NATIONAL Assessment Cen	and the second s	MEI 1 JONOSI WH	10- 15. 1811A	ad i	Done b	N.
Date In: 9/1/18-16-54	Jeb description		Date & Time Comple	ted	Done o	+
Re[No: NA 14 CRO >361 /24	SAS e-filing		1			
Veh No: 558922	E-mail (withia 8	hrs, AIC 2hrs)				•
D.O.A : 8/11/8-18:20	i-Motor Clain	n Form	M711019 151 - 021	9/11	18 18	141
	i-Motor W/O	(Within: OD 2hr:	s, TP 4hrs)			
OD TP Reporting Only	i-Photo Uplos	ided				
	Assessment/Sur	rvey Report				
TP Insurer:	Ass't Report by	Fax/Hand	to Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW:			Tel:	Fax:)
TP Particulars: Veh No: F	CONTRACTOR OF THE PROPERTY OF	. INC()/Non-INC()		
Owner / Driver: (Tel:	V 100)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Note-Est. Status (V		0%; P: 21-79%. P	80-100%		
Year of Registration: ()	Warranty: YES ()/NO()			
Excess: (\$) Loading: \$	THE RESERVE OF THE PARTY OF THE		A Service of T. S. T. Service	FE 2793		
					0,-	
() Walk-In Customer: Customer's		nfidential & S	trictly NO refer of rep	eirer.		
() Total Loss Case : to e-mail In	surer URGENTLY.					
Drive-In ()/Towed-In (); Inv	oice: YES () / N	10();	Fowing Co: (,
Remarks:- (INC hotline: 6788 661)	n ·		Date&Time Comple	54	Done	by
1) Apply for Transport Allowance ()				
2) QC Check / Post Repair Inspection	()					
3) Upload Resurvey Photo [Repair Cost:	> \$3000] ()				
Injurý:						
		SA S				TO AND PARTY
Date/Time / Actions			Carlos Ca	and har	1606338	
		00-98-00-98-00		-11		-
	THE PERSON NAMED IN					
	4			owntertra-		
		Invoice Pr	eparation Checklist		Anit (\$)	Add Bill
NAIROTTY.		1) AR : Accide	Regulation and the Street Coultrives	#1984136515	In Bill	-Add Dill
Claimant's Particulars:-		2) DA : Dames	e Assessment (\$100);	INC (\$80) \$40/\$45		
Driver/Owner:		3) TF : Towing 4) FT : Follow-	Through Survey	\$120		
Contact No:	Washington Washington	5) FT : Follow	Through Survey (Resurvey, against INC Only (wef 10	\$30 (an 2005)		
		6) TR : Re-ins	pection	\$75		
Damaged Portion:		7) N1 : Idao D.	A + SMRT Survey	- \$160		
		OD.		\$5		
C Checked by (Engr-In-Charge):			sy Car / Tpt Allowance Co-ordination	510		
		*N7: Fost R	epair Inspection Collect Excess Coordination	\$25	-	
Auditors' Comments :-	CASE CALES AL LANGE		TP (Non INC) against INC	\$20		
		9) N12: Idac N	Mobile	harged 30		Andrew Text
at 2/3:		Invoice dated		harged	SECTION.	1

I want of the

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Mobile Number

Fax Number Contact Number

EMail Address

- 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.
- 4. The issue and acceptance of this Form by insurance companies is that a substance of the same and acceptance of this Form by insurance companies is that a substance of the same and acceptance of this Form by insurance companies is that a substance of the same and substance of
- 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 Colonia de Caral Servicio de	ACCIDENT STATEMENT
Date Of Report	09/11/2018 16:54
Date Of Accident	08/11/2018 18:20
Exact Location Of Accident	30 PASIR PANJANG RD TWDS MAPLETREE BUSINESS CITY
Country/State of Loss	SINGAPORE
The same and the same of the s	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJS892Z
Insured/Policyholder	
Name Of Registered Owner	COMMON CAR RENT PTE LTD
Co Reg No	201831244G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	LANCER 1.5 MIVEC GLS 4A/T
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5104240338
Cover Note Number	
Driver	
Name of Driver	GAN MENG KIONG (YAN MINQIANG)
NRIC No	S7223797H
Date Of Birth	30/06/1972
Occupation	OUTDOOR
Date Of Driving Pass	08/12/2006
Driving Experience	11 YEARS AND 11 MONTHS

MALE

NOEMAIL

(LOCAL) +65-81985692

OFFICE-81985692

Address

BLK 34 WHAMPOA WEST

#03-03

Postcode

330034

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

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?

NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

FBG9202P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT 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 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;
 - (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")
- 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:

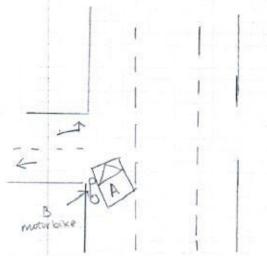
09 NOV 2018

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

09 NOV 2018



52888CZ:A B: FBG 9202P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

l la de l	w22	a+	30	Pasiv	Panjan	200	d. 1	moved	off	from	the	twaf	fic light	ano
ignated	د٢	make	0.	1644	turn	int	Map	letree	bus	iness	city	,	checked	my
olind sp	64	and	proteco	rd to	make	4	left	turn	. Su	ddenly	whi	le	INN	matin
left	tur	n A	mot.	orbite	came	up	from	my	left	and	col	liked	anto	the
rova	lest	port	How I	of m	y vehi	le .								
			50.0											
						_								
			0-11											
						_		-						
									-					
		-	1107									_		
											11-1			
	111									_		-		

DECLARATION

particulars are true in every respect.

Driver's Signature (If driver is not the policyholder)
Date & Time: NOV 2018

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

09 NOV 2018

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

Date of accident	8 11 - 2018	(DD/MM/YY
Time of accident	6-20Pm	(HH:MM
Exact location of accident	30 pasir penjang read turning loft to murdeter	business elly

	DETAILS OF VEHICLE
Vehicle registration number	538822
Vehicle make and model	Mitsabishi Lancer.
Type of vehicle	Saloon MPV CRV Van Crry Bus Motorcycle Others:
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	GRAB
Are you claiming under your own insurance company?	Yes □ No □ if no, please select: Third part claim ☑ Reporting only □

	INSURANCE IN	FORMATION	
Insurance company	NTUC		de l'accombine de la libre de la combine de
Policy number			
Type of policy	Comprehensive	Third party fire & theft	TP only 🗆

Name	COMMON CAR RENT PAT LTO . Male . Female .
NRIC / Fin / Passport number	2018312446.
Contact	
Address	

DRIVER	SAME AS INSURED ABOVE (SKI	P TO D.O.B)	A PERSONAL PROPERTY.
Name	Gan Meny Kiony	Male 🗷	Female 🗆
NRIC / Fin / Passport number	57223497H		
Contact	8198-5692		
Address	151k 34 Whenpar mest #03-03 3(350034)		
Email address	-		
Date of birth	30.06.1972.		
Occupation	Indoor D Outdoor		
Driving date pass	08-12-2006		

G	ENERALIN	NFORMATIO	DN OF T	HE ACCIDENT	System Telephin	
Was driver an employee of	Yes 🗆	No D				A STATE OF THE PARTY OF THE PAR
the insured's company?	If no, rela		the dri	ver and insured	1: HIPER.	
Accident captured by camera?	Yes 🗹	No 🗆				
Weather condition	Clear Ø	Raining	0	Others:		
Road surface	Dry 🗸	Wet 🗆	- 11			
No of passenger	10			7117	(Inclusive	e of driver
						1.00
		PASSEN	GER 1			
Name	Gen M	eny leiony			THE REAL PROPERTY OF THE PARTY	AN ARM AN ADMINISTRA
Gender	Male Ø	Female				
		PASSEN	GER 2	李祖 新 海等	THE RESIDENCE OF THE PARTY OF T	N. Faxas
Name		THE PERSON NAMED IN COLUMN				
Gender	Male 🗆	Female				
		PASSEN	GER 3	P. C. P. L.	TO BUSINESS OF	
Name						
Gender	Male 🗆	Female				
		PASSEN	GER 4			AL SHAP
Name						
Gender	Male 🗆	Female				
	A					
		PASSEN	GER 5			
Name						
Gender	Male 🗆	Female				
				AND STREET, ST		
A MATERIAL DESCRIPTION		PASSEN	GER 6	14 May 19		
Name			REC			
Gender	Male 🗆	Female				
三三百万十二四年刊 3月1日日		THER INFO	RMATI	ON	SALE OF THE SALES	
Was anybody injured?	Yes 🗆	No.			the order of the second	
Was other vehicle damaged?	Yes,D	No 🗆				
- 70 C -			Weters			N. P. S.
Reported to police?	Yes 🗆	No D	All Designation of the Parket	The second secon	ich police station.	の行政を認め
Police station name	res 🗆	Nour	ii yes,	please state wn	ich police station.	
r once station name						
		WITNE	SC 1		STREET, STREET,	STATE OF THE PARTY
Name		O'CHINE	-00 T		Actual Control of the	
IVallic						
March Conference on the Confer		WITNE	66.0	STATE OF THE REAL PROPERTY.	STATE OF STREET	
Name		WHITE	.33 Z			Law Park

	THIRD PARTY VEHICLE 1
Vehicle registration number	FSG 9201P
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

Maria Caranga Paranga P	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

2000年1月1日 - 1000年1月1日 - 1000年1月 - 1000年1日 - 1000年1月 -	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	

THE REPORT OF THE ACT		INJURED	PERSON 1		Marie Total Comment
Name					
Injuries sustained					
Which vehicle person in?		are an income			
Were seat belts worn?	Yes	No 🗆			
Was injured conveyed to	Yes 🗆	No 🗆			/
hospital by ambulance?	100000000000000000000000000000000000000			/	
		INJURED	PERSON 2	1	
Name					THE RESERVE OF THE PARTY OF THE
Injuries sustained					
Which vehicle person in?				/	
Were seat belts worn?	Yes 🗆	No 🗆	/		
Was injured conveyed to	Yes 🗆	No 🗆			
hospital by ambulance?		110 🗅			
	/				
建设设施的 基础。全国水生和全线管	E CINE	INIURED	PERSON 3		
Name		and the second second			
Injuries sustained					
Which vehicle person in?			/		
Were seat belts worn?	Yes	No D			
Was injured conveyed to	Yes 🗆	No D			
hospital by ambulance?		1.07			
		X			
	all all	INJURGO	PERSON 4		
Name	1 /				
Injuries sustained					
Which vehicle person in?					
Were seat belts worn?	Yes 🗆	No 🗆			
Was injured conveyed to	Yes 🗆	No 🗆			
hospital by ambulance?					
	以成为连门的	INJURED	PERSON 5	100 No. 5000	
Name			1		
Injuries sustained					
Which vehicle person in?					
Were seat belts worn?	Yes 🗆	No 🗆			
Was injured conveyed to	Yes 🗆	No 🗆			
hospital by ambulance?		MARKET .			
/ 3/3/3/3/3/3/3/3/3/3/3/3/3/3/3/3/3/3/3	CAT BELLEVIEW	INJURED	PERSON 6		1 3 A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Name	1000			1	
Injuries sustained				1	
Which vehicle person in?					
Were seat belts worn?	Yes 🗆	No 🗆			1
Was injured conveyed to	Yes	No 🗆			_
hospital by ambulance?	163 0	140 [



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 - 17:00 UEN: \$66\$\$0020G / G\$T Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

		ADDEN	IDUM	
) PARTICULA	RS OF PERSON MAKIN	NGTHEAMENDME	NTS:	
Original Rep	ort No : MNAII 8 N	15372	Vehicle Registration	No: Stogen
Name(as show	min NRIC): Goo Me	ng 19 ong Cyon	May igner / NRIC/FIN/Passport	No: SALLERGE : NO
	iver / Vehicle Owner)			200
Address	: DIK 24	Lingman We	¥ \$03-03	Singapore(30034
Contact (Tel			Mobile No. : 81989	
Email Addre	rss :			
Date of Acci	dent : 8)1118		Time of Accident : _	18:20
Place of Acc	100 Harris 1		d tods impletee	
Insurance Co	ompany: HTuc			
5				
Policyholder Date:	/ Driver's Signature		Reporting Centre Name: NRIC/FIN No.: Date:	Personnel's Signature



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$7223797H



GAN MENG KIONG (YAN MINGIANG)

颜单数

CHINESE 30-06-1972 W SINGAPORE

YOU ARE LICENSES TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

George No. \$7223797H



Marie S7223797H

Etoig Group Care al dont

0+ 01-09-1999

APT BLK 34 WHAMPOA WEST #03-03 SINGAPORE 330034

NRIC No: \$7223797H

Date: 14/05/2017

NP 428A

eBaoTech									GeneralClaim			
Hello, NAC_PAYA_UB1_80	0601				Visite State of State	CONTROL OF MELON	· Change La	nguage	· Change P	assword '	Log Out	
My Desktop	Poli	cy Query										
Notice of Loss	Policy N	io.				Date of A	Accident	08/1	1/2018 18:20	0		
	vehicle	No.(For Motor)	SJS8922	Z		Certificat	te Number					
					Se	earch						
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date	
	0	5104240338		COMMON CAR RENT PTE LTD	201831244G	GFT	Third Party	S35892Z	SJS892Z	28/09/2018		
				202111100011001	Con	ntinue						

Policy No.	5104240338	Policyholder Name	COMMON	CAR RENT	PTE LTD	Policyholder NR1C	201831244	G
Certificate No.								
Address	BLK 550B #02-636 SEGAR ROA	D SEGAR PALI	MVIEW SIN	GAPORE 6	72550			
roduct lame	FLEET INSURANCE	Plan				Group Policy Flag	N	
olicy ssue Date	27/09/2018	Effective Date	28/09/20	018 00:00		Expiry Date	12/09/2019	23:59
xcess 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				You	ng/Inexperience Driver Excess
Agent	IVAN INSURANCE AGENCY PTE.	Agent Tel.	6440022	0		GST Flag	Y	
Co- insurance Flag Open Policy Info		au 1.96(2) 36.948				1900 (1910 (1910 (1910 (1910 (1910 (1910 (1910 (1910 (1910 (1910 (1910 (1910 (1910 (1910 (1910 (1910 (1910 (19	-tr	
Certificate Info								
Policyh	nolder Mailing Address							
ddress 1	BLK 550B #02-636	Addre	ss 2	SEGAR	ROAD		Address 3	SEGAR PALMVIEW
ddress 4	SINGAPORE 672550	Addre	ss Type	Singapo	re address		Post Code	672550
Jnit No.	05-16	Relate	ed Policy	510427	0836			
Insure	d Object: SJS892Z	00000000	·***					
□ Endors	ements							
Sequen	nce Date of Endorsement	Endorseme	at Torre	F. 4	nent Number	Service Service	ment Status	Endorsement Content
ı	28/09/2018 00:00	Basic Informa Endorsement		00000128		Endorseme Effective		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. SJM6833L 28-09-2018 \$1,056.81 2. SJS944H 28-09-2018 \$1,056.81 3. SJP4231X 28-09-201 \$1,159.41 4. SJR1659E 28-09-201 \$1,159.41 In view of this amendment, an additional premium of \$4,432.44 (inclusive of GST) is payable under your policy. Please ignore this 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 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 branches by cash or NETS.
								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. SJP8697J 28-09-2018 \$1,056.81 In view of this

ccident MT/1019151					
olicy No.	5104240338	Vehicle No.	\$158927	CCT business to	
embate No.		100000	3130342	GST Registration No.	
olicyholder Name	COMMON CAR RENT PTE LTD			THE OWNER OF THE REAL	720867919D1
roduct Code	FLEET INSURANCE	Cover Type	Third Party	Rolloyholder NRJC	201631244G
ntact No. (Mobile)	0	Contact No.(Office)	0	Loading	0
nel Address		Special Remark		Contact No.(Home)	0
×	® No ⊜ Yes	TCA	8-0-	eCode	W.Y.
D Protection	\$100 marks		® No ○ Yes	eCode Reason	
	No	NCD Entitlement(%)	0	Privage Hire	Yes
Accident Details					
port Date	09/11/2018 18:39	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
te of Accident	06/11/2018	Time of Accident hitcmin	18:20	Country of Accident	Singapore
porting Centre		Drange Force		ICM No.	
odent Location	30 PASIA PANJANO AD TWOS MAPLETREE	BUSINESS CITY			
Excess					
in damage Excess	0.08	Additional Excess	0	Windscreen Excess	0.00
named Driver Excess		Outside Singapore OD Excess	0.00		
ra Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
Benefits					
GST Registered Informa	ation				
Registered	No		GST Registration Date		
Registration No.			GST Status Verified	No	
Dification History					
Policyholder Mailing Ad					
dress 1	BLK 550B #02-636	Address 2	SEGAR ROAD	Address 3	SEGAR PALMVIEW
dress 4	SINGAPORE 672550	Address Type	Singapore address	Post Code	672550
ė No.	05-16	Related Folicy Mumber	5104370936		
OI Driver Info	Available and a service of the				
ver Name hamed driver Name	Unnamed Driver GAN MENG KIONG (YAN MINQ)/	Driver Type	Unnamed Driver		
pater Date of Oriver License		Driver NRIC	E7223797H	Driver DOB	30/06/1972
		Driver Age	46	Driving Experience	11
ttáct No. (Mobile)	81985692	Contact No.(Office)	0	Contact No.(Home)	0
Iress 1	BLK 34	Address 2	WHAMPOA WEST	Address 3	BENDEMEER VILLE
iress 4	SINGAPORE 330034	Address Type	Singapore address	Post Code	330034
t No.	03-03				
es he own a Singapore pistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
feretion					
and the same of the same of the same	Omg	Any injury?	○ Yes ® No		
ethalyser or Blood Test eding?	Oling				
eethalyser or Blood Test ading?	Unig		10000		
esthalyser or Blood Test eding? Sfication History	V my				
ding?	o my				
iding? ification mistory taim 001 New			95° (80° , 45° (80°)		
ofication History Jaim GG1 New In Type *	ОД-МК ▼	Josured Name	COMMON CAR RENT PTE LTD	Insured NRIC	201831244G
ding? Infration History Infration OCS New In Type *		Insured Name Contact No.(Home)	COMMON CAR RENT PTE LTD	Insured NRIC Contact No.(Office)	201831244G NEL
fication History Maim 001 New Type * tact No.(Mobile) Hi Address	ОD-МХ У	Insured Name Contact No.(Home) OI Vehicle Number	COMMON CAR RENT PTE LTD NIL S256922		
fication History Initial Mew Type * tact No.(Molnie) In Address mant Type Clament Type +	GD-MX S1286649	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit *	COMMON CAR RENT PTE LTD	Contact No.(Office)	NBL
fication History laim 001 New In Type * fact No.(Mobile) Il Address mant Type Clamant Type + mant Name *	ОD-МХ У	Insured Name Contact No.(Home) OI Vehicle Number	COMMON CAR RENT PTE LTD NIL S256922	Contact No.(Office)	NBL
in Type * tact No.(Mobile) in Address man Type Clamant Type.* man Address	CD-MX	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit *	COMMON CAR RENT PTE LTD NIL S256922	Contact No.(Office)	NBL
fication History Iaim DOI New In Type * Iaic No. (Molaie) In Address Insert Type Claimant Type * Imant Address In Description	GD-MX S1289649 Pease Select	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit *	COMMON CAR RENT PTE LTD NIL S256922	Contact No.(Office)	NBL
fication History Iaim DOI New In Type * Iaic No. (Molaie) In Address Insert Type Claimant Type * Imant Address In Description	CD-MX	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit *	COMMON CAR RENT PTE LTD NIL S256922	Contact No. (Office) TP Vehicle Number	NBL
fication History faim GG1 New In Type * tact No.(Mobile) In Address mant Type Claimant Type * mant Apdress in Description erred Workshop Contact	CD-MX	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimare NRIC *	COMMON CAR RENT PTE LTD NIL 325892Z Prease Serect	Contact No. (Office) TP Vehicle Number	NBL
fication History Iaim GG1 New In Type * Iaic No.(Mobile) Isi Address mant Type Claimant Type + mant Andress in Description erred Workshop Contact use Finalisation	GD-MX	Insured Name Contact No.(Home) OI Vehicle Number Type of Benefit * Claimare NRIC *	COMMON CAR RENT PTE LTD NIL 325892Z Please Select V	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	NDL FBG9202P Received
fication History laim GG1 New In Type * lact No (Mobile) il Address mant Type Claimant Type + mant Andress in Description erred Workshop Contact use Finalisation Registered	CID-MX	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimare NRIC * Insured Liability * Preference Repair Option	COMMON CAR RENT PTE LTD NIL 325892Z Please Select V	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop	ND_ FBG9202P
ing? fication History aim 001 New In Type * act No (Mobile) Il Address nant Type Clament Type + nant Name * nam Astress in Description med Workshop Contact are Finalisation Registered kt Taken By	CID-MIX	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimare NRIC * Insured Liability * Preference Repair Option	COMMON CAR RENT PTE LTD NIL 325892Z Please Select V	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	NDL FBG9202P Received
fication History aim GG1 New In Type * lact No (Mobile) Il Address nant Type Clament Type + nant Name * nam Apdress in Description street Workshop Contact are Finalisation Registered kt Taken By	CID-MIX	Insured Name Contact No.(Home) Of Vertice Number Type of Benefit • Claimane NRIC • Insured Liability • Preference Repair Option Claim Close Date	COMMON CAR RENT PTE LTD NIL \$256922 Prease Select Not at Pault Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	NDL FBG9202P Received
fication History laim GGS New In Type * tact No. (Mobile) It Address mant Type Clarment Type + mant Name * mant Address in Description erred Workshop Contact une Finalisation It Registered int Taken By Pont AK letter	CID-MIX	Insured Name Contact No.(Home) Of Vertice Number Type of Benefit • Claimane NRIC • Insured Liability • Preference Repair Option Claim Close Date	COMMON CAR RENT PTE LTD NIL 325892Z Please Select V	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	NDL FBG9202P Received
in Type * tack No. (Molsie) In Address mant Type Claimant Type * mant Address mant Address mant Address mid Description erred Workshop Contact ure Finalisation e Registered out Taken By Print AK letter Itachment	CID-MIX	Insured Name Contact No.(Home) Of Vertice Number Type of Benefit • Claimane NRIC • Insured Liability • Preference Repair Option Claim Close Date	COMMON CAR RENT PTE LTD NIL \$256922 Prease Select Not at Pault Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	NDL FBG9202P Received
in Type * Taken No. (Mobile) The Address That No. (Mobile) The Address That No. (Mobile) The Address The Claimant Type * That Notice * The Address The Claimant Type * The Claimant Type * The Address The Claimant Type * The Claimant	DD-MX	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimare NRIC * Insured Liability * Preferend Repair Option Claim Close Date	COMMON CAR RENT PTE LTD NIL S258922 Prease Select Not at Pault Preferred Workshop, Name unknown Seve Summet	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	NDL FBG9202P Received
in Type * tack No. (Mobile) In Type * tack No. (Mobile) In Address mant Type Claimant Type * mant Notice * mant Address in Description erred Workshop Contact une Finalisation e Registered por Taken By Pyork AK letter Itachment Itachment	QD-MX	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimare NRIC * Insured Liability * Preferend Repair Option Claim Close Date	COMMON CAR RENT PTE LTD NIL S258922 Please Select Not at Pault Preferred Workshop, Name unknown Seve Submet	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	NDL FBG9202P Received
in Type * take No. (Mobile) In Type * take No. (Mobile) In Address mant Type Clarment Type * mant Notice * mant Address in Description letter Workshop Confact und Finalisation e Registered out Taken By Pyris AK letter ttachment dent No.	QD-MIX	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimare NRIC * Insured Liability * Preferend Repair Option Claim Close Date	COMMON CAR RENT PTE LTD NIL S258922 Prease Select Not at Pault Preferred Workshop, Name unknown Seve Summet	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	NDL FBG9202P Received
iding?	QD-MX	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimare NRIC * Insured Liability * Preferend Repair Option Claim Close Date	COMMON CAR RENT PTE LTD NIL S258922 Please Select Not at Pault Preferred Workshop, Name unknown Seve Submet	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	Received 09/11/2018 00:00
in Type * tack No. (Mobile) In Type * tack No. (Mobile) In Address mant Type Claimant Type * mant Notice * mant Address in Description erred Workshop Contact une Finalisation e Registered por Taken By Pyork AK letter Itachment Itachment	QD-MIX	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimare NRIC * Insured Liability * Preferend Repair Option Claim Close Date	COMMON CAR RENT PTE LTD NIL S258922 Prease Select Not at Pault Preferred Workshop, Name unknown O01 09/11/2016 18:42 Category *	Centact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received.	Received 09/11/2018 00:00
in Type * take No. [Mobile] iii Address mant Type Claiment Type * mant Name * mare Address in Description ferred Workshop Confact und Finalisation e Registered out Taken By Print AK Letter ttachment	QD-MIX	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Darmare NRIC * Insured Liability * Preferend Repair Option Claim Close Date Claim No. Upload Date	COMMON CAR RENT PTE LTD NIL S258922 Prease Select Not at Pault Preferred Workshop, Name unknown O01 09/11/2018 18:42 Category + Coar Clear Clear	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received.	Received (9/11/2018 00:00 (9/11/2018 00:

