Date In: 16/08/2018 15:20 John	I'II I'I	1000	THE PARTY OF STREET	
10100100 100 100	description	Date &Time Completed	D 1	_
Rein martale and the	S e-filing	Date & Time Completed	Done by	
Veh No. OTM 1001111				
150	mail (within 8hrs, AIC 2hrs;			
	loter Claim Form	MT/1007528+	-001, [6/8]	8
	lotor W/O (Within: OD 2hrs hoto Uploaded	TP 4hrs)		si.
TP Insurer: Ass	essment/Survey Report			
Ass	't Report by Fax / Hand t	Owner/Wksp		F 196.
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:	
TP Particulars: Veh No: SLX	5/0.B , INC ()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: () Period: ()	Cover Type: (<u>-</u>	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Note-Est	. Status (WO): N: 0-20	%; P: 21-79%. F: 80-1	00%]	
Tear of Registration: () Warranty	: YES ()/NO ()		
)/\$2,000()			
General Remarks:	Salakana a salah	DRYNG COLUMN		-
() Walk-In Contoniar : Customer's information s	trictly Confidential & Cod			-
() Total Loss Case : to e-mail Insurer URGE	NTI V	city NO faler of repairer.		-
Drive-In () / Towed-In (); Invoice: YES () / NO() ; To			52-010-0
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$3000]	()			
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Date/Time Actions				
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NA 180 5140 inimant's Particulars:- iver/Owner: intact No: maged Portion: Checked by (Engr-In-Charge):	1) AR: Accident Re 2) DA: Damage As 3) TF: Towing Fee 4) FT: Follow-Thro 5) FT: Follow-Thro For claiming agai 6) TR: Re-inspectio 7) N1: idae DA + S 8) NTUC Additiona OD* *N5: Courtesy Ca *N6: Repair Co-o *N7: Post Repair *N8: DV / Collect TP (N11): TP (N	porting (\$30); sessment (\$100); INC (\$30) \$40/\$ ugh Survey \$1: ugh Survey (Resurvey) \$ sat INC Only (wef 10 Jen 2005) n \$5 MRT Survey \$1: I Services: r/ Tpt Allowance \$1 dination \$1 Inspection \$2 Excess Coordination \$2 In INC) against INC \$2	1#1.Bill Ad 45 20 30 775 60 65 65 65 65 65 65 65 65	
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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.
- 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.

and the supplementary of the same	ACCIDENT STATEMENT
Date Of Report	16/08/2018 15:20
Date Of Accident	15/08/2018 19:15
Exact Location Of Accident	MINOR ROAD ALONG GEYLANG LORONG 14
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJM4916U
Insured/Policyholder	
Name Of Registered Owner	SG CAR RENTAL & SALES PTE. LTD.
Co Reg No	201509693D
Email Address	DANJX02@GMAIL.COM
Mobile Phone No	(LOCAL) +65-85228855
Alternative Phone No	OFFICE-85228855
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS J AUTO
Exact Purpose for which vehicle was being used at time of accident	CHAUFFEUR
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f 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	NO
Policy Number	5100217913
Cover Note Number	
Driver	
Name of Driver	TAN JUN XIAN, DANNY
NRIC No	S8604339D
Date Of Birth	18/02/1986
Occupation	OUTDOOR
Date Of Driving Pass	30/01/2018
Driving Experience	0 YEAR AND 6 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-86868977
ax Number	
Contact Number	OTHERS-86868977
Mail Address	DANJX02@GMAIL.COM

Address BLK 118D JALAN MEMBINA

#23-105 164118

Postcode 164

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

-

NO

2

General Information of the Accident

Type Of Accident SIDE SWIPE
Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? No

Number of vehicles involved in the accident

Was any body injured in the Accident? YES
Was any injured conveyed to hospital by
ambulance?

Was any other material or property damaged? YES

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

Number of Passengers (Including Driver)

Passenger 1 NAME: : NIL

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name BUKIT MERAH WEST NPC

Police Station Address ROAD: 500 BUKIT MERAH VIEW #01-01 , POSTCODE: 159682 ,

NO

COUNTRY: SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180815/2190

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Remarks/ Reasons: REVERT
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLX510B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

TAN JUN XIAN, DANNY

Approximate Age

Injuries Sustain

SLIGHT

Injured person in which vehicle?

SJM4916U

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 2

Name

GOH HUI LIAN

Approximate Age

Injuries Sustain

SLIGHT

Injured person in which vehicle?

SJM4916U

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

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.
- 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.
- 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;
 - (liii) 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.

SES PIE SON A MAN

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

Policyholder's Signature Date & Time:

100 000 000

77	
	Parking lots
	+ <u>XIOO</u> + + ,
	Lor 14 Geylang
	(A) SJM 4916 U.
	(B) SLX 510B.
	(B) 3L1 510B.
DESCRIBE CIRCLIMST	ANCES OF THE ACCIDENT
resemble encomary	ANCES OF THE ACCIDENT
	PLS Refer To Police Report
	/
	No: T/20180815/2190
115 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	

CLIERATION

he foregoing particulars are true in every respect.

WE SOM

Policyholder's Signature Date & Time:

Oriver's Signature (If driver is not the policyholder) Date & Time:

Name: NRIC/FIN No.:

Reporting Centre Personnel's Signature





Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE 159682

1 of 4 Report No. T/20180815/2190

Tel No: 1800-3779999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/08/2018 23:53			Vide Report No.:	Station Diary No.: 67
Informa	int's Partic	ulars		
TAN JU	f Informant: N XIAN, DA		Address: APT BLK 118D JALAN MEMI 164118	BINA #23-105 SINGAPORE
	/ ID No.: 0 / \$86043:	39D	Contact No.: Home/Office:	Mobile: 86868977
National SINGAP	lity: PORE CITIZ	ΈN	Email:	
Sex: Male	Age: 32	Date of Birth: 18/02/1986	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: CARPAL DRIVER			Driving Licence Information: Class: 3	Date of Expiry:

General Infor	mation of the Accide	ent		
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 15/08/2018 19:15	Type of Location: Straight Road
Location: Along Road 1 GEYLANG Road Minor road alo Weather: Clear		4 Road Surface:	Į.	Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled	100	Traffic Volume:
Type of Collis Between Mov	ion: ing Vehicles - Head To	o Side	, A	Anyone conveyed by ambulance:

Details of Vehicle Involved							
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger	
SJM4916U	Car				Slightly Damaged	1	
SLX510B	Car				Slightly Damaged	0	

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





2 of 4

Report No. T/20180815/2190

Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE

Tel•No: 1800-3779999

CONTINUATION OF REPORT

Passenger				- 20	
Name	GOH HUI LIAN	a allianes a complete	ID No.		S8632355I
Related Vehicle	SJM4916U (Car)		Conta	ct No.	96263324
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL			of g ce & Date	Class: NIL Date of Expiry: NIL
Date Treatment	15/08/2018	Date Dis	charge	15/08	3/2018
No. of Days gran	ted Medical Leave 03	Degree o			
Driver			200		
Name	TAN JUN XIAN, DANNY				S8604339D
Related Vehicle	SJM4916U (Car)			ct No.	86868977
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL			of g ce & / Date	Class: 3 Date of Expiry: NIL
Date Treatment	15/08/2018	Date Dis	charge		3/2018
	ted Medical Leave 03		of Injury Slight		
Driver			DE LA CONTRACTOR DE LA		
Name	ALEX TAY BOON HUAT		ID No.		S7517729A
Related Vehicle	SLX510B (Car)	Contact No.		88088308	
Hospital/Clinic	NIL			of g ce & / Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Dis	charge	,	
CONTRACTOR OF THE PARTY OF THE	ted Medical Leave NIL	The same and the s	of Injury		

Brief Details

On 15/8/18 at about 1915hrs, I was driving my vehicle (SJM4916U) with my girlfriend inside the car along Geylang Lorong 14. While I was driving along the road, I noticed that there was a car (SLX510B) at the parallel parking lot ready to move off. Therefore, I was cautioned when I drove pass it. However as I drove, the said vehicle just came out of the parking lot and hit my driver side of the door. I then stopped my vehicle and went out of the vehicle. I then exchanged particulars with the other driver. I wish to state that I felt pain at my neck and shoulder and also my back because of the impact. My girlfriend felt giddy and also felt a strain on her neck. My vehicle suffered a deep dent at the driver side of the door. It could not be opened from the outside. The other vehicle suffered some cracks on the left side bumper and also cracks on the left front headlight. There is no in-car camera inside my vehicle.





3 of 4

Report No. T/20180815/2190

Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE 159682

Tel No: 1800-3779999

CONTINUATION OF REPORT





Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE 159682

4 of 4 Report No. T/20180815/2190

Tel No: 1800-3779999

CONTINUATION OF REPORT

Sketch Plan

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: D / Sgt 3 NURJANNAH BINTE AMRAN	Signature Of Informant:
Signature Of Interpreter:	Date/Time:
Not applicable	15/08/2018 23:53
Officer In Charge Of Case: TP / GIA /	Classification Of Case:
Staff Sgt WONG SIEU LUI	
Contact No.: 65476151	
Authentication Stamp	



Transfer Of Vehicle Ownership (Acknowledgement) Vehicle Details

Vehicle No.:

SJM4916U

Vehicle Type.

M18 - Passenger (Co) Company Car

(Single Rate)

Vehicle Scheme:

Normal

Vehicle Make:

TOYOTA

Vehicle Model:

VICS JAUTO

Chassis No.:

MR053HY9305084057

Engine No.:

1NZX813681

Motor No.:

Trailer Chassis No.:

Propellant:

Petrol 1497 cc

Passenger Capacity:

Engine Capacity:

Power Rating:

Unladen Weight: 1095 kg

Maximum Laden Weight: 1505 kg

Primary Colour:

Silver

Secondary Colour.

IU Label No.:

1124036377

Maximum Power Output: 80.0 kW (107 bhp)

First Registration Date:

06 Jan 2009

Original Registration Date: 96 Jan 2009

Manufacturing Year:

2008

Open Market Value:

\$11,434.00

PARF Elicibility:

Yes.

Minimum PARF Benefit: \$5,717.00

No. of Transfer:

Actual ARF Paid:

\$11,434.00

Owner Particulars

Owner Name:

SG CAR RENTAL & SALES PTE, LTD.

Owner ID Type:

Company

Owner ID:

2015096930

Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes

Registered Block/House

No.:

Registered Street Name: TANNERY LANE

Registered Unit No :

01 - 03E

Registered Building Name: SINDO INDUSTRIAL BUILDING

Registered Postal Code: 347805

COE No /Explry Date:

2009010101002395N / 05 Jan 2019

COE Bid Category:

A - Car (1600cc & below)

QP:Pald:

\$6,200.00

Transaction Details

Business Transaction Ref. 20161228150229112009

Eusineas Transaction

29 Dec 2016

Date:

Business Transaction

15:02:29

Time:

Vehicle has been successfully transferred to SG CAR RENTAL & SALES PTE, LTD. (201539693D).

Please note that \$11,00 will be deducted from your GIRO account.

Vehicle No.	SJM 4916 U. Model/Make Toyota Vias .
Date of Accident	15 108 118
Time of Accident	1915HRS
Location of Accident	Geylang Lor 14 towards Gillmard Road.
Exact purpose use during acc	
Name of Owner	3G Car Rental & Sales Pte Ltd.
Telephone No.	H/P: 8522 5555 Home: Office:
NRIC	2015 09693 D.
Address	66, Tannery lane #01-63E, Sindo Industrial Building (3) 347
Claim type	OD THIRD PARTY REPORTING ONLY
Insurance Company	Newc
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	5100217413
Name of Driver	As Above If No, Jan Jun Xian, Danny
NRIC	\$860H339D. Any Passengers: 01 (F)
Date of birth	18 02 1986.
Occupation	Outdoor / Indoor
Driving License Pass Date	30 01 2018
Gender	Male / Female
Contact No.	H/P: 8686 8977 Home: Office:
Address	BLK 1180, Jalan Membina #23-105 (8) 164118.
Driver have any own vehicle	
Relationship	Employee, If no, state Gares
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No, (If Yes, Who?
Name And Contact No.	Tun Jun Xian, Danny (+/P: 8686 8977)
Name And Contact No.	Gon Hui Lan (HIP: 9626 3324).
Police Report	No, If Yes, Where? Bukit Merch West N. P. C.
Vehicle B No.	SLX SIO B . Any Passengers :
Name of Driver	Contact No. :
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	N. A. Witness Contact:
Accident Portion	Right Side.
Camera Recorder	Yes/.No
Email Address	danjx 02 @gmail - com.
PARTICULAR WORKSHOP	Twencas
The state of the s	
CONTACT NO.	6842 0051 / 6744 0510
	6842 0051 / 6744 0510

IDENTITY CARD NO. \$8604339D





TAN JUN XIAN, DANNY

M



俊

CHINESE

SINGAPORE

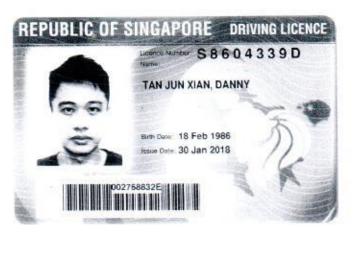
18-02-1986

5700549



Date of issue 13-02-2017

APT BLK 118D JALAN MEMBINA #23-105 SINGAPORE 164118



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

EFFECTIVE DATE

Motor cars with unladen weight =< 3000kg with =< 7 30 Jan 2018 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg Class 3



NP 428A



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: 5100217913

Cover : drivo CLASSIC

Index mark and Registration Number of Vehicle

: SJM4916U

Chassis Number

2. Name of Policyholder

: MR053HY9305084057

3. Effective Date of Insurance

: SG CAR RENTAL & SALES PTE. LTD.

4. Expiry Date of Insurance

08 May 2018 : 07 May 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) : 5\$2,000 EXCESS (SECTION 2) 5\$1,500 WINDSCREEN EXCESS : \$\$100 ADDITIONAL EXCESS N/A UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COE : YES NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO EXCESS WAJVER : NO PRIMARY DRIVER : N/A NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY -: N/A 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

: KHC HOLDINGS PTE LTD (00000613934)

Date of Issue

: 25 Apr 2018 10:26 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBao Tech									(GeneralC	laim
Hello, NAC_PAYA_UBI_80	0601			No. of Concessions			· Change La	nguage	· Change P	A THE COURT OF	
My Desktop	Poli	cy Query							change P	assword	Log Out
Notice of Loss	Policy N	No.				Date of	f Accident	15	08/2018 19:1	5	
	Vehicle	No.(Far Mator)	SJM491	6U		Certific	ate Number				
					s	earch				11(
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	
	0	5100217913		SG CAR RENTAL & SALES PTE. LTD.	201509693D	GFT	drivo CLASSIC			08/05/2018	Date
				LID.	Cor	ntinue					

Policy No.	5100217913	Policyholder	SG CAR RENTAL & SALES	Policyholder	
Certificate No.		Name	SO CAN REIVIAL & SALES	NRIC NRIC	201509693D
Address	66 TANNERY LANE #01-	3E SINDO INDUSTR	IAL BUILDING SINGAPORE	347805	
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	25/04/2018	Effective Date	08/05/2018 00:00	Expiry Date	07/05/2019 23:59
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	1121.30		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		
Agent Co-	KHC HOLDINGS PTE LTD	Agent Tel.	62538288	GST Flag	Y
insurance Flag Open Policy Info Certificate Info	No				
0.00000	older Mailing Address				
Address 1	66 TANNERY LANE	Address 2	#01-03E SINDO INDÚSTR	NAL B Address 3	SINGAPORE 347805
Address 4		Address Type	Singapore address	Post Code	347805
Unit No.	01-03E	Related Policy Number	5100217913		
1 Insured	Object: SJM4916U				
□ Endorse	ments				
Sequence	Date of Endorsement	Endorsement Type	Endorsement Er	ndorsement Status	Endorsement Content
	03/07/2018 00:00	Basic Information Endorsement		dorsement Take ective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJR7783P 03-07-2018 \$1,310.38 In view of this amendment, an additional premium of \$1,310.38 (inclusive of GST) is payable under your policy. Please ignorating premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our
	04/07/2018 00:00		74.19	ì	pranches by cash or NETS.
	04/07/2018 00:00		null		

Claim Handling					
The premium on this policy ha Accident MT/1007528	s not been collected.				
		Parancia de la composição			
Policy No.	5100217913	Vehicle No.	SJM4916U	GST Registration No.	
Certificate No. Policyholder Name	20.01				
Product Code	SG CAR RENTAL & SALES PTE. LTD,			Policyholder NRIC	201
Contact No.(Mobile)	FLEET INSURANCE	Cover Type	drivo CLASSIC	Loading	0
	85228855	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	▼ No ○ Yes	TCA	■ No ○ Yes	eCode Reason	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Report Date	16/08/2018 17:47	Accident Report Within 24 hrs	Yes	Accident Type	Side
Date of Accident	15/08/2018	Time of Accident hh:mm	19:15	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	MINOR ROAD ALONG GEYLANG LORONG 14				
♥ Benefits					
♥ Excess					
Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
GST Registered Inform	ation				
GST Registered	No		GST Registration Date		
GST Registration No.			GST Status Verified	No	
Modification History					
IN Bellevinsteen teeting a second	DESKE OF				
Policyholder Mailing Ad		- 1115/			
Address 1 Address 4	66 TANNERY LANE	Address 2	#01-03E SINDO INDUSTRIAL BI	Address 3	SING
Unit No.	************	Address Type	Singapore address	Post Code	3478
OI Driver Info	01-03E	Related Policy Number	5100217913		
Driver Name	Marcon I.B.				
Unnamed driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
	TAN JUN XIAN, DANNY	Driver NRIC	586043390	Driver DOB	18/0
Register Date of Driver License		Driver Age	32	Driving Experience	0
Contact No.(Mobile)	86868977	Contact No.(Office)	0	Contact No.(Home)	0
Address 1 Address 4	BLK 1180	Address 2	JALAN MEMBINA	Address 3	
Unit No.	100-w00000	Address Type	Singapore address	Post Code	1641
Does he own a Singapore	#23-105				
Registered car?	○ Yes ★ No	Driver Vehicle No.		Driver Insurer Company	
and a second sec					
Declaration Breathalyser or Blood Test					
Reading?	0 mg	Any injury?	○ Yes ® No		
Modification History					
The state of the s					
Claim 001 OD-MX New					
	-				
		HOME AND THE STATE OF THE STATE			
Daim Type *	OD-MX	Insured Name	SG CAR RENTAL & SALES PTE. I	Insured NRIC	2015
Ontact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	
mail Address		OI Vehicle Number	SJM4916U	TP Vehicle Number	SLX5
Taim Description Preferred Workshop Contact	SJM4916U / SLX5108 ON 15 Aug 2018			Name of Preferred Workshop	
in.		Insured Liability *	Partially at Fault		
lequire Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Rece
Pate Registered	16/08/2018 17:55	Claim Close Date		Date Received	16/0
eport Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	100
✓ Print AK letter				rotor coss out nepaired	
		[5	Save Submit		
Attachment					
200					
9					
ccident No.	MT/1007528		Claim No.	001	

