Date In: N 6 19-16:55		Mary and Antiballia	DII MOVI O DX		
N 16/19-10:33	Job descrip		Date & Time Completed	Don	e by
Reino: Nalincigo ligoz /24	SAS e-fil	ing			
Veh No: Janyyz	E-mail (v	vithin Shrs, AIC 2hrs)	A SERVICE CONTRACTOR OF THE SERVICE		
D.O.A: 20/6/19:14:47		Claim Form	M7/1050076-001	20/11	
OD (TP) Reporting Only	i-Motor	W/O (Within: OD 2hr		21/6/10	A:10
OB . 117 Reporting Only		Jploaded			
TP Insurer:	Assessme	nt/Survey Report			
	Ass't Rep	ort by Fax/Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (			Tel:	Fax:	
TP Particulars: Veh No: NV	YYIGH	. INC(	)/Non-INC( )	7	
Owner / Driver: (		1.5	Tel:	)	
	Period: (	)	Cover Type: (	)	
Confirmed by : (		Date:	Time:	)	
Insured/Driver Liability: (%)			0%; P: 21-79%. P: 30-	100%]	
Year of Registration: ( )	Warranty: YES		)		
Excess: (\$ ) Loading: \$1,	,000 ( )/\$2,	000()			
General Remarks				1. June 19.	
( ) Walk-In Customer: Customer's inf	formation strictly	Confidential & Str	ictly NO refer of repairer.		
( ) Total Loss Case : to e-mail Insur	rer URGENTL	Υ. ·		32	
Drive-In ( )/ Towed-In ( ); Invoid	ce: YES ( )	/ NO ( ); To	owing Co: (		)
Remarks; (INC hotline: 6788 6616)	State of the state		Date&Time Completed	Done	Section
	Courtesy Car (	)	Direct Patric Collipse St.	West Australia	7,1 y
2) QC Check / Post Repair Inspection	(	<del></del>	<del></del>		
3) Upload Resurvey Photo [Repair Cost > \$	30001	3	<del>                                     </del>		
Upload Resurvey Photo [Repair Cost > \$     Injury:	3000] (	)			
Injury:	(3000)	)			
	53000] (				
Injury:	(3000)		· And P	STATE CHANGE	
Injury:	(3000)			Ragious R	
Injury:	(3000)			Mass.C.	
Injury:	(3000)	, ,		768Cin	
Injury:  Date/Time Actions	(3000)			RESCUE N	
Injury :  Date/Time Actions	(3000)	Invoice Prep	aration Checklist	Ant (S)	
Date/Time Actions	(3000)	Invoice Prep		Anit (S).  Tst Bill	
Date/Time Actions  NAIGOULD  laimant's Particulars:-	(3000)	1) AR : Accident F 2) DA : Damage A	Leporting (\$30); ssessment (\$100); INC (\$6	76 Bill (	
Date/Time Actions  NAIGOULD  Inimant's Particulars:-	(3000)	1) AR : Accident F 2) DA : Damage A 3) TF : Towing Fer 4) FT : Follow-The	teporting (\$30); ssessment (\$100); INC (\$6  ough Survey	/st.Bill 80) 0/\$45 \$120	
Injury:  Date/Time Actions  NAIGOULD  Inimant's Particulars:- river/Owner:	(3000)	1) AR : Accident F 2) DA : Damage A 3) TF : Towing Fer 4) FT : Follow-Thr 5) FT : Follow-Thr	teporting (\$30); ssessment (\$100); INC (\$6 tough Survey ough Survey (Resurvey)	7\$t Bill 80) 9/\$45 \$120 \$30	
Date/Time Actions  NAIGOULD  Luimant's Particulars:- river/Owner:	(3000)	1) AR: Accident F 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-The 5) FT: Follow-The For claiming age 6) TR: Re-inspecti	teporting (\$30); ssessment (\$100); INC (\$6 ough Survey ough Survey (Resurvey) inst INC Only (wef 10 Jan 2005 on	1st Bill 80) 1/545 \$120 \$30 ) \$75	
Date/Time Actions  NAIGOUGO Luimant's Particulars:- river/Owner:	(3000)	1) AR : Accident F 2) DA : Damage A 3) TF : Towing Fe 4) FT : Follow-The 5) FT : Follow-The For claiming age	keporting (\$30); ssessment (\$100); INC (\$6 ough Survey ough Survey (Resurvey) inst INC Only (wef 10 Jan 2005 on SMRT Survey	7st Bill 80) 9/545 \$120 \$30	
Date/Time Actions  NAIGOUGO Lumant's Particulars:- river/Owner: ontact No: amaged Portion:	(3000)	1) AR: Accident F 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-The 5) FT: Follow-The For claiming age 6) TR: Re-inspecti 7) N1: Idae DA + 8) NTUC Addition OD*	keporting (\$30); ssessment (\$100); INC (\$6 ough Survey ough Survey (Resurvey) inst INC Only (wef 10 Jan 2005 on SMRT Survey al Services:-	18t Bill 80) 0/\$45 \$120 \$30 ) \$75 \$160	
Date/Time Actions  NAIGOUGO  Inimant's Particulars:- river/Owner: ontact No: nmaged Portion:	(3000)	1) AR: Accident F 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-The 5) FT: Follow-The For claiming age 6) TR: Re-inspecti 7) N1: Idac DA + 8) NTUC Addition OD* *N5: Courtesy C	teporting (530); ssessment (5100); INC (56 sugh Survey ough Survey (Resurvey) inst INC Only (wef 10 Jan 2005 on SMRT Survey al Services:-	1st Bill 80) 1/545 \$120 \$30 ) \$75	
Date/Time Actions  MAIGOV610  Enimant's Particulars:-  river/Owner:  Date/Time Actions  Actions  Checked by (Engr-In-Charge):	3000] (	1) AR: Accident F 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-The 5) FT: Follow-The For claiming age 6) TR: Re-inspecti 7) N1: Idac DA + 8) NTUC Addition OD* *N5: Courtesy C *N6: Repair Co- *N7: Fost Repair	teporting (\$30); ssessment (\$100); INC (\$6 ough Survey ough Survey (Resurvey) inst INC Only (wef 10 Jan 2005 on SMRT Survey al Services:- ar / Tpt Allowance ordination Inspection	18t Bill (180) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (1845) (	Am((\$)
Date/Time Actions  NAIGOUGO  Inimant's Particulars:- river/Owner:  Ontact No: Imaged Portion:  Checked by (Engr-In-Charge): Inditors' Comments:-	(3000)	1) AR: Accident F 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-The 5) FT: Follow-The For claiming age 6) TR: Re-inspect 7) N1: Idae DA + 8) NTUC Addition OD* *N5: Courtesy C *N6: Repair Co- *N7: Fost Repair *N8: DV / Colle	teporting (\$30); ssessment (\$100); INC (\$6 ough Survey ough Survey (Resurvey) inst INC Only (wef 10 Jan 2005 on SMRT Survey al Services:- ar / Tpt Allowance ordination	18t Bill 80) 0/\$45 \$120 \$30 ) \$75 \$160 \$5	
Injury :  Date/Time Actions	(3000)	1) AR: Accident F 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-The 5) FT: Follow-The For claiming age 6) TR: Re-inspect 7) N1: Idae DA + 8) NTUC Addition OD* *N5: Courtesy C *N6: Repair Co- *N7: Fost Repair *N8: DV / Colle	keporting (530); ssessment (5100); INC (58 supply to the state of the	58 Bill (80) (7545 5120 530 )) 575 5160 525 55 55 520 30	Amt (\$)

## 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 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.

- 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.

aloresaid,		
HER THE TOTAL STREET	ACCIDENT STATEMENT	
Date Of Report	21/06/2019 16:55	
Date Of Accident	20/06/2019 14:45	
Exact Location Of Accident	JUNC NORTH BRIDGE RD & CALEMAN LANE	
Country/State of Loss	SINGAPORE	
SULTA OF THE PROPERTY.	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJW244Z	
Insured/Policyholder		
Name Of Registered Owner	SG CAR RENTAL & SALES PTE LTD	
Co Reg No	201509693D	
Email Address	NOEMAIL	

(LOCAL) +65-85228855

OFFICE-85228855

Alternative Phone No Vehicle Particulars

Mobile Phone No

Manufacturer KIA

Model CERATO EX FORTE 1.6L A/T ABS AB 2WD 4DR

Exact Purpose for which vehicle was being used at

time of accident

WORKING

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 5109395196

Cover Note Number

Driver

Name of Driver NG KOK HWEE (HUANG GUOHUI)

 NRIC No
 \$7925990Z

 Date Of Birth
 12/08/1979

 Occupation
 INDOOR

 Date Of Driving Pass
 31/05/2000

Driving Experience 19 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90892249

Fax Number

Contact Number OFFICE-90892249

EMail Address NOEMAIL

**BLK 8 HOLLAND AVENUE** Address

#13-16

Postcode 271008

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SIBLING

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD

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?

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)

2

Passenger 1

NAME:

: .

GENDER: : MALE

**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 Vehicle Make/Model/Colour

GV4425H

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# SKETCH PLAN

### 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 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)

Lunderstand, acknowledge, agree and consent that:

- 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)
  - (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:

s Signature Reporting Centre Personne Name:

NRIC/FIN No.:

I v	res	DRIVING	ALON!	n wern	Bonape	ROAD,	TOWARD	Gouted
							ne rich	
WHIL	R PR	einah	STRAILM-	AHILA	Э, ына	N 97	TIME T- 5	man
Svo	03200	0	visioni eur	came	our FR	on wi	eman car	VIE. AS
17	WAS	Too s	nerada	I coult	NIT R	mare to	A4610	true
VIII	cus	ano c	NOT MIT	ono -	the mic	MT SLOP	0 = M	varicue
ALI	CHTIES	) Fru	m mg	venue	ano.	REGUL	o it u	os A
								courses
८०	THIE	Ricur.	5108	07 MY	ville	E WHE	N HE	FAILED TO
	MIS						rman La	
	X-1122							
VEWI !	cue	9 -	55w 2	447				
UEHI	cur	0 -	6V 4	425 H				
			Whates products					

#### DECLARATION

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

Policytodare's standure

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

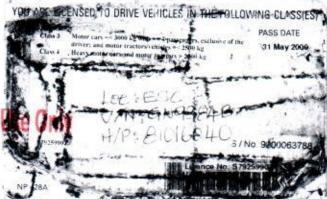
/ehicle No.	S5W 244 Z	Model/Make Kig carso FORTE
Date of Accident	20/06/2019	
ime of Accident	14 45	HRS
ocation of Accident	JUNCTION OF (	NORTH BRIDGE RD / COLEMAN LANE)
xact purpose use during accid		
Name of Owner		W. L. Sales Piterrol
Telephone No.	H/P: 8522895	
VRIC	2015096930	
Address	66 Tames L	one, stal- 037, strong Industrial Ridding, 50
Claim type		PARTY REPORTING ONLY
nsurance Company	NMC	
Type of Coverage	Comprehensive	Third Party Third Party / Fire /Theft
Policy No.	†	
Name of Driver	As Above If No.	
NRIC	57925990 8	Any Passengers: I ( MACR)
Date of birth	12/08/1979	
Occupation	Outdoor /	Indoor
Driving License Pass Date	31 MAY 200	0
Gender	Mafe / Femal	e Y
Contact No.	H/P: 9089 224	"\ Home : Office :
Address	BUK & HOLLAND	Ang #13-16 8(271008)
Driver have any own vehicle	No, If yes,	Reg No.
Relationship	Employee,	If no, state Snounh / Butther
Weather condition	Clear Rainir	ng Other
Road Surface	Ory Wet	Other
Any Injuries		, Who?
Name And Contact No.		
Name And Contact No.		
Police Report	No. If Yes	, Where?
Vehicle B No.	CV 4425 H	Any Passengers: wherear
Name of Driver		Contact No. :
Vehicle C No.		Any Passengers :
Vehicle D No.		Any Passengers :
Vehicle E no.		Any Passengers :
Vehicle F No.		Any Passengers :
Vehicle G No.		Any Passengers :
Witness Name		Witness Contact :
Accident Portion	nicure sipe	OF VEHICLE.
Camera Recorder	Yes / No	
Email Address		
PARTICULAR WORKSHOP	Thinkpr Autor	motivité priz LOD
CONTACT NO.	6842 0051 / 67	44 0510
CONTACT PERSON	IAN	

(20)





ADT BLK 8 HOLLAND AVENUE #13-16 SINGAPORE 271008





# Certificate of Insurance

: SJW244Z

: 08 May 2019

: 07 May 2020

: KNAFU411MA5188643

Cover : drivo CLASSIC

: SG CAR RENTAL & SALES PTE, LTD.

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: 5109395196-000008

1. Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

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.

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.

: SS2,000 EXCESS (SECTION 1) : \$\$1,500 EXCESS (SECTION 2) : 5\$100 WINDSCREEN EXCESS ADDITIONAL EXCESS : PLEASE REFER OVERLEAF UNNAMED DRIVER EXCESS : NO REPAIR AT OWNER'S PREFERRED WORKSHOP : YES INSURE WITH COE : NO NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO EXCESS WAIVER : N/A PRIMARY DRIVER : N/A NAMED DRIVER (1) · N/A NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS SUM INSURED

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

: KHC HOLDINGS PTE LTD (00000613934)

Date of Issue

: 07 May 2019 09:08 hrs. .

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

ELED

Countersigned By:

Authorised Officer

Chief Executive

<b>eBao</b> Tech										Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601						• Change	Language	· Chang	e Password	• Log Out
My Desktop	Polic	cy Query									
Notice of Loss	Policy N	io.	510939	5196		Date	of Accident	-	20/06/2019 1	4:45	
	Vehicle	No.(For Motor)	S3W244	Z		Certifi	icate Number	1			
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5109395196	5109395196- 000008	SG CAR RENTAL & SALES PTE. LTD.	201509693D	GFM	drivo CLASSIC	SJW2442	Z SJW244Z	08/05/2019	07/05/2020
					. 15	Continue	]				

olicy No.	5109395196	Policyholder Name	SG CAR REN	ITAL & SALES PTE. L	Policyholder NRIC	201509693D	
ertificate o.	5109395196-000008						
ddress	66 TANNERY LANE #01-03E S	INDO INDUSTR	IAL BUILDING	SINGAPORE 34780	5		
Product Name	FLEET MASTER INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	07/05/2019	Effective Date	08/05/2019	00:00	Expiry Date	07/05/2020 23	:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young/	Inexperience Driver Excess
Agent	KHC HOLDINGS PTE LTD	Agent Tel.	62538288		GST Flag	Y	
Co- insurance Flag	No						
Co- insurance Flag Open Policy	No						
Co- insurance Flag Open Policy Info Certificate	No						
Co- nsurance Flag Open Policy Info Certificate	No holder Mailing Address						
Co- nsurance Flag Open Policy Info Certificate Info		Addr	ess 2	#01-03E SINDO IN		Address 3	SINGAPORE 347805
Co- nsurance Flag Open Policy Info Policy Address 1	holder Mailing Address	0.00000	ess 2 ess Type	#01-03E SINDO IN		Address 3 Post Code	SINGAPORE 347805 347805
Co- insurance Flag Open Policy Info Certificate	holder Mailing Address	Addr	ess Type ed Policy			O STANSANDERS OF	CONTRACTOR OF THE PARTY OF THE
Co- Insurance Flag Open Policy Info Certificate Info Policy Address 1 Address 4 Unit No.	<b>holder Mailing Address</b> 66 TANNERY LANE	Addr Relat Num	ess Type ed Policy	Singapore address		O STANSANDERS OF	CONTRACTOR OF THE PARTY OF THE
Co- nsurance Flag Open Policy Info Policy Address 1 Address 4 Unit No.	holder Mailing Address 66 TANNERY LANE 01-03E ed Object: 5109395196-0000	Addr Relat Num	ess Type ed Policy	Singapore address		O STANSANDERS OF	CONTRACTOR OF THE PARTY OF THE
Co- nsurance Flag Open Policy Info Policy Address 1 Address 4 Unit No. Insure Endors	holder Mailing Address  66 TANNERY LANE  01-03E  ed Object: 5109395196-0000	Addr Relat Num	ess Type ed Policy ber	Singapore address	IDUSTRIAL BI	O STANSANDERS OF	CONTRACTOR OF THE PARTY OF THE

Claim Handling					
Accident MT/1050026					
Policy No.	\$109395196	Vehicle No.	Francis .		
Certificate No.	5109395196-000008	verice no.	\$3W2442	GST Registration No.	
Policyholder Name	SG CAR RENTAL & SALES P	76 . 170			
Product Code	FLEET MASTER INSURANCE			Policyholder NR3C	2015096930
Contact No.(Mobile)	85228855	Cover Type Contact No.(Office)	91V0 CLASSIC	Loading	٥
Email Address	100000000000000000000000000000000000000		0	Contact No.(Home)	0
KEK	® No ○ Yes	Special Remark	21 02	eCode	N-V
NCD Protection	Ne	TCA	® No ○ Yes	«Code Reason	
Accident Details	1,000	NCD Entitlement(%)	0	Private Hire	Yes
Asport Date	24/06/2019 12:10				
	21/05/2019 17:10	Accident Report Within 24 r	rs Yes	Accident Type	Collision - Major Minor Road
Date of Accident	20/06/2019	Time of Accident hh:mm	14:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC WORTH BRIDGE RD &	CALEMAN LANE			
Total Excess Applicable	le				
Ексия Тури	Per Accident	Windscreen Excess	100.00		
0.00					
OD Standard Excess	2,000	0.00 TP Standard Excess	1,500.00		
YIED OD Excess	0	0.00 YIED TP Excess		Driver is Covered?	
Additional Excess		0			
Total OD Excess Applicable	2000	3.00 Total TP Excess Applicable			
▽ Benefits					
□ GST Registered Inform					
GST Registered	No		GST Registration Date		
GST Registration No.			GST Status Venhed	Yes	
Modification History					
-	240/070				
Policyholder Mailing A					
Address 1	66 TANNERY LANE	Address 2	#01-036 SINDO INDUSTRIAL BI	Address 3	SUNGAPORE 347805
Address 4		Address Type	Singapore address	Post Code	347805
Unit No.	01:03E	Related Policy Number	5109395196		330000
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	NG KOK HWEE (HUANG GUO)	HU Driver NRIC	\$79259902	Driver DOB	12/08/1979
Register Date of Driver License	31/05/2000	Driver Age	39	Driving Experience	19
Contact No.(Mobile)	90892249	Contact No. (Office)	0	Contact No.(Home)	0
Address 1	BLK 8	Address 2	HOLLAND AVENUE	Address 3	SINGAPORE 271008
Address 4		Address Type	Singapore address	Post Code	271008
Unit No.	13-16			A. 12.53 (19.54)	271000
Does he own a Singapore Registered car?	○ Yes ® No	Driver Vehicle No.		vaa on common ammonam	
		275.045.045.05		Driver Insurer Company	
eclaration					
Breathalyser of Blood Test Reading?	0 mg	Ann Internal	-		
easing.	1000000	Any injury?	○ Yes ® No		
Magazini indoleration					
ledification History					
Claim 001 New					
	ов-мх	Insured Name	SG CAR RENTAL & SALES PTE. I	Insured NR3C	2015096930
	ОВ-МК	Insured Name Contact No.(Holme)	SG CAR RENTAL & SALES PTE. I		201509 <del>69</del> 3D
ontact No. (Mobile) mail Address			MEL	Contact No.(Office)	
ontact No. (Mobile) mail Address		Contact No. (Home)	NIL 53W244Z		201509693D GV4425H
ontact No. (Mobile) mail Address almont Type Claimant Type+		Contact No.(Home) OI Vehicle Number	NEL	Contact No.(Office)	
ontact No. (Mobile) mail Address aumont Type Claimant Type+ aumant Name +		Contact No.(Hollie) OI Vehicle Number Type of Benefit *	NIL 53W244Z	Contact No.(Office)	
ontact No. (Mobile) mail Address Islamont Type Claimant Type • Islamont Name • Islamont Address		Contact No, (Hollie)  OI Vehicle Number  Type of Benefit *  ≥≥ Claimant NRIC *	NIL 53W244Z	Contact No. (Office) TP Vehicle Number	
ontact No. (Mobile) mail Address lavmork Type Claimant Type + lavmork Type Claimant Type + aimant Name + aimant Address aim Description	Please Select	Coreact No. (Holme) OI valicie Number  Type of Benefit +  ≥≥ Claimant NRIC +	NIL SIW244Z Flease Select	Contact No.(Office)	
ontact No. (Mobile) mail Address lawmont Type Claimant Type + lawmont Name + olimant Address alim Description whered Workshop Contact b.	Please Select (v S7W244Z / GV442SH ON 20 Ju	Coreact No. (Holme) OI vehicle Number Type of Benefit •  ≥≥ Claimant NRIC •  un 2019  Insured Liability •	NIL SIW2442 Flease Select  Not at Fault	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop	
ontact No. (Mobile) mail Address lammont Type Claimant Type * lammont Name * lammont Address aim Description whered Warkshop Contact liquire Finalisation	Flease Seject STW244Z / GV442SH ON 20 Ju	Coreact No. (Holme) OI vehicle Number Type of Benefit •  ≥≥ Claimant NRIC •  un 2019  Insured Liability •  Preferenced Repair Option	NIL SIW2442 Flease Select  Not at Fault	Contact No. (Office) TP Vehicle Number	
ontact No. (Mobile) mail Address lavmont Type Claimant Type + lavmont Name + loimant Address laim Description mediated Warkshop Consact loimant Address laim Repstered	Frease Seject S7W244Z / GV442SH ON 20 3/2 Yes V21/06/2019 17:12	Coreact No. (Holme) OI vehicle Number Type of Benefit •  ≥≥ Claimant NRIC •  un 2019  Insured Liability •	NIL SIW2442 Flease Select  Not at Fault	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop	GV4425H
ontact No. (Mobile) mail Address  lavmont Type Claimant Type + lavmont Name + loimant Address laim Description mediated Warkshop Consact loimant Address laim Reportered typen Taken By	Flease Seject STW244Z / GV442SH ON 20 Ju	Coreact No. (Holme) OI vehicle Number Type of Benefit •  ≥≥ Claimant NRIC •  un 2019  Insured Liability •  Preferenced Repair Option	NIL SIW2442 Flease Select  Not at Fault	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report	GV4425H  Received
ordact No. (Mobile) mell Address lasmant Type Claimant Type + lasmant Name + lemant Address slim Celectristion referred Warkshop Contact pure Finalisation life Repittered poor Taken By	Frease Seject S7W244Z / GV442SH ON 20 3/2 Yes V21/06/2019 17:12	Coreact No. (Holme) OI vehicle Number Type of Benefit •  ≥≥ Claimant NRIC •  un 2019  Insured Liability •  Preferenced Repair Option	NIL SIW2442 Flease Select  Not at Fault	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report	GV4425H  Received
ontact No. (Mobile) mail Address  lavmont Type Claimant Type + lavmont Name + loimant Address laim Description mediated Warkshop Consact loimant Address laim Reportered typen Taken By	Frease Seject S7W244Z / GV442SH ON 20 3/2 Yes V21/06/2019 17:12	Coreact No. (Holme) OI vehicle Number Type of Benefit •  ≥≥ Claimant NRIC •  un 2019  Insured Liability •  Preferenced Repair Option	Not at Fault  Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report	GV4425H  Received
ontact No. (Mobile) mail Address laimont Type Claimant Type * laimant Name * laimant Address laim Description referred Workshop Contact purce Finalisation alle Repistered point Taken By Print AK letter	Frease Seject S7W244Z / GV442SH ON 20 3/2 Yes V21/06/2019 17:12	Coreact No. (Holme) OI vehicle Number Type of Benefit •  ≥≥ Claimant NRIC •  un 2019  Insured Liability •  Preferenced Repair Option	NIL SIW2442 Flease Select  Not at Fault	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report	GV4425H  Received
ontact No. (Mobile) mail Address laimont Type Claimant Type * laimant Name * laimant Address laim Description referred Workshop Contact purce Finalisation alle Repistered point Taken By Print AK letter	Frease Seject S7W244Z / GV442SH ON 20 3/2 Yes V21/06/2019 17:12	Coreact No. (Holme) OI vehicle Number Type of Benefit •  ≥≥ Claimant NRIC •  un 2019  Insured Liability •  Preferenced Repair Option	Not at Fault  Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report	GV4425H  Received
artact No. (Mobile) mail Address laimant Type Claimant Type + laimant Name + laimant Address laim Description referred Workshop Coreact port Taken By Print AK letter  Attachment	Frease Seject S7W244Z / GV442SH ON 20 3/2 Yes V21/06/2019 17:12	Coreact No. (Holme) OI vehicle Number Type of Benefit •  ≥≥ Claimant NRIC •  un 2019  Insured Liability •  Preferenced Repair Option	Not at Fault  Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report	GV4425H  Received
ortact No. (Mobile) mell Address lavmont Type Claimant Type + lavmont Name + lavmont Mame + lavmont Address laim Description referred Workshop Contact port Taken By Print AK letter  Attachment	Frease Seject S7W244Z / GV442SH ON 20 3/2 Yes V21/06/2019 17:12	Contact No, (Hollie) OI Vehicle Number Type of Benefit *  ≥≥ Claimant NRIC *  Insured Liability *  Preferend Repair Option Claim Close Date	Not at Fault  Not at Fault  Preferred Workshop, Name unknown  Save Submit	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report	GV4425H  Received
Contact No. (Mobile)  Imail Address  Claimant Type Claimant Type +  Claimant Name +  Claimant Address  Islam Description  referred Workshop Contact  October Taken By  Attachment  Coldent No.	Presse Select	Coneact No, (Home) OI Vehicle Number Type of Benefit *  ≥≥ Claimant NRIC *  Insured Liability *  Preferend Repair Option Claim Close Date  Claim No.	Not at Fault  Not at Fault  Preferred Workshop, Name unknown  Save Submit	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report	GV4425H  Received
Corract No. (Mobrie)  Imal Address  Imal Osseription  referred Werkshop Consect  Imal Osseription  alte Repartered  Imal Address  Imal Address  Imal Osseription  Attachment  Imal Osseription  Attachment  Imal Osseription  Attachment  Imal Osseription  Imal Oss	Piesse Select	Contact No, (Hollie) OI Vehicle Number Type of Benefit *  ≥≥ Claimant NRIC *  Insured Liability *  Preferend Repair Option Claim Close Date	Not at Fault  Not at Fault  Preferred Workshop, Name unknown  Save Submit	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  GIA report	GV4425H  Received

