	Services [well sanios]	MNATIOOTITION.		
Date In: 3/4/19 - 12:02	Jcb description	Date & Time Completed	Doi	ne by
Re[ No: NA   1401925870/24	SAS e-filing			
Veh No: Neugo og A	E-mail (within Shrs, AIC 2hrs	)		*
D.O.A: 23/2/19-23/55	i-Motor Claim Form	1037333- av.	27 July 1	e W
OD TP Reporting Only	i-Motor W/O (Within: OD		7.77	176
OB VIII reporting Only	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Repor	t		
11 Illuri.	Ass't Report by Fax / Han	d to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (			ax:	
TP Particulars: Vch No.MEJ7	Jox INC		-	
Owner / Driver: (		Tel:	)	
Policy No: ( ) Perio	od: (	) Cover Type: (	)	
Confirmed by : (	Date:	Time:	<u> </u>	
Insured/Driver Liability: ( %) [No	ote-Est. Status (WO): N: 0	-20%; P: 21-79%. P: 80-1	00%1	
1/ CD : : :	arranty: YES ( )/NO (	)		
Excess: (\$ ) Loading: \$1,000	The state of the s			
General Remarks:	5-801-100-4-605-8, 1801-19-4-6-7-44	SERVICE OF STREET		
( ) Walk-In Customer: Customer's information	ation etrictly Confidential 6		CAM A CO	9
( ) Total Loss Case : to e-mail Insurer I	IIDCENTI V	Strictly NO rater of repairer.		
D. 1 . 2				11770
7,1110.00.1	VES ( ) / NO ( );	Towing Co: (		)
Remarks: (INC hotline: 6788 6616)		A CONTRACTOR OF THE PARTY OF TH	Y TENEDER	opiocini in the same
The second secon	the desired leader as our substitution of the control of the contr	Date & June Completed	J. Don	e by
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#### SINGAPORE ACCIDENT STATEMENT

#### 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.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

Any false reporting may be referred to the Police for investigation.

- This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available

	ACCIDENT STATEMENT
Date Of Report	03/04/2019 12:02
Date Of Accident	23/03/2019 23:55
Exact Location Of Accident	TERMINAL 3 ARRIVAL PICK-UP BASEMENT
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKU9509A
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	TOYOTA
Model	COROLLA ALTIS CLASSIC 1.6 CVT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5079229409-02
Cover Note Number	
Driver	
Name of Driver	TAN BENG WEE
NRIC No	S1508372G
Date Of Birth	08/06/1961
Occupation	OUTDOOR

Date Of Driving Pass 07/11/1983

Driving Experience 35 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96992145

Fax Number

OFFICE-96992145 Contact Number

EMail Address NOEMAIL Address

BLK 467A FERNVALE LINK

#19-513

Postcode

791467

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 - OPENING DOOR OF VEHICLE

Weather Conditions

CLEAR

Road Surface

DRY

#### Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle) involved in the accident

2

Was any body injured in the Accident?

Was any injured conveyed to hospital by

NO

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?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

## Circumstances of Accident

#### REFER TO STATEMENT.

## Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SME5710X

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- Any felse 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)

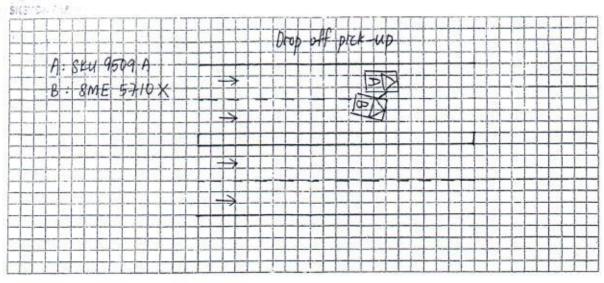
I understand, acknowledge, agree and consent that:

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

Name: NRIC/FIN No.:

Reporting Centre Personnel's Signature



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

7 was stati	onery at the airport terminal 3 arrival pick-up point
11	The state of the same of the same of the same
waiting for a	passenger. I was stationery for 3-5 minutes. After my
bassenger reach	hed, I walked over to my driver's door to open the car
boot. Suddenly	vehicle B behind me tried to overtake my car but he did
not notice now	car door was opened and collided onto my car door.
not notice my	car any mas opened and contacts only my
1918-1-240-10-341	

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.:

GIARMC SketchPlanForm\_VS

# · RESEARCH ACTOR ISTANDED

# IMPORTANT NOTICE

Complete and submit this form to the individual insurance authorised reporting centre.

40

Please report correctly on the details of the accident to speed up the claim process.

This form must be filled up by the policy holder and/or authorised driver.

Information provided must be as fruitful and accurate as possible. Any information 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. ø.

Any false reporting may be referred to the traffic police department for investigation.

Date of accident	34/03/19 23/03/19	(DD/MAN/VV)
Time of accident	11-58 pm	(HH:MIVI)
Exact location of accident	Terminal 3 Arrival Dick-up basement	

Vehicle registration number	SKU 9509 A					
Vehicle make and model	Toyota Attis					
Type of vehicle	Saloon MPV CRV Notorcycle Motorcycle C					
Vehicle category	Private a Commercial Motorc	· Company				
Purpose of using at said time						
Are you claiming under your own insurance company?	Yes D No if no, please select Third part claim A Reporting only D					

INSUHAN GENVERNATION							
Insurance company	NTUC						
Policy number							
Type of policy	Comprehensive 🗆	Third party fire & theft []	TP only D				

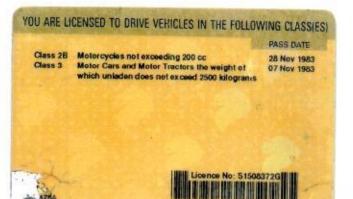
	MSDRAD / ROLLEY Homber		
Name	ONE2RENT CARS PTE LTD	Male	Female o
NRIC / Fin / Passport number	201306179N		
Contact	**		
Address	70 UBI CRESCENT #01-12 UBI TECH PARK SINGAPORE 408570		

Name	Tan Beng Wee	Male	Female D
NRIC / Fin / Passport number	81508372 G		1 4111516 6
Contact	9699 2145		
Address	Apt Bik 467 A Fernvale Link # 19-513 S(791 467)		
Email address	No.		
Date of birth	08/06/1961		
Occupation	Indoor D Outdoor		
Driving date pass	07/11/1983		

	GENERALLI	VEORMATION O	THE ACCIDENT	LA SELLENGE DE LA COLOR DE
Was driver an employee of .	Yes 🗆	Nor		
the insured's company?	If no, rela	ationship of the	driver and insured:	Hirer
Accident captured by camera?		No	til .	
Weather condition	Clear	Raining 🗆	Others:	
Road surface	Dry	Wet□		
No of passenger	1			(Inclusive of driver)
	STATE HAS	PASSENGER	1	
Name				
Gender	Male 🗆	Female D		
1.00.001.00.001	113131313			
	ET NAME	PASSENGER	,	
Name	The special section	SARCE WEST		
Gender	Male 🗆	Female 🗆		
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			A Company of the Comp	
	/	PASSENGER		
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Gender	Male □	Female □		
		PASSENGER		
Name				
Gender	Male 🗆	Female 🗆		
	to a second	PASSENGER	£ 2	
Name				
Gender	Male 🗆	Female		
	0	THER INFORMA	TION	
Was anybody injured?	Yes 🗆	Noø		
Was other vehicle damaged?	Yes 🗆	No 🗆		
		AILS OF POLICE		
Reported to police?	Yes 🗆	No lf yes	s, please state which	n police station.
Police station name				
		WITNESS 1		
Name				
	Carlo described	WITNESS 2		(6)
Name		The second secon		

	THIRD PARTY VEHICLE 1
Vehicle registration number	SMERTIOX
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
WARRIED THE SANCE STREET, TO SAIL	THIRD PARTY VEHICLE 3
Vehicle registration number	Anne Parity Canada Cana
Vehicle registration number	
Name	
NRIC / Fin / Passport number	
Contact	
00111000	
	THIRD PARTY VEH CLE 4
Vehicle registration number	THIND FART I VEIVEE 4
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
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Vehicle registration number	TIVING FARTE VEHICLES
Vehicle make model	
Name	
NRIC / Fin / Passport number	/
Contact	
Jones	
	THIRD PARTY VEHICLE 6
Vehicle registration number	Timo Parti Villicie o
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
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Walish nasistration and the	THIRD PARTY VEHICLE 7
Vehicle registration number	
Venicle make model	
Name	
NRIC / Fin / Passport number	
LODISCI	

AND STREET STORY OF STREET		INJURED PERSON 1
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No o
hospital by ambulance?		
	A434	INJURED PERSON 2
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes□	No 🗆
Was injured conveyed to	Yes□	No D
hospital by ambulance?	1,66575476	
the second secon		
A HOUSE TO THE REAL PROPERTY OF THE PERSON O	PER ER BO	INJURED PERSON 3
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?	1000	
•		
		INJURED PERSON 4
Name		- CALCOLOGICA CONTRACTOR OF THE CONTRACTOR OF THE CALCULATION OF THE C
Injuries sustained	1	/
Which vehicle person in?	1	
Were seat belts worn?	Yes	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
nospital by ambulance?	1,000	110 4
iospital by allipulative:	1/	
iospital by ambulance:	<i>Y</i>	
and a second sec		INTURED PERSON 5
/		INJURED PERSON 5
Name		INJURED PERSON 5
Name njuries sustained		INJURED PERSON 5
Name njuries sustained Which vehicle person in?	Ves	
Name njuries sustained Which vehicle person in? Were seat belts worn?	Yes 🗆	No 🗆
Name njuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes 🗆 Yes 🗅	
Name njuries sustained Which vehicle person in? Were seat belts worn?		No 🗆
Name njuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to		No 🗆
Name njuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to nospital by ambulance?		No 🗆
Name njuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to nospital by ambulance?		No 🗆
Name njuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to nospital by ambulance? Name njuries sustained		No 🗆
Name njuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to nospital by ambulance?  Name njuries sustained Which vehicle person in?	Yes 🗆	No D  No D  INJURED PERSON 6
Name njuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to nospital by ambulance? Name njuries sustained		No 🗆



This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

ype Description

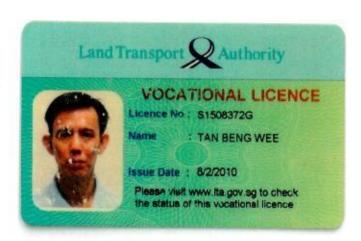
Issue Date 14/02/2007

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Query							change P	assword ,	Log Out
				Date of	Accident	23/0	3/2019 23-55	100	
(For Motor)	SKU9509A			Certifica	ite Number				
			5	earch				301	
		Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured	Commence	Expiry
02 02		ONEZRENT CARS PTE. LTD.	201306179N	GFT	drivo PREMIUM		verment berein.	03/04/2018	Date
P	Policy No.	Policy No. Certificate Number	Policy No. Certificate Number Name  79229409- 02 CARS PTE.	SKU9509A   SKU9509A   Silver   Sku9509A   Silver   Silv	Date of	Query  Date of Accident Certificate Number  Search  Policy No. Certificate Number Name Policyholder Name NRIC ONEZRENT CARS PTE. 201306179N GFT drivo	Date of Accident 23/0  SKU9509A Certificate Number  Search  Policy No. Certificate Number Name Name Name Name Name Name Name Name	Query  Date of Accident 23/03/2019 23:55  (For Motor) SKU9509A Certificate Number  Search  Policy No. Certificate Number Name NRIC Product Cover Type Vehicle Insured No. Object  79229409- 02 CARS PTE. 201306179N GFT drivo SKU9509A	Query  Date of Accident 23/03/2019 23:55  C(For Motor) SKU9509A Certificate Number  Search  Policy No. Certificate Number Name Name NRIC Product Cover Type Vehicle Insured Commence No. Object Date  ONE PRINCE ONE PRINCE NO. Object Date  ONE PRINCE ONE PRINCE ONE OF TYPE NO. Object Date  ONE PRINCE ONE OF TYPE ONE OF

Claim Handling									
Accident MT/1037533									
Policy No.	5079229409-02	Vehicle No.	Skuss	SODA		www.woruston	SASS	MOVE CONTROL	·
Certificate No.						GST Registratio	n No.	201306179	9%
Policyholder Name	ONEZRENT CARS PTE, LTD.								
Product Code	FLEET INSURANCE	Cover Type				Policyholder NR	ic	201306175	IN
Contact No.(Mobile)	NA	Contact No. (Office)	drivo i	REMIUH		Loading		0	
Email Address		10				Contact No. (Hor	me)		
KEK	8 v 0	Special Remark				eCode		10.00	
NCD Protection	® No ○ Yes	TCA		○ Yes		eCode Reason		E-130-000	
	No	NCD Entitlement(%)	0			Private Hire		Not available	
<ul> <li>Accident Details</li> </ul>								HOL SYSTEM	· .
Report Date	26/03/2019 15:21	Accident Report Within 24 hrs	New Year						
Date of Accident	23/03/2019					Accident Type		Calisian - C	hange / Cross lane
Reporting Centre		Time of Accident thirms	23:55			Country of Acod	ent	Singapora	
Accident Location		Orange Force				ICM No.			
♥ Excess	CHANGI AIRPORT T3 ARRIVAL DOOR 1								
Own damage Excess	1,000,00	Additional Excess	_D			man a			
Unnamed Driver Excess		Outside Singapore OD Excess				Windscreen Exce	82	0.00	
Third Party Excess	1,000.00	Outside Singapore TP Excess							
♥ Renefits		Andread to Excess		1,000.00					
□ GST Registered Inform	mation								
GST Registered	Yes								
GST Registration No.	201306179N			GST Registration Date		01/12/2	015		
And Acation History	AV 1.0004/2N			GST Status Venified		Yes			
□ Policyholder Mailing A	address								
Address 1	70 UBI CRESCENT	Address 2	#01-12			Address 3		Parameter	
Address 4		Address Type	Singapo	re address				SINGAPORE	408570
Unit No.	01+12	Related Policy Number	508172			Post Code		408570	
○ OI Driver Info			500172	3003-02					
Driver Name		Driver Type							
Annamed driver Name		Driver NRIC							
egister Date of Driver License						Driver DOB			
Contact No.(Mobile)		Driver Age				Driving Expenence			
Address I		Contact No. (Office)				Contact No.(Home	1)		
Address 4		Address 2				Address 3			
		Address Type	Foreign a	nddress		Post Code			
Unit No.									
Does he own a Singapore Registered car?	○ Yes  No	Driver Vehicle No.				88755V 555			
						Oriver Insurer Con	npany		
lodification History									
Claim 002 New									
There are the control	- 1100								
laim Type •	DD-MX	Insured Name	ONESREN	IT CARS PTE. LTD.		A SECURE ASSESSMENT		-	
ordact No. (Mobile)			MIL	TOWATTE CID.		Insured NRIC		201306179N	
mail Address	enquiry@one2rentcars.com	Of Vehicle Number				Contact No.(Office)		62927575	
laimant Type Claimant Type *			SKU9509			TP Vehicle Number		SME5710X	
aimant Name *		Type of Benefit •	Please Se	Hect.					35 55 55 55 55
almant Address	>>	Claimart NRIC +							
aim Description	Manager 1								
eterred Workshop Contact	SKU95094 / SME5710X ON 23 Mar 2019					Name of Preferred	Workshop		
k workshop Contact		Insured Liability •	Fully at F	ault V			100000		
quire Finalisation	Yes V		_	Workshop, Name unknown	-	40.000000			
te Registered	03/04/2019 12:14	Claim Close Date	prioret red	workshop, warne unknown		GIA report		Received	¥
port Taken By	Dackson	Annual Color	_			Date Received		03/04/2019 00	0.00
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	MT/1037533	Claim No.		002					
t Doc. Received	● Yes ○ No	Upload Date		03/04/2019 12:15					
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