NATIONAL Assessment Cent		lwei i Jan'osi MJ	Date & Time Completed	Done	oy.
Date In: 35 V 19-18:74	Jeb description		Total Control		
Ref No: White 19 22 35 05 /24	SAS e-filing				-
Veh No: 60F783C	E-mail (within 8	Shrs, AIC 2hrs)			
D.O.A: 20/19-14:45	i-Motor Clair	n Form	m1 1075603-001	MINIO	8.59
	i-Motor W/O	(Within: OD 2hrs	s, TP 4hrs)		
OD / P)! Reporting Only	i-Photo Uplo:	aded			
	Assessment/Su	rvey Report			
TP Insurer:	Ass't Report b	y Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: YM	129555	. INC()/Non-INC().	Y	
Owner / Driver: (Tel:)	
Policy No: () F	eriod: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (V	VO): N: 0-2	0%; P: 21-79%. P: 30-	100%]	
Year of Registration: ()	Warranty: YES ()/NO()		
Excess: (\$) Loading: \$1	,000 ()/\$2,000	()			
General Remarks;-	Y-X-		PROPERTY AND	Silver Street	4 3
() Walk-In Customer : Customer's in	The second of the second of the second	The second second	44-14-1-14-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		
() Total Loss Case : to e-mail Insu			5	- N	
	ce: YES()/N	NO();T	'owing Co: (,)
			Date& Timb Completed	L. Done	hv
Remarks:- (INC horline: 6788 6616)		North Company	Dates: 111:10 Collipse Su	The same of the same	-3
	Courtesy Car (,			
2) QC Check / Post Repair Inspection	\$3000) (1			
3) Upload Resurvey Photo [Repair Cost >	\$3000] (,			7711
Injury:					
Date/Time Actions	0.4-1.0	10.7		PROPLEMENT.	
	1				
+		Teres esservations		Anit (S)	Amt (
A190146V-1		Invoice Pre	paration Checklist	fu Bill	Add B
laimant's Particulars :-		1) AR : Acciden			
inmant's Particulars :-		2) DA : Damage 3) TF : Towing	Assessment (\$100); INC ((\$80) (40/\$45	
river/Owner:		4) FT : Follow-T	Through Survey	\$120	
ontact No:	7 1	5) FT : Follow-1	Through Survey (Resurvey) against INC Only (wef 10 Jan 20	\$30	
amaged Portion:		6) TR : Re-inspe	ection	\$75	
maged 1 ordon.	*	7) N1 : Idao DA 8) NTUC Addit	+ SMRT Survey	\$160	
C Checked by (Engr-In-Charge):		OD.		\$5	
Concreted by (Birgi-In-Charge).		*N6: Repair (510	
uditors' Comments :-		*N7: Fost Re	pair Inspection bleet Excess Coordination	\$25	
L.L.	MCC25899-46-1908-19		P (N::n INC) against INC	\$20	-
		9) N12: Idea M		30	建物等
t 2 / 3:		Invoice dated	Fee Charge	Married Williams	

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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 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.
- 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.

ACCIDENT STATEMENT

Date Of Report	25/02/2019 18:34
Date Of Accident	20/02/2019 14:45
Exact Location Of Accident	BLK 1 CHANGI VILLAGE RD CARPARK
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBF7683C
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	NISSAN
Model	NV200 1.5 MT ABS AIRBAG 2WD 6DR E5 W/RC
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5079227496-02
Cover Note Number	
Driver	
Name of Driver	SHARIM BIN MOHAMED SALLEH
NRIC No	S7135447D
Date Of Birth	08/10/1971
Occupation	OUTDOOR
Date Of Driving Pass	21/04/2008
Driving Experience	10 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83727352
Fax Number	
Contact Number	OFFICE-83727352
EMail Address	NOEMAIL

BLK 2 MARSILING DRIVE Address #08-05 Postcode 730002 Was driver an employee of the Insured's Company NO OTHER - HIRER If No. Relationship of the Driver with the Insured 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 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) NO soliciting/offering accident claims assistance. Number of Passengers (Including Driver) 0 **Details of Police Action** Was the accident reported to the police? YES If Yes, Please state which Police Station ORCHARD NEIGHBOURHOOD POLICE CENTRE Police Station Name ROAD: 51 KILLINEY ROAD, POSTCODE: 239572, COUNTRY: Police Station Address SINGAPORE Police Station Contact TEL NO: 1800-7359999 - FAX NO: 67331934 Was notice of intended Prosecution given? NO If Yes, against whom? Circumstances of Accident REFER TO POLICE REPORT - T/20190220/2192. Attachment(s) YES Are accident photos available for attachment? NO Was there any video captured by Car Camera? Was there any audio recorded? NO **Details of Witness 1** Name Phone Number 96755495 Email Address **Details of Witness 2** Name Phone Number 96279868 Email Address

84269718

Details of Witness 3

Phone Number

Name

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

YM2955S

COMMERCIAL VEHICLE

IMPORTANT NOTICE

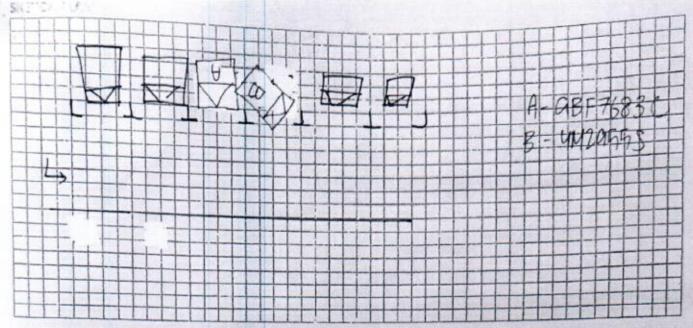
- Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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.
- 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.
- Consent under the Personal Data Protection Act (PDPA)

l 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 insurers) 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")
- ail 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 Data & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	Defer -	to police			
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		Sheek Sale			
	Territoria.	To control of			
	A Participant				
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				A PER BUNGA SERVICE	
				OR OTHER PROPERTY.	
			A STATE OF THE REAL PROPERTY.		HALL THE RES
	RATION				

I/We declare the foregoing 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:

NEIC/FIN No.:

INTERPRETABILISM THEE

- Complete and submit this form to the inchildred insurance authorised reporting centre.
- Please report correctly on the details of the accident to spead up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
 Information provided must be as fruitful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiete policy liability.

SU - SPORT OF ALE OF STATE OF ERIT

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.

	ACCIDIENT DETAILS	
Date of accident	20/02/2019	(DD/MM/YY)
Time of accident	14:45	(HH:MM)
Exact location of accident	Road 1 Changi Village Road blk 1-4, Open carpark	

Vehicle registration number	GBF 7183 C		
Vehicle make and model	Nissan		
Type of selecte	Saloon D	MPV c	
Vehicle category	Private o	Comm	ercial Motorcycle
Purpose of using at said time			The state of the s
Are you claiming under your own insurance company?	Yes Third part	No,e	if no, please select: Reporting only

Main Property	INSUBANGEIN	FORMATION	
Insurance company	NTUC		
Policy number		7	
Type of policy	Comprehensive a	Third party fire & theft o	TP only [

	(WSURED / POLICY HOUSER	DESCRIPTION	
Name	ONEZRENT CARS PTE LTD	Male	Female o
NRIC / Fin / Passport number	201306179N		
Contact			
Address	70 UBI CRESCENT #01-12 UBI TECH PARK SINGAPORE 408570		

Name	Sharim Bin Mohamed Salleh	Male 🗆	Female 🗆
NRIC / Fin / Passport number	87135447D		
Contact	8372 7352		
Address	APT BLK 2 Marsiling Drive #08-05 S (730007)		
Email address	08/10/19		2727
Date of birth	01/10/1971		
Occupation	Indoor D Outdoor		
Driving date pass	21/04/2008		

THE RESERVE OF THE PARTY OF THE	GENERAL INFORMATION OF THE ACCIDENT
Was driver an employee of	Yes a No n
the insured's company?	If no, relationship of the driver and insured: Hirer
Accident captured by camera?	
Weather condition	Clear Raining Others:
Road surface	Dry ≠ Wet □
No of passenger	19 (Inclusive of driver)
100 Television (1910)	PASSENGER 1
Name	Sharim Bin Mohamed Salleh
Gender	Male Female D
Dender	Water Temeter
	DACCTALOGO 3
Control of the state of the sta	PASSENGER 2
Name	Male - Freele -
Gender	Male D Female D
Market State of the State of th	
	PASSENGER 3
Name	
Gender	Male D Female D
	PASSENGER 4
Name	
Gender	Male Female
THE RESERVE OF THE PARTY OF THE	PASSENGER 5
Name	
Gender	Male : Female :
	PASSENGER 6
Name	
Gender	Male Female
1	4
THE THE PARTY OF STREET	OTHER INFORMATION
Was anybody injured?	Yes No Z
Was other vehicle damaged?	Yes No D
was other vehicle damaged:	Test No a
	DETAILS OF POLICE ACTION
Deposited to police?	
Reported to police? Police station name	Yes No If yes, please state which police station.
Police Station name	
	WITNESS 1
Name	Contact NO. 96756495
	WITNESS 2
Name	

	NAME OF	THIRD PARTY VEHICLE 1
Mahiala carigamatica surphus		29558
Vehicle registration number Vehicle make model	17"	21220
Name	+	
NRIC / Fin / Passport number		
Contact	-	
	in the latest ten	THIRD PARTY VEHICLE 2
N. L. L. Santana and A. Santana	THE REAL PROPERTY.	THIRD PARTY VEHICLE Z
Vehicle registration number	-	
Vehicle make model	-	
Name	-	
NRIC / Fin / Passport number		
Contact	0	
	NAME OF TAXABLE PARTY.	THOS BARRY VEHICLE 2
	THE PARTY NAMED IN	THIRD PARTY VEHICLE 3
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact	1000	
All the second s		
A STATE OF THE STA		THIRD PARTY VEHICLE
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		
		THIRD PARTY VEHICLE 5
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact	1	
	/	
	/61	THIRD PARTY VEHICLE 6
Vehicle registration number		
Vehicle make model		
Name /		
NRIC / Fin / Passport number		
Contact		
		THIRD PARTY VEHICLE 7
Vehicle registration number		
Vehicle make model	15	
Name		
NRIC / Fin / Passport number		
Cantagh		

		NA OFF	INJURED PERSON 1	
Name	T			
Injuries sustained				
Which vehicle person in?				
Were seat belts worn?	Yes	0	No 🗆	
Was injured conveyed to	Yes	-	Non	
hospital by ambulance?	1			
A STATE OF S	9413	BARR	INJURED PERSON 2	COMPANIES OF THE PROPERTY OF T
Name	1	SFENS	MAGNIED I SIJOINE	
Injuries sustained				
Which vehicle person in?	1			
Were seat belts worn?	Yes	п	No 🗆	
Was injured conveyed to	Yes		No 🗆	
hospital by ambulance?	103	ш	NO LI	
	STATE OF THE STATE	77.0	/	
The state of the s	all and the	T 12/2/2	INJURED PERSON	
Name	THE REAL PROPERTY.	Deline.	INTOKED FERSIONS	
Name	+			
Injuries sustained Which vehicle person in?	+			
Were seat belts worn?	Yes	-	No p	
Was injured conveyed to	Yes		No D	
hospital by ambulance?	163	_	NO L	
nospitar by ambulance:	1			
Maria Cara Cara Cara Cara Cara Cara Cara	10 TO 10	696169	INJURED PERSON 4	
Name	HISTORY I	CONTRACT OF	MY TORNAD MERCHEN CO	
7.550	1		/	
Injuries sustained	-	-/		
Which vehicle person in? Were seat belts worn?	Yes	1	No 🗆	
Were sear peris worm				
		-		
Was injured conveyed to	Yes	-	No a	
		-		
Was injured conveyed to		-	No 🗆	
Was injured conveyed to hospital by ambulance?		-		
Was injured conveyed to hospital by ambulance?		-	No 🗆	
Was injured conveyed to hospital by ambulance? Name Injuries sustained		-	No 🗆	
Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in?	Yes	0	No D INJURED PERSON 5	
Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes	0	No D INJURED PERSON 5 No D	
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes	0	No D INJURED PERSON 5	
Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes	0	No D INJURED PERSON 5 No D	
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes	0	No D No D No D	
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?	Yes	0	No D INJURED PERSON 5 No D	
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?	Yes	0	No D No D No D	
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained	Yes	0	No D No D No D	
Name Injured sustained Which vehicle person in? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in?	Yes Yes Yes	0	No D No D INJURED PERSON 5 NO D INJURED PERSON 6	
Name Injuries sustained Which vehicle person in? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes Yes Yes		NO D INJURED PERSON 5 NO D INJURED PERSON 6	
Name Injured sustained Which vehicle person in? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in?	Yes Yes Yes		No D No D INJURED PERSON 5 NO D INJURED PERSON 6	





Police Station Of Origin: Orchard N.P.C

51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

1 of 3 Report No. T/20190220/2192

REPORT OF A TRAFFIC ACCIDENT	
Date/Time Report Made: 20/02/2019 20:00	Vide Report No.: Station Diary No.: 151
differentia dendentre	No. 1 Page 1 State of the State
Name of Informant: SHARIM BIN MOHAMED SALLEH	Address: APT BLK 2 MARSILING DRIVE #08-05 SINGAPORE 730002
ID Type / ID No.: NRIC NO / S7135447D	Contact No.: Home/Office: Mobile: 83727352
Nationality: SINGAPORE CITIZEN	Emall;
Sex: Age: Date of Birth: 08/10/1971	Type of Informant:
Race: Malay	Language: Institution / School Name:
Occupation:	Driving Licence Information: Class: 3 Date of Expiry:

Type of Accident:	Non-Injury Hit and Run		Drink Drive: No	Date/Time of Accident: 20/02/2019 14:45	Type of Location:
Location: Along Road 1 CHANGI VILLA					
Weather: Clear		Road S	Surface:		Road Speed Limit;
Traffic Flow: One Way			Control:	A	Traffic Volume: No Traffic
Type of Collisio	on: ICLE				Anyone conveyed by ambulance:

Melanole Mick	The	Keke	(Cese)	ିପ୍ରତ୍ୱ	ি ক্রেটারেন	NG GI PERFENSE
GBF7683C	Van				Slightly Damaged	0
YM2955S	Lorry				Slightly Damaged	0



T/20190220/2192

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Police Station Of Origin: Orchard N.P.C 51 Killiney Road SINGAPORE 239572 Tel No: 1800-7359999 2 of 3 Report No. T/20190220/2192

CONTINUATION OF REPORT

Brief Details.

I am working as a import driver for speedmark transportation pte ltd.

On 20/2/19 at about 1445hrs, I parked my company van (GBF7683C) at the open carpark of Changi Village Road. I then went to buy food at the nearby hawker center. When I returned to the carpark at about 1510hrs, after purchasing food, I discovered a note from an unknown person informing me that he had witness a lorry hit my van and drove off. He also left his contact detail for me to contact him. I then contacted him, and he sent me a footage of the lorry hitting my company van and left. I am lodging this report as this van belong to my company and I am accountable for the damages. Witness 1 informed me that there are another 2 witness that saw the incident occurred. So far, I only contacted witness 1. There was no police attended to my scene, and I did not notice any government property damaged. That's all.

The contact detail of the witness is as follow:

Witness 1: 96755495 ... Witness 2: 96279868 Witness 3: 84269718





Police Station Of Origin: Orchard N.P.C. 51 Killiney Road SINGAPORE 239572 Tel No. 1800-7359999

8 of 3 Report No. T/20198220/2192

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

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

	2 10 10 10 10 10 10 10 10 10 10 10 10 10
Signature Of Officer Recording The Report: E / Sgt 2 TAN HUI RU	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 20/02/2019 20:00
Officer in Charge Of Case: TP / HRT / Sr Staff Sgt TAN JEOK LENG Contact No.: 65476144	Classification Of Case:
Authentication Stamp	IGNATURE



SHARIM BIN MOHAMED

MALAY
Date of birth
O8-10-1971
M
Country at birth
SINGAPORE

571384470







eBao Tech		100						G	eneralCl	aim
Hello, NAC_PAYA_UBI_800	0601		and the second			· Change Lan	guage	Change Pa	ssword •	Log Out
My Desktop	Policy Query									•
Notice of Loss	Policy No.				Date of	Accident	20/02	/2019 14:45	- 13	
	Vehicle No.(For Motor)	GBF7683	BC.		Certifica	ate Number				
				Se	earch					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5079227495- 02		ONE2RENT CARS PTE. LTD.	201306179N	GFT	Comprehensive	GBF7683C	GBF7683C	03/04/2018	
				Co	ntinue	ð.				

▽ Poli	cy Information						
olicy No.	5079227496-02	Policyholder Name	ONE2REN	T CARS PTE. LTD.	Policyholder NRIC	201306179N	
ertificate lo.							
ddress	70 UBI CRESCENT #01-12 SIN	GAPORE 40857	0				
Product Name	FLEET INSURANCE	Plan			Group Policy Flag	N	
olicy ssue Date	02/04/2018	Effective Date	03/04/20	18 00:00	Expiry Date	02/04/2019	23:59
xcess		All Claims Excess					
Third Party Excess	1000.00	Own damage Excess	1000.00		Windscreen Excess	0.00	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Your	ng/Inexperience Driver Excess
Agent	Marsh (Singapore) Pte Ltd	Agent Tel.	6327768	7	GST Flag	Y	
Co- nsurance Flag	No						
Open Policy Info							
Certificate Info							
	holder Mailing Address						
Address 1	70 UBI CRESCENT	Addre	ss 2	#01-12		Address 3	SINGAPORE 408570
Address 4		Addre	ss Type	Singapore address		Post Code	408570
Unit No.	01+12	Relat Numb	ed Policy per	5081725603-02			
D Insure	ed Object: GBF7683C						
□ Endon	sements						
Seque	nce Date of Endorsement	Endorseme	nt Type	Endorsement Numb	er Endorse	ment Status	Endorsement Content
1	03/04/2018 00:00	Basic Informa Endorsement	ition	000001286787630	Endorsem Effective	ent Take	internal endt : amend car plate number from GBF6165M to GBE33
			- 1				

Confidence Con	Saim Handling					
Management Ma		5079227496-02	Vehicle No.	GBF7682C	GST Registration No.	201306179N
MAST POLICACION PAST TO COLOR TOR Conveyter Con	ertificate No.					
March Part Display	Dicyholder Name.	ONESRENT CARS PTE. LTD.			Policyholder NRIC	201306179N
Special American, Spec			Cover Type	Comprehensive	Loading	0
Section Sect					Contact No.(Home)	0
## Commerced Control ## Control Research				1-7-00		THE V
Mode		@ suc O ves		® No ○Yes		
## Account Potal 15						No
### Accident Report Sign Accident Report Willing St. No. ### Color Location 2001/2019 The we Allocated from 14.45 Country of Modes Stripping Color Location 2001/2019 The we Allocated from 14.45 Country of Modes Stripping Color Location 2001/2019 The we Allocated from 14.45 Country of Modes Stripping Color Location 2001/2019 The west 2001/2019 T		NO	NCO Enoberrent(W)	9	Private Para	leo
Time of Account 2012/2015 Time of Account to teams 24.45 Country of Account Singlepore Country of Account Country of Ac	Accident Details					
Color Colo	port Date	25/02/2019 18:58	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
The property of the property o	ice of Accident	20/02/2019	Time of Accident hh:mm	14:45	Country of Accident	Singapore
### Description Control Service Control Singapore CD Pricess Control Singapore CD Prices Control Singapore CD P	porting Centre		Orange Force		ICM No.	
Manager 1,000 00	cident Location	BLK I CHANGI VILLAGE RD CARPARK				
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