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	i-Motor W/	O (Within: OD 2hr.		1.113)	
OD (TP) Reporting Only	i-Photo Upl				
TP Insurer:	Assessment/S	Survey Report			
IP insurer:		by Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (The second secon		Tal:	Fax:	
TP Particulars: Veh No: Stuz	0274	INC()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: () Perio	od: ()	Cover Type: (
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [No	ote-Est. Status (WO): N: 0-20	0%; P: 21-79%. F: 80-	100%]	
Year of Registration: () W	arranty: YES ()		
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

When the company we have a large	ACCIDENT STATEMENT
Date Of Report	03/06/2019 14:48
Date Of Accident	30/05/2019 13:20
Exact Location Of Accident	SLIP RD TPE TWDS LOYANG AVE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKU7870T
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	MAZDA
Model	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT
Exact Purpose for which vehicle was being used at time of accident	
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	5108639457
Cover Note Number	
Driver	
Name of Driver	KUEK YI FENG, CEDRIC HARRISON
NRIC No	S8601993J
Date Of Birth	16/01/1986
Occupation	INDOOR
Date Of Driving Pass	15/11/2005
Driving Experience	13 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93267717
Fax Number	
Contact Number	OFFICE-93267717
EMail Address	- A 2 2 2 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5

NOEMAIL

BLK 213B COMPASSVALE LANE Address

#15-268

Postcode 542213

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?

YES

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 1

Number of Passengers (Including Driver)

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

SLG2027G

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)

DETAILS OF INJURED PERSON 1

Name

KUEK YI FENG, CEDRIC HARRISON

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address Postcode **NECK & BACK** SKU7870T

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <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 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: Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

A- SMU78707 8-

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

1 MOS ON.	the left lane of the slip road of TPE exiting to loyang time for the main road to be cleared before proceeding.
WHILL I SIDWIV	I shifted my venicle infront to act a clearer look on the
Main Kood I	come a vilview approaching Hence west I came to a GOO
Suddenly, 1 felt	my venicle, I realised vehicle B had consided onto the
tax portion of	my vinicle, I registed verific B had contact offth the
	1
	6.3
	[LL] MBLESOFION [TI]
	0
	COPP

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

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- 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 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 traffic police department for investigation.

	ACCIDENT DETAILS	Example of the second second second
Date of accident	30 May 2019	(DD/MM/YY)
Time of accident	1:20 PM	(HH:MM)
Exact location of accident	Slip road of TPF (xiting to	

	DETAILS OF VEHICLE
Vehicle registration number	SKW78707
Vehicle make and model	Mazda 3
Type of vehicle	Saloon MPV CRV Van Crv Van Crv Bus Motorcycle Others:
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes No p if no, please select: Third part claim P Reporting only

	INSURANCE IN	FORMATION	nti santi santi ka lek
Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive	Third party fire & theft	TP only 🗆

INSURED / POLICY HOLDER							
Name	Onc2 Runt	Male □	Female				
NRIC / Fin / Passport number	201306179N						
Contact							
Address							

DRIVER	SAME AS INSURED ABOVE (SKIP)	No. of the last of	
Name	Kuck YI Fing Cedric Harrison	Female	
NRIC / Fin / Passport number	886019937		
Contact	932677#17		
Address	BIK 213B COMPASSIVALE Land #15-268 S(542213)		
Email address			
Date of birth	16-01-1986		
Occupation	Indoor Outdoor		
Driving date pass	15 NOV 2005		

A SAME THE RESIDENCE	GENERAL INFORMATION OF THE ACCIDENT
Was driver an employee of	Yes D No Z
the insured's company?	If no, relationship of the driver and insured: HIVLY
Accident captured by camera?	Yes 🗆 No 🗷
Weather condition	Clear ✓ Raining Others:
Road surface	Dry,d Wet a
No of passenger	(Inclusive of driver)
Many services in the service of	PASSENGER 1
Name	Kuck y Fing Cidric Harrison
Gender	Male Z Female 🗆
	PASSENGER 2
Name	1433110112
Gender	Male - Female -
Name of the second seco	PASSENGER 3
Name	
Gender	Male Female
以	PASSENGER 4
Name	
Gender	Male Female
	PASSENGER 5
Name	
Gender	Male D Female D
建国籍 加强的共享。	PASSENGER 6
Name /	
Gender	Male D Female D
/	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
AND AND DESCRIPTION	OTHER INFORMATION
Was anybody injured?	Yes, No D
Was other vehicle damaged?	Yes p No 🗆
	DETAILS OF POLICE STATION ACTION
Reported to police?	Yes No If yes, please state which police station.
Police station name	
	WITNESS 1
Name	
经济的 2000年1200年1200年1200年1200年1200年	WITNESS 2
Name	
The state of the s	

MORPH SALES OF THE PARTY OF THE	
国际的国际	THIRD PARTY VEHICLE 1
Vehicle registration number	SLG 2027 G
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
BASE PROPERTY AND ADDRESS OF THE PARTY OF TH	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
SERVICE OF THE PARTY OF THE PAR	THIRD PARTY VEHICLE 3
Vehicle registration number	Things Aith Telliote 3
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
Figure 19th District 19th 19	
	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	X
Contact	
	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
建筑 2000年2月2日 1000年2月2日	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 7
Vehicle registration number	A STATE OF THE STA
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	1

《新聞》的《新聞》。在1985年	INJURED PERSON 1	
Name	Kuck Yi Feng Cidric Harrison	
Injuries sustained	Nuck and Bolck	
Which vehicle person in?	SKU7870-T	
Were seat belts worn?	Yes A No a	
Was injured conveyed to	Yes D No/G	
hospital by ambulance?	Trush days	
	INJURED PERSON 2	N. 4
Name		
Injuries sustained		
Which vehicle person in?		375
Were seat belts worn?	Yes D No D	
Was injured conveyed to hospital by ambulance?	Yes D No D	
	INJURED PERSON 3	ない
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes D No D	
Was injured conveyed to hospital by ambulance?	Yes D No D	
Washington and the same of the		
建多位移住区。1000年100日	INJURED PERSON 4	
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆 No 🗆	
Was injured conveyed to	Yes □ No □	
hospital by ambulance?		
	INJURED PERSON 5	10 mm
Name		and the same
njuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes No No No	
Was injured conveyed to	Yes No No D	
hospital by ambulance?		
Kara September	INJURED PERSON 6	(APA)
Name	INJOHED I EISON O	***
COLUMN 18 CONTRACTOR OF THE COLUMN 18 COLUMN 1		

Injuries sustained

Which vehicle person in?
Were seat belts worn?

Was injured conveyed to

hospital by ambulance?

Yes 🗆

Yes 🗆

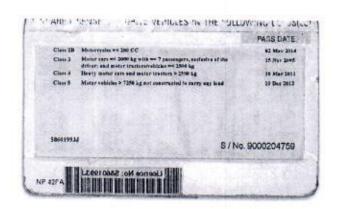
No a

No 🗆





For LKK/NAC Use Only







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: 5108639457-000029

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SKU7870T

Chassis Number

: JM6BM42A8G0316442

2. Name of Policyholder

: ONE2RENT CARS PTE. LTD.

3. Effective Date of Insurance

: 03 Apr 2019

4. Expiry Date of Insurance

: 02 Apr 2020

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)

EXCESS (SECTION 2)

ADDITIONAL EXCESS

N/A

UNNAMED DRIVER EXCESS

: PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP

: NO

INSURE WITH COE

: YES

NCD PROTECTION TRANSPORT ALLOWANCE

: NO : NO

EXCESS WAIVER

: NO

PRIMARY DRIVER

: N/A

NAMED DRIVER (1)

: N/A

NAMED DRIVER (2)

: N/A : SINGAPURA FINANCE LTD

HIRE PURCHASE COMPANY

: 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)

: Marsh (Singapore) Pte Ltd (00000690300)

Date of Issue

: 03 Apr 2019 14:24 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

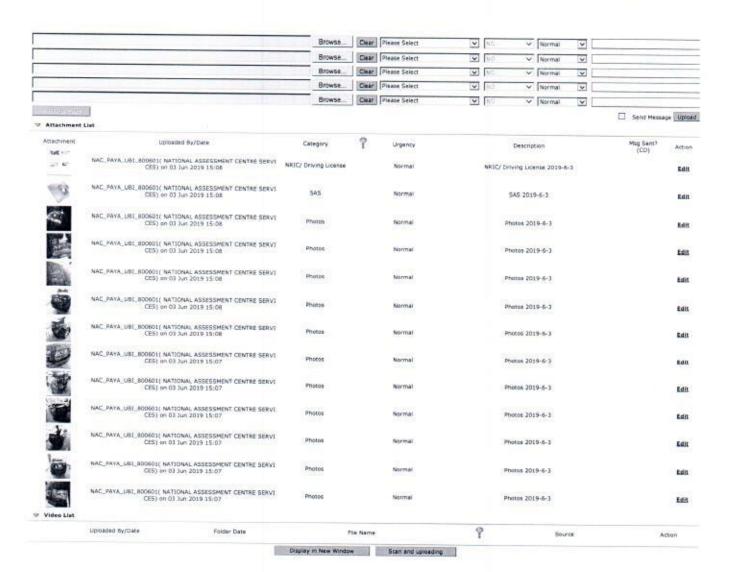
Authorised Officer

Chief Executive

eBao Tech				GeneralC					lClaim		
Hello, NAC_PAYA_UBI_80	0601					- 100	• Change	e Language	· Chan	ge Password	• Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	No.	51086	39457		Date	of Accident		30/05/2019	13:20	
	Vehicle	Vehicle No.(For Motor)		70T		Certificate Number					
						Search	1				
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence	Expiry Date
	0	5108639457	5108639457- 000029	ONEZRENT CARS PTE. LTD.	201306179N	GFM	drivo CLASSIC	SKU7870T	SKU7870T	03/04/2019	02/04/2020
					1	Continue					

Policy No.	5108639457	Policyholder Name	ONE2REN	IT CARS PTE. LTD.	Policyholder NRIC	201306179N	
Certificate No.	5108639457-000029	Hame			WELL		
Address	70 UBI CRESCENT #01-12 SIN	GAPORE 40857	0				
Product Name	FLEET MASTER INSURANCE	Plan			Group Policy Flag	N	
Policy Issue Date	03/04/2019	Effective Date	03/04/20	19 00:00	Expiry Date	02/04/2020 2	3:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	2000	Own damage Excess	1000		Windscreen Excess	0	
Additional Excess	0	OS Premium	45366.94				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young	/Inexperience Driver Excess
Agent	Marsh (Singapore) Pte Ltd	Agent Tel.	6327768	7	GST Flag	Y	
Co- insurance	Marsh (Singapore) Pte Ltd	Agent Tel,	6327768	7	GST Flag	Y	
Co- insurance Flag Open Policy		Agent Tel.	6327768	7	GST Flag	Υ	
Co- insurance Flag Open Policy Info Certificate		Agent Tel.	6327768	7	GST Flag	Y	
Co- nsurance Flag Open Policy Info Certificate Info		Agent Tel.	6327768	7	GST Flag	Y	
Co- nsurance Flag Open Policy Info Certificate Info	No	Agent Tel.		*01-12		Y Address 3	SINGAPORE 408570
Co- insurance Flag Open Policy Info Certificate Info Policy Address 1	No nolder Mailing Address	Addre				Address 3	SINGAPORE 408570 408570
Agent Co- insurance Flag Open Policy Info Certificate Info PolicyI Address 1 Address 4 Unit No.	No nolder Mailing Address	Addre Addre	ss 2 ss Type	#01-12		encrease large	
Co- insurance Flag Open Policy Info Certificate Info Policy! Address 1 Address 4 Unit No.	nolder Mailing Address 70 UBI CRESCENT	Addre Addre Relate Numb	ss 2 ss Type	#01-12 Singapore address		encrease large	
Co- insurance Flag Open Policy Info Certificate Info Policy! Address 1 Address 4 Unit No.	nolder Mailing Address 70 UBI CRESCENT 01+12 d Object: 5108639457-0000	Addre Addre Relate Numb	ss 2 ss Type	#01-12 Singapore address		encrease large	
Co- insurance Flag Open Policy Info Certificate Info Policy Address 1 Address 4 Unit No. Insure	nolder Mailing Address 70 UBI CRESCENT 01+12 d Object: 5108639457-0000	Addre Addre Relate Numb	ss 2 ss Type ad Policy er	#01-12 Singapore address		encrease large	408570
Co- insurance Flag Open Policy Info Certificate Info PolicyI Address 1 Address 4 Unit No. Insure Endors Sequen	nolder Mailing Address 70 UBI CRESCENT 01+12 d Object: 5108639457-0000	Addre Addre Relate Numb	ss 2 ss Type ad Policy er	#01-12 Singapore address 5108639662		Post Code	

Claim Handling					Exit
The premium on this policy has Accident MT/1047350	not been collected.				15090
Policy No.	5108639457	Vehicle No.	SKU7870f	A++ -	
Certificate No.	5108639457-000029			GST Registration No.	201306179N
Policyholder Name	ONE2RENT CARS PTE, LTD.			Policyholder NRIC	(Salton Rapin)
Product Code	FLEET MASTER INSURANCE	Cover Type	drivo CLASSIC	Loading	201306179N 0
Contact No. (Mobile)	ó	Contact No.(Office)	0	Contact No. (Home)	
Email Address		Special Remark			0
KPK	® No ⊜Yes	TCA	® No ○ Yes	eCode	THE W
NCD Protection	No	NCD Entitlement(%)	0	eCode Reason	
♥ Accident Details		The Distriction of the	ă	Private Hire	Yes
Report Date	03/06/2019 15:05	Accident Report Within 24 hrs	Yes		V0010000000000000000000000000000000000
Date of Accident	30/05/2019			Accident Type	Collision - Head to Rear
Reporting Centre	20/03/2019	Time of Accident Nicosys	13:20	Country of Acodent	Singapore
Accident Location	SLIP RO THE TWOS LOVANG AVE	Orange Force		ICM No.	
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	0.00		
			30.59		
OD Standard Excess	1,000.00	TP Standard Excess	2,000.00		
YIED OD Excess		YIED TP Excess		Onver is Covered?	
Additional Excess	0.00				
Total OD Excess Applicable		Total TP Excess Applicable			
▽ Benefits					
GST Registered Inform	etion				
GST Registered	Yes		GST Registration Date	01/12/2015	
GST Registration No. Modification History	2013061794		GST Status Venfied	Yes	
Prodrication readily					
→ Policyholder Mailing Ad	dress				
Address 1	70 UBI CRESCENT	Address 2	12762		
Address 4	The said energies	Address Type	#01-12	Address 3	SINGAPORE 408570
Linit No.	01+12	Related Policy Number	Singapore address	Post Code	408570
□ OI Driver Info	77.77	Related Policy Number	5108639662		
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	KUEK YI FENG, CEDRIC HARRIS	Driver NRIC	586019933	Deliver DOB	
Register Date of Driver License	15/11/2005	Driver Age	23	Driver DOB	16/01/1986
Contact No.(Mobile)	93267717	Contact No.(Office)	0	Driving Experience	13
Address 1	BLK 213B	Address 2	COMPASSIVALE LANE	Contact No.(Home)	0
Address 4	SINGAPORE 542213	Address Type		Address 3	COMPASSVALE PEARL
Une No.	15-268	torn, or other state.	Singapore address	Post Code	542213
Does he own a Singapore	○ Ves ® No	Driver Vehicle No.		April 10 Company (Company)	
Registered car?	(Halling Co.)	Differ Period Au.		Briver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	⊕ Yes ○ No		
Modification History					
Management & Management					S .
Claim 001 New					
Claim Type +	OD-MX	Insured Name	ONEZRENT CARS FTE, LTD.	Insured NRIC	201306179N
Contact No.(Mobile)		Contact No.(Home)	MIL	Contact No.(Office)	62927575
Email Address	enquiry@one2rentcars.com	OI Vehicle Number	SKU7870T	TP Vehicle Number	SLG2027G
Claimant Type Claimant Type •	Please Select	Type of Benefit *	Please Select		6.01307607
Claimant Name *	>>	Claimant MR3C *			
Claimant Address				1	
Claim Description	SKU7870T / SLG2027G ON 30 May 2019			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes 💙	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	03/06/2019 15:07	Claim Close Date		Date Received	03/06/2019 00:00
Report Taken By	Jackson				
Print AK letter	4 tourist - S				
Attachment		8	Save Submit		
Laciment					
9					
Accident No.	MT/1047350	Claim No.	001		
Last Doc. Received	● Yes ○ No	Upload Date			
	Path •	Server Date	03/06/2019 15:08		
	Patri. T		Category •	Confidential Urgeno	y * Description *



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