/01/1971
gister Date of Driver License	12/05/1997	Driver Age	47	Driving Experience	21
intact No.(Mobile)	91475245	Contact No. (Office)	0	Contact No. (Home)	a l
ddress 1	BLK 1218	Address 2	EDGEDALE PLAINS	Address 3	PUNGGOL EDGE
adress 4	SINGAPORE 822121	Address Type	Singapore address	Post Code	822121
nit No.	13-191				
oes he own a Singapore egisteres car?	☐ Yes  ® No	Driver Vehicle No.		Driver Insurer Comp	any
eclaration					
reathalyser or Blood Test	0 mg	Any injury?	○ Yes ® No		
reathelyser or Blood Test	0 mg	Any injury?	☐ Yes ® No		
ineatharyser or Blood Test teading?	0 mg	Any injury?	○ Yes ® No		
reatharyser or Blood Test leading?	0 mg	Any injury?	○ Yes ® No		
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reatheryser or Blood Test leading? addition Hatory	0 mg	Any injury?	☐ Yes ® No		
reatheryser or Blood Test reading? addition History	0 mg	Any injury?	○ Yes ® No		
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