

# NATIONAL Assessment Centre Services

(wef 1 Jan 05)

|                            |  |                       |         |
|----------------------------|--|-----------------------|---------|
| Date In: 22/02/19          | Job description                          | Date & Time Completed | Done by |
| Ref No: NIA/INC19005207/13 | SAS e-filing                             |                       |         |
| Veh No: SLF2037L           | E-mail (within 8hrs, AIC 2hrs)           |                       |         |
| D.O.A: 22/03/19 0810       | i-Motor Claim Form                       | MT/1037082-001        |         |
| OD (TP) Reporting Only     | i-Motor W/O (Within: OD 2hrs, TP 4hrs)   |                       |         |
|                            | i-Photo Uploaded                         |                       |         |
| TP Insurer:                | Assessment/Survey Report                 |                       |         |
|                            | Ass't Report by Fax / Hand to Owner/Wksp |                       |         |

|  |  |                       |
|--|--|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: ( SK AUTO | Tel:   | Fax:                  |
| TP Particulars:                                  | Veh No: SMJ6965U   | INC ( ) / Non-INC ( ) |
| Owner / Driver: (                                | Tel:   | ( )                   |
| Policy No: ( )                                   | Period: ( )  | Cover Type: ( )       |
| Confirmed by: (                                  | Date:  | Time: ( )             |
| Insured/Driver Liability: ( ) %                  | [Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%] |                       |
| Year of Registration: ( )                        | Warranty: YES ( ) / NO ( )                               |                       |
| Excess: (\$ )                                    | Loading: \$1,000 ( ) / \$2,000 ( )                       |                       |

**General Remarks:-**

( ) Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repairer.

( ) Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co. ( )

|   |                       |         |
|---|-----------------------|---------|
| Remarks:- (INC hotline: 6788 6616)                      | 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] ( )     |                       |         |

**Injury :** \_\_\_\_\_

| Date/Time | Actions |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

|                                 |   |             |          |
|---------------------------------|---|-------------|----------|
| NA1902168                       | <b>Invoice Preparation Checklist</b>            | Amt (\$)    | Amt (\$) |
|                                 |   | 1st Bill    | Add Bill |
| Claimant's Particulars :-       | 1) AR : Accident Reporting (\$30);              |             |          |
| Driver/Owner:                   | 2) DA : Damage Assessment (\$100); INC (\$80)   |             |          |
| Contact No:                     | 3) TF : Towing Fee \$40/\$45                    |             |          |
| Damaged Portion:                | 4) FT : Follow-Through Survey \$120             |             |          |
|                                 | 5) RT : Follow-Through Survey (Resurvey) \$30   |             |          |
|                                 | For claiming against INC Only (wef 10 Jan 2005) |             |          |
|                                 | 6) TR : Re-inspection \$75                      |             |          |
|                                 | 7) N1 : Idac DA + SMRT Survey \$160             |             |          |
|                                 | 8) NTUC Additional Services:-                   |             |          |
| QC Checked by (Engr-In-Charge): | OD*   |             |          |
|                                 | *N5: Courtesy Car / Tpt Allowance \$5           |             |          |
|                                 | *N6: Repair Co-ordination \$10                  |             |          |
| Auditors' Comments :-           | *N7: Post Repair Inspection \$25                |             |          |
|                                 | *N8: DV / Collect Excess Coordination \$5       |             |          |
| Cat 1:                          | TP (N11) : TP (Non INC) against INC \$20        |             |          |
| Cat 2 / 3:                      | 9) N12: Idac Mobile 30                          |             |          |
|                                 | Invoice dated                                   | Fee Charged |          |
|                                 | Invoice dated                                   | Fee Charged |          |



## 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 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.
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.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

|                            |                            |
|----------------------------|----------------------------|
| Date Of Report             | 22/03/2019 15:43           |
| Date Of Accident           | 22/03/2019 08:10           |
| Exact Location Of Accident | UPP SERANGOON TWDS PUNGGOL |
| Country/State of Loss      | SINGAPORE                  |

### DETAILS OF OWN VEHICLE

|                             |                                |
|-----------------------------|--------------------------------|
| Vehicle Registration Number | SLF2027L                       |
| <b>Insured/Policyholder</b> |                                |
| Name Of Registered Owner    | CARS FOR RENT (2016) PTE. LTD. |
| Co Reg No                   | 201609732N                     |
| Email Address               | NOEMAIL                        |
| Mobile Phone No             |                                |
| Alternative Phone No        | OFFICE-67895155                |

### Vehicle Particulars

|  |                |
|--|----------------|
| Manufacturer   | HONDA          |
| Model  | VEZEL          |
| 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 CAR    |

### Insurance Company

|                           |  |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage          | COMPREHENSIVE                          |
| Fleet Policy              | YES                                    |
| Policy Number             | 5080856074-02                          |
| Cover Note Number         |  |

### Driver

|                      |                             |
|----------------------|-----------------------------|
| Name of Driver       | LIEW WAN SENG(LIU WANCHENG) |
| NRIC No              | S7530020D                   |
| Date Of Birth        | 04/09/1975                  |
| Occupation           | OUTDOOR                     |
| Date Of Driving Pass | 20/09/1995                  |
| Driving Experience   | 23 YEARS AND 6 MONTHS       |
| Gender               | MALE                        |
| Mobile Number        | (LOCAL) +65-99999999        |
| Fax Number           |                             |
| Contact Number       |                             |
| EMail Address        | NOEMAIL                     |

|   |                                     |
|---|-------------------------------------|
| Address   | BLK 684D EDGEDALE PLAINS<br>#16-669 |
| Postcode  | 824684                              |
| 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?  | NO  |
| 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)   | 1   |

#### 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

PLS REFER TO THE ATTACHED STATEMENT.

#### Attachment(s)

|   |            |
|---|------------|
| Are accident photos available for attachment? | YES        |
| Was there any video captured by Car Camera?   | YES        |
| Remarks/ Reasons:                             | WITH OWNER |
| Was there any audio recorded?                 | NO         |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                     |             |
|-------------------------------------|-------------|
| Vehicle Registration Number         | SMJ6965U    |
| Vehicle Make/Model/Colour           |             |
| Details Of Properties               |             |
| Vehicle Category                    | PRIVATE CAR |
| Name of Driver                      |             |
| NRIC/Passport Number                |             |
| Contact Number                      | 91521617    |
| Address                             |             |
| Postcode                            |             |
| Insurance Company Name              |             |
| Nature Of Damage                    |             |
| No. Of Passenger (Including Driver) |             |



### 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**.
3. 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**.
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. 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)**

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 :
- (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**")
- (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)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN

UPPER SEERANGHUN RD

(A) SLF 2027L

(B) SMJ 6965U.

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 22 MAR 2019 @ 0810HRS I WAS STATIONARY AT THE RED LIGHT WHEN VEHICLE B COLLIDED INTO MY REAR.

FOR RENT (2016)  
ROC No. 2018087324  
CARP

## DECLARATION

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.:



# SINGAPORE ACCIDENT STATEMENT

|   |  |                       |  |                            |  |
|---|--|-----------------------|--|----------------------------|--|
| ACCIDENT DATE: 22 MAR 2019  |  | TIME: 0810 HRS        |  | (hh:mm) 24 hrs Format      |  |
| LOCATION UPPER SERANGOON TWP PUNGGOL.   |  |                       |  |                            |  |
| VEHICLE NUMBER SLF2027L.  |  |                       |  |                            |  |
| INSURED NAME CARS FOR RENT. (2016) PTE LTD.   |  |                       |  |                            |  |
| NRIC / FIN 2016097324   |  | CONTACT: 6789 5155.   |  |                            |  |
| MAKE HONDA  |  | MODEL VEZEL 1.5X CVT. |  |                            |  |
| Are you claiming under your own insurance policy for repair to your vehicle?            |  |                       |  |                            |  |
| ( ) Yes, If No, Pls Select : ( / ) Third Party ( ) Reporting Only                       |  |                       |  |                            |  |
| INSURANCE COMPANY NTUC INSURANCE  |  |                       |  |                            |  |
| TYPE OF POLICY ( / ) COMPREHENSIVE ( ) THIRD PARTY ( ) TPFT                             |  |                       |  |                            |  |
| POLICY NUMBER : 5080856074-02.  |  |                       |  |                            |  |
| NAME DRIVER : LIEN WAN SENG (Liu Wancheng) ( ) SAME AS INSURED                          |  |                       |  |                            |  |
| NRIC / FIN S7530020D  |  | CONTACT:              |  |                            |  |
| DATE OF BIRTH: 04/09/1975   |  |                       |  |                            |  |
| DRIVING PASS DATE : 20 SEP 1995.  |  |                       |  |                            |  |
| OCCUPATION : ( ) INDOOR ( / ) OUTDOOR   |  |                       |  |                            |  |
| GENDER : ( / ) MALE ( ) FEMALE  |  |                       |  |                            |  |
| EMAIL ADDRESS: ( / ) NO EMAIL   |  |                       |  |                            |  |
| ADDRESS OF DRIVER: BLK 684D EDGE DALE PLAINS #16-669 S(824684).                         |  |                       |  |                            |  |
| Number Of Passenger Include Driver: 1 DRIVER.   |  |                       |  |                            |  |
| Was driver an employee of the Insured's Company? ( ) YES ( / ) NO                       |  |                       |  |                            |  |
| If No, Relationship Of The Driver With The Insured Driver.                              |  |                       |  |                            |  |
| ( ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling ( / ) Others      |  |                       |  |                            |  |
| Does The Driver Own Any Other Vehicle? : ( ) YES ( / ) NO                               |  |                       |  |                            |  |
| If Yes, Vehicle Registration Number Of Driver's Own Vehicle:                            |  |                       |  |                            |  |
| Insurance Company Of Driver's Own Vehicle   |  |                       |  |                            |  |
| Weather Conditions: ( / ) Clear ( ) Raining ( ) Drizzling ( ) Others                    |  |                       |  |                            |  |
| Road Surface : ( / ) Dry ( ) Wet ( ) Others   |  |                       |  |                            |  |
| Was Any Foreign Vehicle Involved In This Accident? ( ) YES ( / ) NO                     |  |                       |  |                            |  |
| Was Anybody Injured In The Accident? ( ) YES ( / ) NO                                   |  |                       |  |                            |  |
| If YES, Injured details : NIL   |  |                       |  |                            |  |
| Convey By Ambulance: ( ) YES ( / ) NO   |  |                       |  |                            |  |
| Was There Any Video Capture By Car Camera? ( / ) YES ( ) NO WITH OWNER                  |  |                       |  |                            |  |
| Was There Accident Reported To The Police? ( ) YES ( / ) NO If Yes Attach Police Report |  |                       |  |                            |  |
| Police Report Number (if any)   |  |                       |  |                            |  |
| Details Of 3rd Party  |  | Name / NRIC           |  | No. of Paxs (incl' driver) |  |
| Veh B SMJ 6965U.  |  |                       |  | ( ) / Not Sure ( )         |  |
| Veh C   |  |                       |  | ( ) / Not Sure ( )         |  |
| Veh D   |  |                       |  | ( ) / Not Sure ( )         |  |
| Veh E   |  |                       |  | ( ) / Not Sure ( )         |  |
| Veh F   |  |                       |  | ( ) / Not Sure ( )         |  |
| Veh G   |  |                       |  | ( ) / Not Sure ( )         |  |

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7530020D



Name

LIEW WAN SENG  
(LIU WANCHENG)

Race

CHINESE

Date of birth

04-09-1975

Sex

M

S7530020D

Country of birth

SINGAPORE

3925554



NRIC No. S7530020D

Date of issue

01-09-2006

APT BLK 884D EDGE DALE PLAINS #16-669  
SINGAPORE 824684

NRIC No. S7530020D

Date: 27/05/2018

REPUBLIC OF SINGAPORE
DRIVING LICENCE



Licence Number: **S7530020D**  
Name: **LIEW WAN SENG (LIU WANCHENG)**  
Birth Date: **04 Sep 1975**  
Issue Date: **04 Apr 2017**


002672048J

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

|         |  | EFFECTIVE DATE |
|---------|--|----------------|
| Class 3 | Motor cars with unladen weight $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq$ 2500kg | 20 Sep 1995    |
| Class 4 | Motor vehicles which are constructed to carry load or passengers and the unladen weight $>$ 2500kg   | 08 Oct 2002    |
| Class 5 | Motor vehicles which are not constructed to carry load or passengers and the unladen weight $\leq$ 7250kg  | 14 Dec 2002    |
|         | Motor vehicles not constructed to carry any load and the unladen weight $>$ 7250kg   |                |

NP 428A





## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number:** 5080856074-02

**Cover :** drive CLASSIC

1. Index mark and Registration Number of Vehicle : SLF2027L  
Chassis Number : RU11201927
2. Name of Policyholder : CARS FOR RENT (2016) PTE. LTD.
3. Effective Date of Insurance : 30 Jul 2018
4. Expiry Date of Insurance : 29 Jul 2019
5. Persons or Classes of Persons entitled to drive#  
(a) The Policyholder.  
(b) Any other person who is driving on the Policyholder's order or with his/her permission.  
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#  
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

**This Policy does not cover**

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

|                                      |   |
|--------------------------------------|---|
| EXCESS (SECTION 1)                   | : S\$2,000  |
| EXCESS (SECTION 2)                   | : S\$1,500  |
| WINDSCREEN EXCESS                    | : S\$100  |
| ADDITIONAL EXCESS                    | : N/A   |
| UNNAMED DRIVER EXCESS                | : PLEASE REFER OVERLEAF                           |
| REPAIR AT OWNER'S PREFERRED WORKSHOP | : NO  |
| INSURE WITH COE                      | : YES   |
| NCD PROTECTION                       | : NO  |
| TRANSPORT ALLOWANCE                  | : NO  |
| EXCESS WAIVER                        | : NO  |
| PRIMARY DRIVER                       | : N/A   |
| NAMED DRIVER (1)                     | : N/A   |
| NAMED DRIVER (2)                     | : N/A   |
| HIRE PURCHASE COMPANY                | : GENIE FINANCIAL SERVICES PTE LTD                |
| SUM INSURED                          | : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS |

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : LQ INSURANCE AGENCY PTE LTD (00000613125)

Date of Issue : 25 May 2018 14:38 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

*[Signature]*  
LQ INSURANCE AGENCY PTE LTD  
100 BENCOOLEN STREET  
#04-01 THE BENCOOLEN  
SINGAPORE 189648  
TEL: 6-334-0783 FAX: 6-334-0624  
Co. Reg. No: 199005500V

> Back to OneMotoring

### Enquire PARF/COE Rebate for Registered Vehicle

#### Vehicle Owner Particulars

|                |         |
|----------------|---------|
| Owner ID Type: | Company |
| Owner ID:      | 9732N   |

#### Vehicle Details

|                               |                   |
|-------------------------------|-------------------|
| Vehicle No.:                  | SLF2027L          |
| Vehicle to be Exported:       | Yes               |
| Intended Deregistration Date: | 22 Mar 2019       |
| Vehicle Make:                 | HONDA             |
| Vehicle Model:                | VEZEL 1.5X CVT    |
| Primary Colour:               | White             |
| Manufacturing Year:           | 2016              |
| Engine No.:                   | L15B4401928       |
| Chassis No.:                  | RU11201927        |
| Maximum Power Output:         | 96.0 kW (128 bhp) |
| Open Market Value:            | \$20,858.00       |
| Original Registration Date:   | 17 Aug 2016       |
| First Registration Date:      | 17 Aug 2016       |
| Transfer Count:               | 2                 |
| Actual ARF Paid:              | \$11,202.00       |

#### Intended PARF Rebate Details

|                               |             |
|-------------------------------|-------------|
| PARF Eligibility:             | Yes         |
| PARF Eligibility Expiry Date: | 16 Aug 2026 |
| PARF Rebate Amount:           | \$8,401.00  |

#### Intended COE Rebate Details

|                             |                                      |
|-----------------------------|--------------------------------------|
| COE Expiry Date:            | 16 Aug 2026                          |
| COE Category:               | A - Car up to 1600cc & 97kW (130bhp) |
| COE Period(Years):          | 10                                   |
| QP Paid:                    | \$52,301.00                          |
| COE Rebate Amount:          | \$38,705.00                          |
| <b>Total Rebate Amount:</b> | <b>\$47,106.00</b>                   |

The information contained herein is correct as at 22 Mar 2019

OK



## Claim Handling

The premium on this policy has not been collected.

## Accident MT/1037082

|                     |   |                     |   |                      |
|---------------------|---|---------------------|---|----------------------|
| Policy No.          | 5080856074-02   | Vehicle No.         | SLF2027L  | GST Registration No. |
| Certificate No.     |   |                     |   |                      |
| Policyholder Name   | CARS FOR RENT (2016) PTE. LTD.                                |                     |   | Policyholder NRIC    |
| Product Code        | FLEET INSURANCE   | Cover Type          | drivo CLASSIC   | Loading              |
| Contact No.(Mobile) | 0   | Contact No.(Office) | 67895155  | Contact No.(Home)    |
| Email Address       |   | Special Remark      |   | eCode                |
| KFK                 | <input checked="" type="radio"/> No <input type="radio"/> Yes | TCA                 | <input checked="" type="radio"/> No <input type="radio"/> Yes | eCode Reason         |
| NCD Protection      | No  | NCD Entitlement(%)  | 0   | Private Hire         |

## ▼ Accident Details

|                   |                            |                               |       |                     |
|-------------------|----------------------------|-------------------------------|-------|---------------------|
| Report Date       | 22/03/2019 17:33           | Accident Report Within 24 hrs | Yes   | Accident Type       |
| Date of Accident  | 22/03/2019                 | Time of Accident hh:mm        | 08:10 | Country of Accident |
| Reporting Centre  |                            | Orange Force                  |       | ICM No.             |
| Accident Location | UPP SERANGOON TWDS PUNGGOL |                               |       |                     |

## ▼ Excess

|                       |          |                             |          |                   |
|-----------------------|----------|-----------------------------|----------|-------------------|
| Own damage Excess     | 2,000.00 | Additional Excess           | 0        | Windscreen Excess |
| Unnamed Driver Excess |          | Outside Singapore OD Excess | 2,000.00 |                   |
| Third Party Excess    | 1,500.00 | Outside Singapore TP Excess | 1,500.00 |                   |

## ▼ Benefits

## ▼ GST Registered Information

|                      |   |                       |     |
|----------------------|---|-----------------------|-----|
| GST Registered       | No  | GST Registration Date |     |
| GST Registration No. |   | GST Status Verified   | Yes |
| Modification History | 22/03/2019 17:35:41 System auto update fail: time-out |                       |     |

## ▼ Policyholder Mailing Address

|           |                           |                       |                     |           |
|-----------|---------------------------|-----------------------|---------------------|-----------|
| Address 1 | 5 TANAH MERAH KECHIL ROAD | Address 2             | #17-05 THE TANAMERA | Address 3 |
| Address 4 |                           | Address Type          | Singapore address   | Post Code |
| Unit No.  | 17-05                     | Related Policy Number | 5107357518          |           |

## ▼ OI Driver Info

|   |   |                     |                   |                    |
|---|---|---------------------|-------------------|--------------------|
| Driver Name                             | Unnamed Driver  | Driver Type         | Unnamed Driver    | Driver DOB         |
| Unnamed driver Name                     | LIEW WAN SENG(LIU WANCHEN                                     | Driver NRIC         | S7530020D         | Driving Experience |
| Register Date of Driver License         | 20/09/1995  | Driver Age          | 43                | Contact No.(Home)  |
| Contact No.(Mobile)                     | 0   | Contact No.(Office) | 0                 | Address 3          |
| Address 1                               | BLK 684D  | Address 2           | EDGE DALE PLAINS  | Post Code          |
| Address 4                               | SINGAPORE 824684  | Address Type        | Singapore address |                    |
| Unit No.                                | #16-669   |                     |                   |                    |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No.  |                   | Driver Insurer Com |

## Declaration

|                                     |      |             |   |
|-------------------------------------|------|-------------|---|
| Breathalyser or Blood Test Reading? | 0 mg | Any injury? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
|-------------------------------------|------|-------------|---|

## Modification History

Claim 001 OD-MX

New

|                          |                                    |                         |                                  |
|--------------------------|------------------------------------|-------------------------|----------------------------------|
| Claim Type *             | OD-MX                              | Insured Name            | CARS F                           |
| Contact No.(Mobile)      |                                    | Contact No. (Home)      |                                  |
| Email Address            |                                    | OI Vehicle Number       | SLF202                           |
| Claim Description        | SLF2027L / SMJ6965U ON 22 Mar 2019 |                         |                                  |
| Preferred Workshop       |                                    | Insured Liability       | Not at Fault                     |
| Contact No. Finalisation | Yes                                | Preferred Repair Option | Preferred Workshop (refer below) |
| Date Registered          |                                    | GIA report              | Received                         |
| Report Taken By          |                                    | Claim Close Date        | 22/03/2019 17:37                 |
|                          |                                    | Workshop Repairer       | ROSLINDA                         |

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## Attachment

Accident No. MT/1037082 Claim No. 001  
Last Doc. Received ☒ Yes ☐ No Upload Date 22/03/2019 00:00

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Category \*

Confidential

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NO

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NO

## Attachment List

| Attachment  | Uploaded By/Date   | Category              | Urgency | Des             |
|---|--|-----------------------|---------|-----------------|
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2019 17:37 | NRIC/ Driving License | Normal  | NRIC/ Driving I |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2019 17:37 | NRIC/ Driving License | Normal  | NRIC/ Driving I |
|    | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2019 17:37 | SAS                   | Normal  | SAS 2           |
|   | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2019 17:37 | Photos                | Normal  | Photos          |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2019 17:37 | Photos                | Normal  | Photos          |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2019 17:37 | Photos                | Normal  | Photos          |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2019 17:37 | Photos                | Normal  | Photos          |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2019 17:37 | Photos                | Normal  | Photos          |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2019 17:37 | Photos                | Normal  | Photos          |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2019 17:37 | Photos                | Normal  | Photos          |
|  | NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Mar 2019 17:37 | Photos                | Normal  | Photos          |

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