	Jeb description	Date &Time Completed	Done by	
Date In: 1V V 19 - 10-18				ASILIV.STO
Ref No: NA THE 19 DUTT 6 MY	SAS e-filing			
Veh No: ac6935	E-mail (within Shrs, AIC 2		la talle a	-
D.O.A: 11/19-17-30	i-Motor Claim Form		12/2/19 18:00	1
	i-Motor W/O (Within: C	OD 2hrs, TP 4hrs)		
OD / TP-/ Reporting Orly	i-Photo Uploaded			
7855 VEY FORTHANKS TO F	Assessment/Survey Rep	port		
TP Insurer:	Ass't Report by Fax / F	Hand to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: S /c	7-610P	NC()/Non-INC().		<u> </u>
Owner / Driver: (Tel:)	
	Period: () Cover Type: ()	
Confirmed by: (Date:)	
Insured/Driver Liability: (%)	[Note-Est. Status (WO): 1	N: 0-20%; P: 21-79%. P: 80	-100%]	*5
Year of Registration: ()	Warranty: YES ()/NO			
Excess: (\$) Loading: \$				
	Service of the servic		STATE OF THE PARTY	
General Remarks:-	A Control	A 10 11 11 11 11 11 11 11 11 11 11 11 11		
() Walk-In Customer : Customer's in		al & Strictly NO 15161 CT		
() Total Loss Case : to e-mail Ins)
Drive-In ()/ Towed-In (); Invo	pice: YES () / NO (); Towing Co: (
Remarks: (INC horline: 6788 6616	1	Date& Time Completed	Done	y
Remarks: (1150 another of the dead	COLUMN SECTION		70	
1) Apply for Transfort Allowance ()	/ Courtesy Car ()	1		
1) Apply for Transport Allowance ()	/ Courtesy Car ()		-	
Apply for Transport Allowance () QC Check / Post Repair Inspection	/ Courtesy Car ()			
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1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions	/ Courtesy Car ()	Accident Reporting (\$30); Damage Assessment (\$100); INC	(\$80) \$40/\$45	4 4
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions Actions	/ Courtesy Car ()	Accident Reporting (\$30); Damage Assessment (\$100); INC Towing Fee Follow-Through Survey	(\$80) \$40/\$45 \$120	4
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions Laimant's Particulars:	Courtesy Car ()	Accident Reporting (\$30); Damage Assessment (\$100); INC Towing Fee Follow-Through Survey Follow-Through Survey (Resurvey)	(\$80) \$40/\$45 \$120 \$30 20/05)	4 4
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions Laimant's Particulars:- priver/Owner:	/ Courtesy Car ()	Accident Reporting (\$30); Damage Assessment (\$100); INC Towing Fee Follow-Through Survey Follow-Through Survey (Resurvey) Claiming against INC Only (wef 10 Jan Re-inspection	(\$80) \$40/\$45 \$120 \$30 20/05)	4 4
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions Laimant's Particulars:- priver/Owner:	/ Courtesy Car ()	Accident Reporting (\$30); Damage Assessment (\$100); INC Towing Fee Follow-Through Survey Follow-Through Survey (Resurvey) Claiming against INC Only (wef 10 Jan Re-inspection Idae DA + SMRT Survey	(\$80) \$40/\$45 \$120 \$30 20/05)	4
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions Claimant's Particulars: Oriver/Owner: Contact No: Damaged Portion:	Courtesy Car ()	Accident Reporting (\$30); Damage Assessment (\$100); INC Towing Fee Follow-Through Survey Follow-Through Survey (Resurvey) claiming against INC Only (wef 10 Jan Re-inspection Idae DA + SMRT Survey JC Additional Services:	(\$80) \$40/\$45 \$120 \$30 \$2005) \$75 \$160	4
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions Laimant's Particulars: Oriver/Owner: Contact No: Damaged Portion:	Courtesy Car ()	Accident Reporting (\$30); Damage Assessment (\$100); INC Towing Fee Follow-Through Survey Follow-Through Survey (Resurvey) Delaiming against INC Only (wef 10 Jan Re-inspection Idae DA + SMRT Survey JC Additional Services: Courtesy Car/Tpt Allowance	(\$80) \$40/\$45 \$120 \$30 20/05)	4
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1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions Laimant's Particulars: Oriver/Owner: Contact No: Damaged Portion:	/ Courtesy Car ()	Accident Reporting (\$30); Damage Assessment (\$100); INC Towing Fee Follow-Through Survey Follow-Through Survey (Resurvey) Delaiming against INC Only (wef 10 Jan Re-inspection Idae DA + SMRT Survey JC Additional Services: Courtesy Car/Tpt Allowance Repair Co-ordination Fost Repair Inspection DV / Collect Excess Coordination	\$100 \$25 \$25 \$25	4
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions Laimant's Particulars:- Oriver/Owner: Contact No: Damaged Portion: C Checked by (Engr-In-Charge):	/ Courtesy Car ()	Accident Reporting (\$30); Damage Assessment (\$100); INC Towing Fee Follow-Through Survey Follow-Through Survey (Resurvey) claiming against INC Only (wef 10 Jan. Re-inspection Idae DA + SMRT Survey JC Additional Services: Courtesy Car / Tpl Allowance Repair Co-ordination Fost Repair Inspection	\$100 \$30 \$250 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$3	4

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 <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.

- 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.
- 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.

aforesaid,	
	ACCIDENT STATEMENT
Date Of Report	12/02/2019 16:48
Date Of Accident	11/02/2019 13:30
Exact Location Of Accident	JUNC AMK AVE 6 & AMK AVE 9
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLC693S
Insured/Policyholder	
Name Of Registered Owner	AUTOBAHN RENT A CAR PTE LTD
Co Reg No	201607970Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86089649
Alternative Phone No	OFFICE-86089649
Vehicle Particulars	
Manufacturer	AUDI
Model	A3 SEDAN 1.4 TFSI (AMBIENTE)
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5079864471-02
Cover Note Number	
Driver	
Name of Driver	TAN SI HUI

 Name of Driver
 TAN SI HUI

 NRIC No
 \$9109375H

 Date Of Birth
 \$11/03/1991

 Occupation
 INDOOR

 Date Of Driving Pass
 \$06/12/2016

Driving Experience 2 YEARS AND 2 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-82685830

Fax Number

Contact Number OFFICE-82685830

EMail Address NOEMAIL

Address

BLK 152 SERANGOON NORTH AVENUE 1

#04-322

Postcode

550152

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 - CROSS JUNCTION

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

2

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?

YES

If Yes, Please state which Police Station

Police Station Name

KAMPONG UBI NEIGHBOURHOOD POLICE POST

Police Station Address

ROAD: BLK 9 EUNOS CRESCENT #01-2687, POSTCODE: 400009,

COUNTRY: SINGAPORE

Police Station Contact

TEL NO: 1800-7479999 - FAX NO: 67453410

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20190212/2068.

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

SKR610P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

POON YONG HOCK

NRIC/Passport Number

Contact Number

94315393

Address

Postcode

Insurance Company Name

SKETCH PLAN

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 as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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")
- (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

Date & Time:

AHA

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

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

DECLARATION OBAHN

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

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: (1 / 2 / 19 .) (DD/MM	/YYYY), TIME:([3:30 -](HH:MM)
LOCATION: I'MC AMIC AVE 6 &	AME AM 9.
DETAILS OF VEHICLE a) VEHICLE NUMBER: SUC 6935 b) INSURANCE COMPANY: NTUC c) POLICY NUMBER: SOTOS (WA) - 20	
d)POLICY TYPE: (COMPREHENSIVE / THIR)MAKE & MODEL: f)TYPE: (SALOON / COUPE / MPV /VAN / g) VEHICLE CATEGORY: (PRIVATE / COMM h) PURPOSE OF USING AT ACCIDENT TIME i) ARE YOU CLAIMING UNDER YOUR OWN IF NO, PLEASE STATE (THIRD PARTY CLAIM	LORRY / MOTORCYCLE / OTHERS) MERCIAL / MOTORCYCLE) :- (MMM(1540) MX INSURANCE (YES/NO)
2. INSURED / POLICY HOLDER A) NAME: Auto Light Runt A car He b) NRIC/FIN/PASSPORT: 201607970Z c) ADDRESS:	
(4)4)4 <u>4 </u>	9 9 19 ³ 12
*CONTINUE TO 3.d IF DRIVER ALSO POLICE WHO of passengs DRIVER (Including driver) DINAME: Ton Si Hui	(MALE / FEMALE)
(1) b) NRIC/FIN/PASSPORT: SGI-G37X A C) ADDRESS: Blk 15 × REGION NO OLI	CONTACT: 8 2688 35
e)OCCUPATION: (INDOOR / OUTDOOR)	26
f)YEARS OF DRIVING EXPRERIENCE: 6 10 4. WAS DRIVER AN EMPLOYEE OF THE IN:	SURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER 5. a) WEATHER CONDITION: (CLEAR / RAININ	G (OTHERS
b) ROAD SURFACE: (DRY) / WET / OTHERS	o / Omeks
6. WAS ANYBODY INJURED (YES / NO) 7. a) REPORTED TO POLICE (YES / NO)	
IF YES, PLEASE STATE WHICH POLICE STAT 8. THIRD PARTY VEHICLE	ION:
the of passenger a) VEHICLE NUMBER: SICR 610P.	MODEL:
- Including driver) DI DRIVER'S NAME: 103 h 120g HOCK	
c) NRIC/FIN/PASSPORT:	CONTACT: 94315 93
Y. THIRD PARTY VEHICLE	12 Ta(*2001).240
d) VEHICLE NUMBER: DRIVER'S NAME:	MODEL:
Induding driver 1) DRIVER'S NAME:	CONTACT:
	CONTACT.

email =

fax =

VIDEO =





1 of 3

Report No. T/20190212/2068

Police Station Of Origin:

Kampong Ubi NPP

9 Eurio Crescent #01-2687 SINGAPORE

Tel No. 800-7479999

REPORT A TRAFFIC ACCIDENT

Station Diary No .: e Report Made: Vide Report No .: Date 12/024 719 12:58

Informant's Particulars Address: Name Informant: APT BLK 152 SERANGOON NORTH AVENUE 1 #04-322 TAN HUI SINGAPORE 550152 ID T / ID No .: Contact No.: Mobile: 82685830 NRIC NO / S9109375H Home/Office: Nationality: Email: SINGAPORE CITIZEN Date of Birth: Type of Informant: Sex: Age: Female 27 11/03/1991 Driver Institution / School Name: Language: Race: Chinese Driving Licence Information: Occupation: Class: 3A Date of Expiry: UNEMPLOYED

Type C Accidents	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/02/2019 13:30	Type of Location: X-Junction		
Along pad 1 ANG NO KIC	AVENUE 6					
near to Yio Chu Kang MRT Weathers Clear		Road Surface: Dry	F	Road Speed Limit:		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate		
Type of Collis	sion: ving Vehicles - Head To Side	entrans time respec		Anyone conveyed by ambulance:		

Detail	of Vehicle Involved										
Vehic	No.	Туре	Make	Model	Color	Condition	No of Passenger				
SKR	Р	Car	MERCEDES BENZ	C180 AVANTGAR DE (R17 LED)	Grey	Slightly Damaged	0 .				
SLC	S	Car	AUDI	A3 SEDAN 1.4 TFSI (AMBIENTE)	White	Seriously Damaged					





Poli

ation Of Origin:

Kan

Ubi NPP

9 Eu

Crescent #01-2687 SINGAPORE

4000 Tell

800-7479999

2 of 3

Report No. T/20190212/2068

Details	of Perso	n Involved	and the second section is		1 160	100	
Any ₽e	destrian I	nvolved: No				11121	· · · · · · · · · · · · · · · · · · ·
No. of	Pedestriar	ns Injured: NIL	# W	Use of Pe	destriar	Cross	sing: NA
Driver							
Name		Poon Yong Hock			ID No	n	NIL
Relat	Vehicle	SKR610P (Car)	F25	Conta	ct No.	94315393	
Hos	Clinic	NIL	# 1	Class Drivin Licend Expire	Class: NIL Date of Expiry: NIL		
Date	atment	NIL		Date Disc		NIL	5
No.	ays gran	ted Medical Leave	NIL	Degree of		NIL	
Driv	1		11 - 14 C	A STREET, STRE			
Nan		TAN SI HUI		i.	ID No		S9109375H
Relat	Vehicle	SLC693S (Car)			Conta	ct No.	82685830
Hospita	al/Clinic	NIL .	- 数 章		Class Drivin Licend Expiry	g	Class: 3A Date of Expiry: NIL
Date T	reatment	NIL		Date Disc		NIL	
-	-						

CONTINUATION OF REPORT

Brief tails.

Days granted Medical Leave

On 1 19 at about 1330hrs, I was driving along Ang Mo Kio Ave 6 lane one when I was about to turn right ng Mo Kio Ave 9. At that point of time the traffic light was showing green without the green arrow as st check the road it's clear and decided to make the turn. Suddenly, one vehicle (SKR610P) came from traight road and I collided into the right side of the vehicle as I couldn't stop my vehicle in time.

Degree of Injury

NIL

NIL

Both s came down and exchange particulars where we decided to claim our own insurance as there is s suffered from both parties. However, Police and Ambulance were at scene during the accident no in e was conveyed. After which, my vehicle is towed away as the damage of my vehicle is too but n continue driving. Also, there is no CCTV inside my vehicle but I think the other party have a mside his car.





Police Station Of Origin:

Kampong Ubi NPP

9 Euros Crescent #01-2687 SINGAPORE

400000

Tel 1300-7479999

Report No. T/20190212/2068

CONTINUATION OF REPORT

Ske

Info Is not able to provide sketch plan

IMPO NT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certain ate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: G/

Sgt 2 MELSON CHEW WEI JIE

Signature Of Interpreter:

Not applicable

Office In Charge Of Case:

TP/GI/

Sr Startingt SHAHRUL NIZAM BIN SAMARRI

Cont. lo.: 65476904

Authent tion Stamp

NP168

Signature Of Informant:

Date/Time:

12/02/2019 12:58

Classification Of Case:

. REPUBLIC OF SINGAPORE IDENTITY CARD NO. S9109375H



TAN SI HUI



CHINESE

11-03-1991

ntry of birth SINGAPORE







NRIC No. S9109375H

13-03-2006

APT BLK 152 SERANGOON NORTH AVENUE 1 #04-322 SINGAPORE 550152

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

Motor cars without clutch pedais (Auto) with unladen 06 Dec 2016 weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight =< 2500kg

NP 428A

eBao Tech								G	eneralC	laim	
Hello, NAC_PAYA_UBI_80	0601						Change Lan	guage	· Change Pa	ssword	Log Out
My Desktop	Polic	y Query									
Notice of Loss	Policy N	0.				Date of	Accident	11/0	02/2019 13:30		
	Vehicle	No.(For Motor)	SLC6935			Certifica	ite Number				
					Se	arch					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5079864471- 02		AUTOBAHN RENT A CAR PTE. LTD.	2016079702	GFT	drivo CLASSIC	SLC693S	SLC693S	18/05/2018	
					Cor	ntinue					

Policy No.	5079864471-02	Policyholder Name	AUTOBAH	IN RENT A CAR PTE. LT	Policyholder NRIC	2016079702	2 - 10
ertificate lo.							
ddress	6001 BEACH ROAD #08-06 GO	LDEN MILE TO	WER SING	APORE 199589			
roduct lame	FLEET INSURANCE	Plan			Group Policy Flag	N	
olicy ssue ate	04/04/2018	Effective Date	26/04/20	18 00:00	Expiry Date	25/04/2019	23:59
xcess ype		All Claims Excess					
hird arty	3000	Own damage	3500		Windscreen Excess	100	
xcess Additional	0	Excess OS	3322.90				
xcess Outside Singapore OD		Outside Singapore TP Excess	3000			Your	ng/Inexperience Driver Excess
Agent	HAMILTON AUTOHUB PTE. LTD		6475194	5	GST Flag	v	
Co- insurance Flag Open Policy Info Certificate Info Policy Policy							
Address 1	6001 BEACH ROAD	Addre	ess 2	#08-06 GOLDEN MI	LE TOWER	Address 3	SINGAPORE 199589
ddress 4			ess Type	Singapore address		Post Code	199589
Jnit No.	LOT38		ed Policy	5079864471-02			
) Insure	ed Object: SLC693S	None	261				
♥ Endon							
RANGO 100							
Seque	Date of Endorsement 26/04/2018 00:00	Endorseme Basic Informa Endorsement		Endorsement Numbe	Endorse Endorsem Effective	ment Status	Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(shas/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SKD8673 26-04-2018 \$1,807.36 In view of this amendment, a refund of \$1,807.36 (inclusive of GST) will badjusted against the outstanding premium.
2	18/05/2018 00:00	Basic Informa Endorsement	ition	000001286820035	Endorsem Effective	ent Take	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. SLC6150C 18-05-2018 \$1,747.29 In view of this amendment, an additional premium of \$1,747.29 (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 you name and policy number indicated on the reverse of the cheque.

ry No. rificate No.	EDTGBS4471-07	Vehicle No.	SICKETS	GST Remember No.	
	5079864471-02	venicle No.	SLC0935	GST Registration No.	
cyholder Name	AUTOBAHN RENT A CAR PTE. LTD.			Policyholder NRIC	201607970Z
educt Code	FLEET INSURANCE	Cover Type	drivo CLASSIC	Loading	0
ntact No.(Mobile)	86089649	Contact No.(Office)	0	Contact No.(Home)	0
nail Address		Special Remark		eCode	No V
K.	® No ○Yes	TCA	® No ○ Yes	eCode Reason	Sic. 22
D Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details					
port Date	12/02/2019 18:39	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Cross Junction
ce of Accident	11/02/2019	Time of Accident hh:mm	t3:30	Country of Accident	Singapore
porting Centre		Orange Force		ICM No.	
cident Location	JUNC AMK AVE 6 & AMK AVE 9				
Excess		337-35			CONTROL -
en damage Excess	3,500.00	Additional Excess	0	Windscreen Excess	100.00
named Driver Excess	2,000.00	Outside Singapore OD Excess	3,500.00		
ird Party Excess Benefits	3,000,00	Outside Singapore TP Excess	3,000.00		
GST Registered Informs	ation				
T Registered	No		GST Registration Date		
T Registration No.			GST Status Verified	Yes	
dification History					
- Konstantin	220000				
Policyholder Mailing Ad dress 1	6001 BEACH ROAD	Address 2	#08-06 GOLDEN MILE TOWER	Address 3	SINGAPORE 199589
idress 1	6001 BEACH NOAD	Address Type	Singapore address	Post Code	199589
NE No.	LOT38	Related Policy Number	5079864471-02	Post Code	144404
OI Driver Info					
iver Name	Unnamed Driver	Driver Type	Unnamed Driver		14
named driver Name	TAN SI HUI	Driver MRIC	59109375H	Driver DOS	11/03/1991
gister Date of Driver License	06/12/2016	Driver Age	27	Driving Experience	2
ntact No.(Mobile)	82685830	Contact No.(Office)	0	Contact No.(Home)	0
dress 1	8UK 152	Address 2	SERANGOON NORTH AVENUE 1	Address 3	SINGAPORE 550152
idress 4		Address Type	Singapore address	Post Code	550152
nit No.	04-322				
oes he own a Singapore rgistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
claration					
eathalyser or Blood Test		Annual Control	○ Yes ® No		
ading?	0 mg	Any injury?	O res @ No		
CED SERVICE					
dification History					
Claim 001 New					
	Tank and	Insured Name	AUTOBAHN RENT A CAR PTE. LT	Insured NRIC	2016079702
aim Type •	100-90. Y		AUTOBARN RENT A CAR PTE. LT		
	0D-MX S8380101	Contact No. (Home)	AUTOBAHN RENT A CAR PTE. CI	Contact No.(Office)	64751946
erm Type * macs No.(Mobile) nail Address		Contact No. (Home) Of Vehicle Number	SLC6935		64751946 SKR610P
mact No. (Mobile) nail Address	88380101 INSURANCEHAMILTONAUTOHUE			Contact No.(Office)	er make the local control
nact No.(Mobile) all Address imant Type Claimant Type+	88380101 INSURANCEHAMILTONAUTOHUE	Of Vehicle Number	SLC6935	Contact No.(Office)	er make the local control
ntact No. (Mobile) all Address imant Type Claimant Type+ imant Name *	88380101 INSURANCEHAMILTONAUTOHUE Phase Select	Of Vehicle Number Type of Benefit •	SLC6935	Contact No.(Office)	er make the local control
mact No. (Mobile) half Address himant Type Claimant Type * himant Name * himant Address him Description	88380101 INSURANCEHAMILTONAUTOHUE Phase Select	Of Vehicle Number Type of Benefit •	SLC6935	Contact No.(Office)	er make the local control
rsact No. (Mobile)	88360101 INSURANCEHAMILTONAUTOHUE Please Select ≥≥	Of Vehicle Number Type of Benefit •	SLC6935	Contact No.(Office) TP Vehicle Number	er make the local control
mact No. (Mobile) hall Address siment Type Claimant Type * siment Name * siment Address sim Description riferred Workshop Contact	88360101 INSURANCEHAMILTONAUTOHUE Please Select ≥≥	OI Vehicle Number Type of Benefit * Claimant NRIC *	SLC693S Please Select Fully at Fault	Contact No.(Office) TP Vehicle Number	SKR510P
mact No. (Mobile) isail Address iment Type Claiment Type * iment Name * iment Address im Description riferred Workshop Contact quire Finalisation	BR380101 INSURANCEHAMILTONAUTOHUE Phase Select V Example Example	OI Vehicle Number Type of Benefit * Claimant NRIC *	SLC693S Please Select Fully at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	SKR610P
mact No. (Mobile) islaid Address ismant Type Claimant Type * ismant Name * ismant Address ism Description referred Workshop Contact quire Finalisation te Registered	BB3B0101 INSURANCEHAMILTONAUTCHUE Phase Select V SEC693S / SKR61DP ON 11 Feb 2019 Yes V	OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Uablity * Preference Repeir Option	SLC693S Please Select Fully at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SKR510P
mact No. (Mobile) islaid Address ismant Type Claimant Type * ismant Name * ismant Address ism Description referred Workshop Contact quire Finalisation te Registered port Teken By	88390101 INSURANCEHAMILTONAUTCHUE Phase Select V	OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Uablity * Preference Repeir Option	SLC693S Please Select Fully at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SKR510P
mact No. (Mobile) islaid Address ismant Type Claimant Type * ismant Name * ismant Address ism Description referred Workshop Contact quire Finalisation te Registered port Teken By	88390101 INSURANCEHAMILTONAUTCHUE Phase Select V	Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option Claim Close Date	SLC693S Please Select Fully at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SKR510P
mact No. (Mobile) all Address iment Type Claiment Type * iment Name * iment Address im Description ferred Workshop Contact quire Finalisation te Registered port Taken By Print AK letter	88390101 INSURANCEHAMILTONAUTCHUE Phase Select V	Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option Claim Close Date	SLC693S Please Select Fully at Fault Preferred Workshop, Name unknown	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report	SKR510P
mact No. (Mobile) all Address iment Type Claimant Type * iment Address im Description ferred Workshop Contact quire Finalisation te Registered port Taken By Print AK letter	88390101 INSURANCEHAMILTONAUTCHUE Phase Select V	Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option Claim Close Date	SLC693S Please Select Fully at Fault Preferred Workshop, Name unknown	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report	SKR510P
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nact No. (Mobile) all Address mant Type Claimant Type * mant Name * mant Address m Description terred Workshop Contact usins Finalisation e Registered opt Taken By Print AK letter ttachmant	88390101	Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Gose Date	SLC693S Please Select Fully at Fault Preferred Workshop, Name unknown Save Submit	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report	SKR510P
nact No. (Mobile) sil Address ment Type Claimant Type * mant Name * mant Address m Description erred Workshop Contact usire Finalisation e Registered opt Taken By Print AK letter ttachmant	88380101	Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Gose Date Claim No.	SLC693S Please Select Fully at Fault Preferred Workshop, Name unknown Save Submit	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report	Received V 12/02/2019 00:00 III
mact No. (Mobile) all Address imant Type Claimant Type * imant Name * imant Address im Description riferred Workshop Contact	88380101	Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Gose Date Claim No.	SLC693S Please Select Fully at Fault Preferred Workshop, Name unknown 5sve Submit 001 12/02/2019 18:43 Category *	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received	Received V 12/02/2019 00:00

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Attachment	Upload	ed By/Date	Category	P	Urgency		Desc	ription	n		Mag Sent? (CD)	Action	
A-1 新田	NAC_PAYA_UBI_B00601(NATI CES) on 12	NR3C/ Driving License		Normal		NRIC/ Driving U	cense	2019-2-	12		Edit		
19		ONAL ASSESSMENT CENTRE SERVI Feb 2019 18:42	SAS		Normal		SAS 20	19-2-	-12			Edit	
au a		ONAL ASSESSMENT CENTRE SERVI Feb 2019 18142	Photos		Normal		Photos 2	019-7	2-12			Edit	
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	NAC_PAYA_UBI_800601[NAT] CES) on 12	ONAL ASSESSMENT CENTRE SERVI Feb 2019 18:42	Photos		Normal		Photos 2	019-2	2-12			Edit	
70		OWAL ASSESSMENT CENTRE SERVI Feb 2019 18:42	Photos		Normal		Photos 2	019-2	2-12			Edit	
3	NAC_PAYA_UBI_800601(NATI CES) on 12	ONAL ASSESSMENT CENTRE SERVE Peb 2019 18:42	Photos		Normal		Photos 2019-2-12						
V	NAC_PAYA_UBI_800601(NATI CES) on 12	ONAL ASSESSMENT CENTRE SERVI Feb 2019 18:42	Photos		Normal	Photos 2019-2-12							
		ONAL ASSESSMENT CENTRE SERVI Feb 2019 18:42	Photos		Normal	Photos 2019-2-12							
B		ONAL ASSESSMENT CENTRE SERVI Feb 2019 18:41	Photos		Normal	Photos 2019-2-12					Edit		
3		ONAL ASSESSMENT CENTRE SERVI Feb 2019 18:41	Photos		Normal		Photos 2	019-2	2-12			Edit	
3		ONAL ASSESSMENT CENTRE SERVI Feb 2019 18:41	Photos		Normal	Photos 2019-2-12						Edit	
7		ONAL ASSESSMENT CENTRE SERVI Feb 2019 18:41	Photos		Normal		Photos 2	019-2	2-12			Edit	
6	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 12 Feb 2019 18:41		03(NATIONAL ASSESSMENT CENTRE SERVI Photos Normali				Photos 2019-2-12					Edit	
	NAC_PAYA_UB1_800601(NAT) CES) on 12	ONAL ASSESSMENT CENTRE SERVI Feb 2019 18:41	Photos		Normal		Photos 2	019-2	2-12			Edit	
Video List	Uploaded By/Date	Folder Date		File Name		9			Sour	CO.		Action	