NATIONAL Assessment Cen	tre Services	WHE I JAN'OSIM H	A1181940 - 4 .		
Date Inity 18 - Init	Jeb description		Due &Time Completed	Done	by by
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Ref No: 44) 14018022984/24 Veh No: 44954	E-mail (withia S	hrs, AIC 2hrs)			
DOA 9/11/18-81/2	i-Motor Clair	n Form	M11024943-051	1 24/11/18	1176.
	i-Motor W/O	(Within: OD 2hrs,			
OD (TP.)Reporting Only	i-Photo Uploa	ided			
TP Insurer:	Assessment/Sur	rvey Report			
IF hisurer.	Ass't Report by	Fax/Hand to	Owner/Wksp	A COMPLEX COLLEGE	
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	-W-263
TP Particulars: Veh No: 5	P3166D.	. INC ()/Non-INC().		
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by: (THE WATER TO SERVE THE SER	Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est Status (W	O): N: 0-20	%; P: 21-79%. P: 30	-100%]	
Year of Registration: ()	Warranty: YES ()/NO()		
Excess: (\$) Loading: \$1	1,000 ()/\$2,000 (1			- inter
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Drive-In () / Towed-In (); Invo- Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance () / 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time: Actions Particulars: iver/Owner: ontact No: imaged Portion: Checked by (Engr-In-Charge): Iditors' Comments:	() S3000] ()	Invoice Prep 1) AR: Accident P 2) DA: Damage A 3) TF: Towing Fer 4) FT: Follow-Thr 5) FT: Follow-Thr For claiming age 6) TR: Re-inspect 7) N1: Idae DA + 8) NTUC Addition OD* *N5: Courtesy C *N6: Repair Co *N7: Fost Repair *N8: DV / College *N8: DV / College *N8: DV / College	Date&Time Completed ar ation Checklist: appring (530); speciment (5100); INC (support INC Only (wef 10 Jan 20 on SMRT Survey al Services: ar / Tpt Allowance andination	S80) (\$40/\$45 \$120 \$30 95) \$75 \$160	Anu
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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.
- 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.
- 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.

	ACCIDENT STATEMENT
Date Of Report	24/12/2018 11:25
Date Of Accident	21/12/2018 18:10
Exact Location Of Accident	LOWER KENT RIDGE RD ROUNDABOUT TWDS MEDICAL DR
Country/State of Loss	SINGAPORE
1	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLM9095G
Insured/Policyholder	
Name Of Registered Owner	ONESTO CAR RENTALS
Co Reg No	53312139J
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	HONDA
Model	SHUTTLE HYBRID 1.5 AUTO
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	NO
Policy Number	5099830542
Cover Note Number	
Driver	
Name of Driver	MOHAMMAD FAZLI BIN AZMAN
NRIC No	S9313633J
Date Of Birth	18/04/1993
Occupation	OUTDOOR
Date Of Driving Pass	16/07/2011
Driving Experience	7 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84683953
Fax Number	
Contact Number	OFFICE-84683953
	And the state of t

NOEMAIL

BLK 111 JURONG EAST STREET 13 Address

#08-336

Postcode 600111

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

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

Type Of Accident

DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

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 1

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

Police Station Address Police Station Contact

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

SINGAPORE

TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20181222/7003.

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

SFP7166D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 2. This form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for Investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 interested parties.
- 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 aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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.

OCAR AS WILLEN NO. PP 0 53312138J 0

Policyholder's Signature Date & Time: Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Vehicle A: SLM 9095 G

Vehicle B: SPP7166D

DESCRIBE CIRC	UMSTANCES OF	THE AC	CIDENT				
			*/				
	Reter	to	Police	report.			
	Constant Company	3000					
				Theorem 1988 of 188			
	S-SEWIOLFS CHILDREN						
						Anne State of the	Section with the
		-00-110					COLUMN TO SERVICE
				New York and the New York			
					The street of th		
					Security of the		

DECLARATION

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

Policyholder's Signature Date & Time:

Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 21 / 12 / 2018 (DD/MM/YYY).	MANHON OF THE MAN
ACCIDENT DATE: 1 / 13 / OTO (DD/MM/TTTT).	IIME. TO TO ATTRICT
LOCATION: LOWER Kent Ridge Road Round	about to medical unv
1. DETAILS OF VEHICLE	197
alvehicle NUMBER: SLM 90956	
DINSURANCE COMPANY: NTU C	
CIPOLICY NUMBER	
GIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY	/ THIRD PARTY FIRE &THEFT)
e)MAKE & MODEL: Honda Shuttle	
TITYPE: (SALOON / COUPE / MPV /VAN / LORRY /	MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL	/ MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME:	Work
I) ARE YOU CLAIMING UNDER YOUR OWN INSURA	
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPO	ORTING ONLY)
2. INSURED / POLICY HOLDER	A STATE OF THE STA
ANAME: Onesto Car Rentals	(MALE / FEMALE)
	CONTACT:
CLADDRESS: 210 THY CLUB ROAD LOT	
CIADORESS	7995)
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLD	ER
25 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	11 Annual Control of the Control of
THATE MONOMING FORTH BIN AZMAN	(MAKE / FEMALE)
CINCICOLING CHILDE HINDIC/FIN/PASSPORT	CONTACT: 6400 3453
(01) CIADDRESS: 111 JUMPING EAST ST 13 #	08-336 5(60011)
*d) DATE OF BIRTH: (18) 04, 1993) (DD/MM	(YYYY)
e)OCCUPATION: (INDOOR / OUTDOOR)	
FLYEARS OF DRIVING EXPRERIENCE: 74016	A.
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S	S COMPANY? (YES 7 NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH I	NSURED: Hirer
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTH	ERS
b) ROAD SURFACE: (DBY / WET / QTHERS	•
6. WAS ANYBODY INJURED (YES / NO)	
7. a) REPORTED TO POLICE (YES / NO)	
IF YES, PLEASE STATE WHICH POLICE STATION:	1 1 He 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
8. THIRD PARTY VEHICLE	10DEL:
	MODEL:
Including driver) b) DRIVER'S NAME:	CONTACT
() ()	CONTACT:
Y. THIRD PARTY VEHICLE	MODEL:
Ma all na corner	TODEL,
O) DRIVER OTTO	CONTACT:
(NRIC/FIN/PASSPORT:	,
(_)	

email :

fax =





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865

Report No. T/20181222/7003

1 of 3

Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

	ne Report M 018 11:45	/lade:	Vide Report No.:			
Informa	nt's Partic	ulars	Personal Property			
	f Informant: IMAD FAZL	I BIN AZMAN	Address: APT BLK 111 JURONG EAS SINGAPORE 600111	T STREET 13 #08-336		
ID Type / ID No.: NRIC NO / S9313633J			Contact No.: Home/Office:	Mobile: 84683953		
National SINGAR	ity: ORE CITIZ	'EN	Email: fazli1804@gmail.com			
Sex: Male	Age: 25	Date of Birth: 18/04/1993	Type of Informant: Driver			
Race: Javanese		rik.	Language: English	Institution / School Name:		
Occupation: GRAB DRIVER			Driving Licence Information: Class:	Date of Expiry:		

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 21/12/2018 18:10	Type of Location Roundabout
UNNAMED R	OAD	Road Surface:	F	Road Speed Limit:
		Dry		
Clear Traffic Flow:		Traffic Control:	-	Traffic Volume:
		Traffic Control: Not Controlled		raffic Volume:

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
SFP7166D	Car	HYUNDAI	ELANTRA		Slightly Damaged	1
SLM9095G	Car	HONDA	SHUTTLE		Seriously Damaged	1

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





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20181222/7003

CONTINUATION OF REPORT

Driver		Contract to	NAME OF STREET	Atolia	STEEL STEEL			
Name	MOHAMMAD FAZLI BIN AZMAN			ID No		S9313633J		
Related Vehicle	SLM9095G (Car)			SLM9095G (Car)		Conta	ct No.	84683953
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL		
Date Treatment	NIL		Date Disc	harge	NIL			
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL			

Brief Details.

ON 21/12/2018 AT ABOUT 18:10HR, I WAS TRAVELLING ALONG LOWER KENT RIDGE ROAD TOWARDS THE ROUNDABOUT TO MEDICAL DRIVE. I STOPPED AS THE FRONT VEHICLE - SFP7166D, WAS STATIONARY AT THE EXIT TO MEDICAL DRIVE. SUDDENLY, SHE REVERSED HER VEHICLE. I HONK AT HER BUT SHE CONTINUED TO REVERSE. SHE THEN HIT ONTO THE FRONT PORTION OF MY VEHICLE. AFTER THE IMPACT, SHE DROVE OFF AND WAVED AT ME, THATS WHEN I MANAGED TO TAKE A PHOTO OF HER VEHICLE & HER.





3 of 3

Report No. T/20181222/7003

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan

Authentication Stamp

NP168

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 22/12/2018 11:45
Officer In Charge Of Case: TP / TPIB / KALESWARI PALANI Contact No.: 65476902	Classification Of Case:

REPUBLIC OF SINGAPORE DRIVING LINE



Licence Number: S 9 3 1 3 6 3 3 J

Name:

MOHAMMAD FAZLI BIN AZMAN



Birth Date: 18 Apr 1993

Issue Date 06 Dec 2011



REPUBLIC OF SINGAPORE INTENTITY CARD NO. \$9313633J





Name

MOHAMMAD FAZLI BIN AZMAN

Race JAVANESE

Date of birth 18-04-1993

Sex M

Country of birth

SINGAPORE



ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

EFFECTIVE DATE

Motor Cars=< 3000kg with =<7 passengers, exclusive 16 Jul 2011 of the driver; and other motor vehicles =< 2500kg Class 3



5065051



NRIC No. S9313633J



04-05-2012

11 JURONG EAST STREET 13 #08-336 \$9313633J

Date: 05/11/2016

eBao Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601						• Chang	e Languag	- Chang	ge Password	Log Ou
My Desktop	Poli	cy Query									
Notice of Loss	Policy f	No.				Date	of Accident		21/12/2018 1	18:10	
	Vehicle	No.(For Motor)	SLM90	195G		Cert	ficate Number	6			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Palicyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5099830542		ONESTO CAR RENTALS	533121393	GPC	drivo CLASSIC	SLM90950	SLM9095G	17/04/2018	16/04/2019
						Continue					

Policy No.	5099830542	Policyholder	ONESTO CA	AR RENTALS	Policyholder	533121393	
Certificate	10 000 00 00 00 00 00 00 00 00 00 00 00	Name			NRIC	233121333	
No. Address	210 TUDE CLUB DOAD						
	210 TURF CLUB ROAD #A8 TH	E GRANDSTANI	SINGAPOR	E 287995			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	16/04/2018	Effective Date	17/04/2018	3 00:00	Expiry Date	16/04/2019	23:59
Excess Type		All Claims Excess					
Third	1020	Own			Windscreen		
Party Excess	1500	damage Excess	2000		Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore		Outside					
DD Excess	2000	Singapore TP Excess	1500			Youn	g/Inexperience Driver Excess
Agent	AUTOSHIELD PTE, LTD.	Agent Tel.	63850777		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
□ Policyl	holder Mailing Address						
Address 1	210 TURF CLUB ROAD	Addre	ss 2	#A8 THE GRAND	STAND	Address 3	SINGAPORE 287995
		Addre	ss Type	Singapore addres	s	Post Code	287995
Address 4		Polate	ed Policy	5106147303			
WARRANCE C	03-16	Numb	er				
Jnit No.	03-16 ed Object: SLM9095G		er				
Address 4 Unit No. Insure Endors	d Object: SLM9095G		er				

Claim Handling					
Policy No.	5099830542	Vehicle No.	SLM9095G	GST Registration No.	
Certificate No.					
Policyholder Name	ONESTO CAR RENTALS			Policyholder NR3C	533121391
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
mail Address		Special Remark	7.0	eCode	
FK	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	at Y
CD Protection	No	NCD Entitlement(%)			
Accident Details	5752	ALL SINGENERS (10)	10	Private Hire	Yes
eport Date	24/12/2018 11:34				
		Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
ate of Accident	21/12/2018	Time of Accident hh:mm	18:10	Country of Accident	Singapore
eporting Centre		Grange Force		ICM No.	
codent Location	LOWER KENT RIDGE RD ROUNDABOUT TWO	DS MEDICAL DR			
P Excess					
wn damage Excess	2,000.00	Additional Excess	.0	Windscreen Excess	100.00
named Driver Excess		Dutside Singapore OD Excess	2,000.00		
nird Party Excess	1,500.00	Dutside Singapore TP Excess	1,500.00		
2 Benefits			1,300.00		
GST Registered Inform	sation				
T Registered	No		GST Registration Date		
T Registration No.			GST Status Verified	Yes	
diffication History			SS STEWARDS REEL	ACTION AND ADDRESS OF THE PARTY	
Policyholder Mailing Ad	idress				
Idress 1	210 TURF CLUB ROAD	Address 2	#AS THE GRANDSTAND	Address 3	Clarence verses
toress 4	enantenant attrabation in	Address Type	Singapore address	Post Code	SINGAPORE 287995
nt No.	03-16	Related Policy Number		Post Code	287995
of Driver Info	52-10	Related Policy Number	5106147303		
iver Name	040000 Bu 10				
	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	MCHAMMAD FAZLI BIN AZMAN	Driver NRIC	593136333	Driver DOB	18/04/1993
igister Date of Driver License		Driver Age	25	Driving Experience	7
ontact No (Mobile)	84683953	Contact No.(Office)	0	Contact No.(Home)	0
idress 1	8LK 111	Address 2	JURIONG EAST STREET 13	Address 3	JURONG EAST VILLE
dress 4	SINGAPORE 600111	Address Type	Singapore address	Post Code	600111
nit No.	08-336				
es he own a Singapore egistered car?	○ Yes Mo	Driver Vehicle No.		Driver Insurer Company	
goveres carr	100 00000			Direct Indian Company	
claration					
eathalyser or Blood Test	0 mg	Any injury?	○ Yes ® No		
eding?	4.0 <u>1</u> .	And adeath	O MESA		
dification History					
Claim 001 New					
Claim 001 New					
aim Type *	OD-MX	Insured Name	ONESTO CAR RENTALS	Insured NR3C	533121390
ritact No.(Mobile)	84890969	Contact No.(Home)	MIL	Contact No.(Office)	
ad Address		Ol Vehicle Number			CERTIFICATION .
imant Type Claimant Type *	Please Select		SLM9095G	TP Vehicle Number	SFP7166D
imant Name *		Type of Benefit *	Please Select		
	>>	Claimant MRIC *			
imant Address					
im Description ferred Workshop Contact	SLM9095G / SFP7166D ON 21 Dec 2018			Name of Preferred Workshop	
remed workshop Contact		Insured Liability *	Not at Fault		
quire Finalisation	Yes.	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
te Registered	24/12/2018 11:36	Claim Close Date		Date Received	24/12/2018 00:00
port Taken By	lackson			GC 74074 (CATOLOGO)	American Control of the Control of t
Print AK letter	- 10				
are an extended to					
		1	Save Submit		
ttachment					
2					
cident No.	MT/1024943	Claim No.	001		
it Doc. Received	● Yes ○ No	Upload Date			
Carrier Section 2.5		Spred Date	24/12/2018 11:37		
	Path *	DOM:	Category *	Confidential Urgeni	
		Browse	Gear Please Select	V Normal	
		Browse	Clear Please Select	V Normal	▼
		Browse	Clear Please Select	▼ Normal	V
		774 00000	1 approved Pro-		

