Date In: 29/10/19-15:55	Jeb description	Date & Time Completed	Don	e by
Ref No: NA   INC 18023317   24	SAS e-filing			
Veli No: Sky 3967	E-mail (within Shrs, AIC 2hrs)			
D.O.A: 86/10/18-14:30	i-Motor Claim Form	M711025674-001	29/12/18	IL DR
	i-Motor W/O (Within: OD 2hr		1	
OD / TP' Reporting Only	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Report			/200-2019
IF Insuler.	Ass't Report by Fax / Hand	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (		Tel: F	ax:	
TP Particulars: Veh No: Savs 764	inc (	)/Non-INC()		
Owner / Driver: (		Tel:	)	
Policy No: ( ) Perio	od: ( )	Cover Type: (	)	
Confirmed by : (	Date:	Time:	)	
Insured/Driver Liability: ( %) [No	te-Est. Status (WO): N: 0-2	0%; P: 21-79%. F: 80-1	00%]	
Year of Registration: ( ) Wa	arranty: YES ( )/NO (	)		
Excess: (\$ ) Loading: \$1,000	( )/\$2,000( )			
General Remarks.	5 7 N 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	18024645		
( ) Walk-In Customer: Customer's information			X-30.1	
( ) Total Loss Case : to e-mail Insurer I		icuy 140 131er of repailer.		
Drive-In ( )/Towed-In ( ); Invoice: Y		,	<del></del>	
2770 III ( ), 70 Wed-III ( ), III VOICE. I	YES( )/NO( );T	owing Co: (		
Remarks: (INC horline: 6788 6616)		Date&Time Comple od	Done	by
1) Apply for Transport Allowance ( )/Cou	rtesy Car ( )		Charlic Court Court Stell	
Apply for Transport Allowance ( )/Cour     QC Check / Post Repair Inspection	rtesy Car ( )			
	( )			
QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost > \$3000]	( )			
2) QC Check / Post Repair Inspection	( )			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000 Injury :	( )			
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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.
- Information provided must be as <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy 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.

aid esaid,	
	ACCIDENT STATEMENT
Date Of Report	29/12/2018 15:55
Date Of Accident	26/12/2018 14:00
Exact Location Of Accident	YIO CHU KANG RD OPP NORTHSTAR
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKT3962T
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	HYUNDAI
Model	ELANTRA 1.6 AT ABS D/AB 2WD 4DR
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	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5079229409-02
Cover Note Number	
Driver	
Name of Driver	OH ZHI XIONG (HU ZHIXIONG)
NRIC No	S8234025D

 NRIC No
 \$8234025D

 Date Of Birth
 10/10/1982

 Occupation
 OUTDOOR

 Date Of Driving Pass
 08/09/2014

Driving Experience 4 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90099663

Fax Number

Contact Number OFFICE-90099663

EMail Address NOEMAIL

BLK 278A COMPASSVALE BOW Address

#06-549

Postcode 541278

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

#### General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR Road Surface DRY

### Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (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

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: YAP LI YING

GENDER:

: FEMALE

## **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

SGV5764Y

Vehicle Make/Model/Colour

TOYOTA VIOS

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

Contact Number

LIM ENG HENG

NRIC/Passport Number

S6911207B 90085931

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### SKETTON SALA

### 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.
- 3. 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.
- 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.
- 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)

l understand, acknowledge, agree and consent that:

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

(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

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lcyholder's Signature	Driver's Signature	10		Reporting Co	entre Personnel	's Signature
te & Time:	(If driver is not the p	oolicyholdel	į.	Name:	- 1	
	Date & Time:		1	NRIC/FIN No	.:	

GIARMC SketchPlanForm\_V3

2

# HARDE LIVE 14 THE

- Complete and rebuilt this form to the individual insurance as thorised 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 anthorised driver.

- information provided must be as fruitful and accurate as possible Any willful migrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.

STORY AND THE RESERVE STATE OF THE

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	26 12/2018	(IND/NANA/VV)
Time of accident	2.000m	(HE-MO)
Exact location of accolors	410 CHU Kang road	oppsite northstar

Vehicle registration number	SK+3962+
Vehicle matte and model	Huundai Elantra
Type of rehicle	Saloon MPV CRV Notorcycle Others:
Vehicle category	Private   Commercial   Motorcycle
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes  No if no, please select:  Third part claim Reporting only  Reporting only

	INSURANGEN	FORMATION	
Insurance company	) NTN		
Policy number	11,440		
Type of policy	Comprehensive a	Third party fire & theft o	TP only

	[RESURTED / 中海田文学 H 西南南南		
Name	ONE2RENT CARS PTE LTD	Male p	Female o
NRIC / Fin / Passport number	201306179N		7 6111312 2
Contact			
Address	70 UBI CRESCENT #01-12 UBI TECH PARK SINGAPORE 408570		

Name	OH ZHI XIONA	Male D Female D
NRIC / Fin / Passport number	582340250	
Contact	90099663	
Address	Block 22-8A compassuate 80W	#06-949 s(n41278)
Email address		
Date of birth	10 11011982	X =
Occupation	Indoor D Outdoor D	
Driving date pass		

STATE OF STA	GENERAL	NFORMATION (	DEPTHE ACCIDENT	D ASSESSMENT OF THE PARTY OF THE
Was driver an employee of	Yes a	No 🗷		
the insured's company?	If no, re	lationship of the	driver and insured:	Hiver
Accident captured by camera?		Noo		1411111
Weather condition	Clear	Raining 🗆	Others:	
Road surface	Drye	Wet 🗆		
No of passenger	2		The section of the se	(Inclusive of driver)
1.5				
	California Ma	PASSENGER	Laborate Series	
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Gender	Male 🗆	Female		olin Test and All Vision Control
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Gender	Male	Female 🗆	)	
	THE REAL PROPERTY.	PASSENGER	3	
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Gender	Male 🗆	Female 🗆		
14				
	/	PASSENGER	6	Stary To Auto Company
Name				
Gender	Male □	Female 🗆		
	Ó	THER INFORMA	TION	
Was anybody injured?	Yes 🗆	No ø		
Was other vehicle damaged?	Yes	No 🗆		
<b>新</b> 尼亚 可可能现代 包含色	DET	AILS OF POLICE	ACTION	The second secon
Reported to police?	Yes 🗆	No e If yes	, please state which	police station.
Police station name				
6000年,192 <b>5</b> 月1460日,	THE NAME OF STREET	WITNESS 1		
Name				
		WITINESS 2		A TOTAL CONTRACTOR
Name				APPENDICULAR PROPERTY OF THE PERSON OF THE P

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CONTRACTOR OF THE PROPERTY OF THE PARTY OF T	THIRD PARTY VIHICUE 1
Vahicle registration number	39V 5764Y
Vehicle make model	toyota vias
Name	LIM ENG MENG
NRIC / Fin / Passport number	S69 11207B
Contact	90085931
	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	
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NRIC / Fin / Passport number	
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NRIC / Fin / Passport number	
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A STATE OF THE STA	AND SEEDING	INJURED PE	RSON 1	Best Complete April 100 and 10 fee
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Injuries sustained				
Which vehicle person in?				
Were seat belts worn?	Yes 🗆	No 🗆		
Was injured conveyed to	Yes 🗆	No 🗆		
hospital by ambulance?				
	<b>经验的</b>	INJURED PE	RSON 2	A STATE OF THE PARTY OF THE PAR
Name				/
Injuries sustained			/	
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Were seat belts worn?	Yes 🗆	No 🗆		
Was injured conveyed to	Yes 🗆	No 🗆		
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Were seat belts worn?	Yes 🗆	No 🗆		
Was injured conveyed to	Yes 🗆 /	No 🗆		
hospital by ambulance?	/			
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Was injured conveyed to	Yes 🗆	No 🗆		
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Which vehicle person in?				
Were seat belts worn?	Yes 🗆	No 🗆		
Was injured conveyed to	Yes 🗆	No 🗆		
Landed Lands day 2				
hospital by ambulance?				





17-02-2011

APT BLK 278A COMPASSVALE BOW #08-549 SINGAPORE 541278 HRIC No: \$8234025D Date: 12/01/20 Date: 12/01/2017

BANTOY CARD HO 58234025D ON ZHEXIONG 胡智雄 Non-CHINCSE TO-10-1952 M SINGAPORE

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DRIVING LICENCE

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OH ZHI XIONG (HU ZHIXIONG)

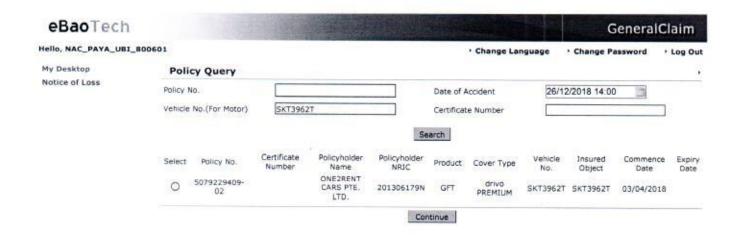
Birth Date: 10 Oct 1982

Issue Date: 08 Sep 2014



HICLES IN THE FOLLOWING CLASS(ES)
BEFECTIVE DATE 70U ARE LICENSED

passengers, exclusive 08 Sep 2014 vehicles =< 2500kg



Policy No.	5079229409-02	Policyholder Name	ONEZRE	NT CARS PTE. LTD.	Policyholder NRIC	201306179	N
Certificate No.		Name			NAIC		
Address	70 UBI CRESCENT #01-12 SI	NGAPORE 40857	70				
Product Name	FLEET INSURANCE	Plan			Group Policy Flag	N	
Policy Issue Date	02/04/2018	Effective Date	03/04/20	018 00:00	Expiry Date	02/04/2019	23:59
Excess Type		All Claims Excess					
Third Party Excess	1000.00	Own damage Excess	1000.00		Windscreen Excess	0.00	
Additional Excess	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 Open Policy Info	No :						
Certificate Info	holder Mailing Address						
Certificate Info Policyl	holder Mailing Address 70 UBI CRESCENT	Addre	ess 2	#01-12		Address 3	SINGAPORE 408570
Certificate Info Policyl Address 1	1872501 DOOR (1970-100-100-100-1		ess 2 ess Type	#01-1Z Singapore address		Address 3 Post Code	SINGAPORE 408570 408570
Certificate Info	1872501 DOOR (1970-100-100-100-1	Addre	ess Type ed Policy	A STATE OF THE STA			
Certificate info Policyl Address 1 Address 4 Unit No.	70 UBI CRESCENT	Addre Relat	ess Type ed Policy	Singapore address			
Certificate info Policyl Address 1 Address 4 Unit No.	70 UBI CRESCENT 01+12 ad Object: SKT3962T	Addre Relat	ess Type ed Policy	Singapore address			
Certificate Info Policyl Address 1 Address 4 Unit No. Insure	70 UBI CRESCENT 01+12 ed Object: SKT3962T sements	Addre Relat	ess Type ed Policy ber	Singapore address			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
Certificate Info Policyl Address 1 Address 4 Unit No. Insure Endors	70 UBI CRESCENT 01+12 ed Object: SKT3962T sements	Addri Relat Numl Endorseme Basic Informa Endorsement	ess Type ed Policy ber ent Type	Singapore address 5081725603-02		Post Code	Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s)
Certificate info Policyl Address 1 Address 4 Unit No. Insure Endors	70 UBI CRESCENT  01+12  ad Object: SKT3962T  sements  nce Date of Endorsement	Addre Relat Numl	ess Type ed Policy ber ent Type ation	Singapore address 5081725603-02 Endorsement Numbe	er Endorse	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. SKW9515) 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

cident MT/1025674										
icy No. minoste No.	5079229409-02	Vehicle No.	SKT3962T		GST Re	gistration No	X.	201306	179N	
rcyholder Name	ONE PRENT CARS PTE, LTD.				Palitorin	older NRIC		201306	0.79%	
oduct Code	FLEET INSURANCE	Cover Type	drivo PREMI	M.	Loading			0		
ritact No.(Mobile)	0	Contact No.(Office)	0	er.		1 No.(Home)		0		
ail Address	**		17			1 No. (mone)		[N/V		
		Special Remark			eCode	and the second		I IV. V		
κ.	® No ○ Yes	TCA	® No ○Ye	127		Reason				
D Protection	No	NCD Entitlement(%)	0		Private	Hire		Yes		
Accident Details		Management of the Control of the Con	115433		W (CALLE)					
port Date	29/12/2018 16:06	Accident Report Within 24 hrs.	Yes		Acciden	nt Type		Collision	n - Head to Rear	
te of Accident	26/12/2018	Time of Academ hh:mm	14:00		Country	y of Accident		Singapo	ire	
porting Centre		Orange Force			3CM No	D.				
cident Location	YIO CHU KANG RD OPP NORTHSTAR									
Excess										
n damage Excess	1,000.00	Additional Excess	.0		Windso	creen Excess		0.00		
named Driver Excess		Dutside Singapore OD Excess		1,000.00						
nd Party Excess	1,000.00	Dutside Singapore TP Excess		1,000.00						
Benefits										
GST Registered Informa										
T Registered	Yes	GST Registration Date				01/12/2015				
F Registration No.	201306179N		GST	Status Verified		Yes				
dification History										
Policyholder Hailing Ad	2000									
		19920157601	CARRONN		Incorporati	204.5		oranca s	CLASSIC KARRANDA (C.	
dress 1	70 UBI CRESCENT	Address 2	#01-12		Address				PCRE 408570	
dress 4	9990	Address Type	Singapore ai		Post Co	ode		408370		
it No.	01+12	Related Policy Number	5081725603	-02						
OI Driver Info	W712728877			14-						
named driver Name	Unnamed Driver OH ZHI X30NG (HU ZHIXIONG)	Driver Type Driver NRIC	Unnamed Dr	ly er	Driver					
			58234025D					10/10/	1902	
gister Date of Driver License	08/09/2014 90099661	Driver Age	36			Experience				
ntact No.(Mobile)		Contact No.(Office)	0	12020		t No.(Home)		0	agreement to	
dress 1	BLK 278A	Address 2	COMPASSVA		Address				SSVALE HELM	
dress 4	SINGAPORE 541278	Address Type	Singapore as	dress	Post Co	ode		541278	<u> </u>	
IE No.	06-549									
es he own a Singapore gistered car?	○ Yes ® No	Driver Vehicle No.			Driver	Insurer Comp	pany			
deration			- 101 - 23							
rathelyser or Blood Test ading?	0 mg	Any injury?	○ Yes ® N							
diffication History										
Claim 001 New										
im Type *	OD-MX V	Insured Name	ONE2RENT (	CARS PTE. LTD.	Insured	d NRIC		201306	5179N	
ritact No.(Mobile)		Contact No.(Home)	NIL		Contact	t No. (Office)		629275	175	
arl Address	enquiry@one2rentcars.com	DI Vehicle Number	SKT3962T		TP Veh	cie Number		SGV571	54Y	
mant Type Claimant Type *	Please Select	Type of Benefit •	Please Selei	t V				Powertones		
mant Name *	>>	Claimant NRIC *								
mant Address										
im Description	SKT3962T / SQV5764Y ON 26 Dec 2018				Name o	of Preferred V	Workshop			
ferred Workshop Contact		Insured Liability +	Not at Fault	V	STATE OF					
tura Einaleston	War 1901			-	1 000			0.00	100	
quire Finalisation	79/12/2019 15:09	Preferered Repair Option	prieteries W	orkshop, Name unknown				Receive	2018 00:00	
e Registered	29/12/2018 16:08	Claim Close Date			Date Ro	ecerves		28/12/2	2016 00 00	
port Taken By	Jackson									
Print AK letter										
			Save Subn	HE						
Etachment			manufactured support							
0										
ident No.	MT/1025674	Claim No.		001						
t Doc. Received	● Yes ○ No	Upload Date		29/12/2018 16:10						
Control of the contro						nfidential	- Henry			
	Patri *			S. ADRIDORY .				N	Description #	
	Path *	Brows	I Iprasii I	Category *		-	Urgeno		Description *	
	Path *	Browse	A	Please Select	45	v	Normal	V	Description *	
	Path *	Browse Browse	Cear	Please Select Please Select		0	-		Description *	

