Date In: 75/10/18-14:19	Jeb description	Date &	Time Completed	Done	pi.
Rei No: WA MCITOIGY 63/14	SAS e-filing				
Veh No: JK776367	E-mail (within Shrs,	AIC 2hrs)			
D.O.A: 24/10/8-10:40	i-Motor Claim F		17212-201	x/0/18 19	:15
D.O.A : 17/15/19 - 10:40		thin: OD 2hrs, TP 4hrs)	317010-301	7.718 17	
OD (TP) Reporting Only	i-Photo Uploade				
TP Insurer:	Assessment/Surve		When		
		x / Hand to Owner/			
Preferred Wksp / INC Assign Wksp / QW:		Tel:		Fax:	
TP Particulars: Veh No:	il 314K		n-INC()		
Owner / Driver: (Tel:			
Policy No: ()	Period: () Cover T			
Confirmed by : (ate:	Time:)	
	6) [Note-Est. Status (WO)		21-79%. P: 80-	100%]	
Year of Registration: () Warranty: YES ()	/NO()			
Excess: (\$) Loading:	\$1,000 ()/\$2,000 ()			
General Remarks:-		and the second	CELENT TO		
Amenia - Secreta con enconcescencias paradeles a secución de describos	The state of the s	THE REAL PROPERTY.			
() Walk-In Customer : Customer's		ential & Strictly NO	refer of repairer.		
() Total Loss Case : to e-mail In					
Drive-In ()/ Towed-In (); Inv	voice: YES () / NO () ; Towing Co	D: ()
Remarks:- (INC hotline: 6788 661	6)	Date&1	irib Completed	Done	by
The second secon	THE PROPERTY OF THE PARTY OF TH				-
)/Courtesy Car ()			-	
2) QC Check / Post Repair Inspection	()				
3) Upload Resurvey Photo [Repair Cost	> \$3000] ()				
Injury:		1.	-2 1		
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Date/Time Actions		The same of the sa	7.1.194	PERSONAL PROPERTY.	
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180887 ·	ln.	voice Preparation	Checklist	fitBill	Add 1
numant's Particulars :-		R: Accident Reporting	(530);		
	2) I	A : Damage Assessment		(80) (0/\$45	
annant's Particulars :-		F: Towing Fee			
		T : Follow-Through Surv	ey	\$120	leoghi e
iver/Owner:	4) F 5) ž	T : Follow-Through Surv T : Follow-Through Surv	ey (Resurvey)	\$30	
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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 truthful and accurate as possible. Any wilful misrepresentation or witholding 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. 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.

Marie Constitution (1997)	ACCIDENT STATEMENT
Date Of Report	25/10/2018 14:19
Date Of Accident	24/10/2018 10:40
Exact Location Of Accident	KJE (PIE) TWDS BRICKLAND RD
Country/State of Loss	SINGAPORE
D.	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKT7636J
Insured/Policyholder	
Name Of Registered Owner	ONE2RENT CARS PTE LTD
Co Reg No	201306179N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS CLASSIC 1.6 CVT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	5079229409-02
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD NAZREEN BIN MOHAMED NASIR
NRIC No	\$85381221
Date Of Birth	28/11/1985
Occupation	OUTDOOR
Date Of Driving Pass	16/12/2005
Driving Experience	12 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82243654
Fax Number	
Contact Number	OFFICE-82243654
EMail Address	NOEMAIL

BLK 121 YISHUN STREET 11 Address

#02-435

760121

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

OTHER - HIRER

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR Road Surface DRY

Other Information

Postcode

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.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

1

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 SGL3124K Vehicle Make/Model/Colour MAZDA 3

Details Of Properties

Vehicle Category PRIVATE CAR Name of Driver SIM WANG WIN NRIC/Passport Number S9330520E Contact Number 92345957

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKITTY FLER

INFORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorized Driver.
- Information provided must be as <u>truthful and accurate as dossible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repuglists 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.
- Amrifalse 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 Parsonal 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

Driver's Signature

(If driver is pot the policyholder)

Date & Time: 15 Oct 2018

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

1102 425

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heavy traf	FRC, this I slowed down my
vehicle. S.	addenty an impact happened at
to some of	velece. I aliqued and
exchanged	particulars with vehicle B.
1	

DECLARATION

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

Policyholder's Signature Date & Time:

Driver's Signature

Of driver is not the policyholder)
Date & Times 25 OCT 2018 25 OCT 2018

1102HRS

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

Sheet and A. De 1277 and

IMPORTANT NUMBER

- Complete and submit this form to the inchidual insurance authorised reporting centre. Present 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 occeptance of this form by insurance companies is not an edmission 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 archient	24 Oct 2018	(DD/MM/YY)
Time of actident	10:40 am	(HH:MM)
Exact for Hot of acodent	Before merging of EJE &	on BKE

Vehicle registration number	SKT76367
Vehicle make and model	/ TOYOTA ALTUS
Type of cohicle	Saloon MPV CRV Non Others:
Vehicle category	Private Commercial Motorcycle Motorcycle
Purpose of using at sald time	WORKING
Are you claiming under your own insurance company?	Yes D Now if no, please select: Third part claim of Reporting only D

· · · · · · · · · · · · · · · · · · ·	IMSURANGE III	F08 MATTS III	经验证证明
Insurance company		NTUC	THE RESERVE OF THE PARTY OF THE
Policy number			
Type of policy	Comprehensive D	Third party fire & theft o	TP only D

	INSURED / POLICY MOUNTS	· · · · · · · · · · · · · · · · · · ·	
Name	ONE2RENT CARS PTE LTD	Maleo	Female o
NRIC / Fin / Passport number	201306179N	mate D	Lettiale D
Contact			
Address	70 UBI CRESCENT #01-12 UBI TECH PARK SINGAPORE 408570		

OUT THE	SAME AS INSURED ABOVE - (SKIP TO D.O.B)
Name	Muhammad Nazreen Bin Mohamed Malex Female D
NRIC / Fin / Passport number	38538122I
Contact	82243654
Address	BIK 121 YISHUM St 11 #02-435
Email address	manazreen 1985@ gmail.com
Date of birth	28 NOV 1985
Occupation	Indoor D Outdoor
Driving date pass	16 Dec 2005

and the second s	HEVER/AUM!	NEORNAL ASTON O	DE THE ACCIDIENT	A ALVERTON AND A SERVICE OF THE SERV
Was driver an employee of	Yes 🗆	Nos		
the insure d's company?	If no, rel	ationship of the	driver and insured:	HIRER
Accident captured by camera?	Yes 🗆	Noo		2 Original Annual Annua
Weather condition	Clear	Raining	Others:	
Road surface	Dry.o	Wet 🗆		
No of passanger		ONE	(1)	(Inclusive of driver)
	THE REAL PROPERTY.	PASSENGER	1	SELECTION NAMED IN COLUMN
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FOR THE REAL PROPERTY.	81.128	PASSENGER	f	
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	Male 🗆	Female o		
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	Yesgy	Noo		
3				
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Reported to police?	Yes 🗆		s, please state whic	h nolice station
Police station name	1,94,90,100	11700	, piedse state wille	ir ponce station.
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Name			The second secon	
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Name				A STATE OF THE PARTY OF THE PAR

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Vehicle registration number	3GL3124K
Vehicle make model	MAZDA 3
Name	Sim wang win
NRIC / Fin / Passport number	39330500E
Contact	92345957

	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	

对一人国家发展员 丁寧寧 国际	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

· 中国的基本基础	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	

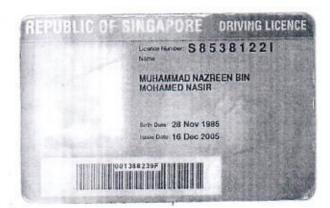
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Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes to	No 🗆
Was injured conveyed to hospital by ambulance?	Yes 🗆	No ロ
2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		INJURED PERSON 2
Name		
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Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		
E I SES TEST IT ALEXE		INJURED PERSON 3
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes□	No a
Was injured conveyed to	Yes□	No 🗆
hospital by ambulance?		
		INJURED PERSON 4
Name		
njuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No o
Was injured conveyed to	Yes 🗆	No 🗆

		INJURED PERSON 5
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No D
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗅

hospital by ambulance?

	INTURED PERSON 6	
Name		Control Service Control Service
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes. No D	
Was injured conveyed to hospital by ambulance?	Yes 🗆 No 🗅	









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Hello, NAC_PAYA_UBI_80	0601						· Change La	nguage	Change P	assword	Log Out
My Desktop	Policy	y Query									
Notice of Loss	Policy No	C.				Date of	Accident	24/10	7/2018 10:40		
	Vehicle N	lo.(For Motor)	SKT7636	5)		Certifica	te Number				
					Se	earch					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured	Commence Date	Expiry
	0 5	02 02		ONEZRENT CARS PTE. LTD.	201306179N	GFT	drivo PREMIUM		SKT7636)	03/04/2018	
					Cor	ntinue					

Policy No.	5079229409-02	Policyholder Name	ONEZRE	NT CARS PTE, LTD.	Policyholder NRIC	201306179	N
Certificate No.					MAIC		
Address	70 UBI CRESCENT #01-12 SIM	GAPORE 40857	70				
Product Name	FLEET INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	02/04/2018	Effective Date	03/04/2	018 00:00	Expiry Date	02/04/2019	23:59
Excess Type Third		All Claims Excess Own					
Party Excess	1000.00	damage Excess	1000.00		Windscreen Excess	0.00	
Additional Excess	0	OS Premium	25830.6	6			
Outside Singapore OD Excess	1000.00	Outside Singapore TP Excess	1000.00			You	ng/Inexperience Driver Excess
Agent	Marsh (Singapore) Pte Ltd	Agent Tel.	632776	87	GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyl	holder Mailing Address						
CONTRACTOR SOCIAL	holder Mailing Address 70 UBI CRESCENT	Addre	rss 2	#01-12		Address 3	SINGAPORE 408570
Address 1	93970 - 950 - 950 - 950 - 950 - 950 - 950 - 950 - 950 - 950 - 950 - 950 - 950 - 950 - 950 - 950 - 950 - 950 -		ess 2	#01-12 Singapore address		Address 3 Post Code	SINGAPORE 408570 408570
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Address 1 Address 4 Unit No. Insure Endors Sequen	70 UBI CRESCENT 01+12 od Object: SKT76363 sements nce Date of Endorsement	Addre Relate Numb Endorseme Basic Informa	ess Type ed Policy er nt Type	Singapore address 5081725603-02 Endorsement Number	r Endorser	Post Code ment Status	Endorsement Content 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

Certificate No. Prolicy holder Name Product Code No. Product Code No. Product Details Report Date 25/10 Date of Accident Details Report Date Accident Details Report Date Product Code Report Code Rep	### PROPRIEST OF TRANSPORT OF T	Cover Type Contact No. (Office) Special Remark TCA NCD Entitlement(%) Accident Report Within 24 hrs. Time of Accident hit.mm Orange Force Additional Excess Outside Singapore CO Excess Outside Singapore TP Excess Outside Singapore TP Excess Outside Singapore TP Excess Outside Singapore TP Excess Outside Singapore TP Excess Outside Singapore TP Excess Outside Singapore TP Excess Outside Singapore TP Excess	SKT7636J SINO PREMIUM O No Yes O 1,000.00 1,000.00 GST Registration Date GST Status Verified #01-12 Singapore address 5061725603-02 Unnamed Driver 585361221 32 O VISHUN STREET 11 Singapore address	GST Registration No. Poscyholder NRIC Loading Contact No.(Home) eCode eCode Realson Private Hirle Accident Type Country of Accident ICM No. Windscreen Excess Address 3 Post Code Driver DDB Driving Experience Contact No.(Home) Address 3 Post Code	201306179N 201306179N 0 0 0 No Colleion - Head to Rear Singapore 0.00 SINGAPORE 408570 408570 20/11/1985 12: 0 CHOING PANG VIEW
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ntact No (Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	62927575
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