Date In: 10/11/8-16:00	Ish description	Date &Time Completed	Done by
	Jeb description	Date to time completed	Done of
Reino: Na INC1802383/14	SAS e-filing		
Veh No: Skugs324	E-mail (within Shrs, AIC 2hrs)		34.0
D.OA: 9/11/8-08:30	i-Motor Claim Form	M1161924-001	10/11/18 16:13
OD TP Reporting Only	I-Motor W/O (Within: OD 2hr	s, TP 4hrs)	
Toporting only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report	<u>i</u>	
	Ass't Report by Fax / Hand		J. Daniel
Preferred Wksp / INC Assign Wksp / QW:		Tel: Fax	:: 1
TP Particulars: Veh No:	MID INC (		47
Owner / Driver: (		Tel:	)
Policy No: (	Period: ( )	Cover Type: (	,
Confirmed by : (	Date:	Time:	)
	6) [Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-100	0%]
	) Warranty: YES ( )/NO (	)	
	\$1,000( )/\$2,000( )	Account of the Park of the Park	
General Remarks:-			on Sign
( ) Walk-In Customer: Customer's	information strictly Confidential & St	rictly NO refer of repairer.	
( ) Total Loss Case : to e-mail In	surer URGENTLY.		2
Drive-In ( )/ Towed-In ( ); Inv	roice: YES( )/NO( );T	owing Co: (	. )
Remarks: (INC hotline: 6788 661)	6)	Date&Time Completed	Done by
1) Apply for Transport Allowance (	AND THE RESERVE OF THE PROPERTY OF THE PROPERT		
1) repris tot Hausport Allowance (	) / Courtesy Car ( )	The second secon	
2) QC Check / Post Repair Inspection	) / Courtesy Car ( )	*	
	( )	*	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost:	( )		
2) QC Check / Post Repair Inspection	( )		
QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost:      Injury:	( )		
QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost:      Injury:	( )		MATERIAL STATES
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost:  Injury:	( )		
QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost:      Injury:	( )		MARCHONE .
QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost:      Injury:	( )		SACAN SA
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost:  Injury:  Date/Time Actions	( )		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost:  Injury:  Date/Time Actions	( )	paration Checklist.	Anit (5) Ami (5)
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost:  Injury:  Date/Time Actions	( )	Reporting (\$30);	Ant((5)) Amt(5) Tit Bill Add Bill
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost:  Injury:  Date/Time Actions  NA 1807360  Inimant's Particulars:	[nyeice Pre]   1) AR : Accident   2) DA : Damage	Reporting (\$30); Assessment (\$100); INC (\$80)	The Bill Add Bill
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost:  Injury:  Date/Time / Actions	Invoice Pre    Invoice Pre    1) AR : Accident     2) DA : Darnage     3) TF : Towing F     4) FT : Follow-T	Reporting (\$30); Assessment (\$100); INC (\$80) ee \$40/\$4 hrough Survey \$12	Add Bill Add Bill
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost:  Injury:  Date/Time Actions  NA 1807360  Inimant's Particulars:	Invoice Pre    Invoice Pre    1) AR: Accident     2) DA: Damage     3) TF: Towing F     4) FT: Follow-T     5) FT: Follow-T     7	Reporting         (\$30);           Assessment         (\$100);         INC (\$80)           (se         \$40/\$4           hrough Survey         \$12           hrough Survey (Resurvey)         \$3	Add Bill Add Bill
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost:  Injury:  Date/Time Actions  Actions  Inimant's Particulars:-  iver/Owner:	Invoice Pre	Reporting (\$30);   Assessment (\$100);   INC (\$80)	Add Bill Add Bill
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost:  Injury:  Date/Time Actions  Actions  Inimant's Particulars:-  iver/Owner:	Invoice Pre    Invoice Pre    1) AR: Accident     2) DA: Damage     3) TF: Towing F     4) FT: Follow-T     5) FT: Follow-T     For claiming a     6) TR: Re-inspec     7) N1: Idae DA	Reporting (\$30);   Assessment (\$100);   INC (\$80)	Add Bill Add Bill
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost:  Injury:  Date/Time Actions  NA 1807360  Estimant's Particulars:- iver/Owner: intact No: imaged Portion:	Invoice Pre    Invoice Pre    1) AR : Accident     2) DA : Damage     3) TF : Towing F     4) FT : Follow-T     5) FT : Follow-T     For claiming a     6) TR : Re-inspec     7) N1 : Idae DA     8) NTUC Additic     OD*	Reporting (\$30);   Assessment (\$100);   INC (\$80)	Add Bill Add Bill
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost:  Injury:  Date/Time Actions  NA 1807360  Enimant's Particulars:-  inter/Owner:  Intact No:  Imaged Portion:	Invoice Pre    Invoice Pre    1) AR : Accident     2) DA : Damage     3) TF : Towing F     4) FT : Follow-T     5) FT : Follow-T     For claiming a     6) TR : Re-inspec     7) N1 : Idae DA     8) NTUC Additic     OD*	Reporting (\$30);   Assessment (\$100);   INC (\$80)	15 Bill Add Bill 15 00 00 00 00 00 00 00 00 00 00 00 00 00
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost:  Injury:  Date/Time Actions  Actions  Inimant's Particulars:  inver/Owner:  Intact No:  Imaged Portion:  Checked by (Engr-In-Charge):	Invoice Pre	Reporting (\$30);   Assessment (\$100);   INC (\$80)	15 Bill Add Bill
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost:  Injury:  Date/Time Actions  NA 1807360  Inimant's Particulars:	Invoice Pre	Reporting (\$30);   Assessment (\$100);   INC (\$80)	15 Bill Add Bill
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost:  Injury:  Date/Time Actions  NA 1807360  Inimant's Particulars:-  river/Owner:  ontact No:  Imaged Portion:  Checked by (Engr-In-Charge):	Invoice Pre	Reporting (\$30); Assessment (\$100); INC (\$80)  te \$40/54 through Survey (Resurvey) \$12 through Survey (Resurvey) \$3 gainst INC Only (wef 10 Jan 2005) tion \$77 + SMRT Survey \$16 through Services  Cer / Tpt Allowance \$5 through Survey \$16 th	15 Bill Add Bill

#### 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.
- 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 a

aforesaid.	ou hereby consent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	10/11/2018 16:02
Date Of Accident	09/11/2018 08:30
Exact Location Of Accident	PAYA LEBAR RD BEFORE JUNC UBI AVE 2
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKU9532G
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 COMMERCIAL USE time of accident

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 COMPREHENSIVE

Fleet Policy YES

Policy Number 5079229409-02

Cover Note Number

Driver

Name of Driver CHEN TECK YOONG

NRIC No S1127659H Date Of Birth 19/01/1955 Occupation OUTDOOR Date Of Driving Pass 19/04/1973

Driving Experience 45 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-94354941

Fax Number

Contact Number OFFICE-94354941

EMail Address NOEMAIL Address BLK 518 SERANGOON NORTH AVENUE 4

#09-214

Postcode 550518

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

OTHER - HIRER

.

Insurance Company of Driver's Own Vehicle

#### General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

Weather Conditions RAINING
Road Surface WET

#### Other Information

Was any foreign vehicle involved in this accident? NO Number of vehicles involved in the accident 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) soliciting/offering accident claims assistance. NO Number of Passengers (Including Driver) 2

Passenger 1

NAME: :

GENDER:

NVIE.

: MALE

## 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? NO
Was there any audio recorded? NO

#### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

SJM160J

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)

# IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as dossible. 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 Police for Investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
  Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
  interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
  - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed;
  - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

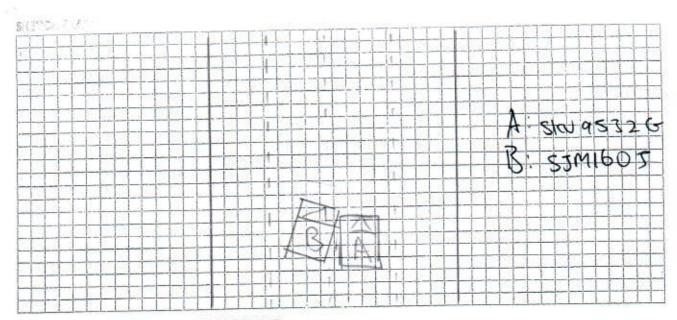
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Name: NRIC/FIN No.:

Reporting Centre Personnel's Signature

09 NOV 2018

09 NOV 2018



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Whose see	Turini Co. Turi						
			AND HE STATE OF THE STATE OF TH				
	N.	N.					

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

Policyholder's Signature

Date & Time: NOV 2018 GIARMC SketchPlanForm\_V3 Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

# IMPORTABLE WITHE

- 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 office misrepresentation or withholding of material facts may allow d 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		09/11/1	8			(DI	/MW/YY
Time of accident		08.30			250		(HH:JWIVI
Exact location of accident	Paya	lebar		before	ubi	Ave	2

Vehicle registration number		SKU 9532 G		
Vehicle make and model	Toyota Altis			
Type of vehicle	Saloon >	MPV =		
Vehicle category	Private 🗆	Comm	ercial Motorcy	cle 🗅
Purpose of using as said time				
Are you claiming under your own insurance company?	Yes □ Third part c	No 🗗	if no, please select: Reporting only	100

	INSERIAM GOIN	OHMATION	
Insurance company	NT	) (	
Policy number			
Type of policy	Comprehensive 🗹	Third party fire & theft o	TP only o

	NUSURAD / POLICY ROBER		THE PASSES
Name	ONE2RENT CARS PTE LTD	Maleo	Female o
NRIC / Fin / Passport number	201306179N		
Contact			
Address	70 UBI CRESCENT #01-12 UBI TECH PARK SINGAPORE 408570		

DEVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)			
Name	Chen Teck Young Male & Female 1			
NRIC / Fin / Passport number	5112765911			
Contact	94354941			
Address	BIK 518 Serangoon North Ave 4 \$09-214 5(5505(8)			
Email address				
Date of birth	19/01/1955			
Occupation	Indoor  Outdoor			
Driving date pass	19/04/1973			

	GENI-RAL I	NFORMATION O	ETHE ACCIDENT	Charles March 1999
Was driver an employee of	Yes 🗆	No 🗸		
the insured's company?			driver and insured:	Hiler
Accident captured by camera?	Yes □	No 🔽	it	
Weather condition	Clear 🗆	Raining	Others:	
Road surface	Dry 🗆	Wet 🔽		
No of passenger		2.		(Inclusive of driver
		PASSENGER		
Name	,	/		
Gender	Male	Female 🗆		
	H-CAN NO.	PASSENGER		
Name		PASSISIVISIER		DESCRIPTION OF THE PROPERTY OF THE PERSON OF
Gender	Male 🗆	Female		
Gender	I Male D	remate D		
		PASSENGER	ASSESSED LANG.	
Name		AND ARTHURST TO A		
Gender	Male 🗆	Female 🗆		
	1			
		PASSENGER	4	
Name	1		The second second second	Management of the Control of the Con
Gender	Male 🗆	Female		
	The second second	PASSENGER !		
Name	The state of the s			NAME OF TAXABLE PARTY.
Gender	Male 🗆	Female 🗆		
111		300 500 500 500		
		PASSENGER (	Annies Paston Auto	
Name	THE REAL PROPERTY.			
Gender	Male 🗆	Female 🗆		
	0	THER INFORMA	TION	STATE OF STATE OF STATE
Was anybody injured?	Yes E	No 🗷		
Was other vehicle damaged?	Yes 🗹	No 🗆		
	Un and the same			
	DET	AILS OF POLICE	ACTION	
Reported to police?	Yes 🗆	No If yes	, please state which	police station.
Police station name				
		WITNESS 1		
Name				
		WITNESS 2		
Name				

ALDE DESCRIPTION OF STREET	THIRD PARTY VEHICLE 1
Vehicle registration number	21W 190 Z
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	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	
<b>第一个是一个工作,但是一个工作,</b>	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 7

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

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes□	No 🗆
Was injured conveyed to	Yes□	No 🗆
hospital by ambulance?		
MARKET TO SERVE TO		INJURED PERSON 2
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes□	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?	4	
	E2905355	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?		
		MULTICO DEDICAN A
Name		INJURED PERSON 4
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes	No 🗆
hospital by ambulance?	163 L	NO LI
nospital by ambalancer		
	000 S S S S S S S S S S S S S S S S S S	INJURED PERSON 5
Name		And the Art of Control and the Control of Art of Control of Contro
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		
I.		
	in the same	INJURED PERSON 6
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes □	No 🗆
hospital by ambulance?		

# REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1127659H



9

Name

CHEN TECK YOONG





CHINESE

SINGAPORE

Date of birth 1
19-01-1955 M

Dex.

S1127655H





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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

19 Apr 197

NP 428A





Policy No.	5079229409-02	Policyholder Name	ONE2RE	NT CARS PTE. LTD.	Policyholder NRIC	201306179	v .
Certificate No.		Traine:			WALC		
Address	70 UBI CRESCENT #01-12 SINGAPORE 408570						
Product Name	FLEET INSURANCE Plan		Group Policy Flag				
Policy ssue Date	02/04/2018	Effective Date	03/04/20	018 00:00	Expiry Date	02/04/2019	23:59
Excess Type Third Party	1000.00	All Claims Excess Own damage	1000.00		Windscreen Excess	0.00	
Additional Excess	0	OS Premium	25830.6	5			
Outside Singapore 1000.00 DD 1000.00		Outside Singapore TP Excess	1000.00			Young/Inexperience Driver Excess	
Agent	Marsh (Singapore) Pte Ltd	Agent Tel.	632776	97	GST Flag	Υ	
Co- nsurance Flag Open	No						
Policy Info							
Certificate							
nfo	halder Mailine Address						
nfo Policyl	holder Mailing Address	Addre	oce 2	#01-12		Address 3	STMCADORE AGECTO
nfo	holder Mailing Address 70 UBI CRESCENT	Addre		#01-12		Address 3	SINGAPORE 408570
info Policyl Address 1 Address 4	William Colors to the Colors Colors Colors	Addre	ess Type ed Policy	#01-12 Singapore address 5081725603-02		Address 3 Post Code	SINGAPORE 408570 408570
info Policyl Address 1 Address 4 Juit No.	70 UBI CRESCENT	Addre Relate	ess Type ed Policy	Singapore address			
Address 1 Address 4 Juit No.  Insure	70 UBI CRESCENT 01+12 ed Object: SKU9532G	Addre Relate	ess Type ed Policy	Singapore address			
Info Policyl Address 1 Address 4 Unit No.	70 UBI CRESCENT 01+12 ed Object: SKU9532G sements	Addre Relate	ess Type ed Policy per	Singapore address			408570  Endorsement Content
Info Policyl Address 1 Address 4 Unit No. Insure Endors	70 UBI CRESCENT 01+12 ed Object: SKU9532G sements	Addre Relati Numb Endorseme Basic Informa Endorsement	ess Type ed Policy er nt Type	Singapore address 5081725603-02		Post Code	408570
onfo Policyl Address 1 Address 4 Juit No. Insure	70 UBI CRESCENT  01+12 ed Object: SKU9532G sements nce Date of Endorsement	Addre Relate Numb  Endorseme  Basic Informa	ess Type ed Policy er nt Type	Singapore address 5081725603-02 Endorsement Numbe	r Endorser Endorseme	Post Code ment Status ent Take	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

Claim Handling The premium on this policy ha	s not been collected:				
Accident HT/1019214					
Policy No.	5079229409-02	Vehicle No.	SKU9532G	GST Registration No.	201306179N
Certificate No.					
Policyholder Name	ONE SHEWT CARS PTE. LTD.			Bets bold - NRIF	
Product Code	PLEET INSURANCE	Cover Type	Service Committee	Policyholder NRIC	201306179N
Contact No.(Mobile)	0		drivo PREMIUM	Loading	0
	*	Contact No.(Office)	0	Contact No.(Home)	0
Imali Address		Special Remark		eCode	No. Se
0196	® No ⊜Yes	TCA	® No ○ Yes	eCode Reason	
CD Wotection:	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details					163
eport Dale	(Automatical Control				
	10/11/2018 16:11	Accident Report Within 24 hrs	Yes	Academ Type	Collision - Change / Cross lane
ate of Accident	09/11/2018	Time of Accident hhome.	DE:30	Country of Accident	Singapore
sporting Centre		Orange Force		ICM No.	
codent Location	PAYA LEBAR RD BEFORE JUNC UBJ AVE 2				
≠ Excess					
wn damage Excess	1,000.00	A 22 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	12		
	1,000.00	Additional Excess	0	Windscreen Excess	0.00
nhamed Driver Excess		Outside Singapore OD Excess	1,000.00		
ned Party Excess	1,000.00	Outside Singapore TP Excess	1,000.00		
P Benefits					
GST Registered Inform	nation				
T Registered	Yes		GST Banctration Poss	for the broken	
ST Registration No.	201306179N		GST Registration Date GST Status Venned	01/12/2015	
odification matory			GO 1 Status ventied	Yes	
Control Control Control Control					
Policyholder Mailing As	ddress				
odress 1	70 UBJ CRESCENT	Address 2	#01-12	Address 3	SINGAPORE 408570
ddress 4		Address Type	Singapore address		
ne No.	01+12		65.74	Post Code	408570
OI Driver Info	01712	Related Foncy Number	5081725603-02		
Iver Name	Unnamed Driver	Driver Type	Unnamed Driver		
nnamed driver Name	OHEN TECK YOUNG	Driver NRIC	51127659H	Driver DOB	19/01/1965
rgrater Deta of Oriver License	19/04/1973	Onver Age	63	Driving Experience	45
ontact No. (Mobile)	94354941	Contact No. (Office)	0	Contact No.(Home)	0
Idress 1	BLK 518				
	BUA 316	Address 2	SERANGOON NORTH AVENUE 4	Address 3	SINGAPORE 550518
ddress 4		Address Type	Singapore address	Post Code	550518
nit No.	09-214				
ons he own a Singapore egistered car?	○ Yes ® No	Driver vehicle No.		Driver Insurer Company	
ediate on earl		100000-00-000		Direct ansurer company	
claration					
reatheryser or Blood Test					
rading?	0 mg	Any injury?	○ Yes ® No		
odification History					
NULL CONTROL OF THE PARTY OF TH					
Claim 001 New					
um Type +	DD-MX ¥	Insured Name	ONEZRENT CARS PTE. LTD.	Insured NRIC	201306179N
ntact No. (Mobile)		Contact No.(Home)	NIL.		production and the second
del Address	ennumelhone Prentraes com			Contact No. (Office)	62927575
	enguiry@one2rentcars.com	OI Vehicle Number	9KU9532G	TP Vehicle Number	S3M1603
imant Type Claimant Type *	Please Select	Type of Benefit. *	Please Select		
imant Name *	22	Claimant NRIC +	6		
iment Adoress					
im Description	SKU9532G / S3M150J ON 9 Nov 2018			1	
ferred Workshop Contact		plant of Personners	200000000000000000000000000000000000000	Name of Preferred Workshop	
ren de tronzeno comaco		Insured Lability *	Not at Fault		
quire Finalisation	Yes	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
té Registered	10/11/2018 16:13	Claim Close Date		Date Received	10/11/2018 00:00
port Taken By	Jackson	er-consistence and the			TO THE OWNER
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odent No.	MT/1019214	Claim No.	901		
t Doc. Received	● Vex ○ No	Upload Date			
- Value V		ANDRE DES	10/11/2018 16:14		
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