NATIONAL Assessment Cent	The Berries Inc.	The state of the s		
Date In: 19/9/18 -15:59	Jeb description	Date &Time Completed	Done	pi.
Ref No: NA INC 190 17090 24	SAS e-filing			
Veh No: YP63V51	E-mail (within Shrs, AIC 2hrs)			
D.O.A : 18/9/18- 12:05	i-Motor Claim Form	M7 1012175-001	19/9/18 17	7:16
OD TO OD	i-Motor W/O (Within: OD 2h	rs, TP 4hrs)		
OD TP Reporting Only	i-Photo Uploaded			4
TD I.	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tol: F	Fax:)
TP Particulars: Veh No: US	67 39s INC ()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: () F	Period: (Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-2	20%; P: 21-79%. P: 80-	100%]	
Year of Registration: ()	Warranty: YES () / NO ()		
Excess: (\$) Loading: \$1	,000()/\$2,000()			
General Remarks;-			15,000	
() Walk-In Customer : Customer's int	formation strictly Confidential & S	trictly NO refer of repairer.		
() Total Loss Case : to e-mail Insu		A	530	
		Towing Co: ()
		1		
			7-140-1-XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	William Annual
Remarks: (INC horline: 6788 6616)	divisit strategies and same additional strategies are sent at an area	Date&Time Completed	Done	by
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	divisit strategies and same additional strategies are sent at an area	Date&Time Completed	Done	by
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Apply for Transport Allowance ()/ QC Check / Post Repair Inspection	Courtesy Car ()	Date&Time Completed	Done	by
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury:	Courtesy Car ()			hy
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]	Courtesy Car ()		Done	by
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury:	Courtesy Car ()			by
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1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury: Date/Time Actions	Courtesy Car () () \$3000] () Invoice Pre	paration Checklist.	Ant (S)	Amt(\$)
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1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5 Injury: Date/Time Actions NA 801957 Claimant's Particulars:- Driver/Owner:	Courtesy Car ()	paration Checklist t Reporting (\$30); Assessment (\$100); INC (\$100); Through Survey	And (5) Tst Bill 80) 0/\$45 \$120	Amt(\$)
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury: Date/Time Actions VA 1803957 Inimant's Particulars:	Courtesy Car ()	paration Checklist t Reporting (\$30); Assessment (\$100); INC (\$2,000)	And (5) Tst Bill 80) 0/\$45 \$120 \$30	Amt(\$)
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1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury: Date/Time Actions Claimant's Particulars': Oriver/Owner: ontact No: amaged Portion:	Courtesy Car ()	paration Checklist. t Reporting (\$30); Assessment (\$100); INC (\$20); Prough Survey Phrough Survey (Resurvey) Isgainst INC Only (wef 10 Jan 200); Ction + SMRT Survey onal Services.	Anot (5). Tst Bill 80). 5120. 530. 575. 5160.	Amt(\$)
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1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury: Date/Time Actions VA Resurvey Photo [Repair Cost > 5] Plate/Time Actions Plate/Time Actions Claimant's Particulars: Oriver/Owner: Contact No: amaged Portion: C Checked by (Engr-In-Charge): uditors' Comments:-	Courtesy Car (paration Checklist. t Reporting (\$30); Assessment (\$100); INC (\$20); Prough Survey (Resurvey) Isainst INC Only (wef 10 Jan 200); ction + SMRT Survey onal Services: Car / Tpl Allowance	And (5) Tst Bill 80) 0/545 \$120 \$30 5) \$75 \$160	Amt(\$)
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5 Injury: Date/Time Actions NA 180393 } Claimant's Particulars:	Courtesy Car (paration Checklist: t Reporting (\$30); Assessment (\$100); INC (\$30); Assessment (\$100); INC (\$40); Assessment (\$100); Assessment (Ant ((5)) Tit Bill 80) 0/545 \$120 \$30 5) \$75 \$160 \$5 \$10 \$25 \$51 \$20 30	Amt(\$)

Fryand Lar

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Driving Experience

Mobile Number

Fax Number Contact Number

EMail Address

Gender

- 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 <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.

o christiani de la companione de la comp	ACCIDENT STATEMENT
Date Of Report	19/09/2018 15:59
Date Of Accident	18/09/2018 12:05
Exact Location Of Accident	CENTRAL BLVD TWDS MARINA WAY
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	YP6325T
Insured/Policyholder	
Name Of Registered Owner	ONE2RENT CARS PTE LTD
Co Reg No	201306179N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	CANTER FEB21ER4SDEB (CBU)
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5079227496-02
Cover Note Number	
Driver	
Name of Driver	ISMAIL BIN MOHAMAD
NRIC No	S1458379C
Date Of Birth	26/12/1960
Occupation	OUTDOOR
Date Of Driving Pass	28/03/2003

15 YEARS AND 5 MONTHS

(LOCAL) +65-98983183

OFFICE-98983183

MALE

NOEMAIL

BLK 7 MARINE TERRACE Address

#04-238

Postcode 440007

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 - HEAD TO REAR

Weather Conditions CLEAR Road Surface DRY

Other Information

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

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. 2

Number of Passengers (Including Driver)

Passenger 1 NAME:

> GENDER: : MALE

NO

1 -

Details of Police Action

Was the accident reported to the police? NO

Was notice of intended Prosecution given?

If Yes, Please state which Police Station

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number **CB6739S**

Vehicle Make/Model/Colour

Details Of Properties

BUS Vehicle Category

MR CHONG Name of Driver NRIC/Passport Number G2021185M Contact Number 98561802

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

EMPORTANT 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 fruthful and acturate as possible. Any wiful 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 recording may be referred to the Police for Investigation.
- The report will be forwarded by the Insurers of the GIA Records Management Centra 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 aforespid.
- Consent under the Personal Data Protection Act (PDPA).

I understand, acknowledge, agree and consent that:

- 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 "Insurary"), the insurers' lawyers/law firms, the fisonetary Authority of Singapore and any refevant government agency/authority (such as the police), for the purpose(s)
 - (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
- 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.
- 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)

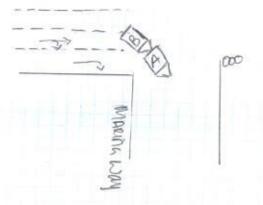
Date & Time:

NRIC/FIN No.:

Name:

Reporting Centre Personnel's Signature

CENTRAL MOULEVARA



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving from Central Boulevard turning right to Marina Way and on that time I was on the signal to make right turn suddenly I heard a loud bang from my back portion and I go down from lorry and saw CB6739S hit the back of my lorry.

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		CATALOG STATE	
The second secon			
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			100
CLARATION			

Policyholder's Signatur Date & Time:

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

Reporting Centre Personne's Signature Name: NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to spead up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
 Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the traffic police department for investigation.

Date of accident	181	91	18	•		14112			(DD/	MM/YY)
Time of accident			.05						(1	HH:MM)
Exact location of accident	Cev	ntri	al	BL	VD	TURNING	Right	to	marina	WAY

Vehicle registration number	YP 6325 T.
Vehicle make and model	LORRY
Type of vehicle	Saloon D MPV D CRV D Van D Lorry Bus C Motorcycle D Others:
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes □ No if no, please select: Third part claim Reporting only □

	INSURANCEINE	ORMATION	
Insurance company	NTUC		
Policy number		•	
Type of policy	Comprehensive 🗸	Third party fire & theft o	TP only D

	INSURED / POLICY HOLDER	NAMES OF THE OWNER, OF	SAME THE PARTY.
Name	ONE2RENT CARS PTE LTD	Male 🗆	Female 🗆
NRIC / Fin / Passport number	201306179N		
Contact			
Address	70 UBI CRESCENT #01-12 UBI TECH PARK SINGAPORE 408570		

Name	IS MAIL BIN MOHAMAD Male Female 0
NRIC / Fin / Passport number	51458379C.
Contact	98983183
Address	BILT MARINE TERRACE #04-238.
Email address	
Date of birth	26/12/1960
Occupation	Indoor D Outdoor
Driving date pass	28/03/2003.

	G	ENERAL IN	NFORMATION OF	THE ACCIDENT		Bridge Miles
	Was driver an employee of	Yes 🗆	No D		G.	
	the insured's company?	If no, rela	ationship of the d	river and insured: _	perven.	
	Accident captured by camera?	Yes	No	ii		
	Weather condition	Clear	Raining 🗆	Others:		
	Road surface	Dry Z	Wet 🗆			
	No of passenger		2		(Inclusive	of driver)
7						
		With the last	PASSENGER 1			
1	Name	112/2017-11002	250000000000000000000000000000000000000			
	Gender	Male	Female 🗆			
1						
			PASSENGER 2			
	Name					
	Gender	Male 🗆	Female		0-240	
ì						
			PASSENGER 3	CASTO BUT STAN		
1	Name	8.6-1	F1			
	Gender	Male 🗆	Female 🗆			
í						Autoritation and
ŀ			PASSENGER 4			
-	Name					
L	Gender	Male 🗆	Female □			
B						
1			PASSENGER 5			13/15/13
-	Name Gender	Male 🗆	Female			
L	Gender	iviale 🗆	remale 🗆			
H			PASSENGER 6			
100	Name	AND PERSONS	PASSENGER		AL WILLIAM STATES	
+	Gender	Male 🗆	Female			
L	Gerider	IVIdle U	remaie u			
1		0	THER INFORMAT	HON		
	Was anybody injured?	Yes 🗆	No	ION		
H	Was other vehicle damaged?	Yes 🗹	No 🗆			
	vias other venue damaged.	103/2	ТОП			
		DET	AILS OF POLICE A	CTION		MALESCON
F	Reported to police?	Yes 🗆		please state which	nolice station	NI PROCESSION
_	Police station name	100 [110/2 11/05/	piedse state willer	i police station.	
_	THE PERSON NAMED OF THE PE					
		CONTRACTOR	WITNESS 1			THE STUDEN
-	Name		IVIIIVI55 1			
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		THE STREET	WITNESS 2	IN STREET WHEN	TO THE STREET OF	THE RESIDENCE OF THE PARTY OF T
1	Name		WITHLUS Z		AND	Des (North State
	Turne					

Vehicle registration number	CB 67398
Vehicle make model	School bus.
Name	Mr. CHON6
NRIC / Fin / Passport number	6 20 21105M.
Contact	9 688 6807 / 9856 1802.

	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

	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					

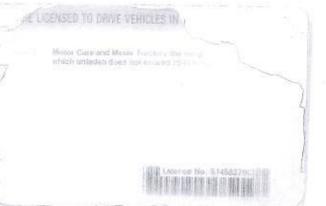
	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

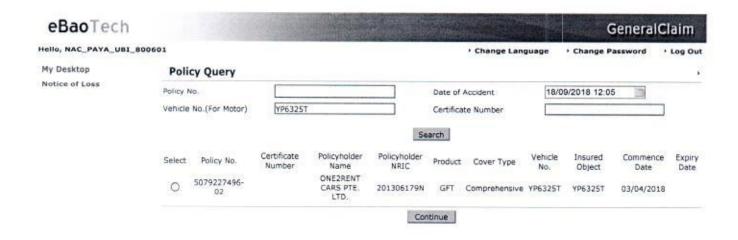
A SECRETARIA DE LA COMPANIONE DE LA COMP		INJURED PERSON 1
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes	No 🗆
hospital by ambulance?	163 (1	140 1
nospital by ambulance:		
		INVIDED DEDCOM S
Name		INJURED PERSON 2
Injuries sustained		
Which vehicle person in?	14	
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes □	No 🗆
hospital by ambulance?		
		INJURED PERSON 3
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No □
Was injured conveyed to	Yes□	No 🗆
hospital by ambulance?		AGE III
No.		
		INJURED PERSON 4
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?		8w/19/3/94
TEGIC SCUL WOILS WOILI	Yes □	No 🗆
	Yes □	
Was injured conveyed to		No 🗆
Was injured conveyed to		No 🗆
Was injured conveyed to hospital by ambulance?		
Was injured conveyed to hospital by ambulance? Name		No 🗆
Was injured conveyed to hospital by ambulance? Name Injuries sustained		No 🗆
Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in?	Yes 🗆	No 🗆 INJURED PERSON 5
Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes Yes	No INJURED PERSON 5 No
Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes 🗆	No 🗆 INJURED PERSON 5
Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes Yes	No INJURED PERSON 5 No
Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes Yes	No INJURED PERSON 5 No No No No No No No
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?	Yes Yes	No INJURED PERSON 5 No
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name	Yes Yes	No INJURED PERSON 5 No No No No No No No
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained	Yes Yes	No INJURED PERSON 5 No No No No No No No
Name Injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in?	Yes Yes Yes Yes Yes Yes Yes Yes	No D No D No D INJURED PERSON 5
Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes Yes Yes Yes Yes	No INJURED PERSON 5 No INJURED PERSON 6 INJURED PERSON 6
Name Injured sustained Which vehicle person in? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in?	Yes Yes Yes Yes Yes Yes Yes Yes	No D No D No D INJURED PERSON 5











Policy No.	5079227496-02	Policyholder Name	ONE2RE!	NT CARS PTE. LTD.	Policyholder NRIC	201306179	N
Certificate No.		No.			THE C		
Address	70 UBI CRESCENT #01-12 SI	NGAPORE 40857	0				
Product Name	FLEET INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	02/04/2018	Effective Date	03/04/20	018 00:00	Expiry Date	02/04/2019	23:59
Excess Type		All Claims Excess					
Third Party Excess	1000.00	Own damage Excess	1000.00		Windscreen Excess	0.00	
Additional Excess		OS Premium	8090.85				
Outside Singapore OD Excess		Outside Singapore TP Excess				You	ng/Inexperience Driver Excess
Agent	Marsh (Singapore) Pte Ltd	Agent Tel.	6327768	37	GST Flag	Y	
Co- nsurance Flag	No						
Open Policy Info							
Certificate Info							
Policyl	holder Mailing Address						
Address 1	70 UBI CRESCENT	Addre	ess 2	#01-12		Address 3	SINGAPORE 408570
ddress 4		Addre	ess Type	Singapore address		Post Code	408570
Jnit No.	01+12	Relati	ed Policy per	5081725603-02			
1 Insure	ed Object: YP6325T						
	sements						
Sequer	nce Date of Endorsement	Endorseme	nt Type	Endorsement Numb	er Endorse	ment Status	Endorsement Content
		Basic Informa	tion	000001286787630	Endorsem	ent Take	internal endt : amend car plate

ccident MT/1012175	not been collected.				
		905000000	00000000	NAME OF SOME OF SOME	
Scy No.	5879227496-03	Vehicle No.	YP6325T	GST Registration No.	
rtificate No.					
icyholder Name	ONE DRENT CARS PTE. LTD.	2002	25 (5-17)	Policyholder NRIC	201306179N
oduct Code	PLEET INSURANCE	Cover Type	Comprehensive	Loading	0
ntact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
nait Address K	@ Mar Chann	Special Remark	81.5.	eCode	N. V
D Protection	® No ○ Yes		® No ○ Yes	eCode Reason	2227
Accident Details	No	NCD Entitlement(%)	0	Private Hire	No
port Date	19/09/2018 17:14	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
te of Accident	18/09/2018	Time of Accident hit mm	12:05	Country of Accident	
porting Centre	10/00/2010		12.49		Singapore
ident Location	CENTRAL BLVD TWDS MARINA WAY	Orange Force		IOM No.	
Excess	CERTARE DESIGNATION TO THE PROPERTY OF THE PARTY OF THE P				
n damage Excess	1,000.00	Additional Excess		Windscreen Excess	0.00
named Driver Excess	2,000,00			Windscreen Excess	0.00
rd Party Excess	1,000.00	Outside Singapore OD Excess			
Benefits	2,000.00	Outside Singapore TP Excess			
GST Registered Informa	ation				
Registered	No.		GST Registration Date		
T Registration No.	C19K		GST Status Verified	No	
dification History					
Policyholder Mailing Ad		575743775	10000	62.00	
tress 1	70 UBI CRESCENT	Address 2	#01-12	Address 3	SINGAPORE 408570
dress 4		Address Type	Singapore address	Post Code	408570
ė No.	01+12	Related Policy Number	5081725603-02		
OI Driver Infe					
ver Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	ISMAIL BIN MOHAMAD	Oriver NRIC	S1458379C	Driver DDB	26/12/1960
gister Date of Driver License		Oriver Age	\$7	Driving Experience	15
ntact No.(Mobile)	96963183	Contact No.(Office)	0	Contact No.(Home)	0
dress 1	BLK 7	Address 2	MARINE TERRACE	Address 3	MARINE TERRACE WALK
dress 4	SINGAPORE 440007	Address Type	Singapore address	Post Code	440007
II No.	04-236				
es he own a Singapore gistered car?	○ Yes (No	Driver Vehicle No.		Driver Insurer Company	
claration					
sathalyser or Blood Test	William .	Percentage and			
ading?	0 mg	Any injury?	○ Yes ® No		
dification History					
Claim 001 New	7472				
m Type *	[00-MX	Insured Name	ONEZRENT CARS PTE: LTD.	Insured NRIC	201306179N
im Type * ntact No.(Mobile)		Contact No.(Home)	NOL	Insured NRIC Contact No. (Office)	201306179N 62927575
om Type * stact No. (Mobile) sli Address	enquiry@one2rentcars.com	Contact No.(Home) Of Vehicle Number	NRL YP612ST		
im Type * ntact No.(Mobile) all Address imant Type Claimant Type *	enquiry@one2rentcars.com	Contact No.(Home) Of Vehicle Number Type of Benefit *	NOL	Contact No. (Office)	62927575
im Type * mact No.(Mobile) all Address imant Type Claimant Type * imant Name *	enquiry@one2rentcars.com	Contact No.(Home) Of Vehicle Number	NRL YP612ST	Contact No. (Office)	62927575
im Type * ntact No.(Mobile) all Address imant Type Claimant Type * imant Name * imant Address	enquiry@one2rentcars.com Prease Select	Contact No.(Home) Of Vehicle Number Type of Benefit *	NRL YP612ST	Contact No. (Office) TP Vehicle Number	62927575
m Type * mact No.(Mobile) sii Address mant Type Claimant Type * mant Name * imant Address m Description	enquiry@one2rentcars.com Please Select	Contact No.(Home) Of Vehicle Number Type of Benefit * Clarmant NRIC *	NSL YP6125T Please Select	Contact No. (Office)	62927575
im Type * mact No. (Mobile) all Address imant Type Claimant Type * imant Name * imant Address im Description ferred Workshop Contact	enquiry@one2rentcars.com Please Select 2.3 VP6325T / CB67395 ON 18 Sept 2018	Contact No.(Home) Of Vehicle Number Type of Benefit * Claimare.NRIC *	NSL YP6325T Please Select	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop	62927575 C867396
im Type * mact No. (Mobile) all Address imant Type Claimant Type * imant Name * imant Address im Description ferred Workshop Contact guire Finalisation	enquiry@one2rencars.com Please Select >>> V96325T / CB67395 ON 18 Sept 2018 Yes	Contact No.(Home) Of Vehicle Number Type of Benefit * Clarmare NRIC * Insured Uability * Preference Repair Option	NSL YP6125T Please Select	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop G1A report	62927575 C867396
m Type * nact No.(Mobile) sil Address mant Type Claimant Type * mant Name * mant Address m Description ferred Workshop Contact quire Finalization e Registered	enquiry@one2rentcars.com Please Select ≥≥ V96325T / CB6739S ON 18 Sept 2018 Ves 19/09/2018 17:16	Contact No.(Home) Of Vehicle Number Type of Benefit * Claimare.NRIC *	NSL YP6325T Please Select	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop	62927575 C867396
im Type * mact No.(Mobile) all Address imant Type Claimant Type * imant Name * imant Address im Description ferred Workshop Contact guire Finalization a Registered	enquiry@one2rencars.com Please Select >>> V96325T / CB67395 ON 18 Sept 2018 Yes	Contact No.(Home) Of Vehicle Number Type of Benefit * Clarmare NRIC * Insured Uability * Preference Repair Option	NSL YP6325T Please Select	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop G1A report	62927575 C867396
m Type * nact No.(Mobile) sili Address mant Type Clarmant Type * mant Name * mant Address m Description lerved Workshop Contact uirs Finalization e Registered out Taken By	enquiry@one2rentcars.com Please Select ≥≥ V96325T / CB6739S ON 18 Sept 2018 Ves 19/09/2018 17:16	Contact No.(Home) Of Vehicle Number Type of Benefit * Clarmare NRIC * Insured Uability * Preference Repair Option	NSL YP6325T Please Select	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop G1A report	62927575 C867396
im Type * mact No. (Mobile) all Address imant Type Claimant Type * imant Address im Description ferred Workshop Contact gure Finalization ie Registered sort Taken By Print AK lietter	enquiry@one2rentcars.com Please Select ≥≥ V96325T / CB6739S ON 18 Sept 2018 Ves 19/09/2018 17:16	Contact Na.(Home) Of Vehicle Number Type of Benefit * Claimare.NRIC * Insured Usbridy * Preference Regain Option Claim Close Date	NSL YP6325T Please Select	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop G1A report	62927575 C867396
im Type * mact No. (Mobile) all Address imant Type Claimant Type * imant Address im Description ferred Workshop Contact gure Finalization ie Registered sort Taken By Print AK lietter	enquiry@one2rentcars.com Please Select ≥≥ V96325T / CB6739S ON 18 Sept 2018 Ves 19/09/2018 17:16	Contact Na.(Home) Of Vehicle Number Type of Benefit * Claimare.NRIC * Insured Usbridy * Preference Regain Option Claim Close Date	NSL YP6125T Please Select Not at Fault Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop G1A report	62927575 C867396
imm 001 New Imm Type * Immat No. (Mobile) Immat Type Claimant Type * Immat Name * Immat Address Immat Add	enquiry@one2rentcars.com Please Select ≥≥ V96325T / CB6739S ON 18 Sept 2018 Ves 19/09/2018 17:16	Contact Na.(Home) Of Vehicle Number Type of Benefit * Claimare.NRIC * Insured Usbridy * Preference Regain Option Claim Close Date	NSL YP6125T Please Select Not at Fault Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop G1A report	62927575 C867396
im Type * mact No.(Mobile) all Address imant Type Clamant Type * imant Name * imant Address im Description ferred Workshop Contact gurer Finalization to Registered sort Taken By Phili AK lietter stachment	enquiry@one2rencars.com Please Select ≥≥ V96325T / CB6739S ON 18 Sept 2018 Ves 19/09/2018 17:16	Contact Na.(Home) Of Vehicle Number Type of Benefit * Claimare.NRIC * Insured Usbridy * Preference Regain Option Claim Close Date	NSL YP8125T Please Select Not at Fault Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop G1A report	62927575 C867396
m Type * nact No.(Mobile) sill Address mant type Claimant Type * mant Name * mant Address in Description ferred Workshop Contact journ Pinalisation e Registered out Taken By Print AK lietter ttachment	enquiry@one2rencars.com Please Select >> VP6325T / CB67395 ON 18 Sept 2018 Ves 19/09/2018 17:16 Dackson	Contact No.(Home) Of Vehicle Number Type of Benefit * Clarmare.NRIC * Insured Uability * Preference Regain Option Claim Close Date	NSL YP6325T Please Select Not at Fault Preferred Workshop, Name unknown Save Submit	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop G1A report	62927575 C867396
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