NATIONAL Assessment C	entre Services	we! Jan'05 MH	A 119015785	1	
Date In: >>/1/19 - 18:00	Jeb description	Oil	Date &Time Completed	Don	e by
Rel No: NA INC 1900 1473/24	SAS e-filin	g			
Veh No: SUBSON	E-mail (with	in Shrs, AIC 2hrs)			
D.O.A: 19/1/19 - 2000	i-Motor Cl	aim Form	M1/1029082-001	22/1/19	18:12
OD : fP Reporting Only	i-Motor W	O (Within: OD 2hrs			
OD: I'P Reporting Only	i-Photo Up	loaded			
TP Insurer:	Assessment/	Survey Report			
	Ass't Report	by Fax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW	l: (Tel: F	ax:	est increase when
TP Particulars: Veh No:	M F 6 195 X	INC ()/Non-INC()	75	
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	100011-00
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Note-Est. Status	(WO): N: 0-20	%; P: 21-79%. P: 80-10	00%]	
Year of Registration: () Warranty: YES ()		
	\$1,000()/\$2,00		/		
NO THE NAME OF THE OWNER OWNER OF THE OWNER OW	Otto: 20 ho 11 vs. com: months should	SUBSECUTIVE VIOLEN	A CONTRACTOR OF THE PROPERTY O	28 C 19, 11 a.	
		1.110.00		Com Sign	Bur Dan
() Walk-In Customer: Customer:	s information strictly Co	onfidential & Stri	ctly NO refer of repairer.	Maria de la compania	POST NATIONAL CONTRACTOR
() Total Loss Case : to e-mail I	nsurer URGENTLY.			6	
Drive-In ()/ Towed-in (); In	voice: YES () /	NO();To	wing Co: (74)
Commence of the contract of th			\$	A STREET	(grim
Remarks:- (INC hotline: 6788 661	The second secon		Date& Time Completed	Done	by
1) Apply for Transport Allowance () / Courtesy Car ()			
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost	> \$3000] ()		A CONTRACTOR OF THE PARTY OF TH	
Injury:					
				15 m 2 15 2 1 2 m	- 15 mil 21.
Date/Time Actions				MARIO AND	
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		AND THE PROPERTY OF STREET			
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A CONTRACTOR OF THE CONTRACTOR					
					harman and a second
1-		1.00	ration Checklist	Anit (S)	Amil (3)
14 1000 p.			Personal Strain Control of the	fa Bin	Add Bill
laimant's Particulars :-		1) AR : Accident R 2) DA : Damage As			
river/Owner:		3) TF : Towing Fee		-	
		4) FT : Follow-Thre			
ontact No:			ough Survey (Resurvey) 5: inst INC Only (wef 10 Jan 2005)	30	
amaged Portion:	- Decident of the Control of the Con	6) TR : Re-inspection	on <u>5'</u>	75	
		7) N1 : Idao DA + S 8) NTUC Additions		50	
C Checked by (Engr-In-Charge):		OD*			
Concentration of (Engi-in-Charge):				\$5	
L. M. Cre. ping Children by S.		*N6: Repair Co-c *N7: Fost Repair		25	
uditors! Comments :-		*N8: DV / Collec	Excess Coordination :	\$5	
1:		TP (N11): TP (N 9) N12: Idea Mobile		30	
2/3;		Invoice dated	Fee Charged		arter To
4		Invoice dated	Fee Charged	SE DY	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 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.

arcrosara,	
	ACCIDENT STATEMENT
Date Of Report	22/01/2019 18:02
Date Of Accident	19/01/2019 20:20
Exact Location Of Accident	WOODLANDS CHECKPOINT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLB53U
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	VEZEL HYBRID 1.5X AUTO
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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	NO
Policy Number	5106686305
Cover Note Number	
Driver	
garound on gardened	AN AND A COURT OFFICE OF THE PROPERTY OF THE P

Name of Driver	KOH HWEI SZE (XU HUISI)
NRIC No	S8001328J
Date Of Birth	15/01/1980
Occupation	OUTDOOR
Date Of Driving Pass	26/03/2003
Driving Experience	15 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81130170
Fax Number	

Contact Number OFFICE-81130170

EMail Address NOEMAIL

Address BLK 148 YISHUN STREET 11

#04-115

Postcode 760148

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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

2

NO

NO

3

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

Was any body injured in the Accident?

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.

Number of Passengers (Including Driver)

Passenger 1 NAME:

GENDER: : FEMALE

Passenger 2 NAME: ; -

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?

DETAILS OF OTHER VEHICLE PROPERTY 1

NO

. -

Vehicle Registration Number SMF6195X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 each linear specific property 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 of the insurers. the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I 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. disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possess and any other personal information provided by me or possess and any other personal information provided by me or possess and any other personal information provided by me or possess and any other personal information provided by me or possess and any other personal information provided by me or possess and any other personal information provided by me or possess and any other personal information provided by me or possess and any other personal information provided by me or possess and any other personal information provided by me or possess and any other personal information provided by me or possess and any other personal information provided by me or possess and any other personal information provided by me or possess and any other personal information provided by me or possess and any other personal information provided by me or possess and any other personal information provided by me or possess and any other personal information provided by me or possess and any other personal information provided by me or possess and any other personal information provided by me or possess and any other personal provided by me or possess and any other personal provided by me or possess and any other personal provided by me or possess and any other personal provided by me or possess and any other personal provided by me or possess and any other personal provided by me or possess and any other personal provided by me or possess and any other personal provided by me or possess and any other personal provided by me or possess and any other personal provided by me or possess and any other personal provided by the personal provided by th 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 (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved (all insurer(s) who have insured vehicle(s) involved (all insurer(s) who have in 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)
 - (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
- (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:
 - (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)

Reporting Centre Perso

Name: NRIC/FIN No.: Vehicle A: SLB 53 U

vehicle B: smf 6195x.

Noodlands checkpoint dropott

DESCRIBE CIRCI

	the stated date I time, I, vehicle 'A', SLB 53 U, Was	_
stationa	ing on the stated venue. After my 2 passengers	
boarded	my vehicle, vehicle by, smf bigsx, reversed into m	4
	front purtion.	

I/We declare the foreg

Policyholder's Signature Date & Time:

are true in every respect.

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

	ACCIDENT DATE: 19 / 01 / 2019 10	DD/MM/YYYY), TIME: (20 : 70 HH:N
	LOCATION: WOOdlande Ch	eckboint.
	OVERICLE HOMBEN	SLB53U N7UC
	C)POLICY NUMBER:	PARTY FIRE &THE
	e)MAKE & MODEL:	THIRD PARTY / THIRD PARTY FIRE &THE
	f)TYPE:(SALOON / COUPE / MPV / g)VEHICLE CATEGORY: (PRIVATE / h)PURPOSE OF USING AT ACCIDENT AND A COUPER YOUR COUPER COUPER YOUR COUPER	VAN / LORRY / MOTORCYCLE / OTHERS) COMMERCIAL / MOTORCYCLE) IT TIME: ROWN INSURANCE (YES/NO)
	IF NO, PLEASE STATE (THIRD PARTY 2. INSURED / POLICY HOLDER	
	A)NAME: Onesto Cay R	entals (MALE / FEMALE)
8	b)NRIC/FIN/PASSPORT: 2221 c)ADDRESS:	Zijid German
8 8		<u> </u>
du. A	* CONTINUE TO 3.d IF DRIVER ALSO	POLICY HOLDER
tho of base	anga DRIVER PALL HOLD COR	(MADE / FEMALE)
L'Industria d	ONAME: FOUT THE COL	1/ 0113 017
(03)		DOINE CONIACI
Council	CIADDRESS: 149 YISHUM ST	11 #04-115 s(760148)
temai	e passengers.	7th
		APO ICALLWW/DOIL OF
	e)OCCUPATION: (INDOOR / OUTD)	V IF COALC
	f)YEARS OF DRIVING EXPRERIENCE:	15years
	4. WAS DRIVER AN EMPLOYEE OF T	HE INSURED'S COMPANY? (YES / NO
271	IF NO, RELATIONSHIP OF THE DE	
	5. a) WEATHER CONDITION: (CLEAR / F	
	b)ROAD SURFACE: (DRY / WET LOTI	
	6. WAS ANYBODY INJURED (YES (NO)	
	7. a) REPORTED TO POLICE (YES / NO)	200
	IF YES, PLEASE STATE WHICH POLICE	E STATION:
	8. THIRD PARTY VEHICLE	
to of passeng	er a) VEHICLE NUMBER: SMF 6	195X MODEL:
Induding dri		-
		CONTACT:
(01) Ma	THIRD PARTY VEHICLE	CONTACT.
		MODEL:
ho of passen	DEL DEIVERS NAME	MODEL
Induding dr	iver) 1) NRIC/FIN/PASSPORT:	
()	7 I MAIC/FIN/FASSFORT:	CONTACT::
()	£1:	

email =

fax =

Halling DRIVING LICENCE



Licence Number: S 8 0 0 1 3 2 8 J.

Name:

KOH HWEI SZE (XU HUISI)

Birth Date: 15 Jan 1980

Issue Date: 16 Mar 2010



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8001328J





Name

KOH HWEI SZE (XU HUISI)





Race

CHINESE

Date of birth

15-01-1980

Country of birth

SINGAPORE



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FULLOWING

PAGS DATE

Class 3 Motor Cars=< 3000kg with =<7 passenge == 2x clusive 26 Mar 2003 of the driver; and other motor vehicles =< 2500kg

Licenco No: \$8001328J

NP 428A

4221238



NRIC No. S8001328J



Date of Issue

02-05-200B

APT BLK 148 YISHUN STREET 11 #04 = 115

NRIC No. \$80014284

Date: 25/09/2009

No: 6270791

Scanned by CamScanner



Policy No.	5106686305	Policyholder	ONESTO	CAR RENTALS	Policyholder	53312139)	
Certificate No.	I SEARCH COM	Name	ONESTO	CAR RENTALS	NRIC	222151341	
Address	340 TUDE CLUB DOLD						
	210 TURF CLUB ROAD #AB TH	#AB THE GRANDSTAND SINGAPORE 287995					
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	02/01/2019	Effective Date	10/01/20	19 00:00	Expiry Date	09/01/2020	23:59
Excess Type		All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	2007.64				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Youn	g/Inexperience Driver Excess
Agent	TECK WEI CREDIT PTE. LTD.	Agent Tel.	64650020	null	GST Flag	Y	
Co- insurance Flag Open	No						
Policy Info							
nfo Certificate nfo	nolder Mailing Address						
info Certificate Info Policyl	nolder Mailing Address 210 TURF CLUB ROAD	Addre	ss 2	#A8 THE GRANT	DSTAND	Address 3	SINGAPORE 287995
Info Certificate Info	0.000.000.000.000.000.000.000	(2007397)	ss 2 ss Type	#A8 THE GRANE	· ·	Address 3 Post Code	SINGAPORE 287995 287995
Info Certificate Info Policyl Address 1 Address 4	0.000.000.000.000.000.000.000	Addres	ss Type d Policy	CONTRACTOR OF THE PARTY OF THE	· ·	CONTRACTOR OF THE	(ACAMANA) -
Info Certificate Info Policyl Address 1 Address 4 Unit No.	210 TURF CLUB ROAD	Addre: Relate	ss Type d Policy	Singapore addre	· ·	CONTRACTOR OF THE	(ACAMANA) -
Info Certificate Info Policyl Address 1 Address 4 Unit No.	210 TURF CLUB ROAD 03-16 d Object: SLB53U	Addre: Relate	ss Type d Policy	Singapore addre	· ·	CONTRACTOR OF THE	OWNERS -

Claim Handling The premium on this policy ha Accident HT/1029082	as not been collected	1				
Princy No.	5106686305		VWNcie No.	SLBS3U	GST Registration No.	
Certificate No.						
Policyholder Name	DNESTO CAR RE	NTALS			Policyholder NRIC	533121393
Product Code	PRIVATE CAR IN	SURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	٥		Contact No.(Office)	o .	Contact No.(Home)	0
Email Address			Special Remark		eCode	N. V
KFK	® No ○ Yes		TCA	® No ○ Yes	eČode Reason	Consider
ACD Protection	Na		NCD Entitlement(%)	0	Private Hire	Yes
 Accident Details 			SOURCE ADDITION OF THE		comme mee	764
Report Date	22/01/2019 18:1	10	Accident Report Within 24 hrs	Yes	Acoders Type	2
Date of Acodent	19/01/2019		Time of Accident hh:mm	20:20		Damaged whilst perked
Reporting Centre			Drange Force	20:20	Country of Accident	Singapore
Accident Location	WOODLANDS CH	#CKPOINT	Crange ronce		ICM No.	
♥ Excess						
Own damage Excess		3 000 00		NAME OF THE PARTY		
Unnamed Driver Excess		2,000.00	Additional Excess	0	Windscreen Excess	100.00
			Outside Singapore OD Excess	2,000.00		
Third Party Excess		1,500.00	Outside Singapore TP Excess	1,500.00		
□ Benefita						
GST Registered Inform						
2ST Registered 2ST Registration No.		No:		GST Registration Date		
Modification History				GST Status Verified	No	
Policyholder Mailing Ar	ddress					
Address 1	210 TURF CLUB 9	EQAD .	Address 2	A AR THE GRANGET	0.00 (0.004)	2-200 110-2014
Address 4				#A8 THE GRANDSTAND	Address 3	SINGAPORE 287995
Unit No.	***		Address Type	Singapore address	Post Code	287995
	03-16		Related Policy Number	5106686305		
Tiver Name	121002002000		224000			
Innamed driver Name	Unnamed Driver		Driver Type	Unnamed Driver		
	KOH HWELSZE ()	(U HUIST)	Driver NRIC	S8001328J	Driver DOB	15/01/1980
Register Date of Driver License			Driver Age	39	Driving Experience	15
Contact No. (Mobile)	81130170		Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 148		Address 2	VISHUN STREET 11	Address 3	SINGAPORE 760148
Address 4			Address Type	Singapore address	Post Code	760148
Unit No.	04-115					
oes ne own a Singapore registered car?	○ Yes ® No		Driver Vehicle No.		Driver Insurer Company	
eclaration						
reathalyser or Blood Test eading?	0 mg		Any injury?	○ Yes ® No		
Odfication History Claim 001 OD-MX New	d					
oam Type *	ОВ-МК	V	Insured Name	ONESTO CAR RENTALS	Insured NRIC	533121393
ontact No (Mobile)	84890969		Contact No. (Home)	NOL	Contact No. (Office)	
mail Address			OI Venicle Number	SL853U	TP Vehicle Number	SMF6195X
laimant Type Claimant Type •	Please Select	V	Type of Benefit *	Please Select V	The same manager	Court person
laiment Name *		22	Claimant NRIC *			
laimant Address						
am Description	SLB53U / SMF6195	5X ON 19 Ian 2019			Name of Preferred Workshop	
eferred Workshop Contact			Insured Liability *	Not at Fault		
equire Finalisation	Yes	[82]			_	
ate Registered	printer and a second	V	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
	22/01/2019 18:12		Claim Close Date		Date Received	22/01/2019 18:13
port Taken By	Jackson .	1	Workshop Repairer		Total Loss but Repaired	
Print AK letter			93			
Attachment			9	Save Submit		
•						
odent No.	MT/1029082		Claim No.	001		
at Doc. Received	® yes ○ No		Upload Date			
	- NES CON		Object Date	22/01/2019 18:13		
		Path *	20200000	Category *	Confidential Urgeni	
			Browse	Clear Please Select	Normal V Normal	
			Browse	Clear Please Select	NO V Normal	▼
			Browse	Clear Please Select	V Normal	9

