NATIONAL Assessment Cer			1 ALLONS Y TVX		
Date In: 28 6 19-17:50	Jeb descript		Date & Time Completed	Do	ne by
Rel No: MM Inicigalizathy	SAS e-filin	ng			
Vch No: SK73345	E-mail (wi	thin Shrs, AIC 2hrs)	İ		
D.O.A : 78/6/19-10:17		laim Form	M7 1071513 -301	ark.	10.50
OD / TP / Reporting Only	i-Motor W	Y/O (Within: OD 2hrs,		25/6/14	18.38
OD : 11 - Reporting Only	i-Photo U		!		
TP Insurer:		Survey Report			
11 msurer:		t by Fax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (					-
TP Particulars: Veh No: 18	Wrozou	. INC(		ax:	
Owner / Driver: (			Tel:		V. 188 -
Policy No: ( )	Period: (	)	Cover Type: (	<del>/</del>	
Confirmed by : (		Date:	Time:	1	
Insured/Driver Liability: ( %)	[Note-Est. Status	(WO): N: 0-209	%; P: 21-79%. F: 80-	00%1	
Year of Registration: ( )	Warranty: YES (		11.00	2070	
Excess: (\$ ) Loading: \$1	1,000 ( )/\$2,00				2000
NAME OF TAXABLE PARTY O	A CONTRACTOR OF THE PARTY OF TH	22147.0	AND AND COMPANY	प्रमुक्त <del>गान</del>	
( ) Walk-In Customer : Customer's in	Mary Comption at last of	ore service and the	STATE ASSESSMENT OF STATE	ice and	
( ) Total Loss Case : to e-mail Insu	ionnation strictly C	onnoential & Stric	tly NO refer of repairer.		
+ · · · · · · · · · · · · · · · · · · ·					
Drive-In ( )/ Towed-In ( ); Invoi	ice: YES ( ) /	NO ( ); Tox	ving Co: (	1	)
Remarks: (INC hotline: 6788 6616)	No.			0.00.000	,
1) 4-1 6 =	SEALOR CONSTRUCTION ASSESSMENT OF THE CONTRACTOR		Date&Time Completed	Don	e by
1) Apply for Transport Allowance ( )/	Courtesy Car (	)			
2) QC Check / Post Repair Inspection	(	)	ADMINISTRAÇÃO DE TRANSPORTO DE TRANSPORTO DE TRANSPORTO DE TRANSPORTO DE TRANSPORTO DE TRANSPORTO DE TRANSPORT		A- (A) m
<ol> <li>Upload Resurvey Photo [Repair Cost &gt; 5]</li> </ol>	\$3000] (	)			
Injury:			, , , , , , , , , , , , , , , , , , , ,		
Date/Time Actions		The same of the sa			
ate/Time Actions					-
27/21W Western Co. 100 May 1		100		CAR COLOR	er ches
			on the same	ing Maganasa	eric na, y,
				iseloku	er a naje
				ing Course	e s na e
					A 1 4 7 4 A
	1	Invoice Prepar	ation Checklist	Ant (s)	
	1	1) AR : Accident Rep	orting (\$30);	Ant (S)	
umant's Particulars:-	1	1) AR : Accident Rep 2) DA : Damago Asse	orting (\$30); ssment (\$100); INC (\$80	fir Bill	
umant's Particulars :- ver/Owner:	1	1) AR : Accident Rep 2) DA : Damage Asse 3) TF : Towing Fee	orting (\$30); ssment (\$100); INC (\$50	fic Bill ) (45	
umant's Particulars:-		1) AR : Accident Rep 2) DA : Damage Asse 3) TF : Towing Fee 4) FT : Follow-Throu 5) FT : Fullow-Throu	orting (\$30); asment (\$100); INC (\$80  \$40/2 gh Survey (\$1 gh Survey (Resurvey) \$1	fir Bill	
MIGON 830   MA (904833)  umant's Particulars :-  ver/Owner:  ntact No:	1	1) AR : Accident Rep 2) DA : Damage Asse 3) TF : Towing Fee 4) FT : Follow-Throu 5) FT : Follow-Throu For claiming again	orting (\$30); ssment (\$100); INC (\$80 \$40/2 gh Survey (Resurvey) st INC Only (wef 10 Jan 2005)	1st Bill 0 145 20 30	
umant's Particulars :- ver/Owner:		1) AR: Accident Rep 2) DA: Damage Assa 3) TF: Towing Fee 4) FT: Follow-Throu 5) FT: Follow-Throu For claiming again 6) TR: Re-inspection	orting (\$30); ssment (\$100); INC (\$80  \$40/6 gh Survey \$1 gh Survey (Resurvey) \$1 tJNC Only (wef 10 Jan 2005)	16 Bill	
MIGOUS 30   AM 1904833 umant's Particulars :- ver/Owner: ntact No: maged Portion:		1) AR: Accident Rep 2) DA: Damege Asse 3) TF: Towing Fee 4) FT: Follow-Throu 5) FT: Follow-Throu For claiming again 6) TR: Re-inspection 7) N1: Idae DA + SM 8) NTUC Additional	orting (\$30); ssment (\$100); INC (\$80 \$40/2 gh Survey (Resurvey) st INC Only (wef 10 Jan 2005) IRT Survey \$1	16 Bill 16 Bil	
MIGON 830   MA (904833)  umant's Particulars :-  ver/Owner:  ntact No:		1) AR: Accident Rep 2) DA: Damege Asse 3) TF: Towing Fee 4) FT: Follow-Throu 5) FT: Follow-Throu For claiming again 6) TR: Re-inspection 7) N1: Idae DA + SM 8) NTUC Additional is OD.*	orting (\$30); ssment (\$100); INC (\$80 \$40/2 gh Survey (Resurvey) gh Survey (Resurvey) st INC Only (wef 10 Jan 2005) [RT Survey \$1	75 Bill 75 Bil	
MIGOURS AND		1) AR: Accident Rep 2) DA: Damege Asse 3) TF: Towing Fee 4) FT: Follow-Throu 5) FT: Follow-Throu For claiming again 6) TR: Re-inspection 7) N1: Idae DA + SN 8) NTUC Additional SO OD* *N5: Courtesy Cor	orting (\$30); ssment (\$100); INC (\$80  gh Survey \$1  gh Survey (Resurvey) \$1  IJNC Only (wef 10 Jan 2005)  IRT Survey \$1  Services:-	75 Bill 75 Bil	
MIGOUS 30   AM 1904833 umant's Particulars :- ver/Owner: ntact No: maged Portion:		1) AR: Accident Rep 2) DA: Damege Asse 3) TF: Towing Fee 4) FT: Follow-Throu 5) FT: Follow-Throu For claiming again 6) TR: Re-inspection 7) N1: Idae DA + SN 8) NTUC Additional: OD* *N5: Courtesy Cor *N6: Repair Co-ord *N7: Fost Repair In	orting (\$30); ssment (\$100); INC (\$80 \$40/ gh Survey (Resurvey) st INC Only (wef 10 Jan 2005) IRT Survey Services:-  / Tpt Allowance ination 5 spection 5	75 Bill 75 Bil	Amt (3
MIGOURS AND		1) AR: Accident Rep 2) DA: Damege Asse 3) TF: Towing Fee 4) FT: Follow-Throu 5) FT: Follow-Throu For claiming again 6) TR: Re-inspection 7) N1: Idae DA + SN 8) NTUC Additional SO  *N5: Courtesy Cor *N6: Repair Co-ord *N7: Fost Repair In *N8: DV / Collect I	orting (\$30); ssment (\$100); INC (\$80 \$40/2 gh Survey (Resurvey) gh Survey (Resurvey) gh Survey (Resurvey) st INC Only (wef 10 Jan 2005)  IRT Survey Sorvices:-  Tot Allowance ination 5 spection 5	75 Bill 75 Bil	
umant's Particulars :- ver/Owner: ntact No: naged Portion; Checked by (Engr-In-Charge):		1) AR: Accident Rep 2) DA: Damege Asse 3) TF: Towing Fee 4) FT: Follow-Throu 5) FT: Follow-Throu For claiming again 6) TR: Re-inspection 7) N1: Idae DA + SN 8) NTUC Additional SO *N5: Courtesy Cor *N6: Repair Co-ord *N7: Fost Repair In *N8: DV / Collect I TP (N11): TP (N-or 9) N12: Idae Mobile	orting (\$30); ssment (\$100); INC (\$80 \$40/2 gh Survey (Resurvey) gh Survey (Resurvey) st INC Only (wef 10 Jan 2005)  IRT Survey Sorvices:-  / Tpt Allowance ination 5 spection 5 excess Coordination INC) against INC 5	75 60 55 55 50 50 50 50 50 50 50 50 50 50 50	Add Bi
umant's Particulars :- ver/Owner: naged Portion: Checked by (Engr-In-Charge):		1) AR: Accident Rep 2) DA: Damege Asse 3) TF: Towing Fee 4) FT: Follow-Throu 5) FT: Follow-Throu For claiming again 6) TR: Re-inspection 7) N1: Idae DA + SN 8) NTUC Additional: OD* *N5: Courtesy Cor *N6: Repair Co-ore *N7: Fost Repair In *N8: DV / Collect I TP (N11): TP (N-12)	orting (\$30); ssment (\$100); INC (\$80  gh Survey \$1  gh Survey (Resurvey)  st INC Only (wef 10 Jan 2005)  (RT Survey \$1  Services:-  / Tpt Allowance ination \$5  spection \$5  LNC) against INC \$	75 60 55 55 50 50 50 50 50 50 50 50 50 50 50	

## 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.

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.	sent to the archiving of this report at the centre and to copies of the report being made available
Military in the first state of the second	ACCIDENT STATEMENT
Date Of Report	28/06/2019 17:52
Date Of Accident	28/06/2019 10:15
Exact Location Of Accident	OUTRAM RD TWDS CTE
Country/State of Loss	SINGAPORE
AND AND DESCRIPTION OF THE PARTY OF THE PART	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKT334B
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	MITSUBISHI
Model	LANCER EX 1.6 AT LED TAIL LAMP
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
f No, Please state action to be taken	REPORTING ONLY
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

	310003437
Cover Note Number	
Driver	是是是1000年的 1000年 1
Name of Driver	YOUNOS BIN TAIB
NRIC No	S0031570B
Date Of Birth	17/01/1954
Occupation	OUTDOOR
Date Of Driving Pass	19/10/1976
Driving Experience	42 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92351757
Fax Number	
Contact Number	OFFICE-92351757
EMail Address	NOEMAIL

NOEMAIL

BLK 577 HOUGANG AVENUE 4 Address

#02-670

Postcode 530577

Was driver an employee of the Insured's Company

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 CHAIN COLLISION

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

4

Was any body injured in the Accident?

YES

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)

NO

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

2

Passenger 1

NAME:

GENDER:

: FEMALE

#### **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

SBW8020U

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 OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

SKJ8060R

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 OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number

SJW9243S

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

YOUNOS BIN TAIB

Approximate Age

Injuries Sustain

**NECK & BACK** 

Injured person in which vehicle?

SKT334B

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

#### IMPORTANT NOTICE

- Blance 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 cossible</u>. Any uniful mysrepresentation or withholding of material facts may allow insurance companies to <u>repudieta 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 recording may be referred to the Palica for Imposts actor.
- This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singagore (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.
- S. Consent under the Personal Date Protection Act (POPA)

Lunderstand, acknowledge, agree and consent that:

- (a) Wy insurer, my workshop and the General insurance Association of Singapora ("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/faw firms, the Wonetary 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;
  - (a) Investigating the accident and/or my claims;
  - (iii) carrying our 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) any 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 daims 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

45(h) -1 = 1 ) - 2

Date & Time:

Driver's Signature

(If driver is not the policyholder)

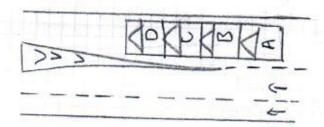
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

A: SK+334 B B: SBW 8020U C: SKJ 8060R D: SJW9243S



I was travelling along outram road entering CTE, vehicle B Which was infront of Suddenly Jam brated as vehicle & C collided onto vehicle D. Hence, I couldn't Stop in time and collide onto vehicle B.	ALL CONTRACTOR OF THE PARTY OF	CHAIR LAIN CES IO						
Stop in time and Collide onto Venicle B.	1 was	travellin	9 010	ng 0	Atram	road	entenn	a CTE.
Stop in time and Collide onto Venicle B.	renicle	B Which	_was i	nfront	of SI	Adenlu	Jam	harrod 18
LARATION	4 4 4 1 1 1 1 1 1 1 1 1			1111/ 4	C V V V	11	V(17) 1 1	outel by
LARATION	Stop in	time	and (	Ollida	out	1/01/0	PR.	outer 11 1
and the second s		1			-110	V CVIIÇI	τ β	-
and the second s								
and the second s		E 5511W11017						
and the second s								
and the second s								
and the second s								
and the second s		10						
and the second s	211	7			-			
and the second s		-						
and the second s	-							
and the second s				0.00000				
and the second s							-cl str/m	
and the second s								
and the second s			-		6	100		
and the second s					_			
and the second s	1.0		Control of the Control					
and the second s					Design the second			
and the second s								
	CLARATION				-			

Policyholder's Signature Date & Timir:

Driver's Signature

(If driver is not the policyholder) Date & Time:

Name: NRIC/FIN No.:

Reporting Centre Persophel's Signature

# SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

- Complete and submit this form to the individual insurance surficised 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	TO STREET	
Date of accident	28/06/2019		(DD/MM/YY)
Time of accident	28/06/2019 10:15 AM	- *************************************	(HH:MM)
Exact location of accident	Outvan Road Extering	CTE	(TITT.IVIIVI)

Vehicle registration number	SK+334B	
Vehicle make and model	Mitsubishi lan	æv
Type of vehicle	Salooner MPV o	CRV . Van .
Vehicle category	Private D Comm	ercial Motorcycle a
Purpose of using at said time		
Are you claiming under your own insurance company?	Yes No  Third part claim	if no, please select: Reporting only

	INSURANCEIN	FORMATION	
Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive	Third party fire & theft o	TP only o

	INSURED / POLICY HOLDER		
Name	ONE2RENT CARS PTE LTD	Malen	Female o
NRIC / Fin / Passport number	201306179N	11,010	1 cmale D
Contact			
Address	70 UBI CRESCENT #01-12 UBI TECH PARK SINGAPORE 408570		

Name	Youngs BIN TAIR Male	The second secon
NRIC / Fin / Passport number	500315708	- Ciliare E
Contact	9235 1757	
Address	BIK 577 Hougang Avenue 4 #02-670	5/53050
Email address		, , ,
Date of birth	17/01/1954	
Occupation	Indoor D Outdoor	-
Driving date pass	19/10/1976	

· 图 50	GENERAL I	NFORMATION OF	THE ACCIDENT	
Was driver an employee of	Yes 🗆	No		117
the insured's company?	If no, rel	ationship of the d	river and insured: _	Hiver
Accident captured by camera?	Yes 🗆	Noe		
Weather condition	Clear	Raining D	Others:	
Road surface	Dry	Wet o		
No of passenger		2		(Inclusive of driver)
				(melasive of driver)
	MATERIAL STREET	PASSENGER 1		
Name	Giva	THE RESERVE OF THE PERSON NAMED IN		
Gender	Male 🗆	Flemale		
	Wille D	remarez		
	SECTION AND DESCRIPTION OF THE PERSON NAMED IN	200000000000000000000000000000000000000		
Name of the Control o		PASSENGER 2		
Name				
Gender	Male □	Female 🗆		
				AND ALLEY THE THE WATER THE PARTY OF THE PAR
		PASSENGER 3		TANK SPECIAL PROPERTY OF THE PERSON OF THE P
Name	U.S. S.			
Gender	Male 🗆	Female 🗆 🦯		
	1 12 60	PASSENGER 4	一	
Name				A STATE OF THE PROPERTY OF THE PARTY OF THE
Gender	Male p	Female		
	Maic	remale L		
S CONTRACTOR CONTRACTOR TO SECURITION OF THE PARTY.	AND DESCRIPTION OF THE PARTY OF	DATCHAIGED	No. of the orange of the last	THE RESERVE OF THE PERSON NAMED IN
Name	DESCRIPTION OF THE PROPERTY OF	PASSENGER 5		
Gender	Male 🗆	Comple -		
derider	iviale []	Female 🗆		
	NAME OF THE OWNER, OWNER, OWNER, OWNER, OWNER, OWNER,	Market Nath	MANAGEMENT OF THE PARTY OF THE	
		PASSENGER 6		
Name				
Gender	Male □	Female 🗆		
	0	THER INFORMAT	ION	
Was anybody injured?	Yeser	No 🗆		
Was other vehicle damaged?	Yes	No 🗆		
	DFT	AILS OF POLICE A	CTION	THE RESERVE THE PARTY OF THE PA
Reported to police?	Yes 🗆		please state which	police station
Police station name	103 []	it yes,	please state which	police station.
		Mantee		1 20 P. 1 2 20 20 10 10 10 10 10 10 10 10 10 10 10 10 10
Diames		WITNESS 1		
Name				
	TOTAL PROPERTY.	WITNESS 2		CONTRACTOR STATES
Name				
	/			
99				
/	i			

	THIRD PARTY VEHICLE 1	
Vehicle registration number	SBW 80204	
Vehicle make model	78W 802VU	
Name	+>	4
NRIC / Fin / Passport number		P
Contact		0
	Warner of the second se	
THE RESERVE THE PROPERTY OF THE PARTY OF THE	THIRD PARTY VEHICLE 2	
Vehicle registration number	SKJ8060R	
Vehicle make model	01-0 0 00(-	$\sim$
Name		
NRIC / Fin / Passport number		
Contact		
	THIRD PARTY VEHICLE 3	
Vehicle registration number	SJW92435	A LOCAL DESIGNATION OF THE PROPERTY OF THE PARTY OF THE P
Vehicle make model		
Name		
NRIC / Fin / Passport number		U
Contact		
	THIRD PARTY VEHICLE 4	于1000 X 2 15 15 10 10 10 10 10 10 10 10 10 10 10 10 10
Vehicle registration number		
Vehicle make model		
Name	4	
NRIC / Fin / Passport number		
Contact		
	THIRD PARTY VEHICLE 5	
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		
Vehicle registration number	THIRD PARTY VEHICLE 6	COLUMN TO ME AND THE TREE
Vehicle make model		
Name Name		
NRIC / Fin / Passport number		
Contact		
Contact		
A STATE OF THE STA	THIRD PARTY VEHICLE 7	
Vehicle registration number	THIS TAILT VEHICLE /	
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		

Name	Value S Out 7010	
Injuries sustained	Younds BIN TAIB	
Which vehicle person in?	neck & back	
Were seat belts worn?	SF+334B Yeso No D	
Was injured conveyed to		
hospital by ambulance?	Yes O No	
nospital by ambulancer		
Remark Williams Street, Street		
No. of the last of	INJURED PERSON 2	
Name		
Injuries sustained		
Which vehicle person in? Were seat belts worn?	V	
	Yes D No D	
Was injured conveyed to	Yes D No D	
hospital by ambulance?		
	INJURED PERSON 3	
Name		/
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes D. No D	
Was injured conveyed to	Yes 🗆 No 🗆	
hospital by ambulance?		
<b>《</b> 图》 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图	INJURED PERSON 4	KITCH STREET,
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes D No D	
Was injured conveyed to	Yes 🗆 🗡o 🗆	
hospital by ambulance?		
	INJURED PERSON 5	
Name	/	The state of the s
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆 No 🗆	
Was injured conveyed to	Yes 🗆 No 🗆	
hospital by ambulance?	The second second	
	INJURED PERSON 6	TO MANAGEMENT OF THE PARTY OF T
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆 No 🗆	
Was injured conveyed to	100 F	
was injured conveyed to	Yes   No	
hospital by ambulance?	Yes 🗆 No 🗅	







Policy No.	5108639457	Policyholder Name	ONE2REM	IT CARS PTE. LTD.	Policyholder NRIC	201306179N	
Certificate No.	5108639457-000010				MAC		
Address	70 UBI CRESCENT #01-12 SIN	IGAPORE 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	68050.41				
Outside Singaporé OD Excess		Outside Singapore TP Excess				Young	/Inexperience Driver Excess
	\$24 PATRONES AND CONTRACTOR SALES						
Agent	Marsh (Singapore) Pte Ltd	Agent Tel.	6327768	7	GST Flag	Y	
Co- insurance Flag Open Policy	Marsh (Singapore) Pte Ltd	Agent Tel.	6327768	7	GST Flag	Y	
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 PolicyI	No holder Mailing Address	Addre				Address 3 Post Code	SINGAPORE 408570 408570
Agent Co- insurance Flag Open Policy Info Certificate Info PolicyI Address 1 Address 4 Unit No.	No holder Mailing Address	Addre Addre	ss 2 ss Type	#01-12		2015/2000/2000	Gradulote RINA
Co- Insurance Flag Dipen Policy Info Policy Address 1 Address 4 Unit No.	holder Mailing Address 70 UBI CRESCENT	Addre Addre Relate Numb	ss 2 ss Type	#01-12 Singapore address		2015/2000/2000	Grand State BOA
Co- insurance Flag Open Policy Info Certificate Info PolicyI Address 1 Address 4 Unit No.	holder Mailing Address 70 UBI CRESCENT 01+12 ad Object: 5108639457-0000	Addre Addre Relate Numb	ss 2 ss Type	#01-12 Singapore address		2015/2000/2000	Grand Vicine BITTY
Co- insurance Flag Open Policy Info Certificate Info PolicyI Address 1 Address 4 Unit No. Insure	holder Mailing Address 70 UBI CRESCENT 01+12 ad Object: 5108639457-0000	Addre Addre Relate Numb	ss 2 ss Type ed Policy er	#01-12 Singapore address		2015/2000/2000	Grand State BOA
Co- insurance Flag Open Policy Info Certificate Info PolicyI Address 1 Address 4 Unit No. Insure Endors Sequer	holder Mailing Address 70 UBI CRESCENT 01+12 ad Object: 5108639457-0000	Addre Addre Relate Numb	ss 2 ss Type ed Policy er	#01-12 Singapore address 5108639662		Post Code	408570

he premium on this policy has scrident MT/1051093	not been collected.				
Policy No.	5108639457	Vehicle No.	Co Voltavina	641577	
ertificate No.	5108639457-000010	Venicle No.	SKT3348	GST Registration No.	201306179W
olicyholder Name	ONESRENT CARS PTE, LTD.				
roduct Code	FLEET MASTER INSURANCE	10200200		Policyholder NRIC	201306179N
ontact No.(Mobile)	5	Cover Type	drivo CLASSIC	Loading	0
mail Address	0	Contact No.(Office)	0	Contact No.(Home)	0
Fic	2000	Special Remark		eCode	16. V
ICD Protestion	® No ○ Yes	TCA	® No ○Yes	eCode Reason	
	No.	NCD Enotlement(%)	Ċ	Private Hire	Yes
Accident Details	range Contactors				
eport Date	28/06/2019 18:56	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
ate of Accident	28/06/2019	Time of Accident hh:mm	10:15	Country of Accident	Singapore
eporting Centre		Orange Force		ICM No.	Sugarpure
coident Location	OUTRAM RD TWDS CTE			1007 110	
Total Excess Applicable	i i				
xcess Type	Per Accident	Windscreen Excess	0.00		
On Contract of Con					
D Standard Excess	1,000.00	TP Standard Excess	2,000.00		
IED OD Excess	0.00	VIED TP Excess		Driver is Covered?	
oditional Excess	0				
otal OD Excess Applicable	1000.00	Total TP Excess Applicable			
♥ Benefits					
□ GST Registered Informa     □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □					
ST Registered	Yes		GST Registration Date	01/12/2015	
ST Registration No.	201306179N		GST Status Verified	Yes	
odification History					
Policyholder Mailing Ad	de-				
ddress 1	70 UBI CRESCENT	Address 2	#01-12	Address 3	SINGAPORE 408570
ddress d		Address Type	Singapore address	Post Code	408570
nit No.	01+12	Related Policy Number	5108639662		400010
OI Driver Info					
river Name	Unnamed Driver	Driver Type	Unnamed Driver		
Warned driver Name:	YOUNGS BIN TAIR	Driver NRIC	500315706	Driver DOB	17/01/1954
egister Date of Driver License	19/10/1976	Driver Age	65		
ontact No.(Mobile)	92351757	Contact No.(Office)	0	Driving Experience	42
Odress 1	8LK 577	Address 2	HOUGANG AVENUE 4	Contact No.(Home)	0
ddress 4				Address 3	SINGAPORE 530577
ne No.	02-670	Address Type	Singapore address	Post Code	530577
oes he own a Singapore					
oes he own a Singapore	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
oes he own a Singapore egistered car?		Driver Vehicle No.		Driver Insurer Company	
oes he own a Singapore egistered carr sclaration	Ù Yes  ® No	ACCUPATION OF THE PROPERTY OF		Driver Insurer Company	
oes he own a Singapore egistered car? sciaration reathalyser or Blood Test		Driver Vehicle No.  Any injury?	® Yes ○ No	Driver Insurer Company	
oes he own a Singapore egistered carr sclaration	Ù Yes  ® No	ACCUPATION OF THE PROPERTY OF	® Yes ○ No	Driver Insurer Company	
oes he own a Singapore egistered carr sciaration reathalyser or Blood Test	Ù Yes  ® No	ACCUPATION OF THE PROPERTY OF	® Yes ○ No	Driver Insurer Company	
oes he own a Singapore gistered cary claration eathalyser or Blood Test eading?	Ù Yes  ® No	ACCUPATION OF THE PROPERTY OF	® Yes ○ No	Driver Insurer Company	
oes he own a Singapore gistered cary claration eathalyser or Blood Test eading?	Ù Yes  ® No	ACCUPATION OF THE PROPERTY OF	® Yes ○ No	Driver Insurer Company	
ors he own a Singapore gottered carr  claration anthalyser or Blood Test ading?  dification History  Claim 001 News	Omg	ACCUPATION OF THE PROPERTY OF	® Yes ○ No	Driver Insurer Company	
pes he own a Singapore gottered carr  cleration eathalyser or Blood Test ading?  dification History  Claim 001 Nexe	Ù Yes  ® No	ACCUPATION OF THE PROPERTY OF	■ Yes ○ No  ONEZRENT CARS PTE. LTD.	Driver Insurer Company  Insured NRIC	20130617994
ots he own a Singapore gistered carr claration eathalyser or Blood Test ading? dification History Claim 001 Nexe	Omg	Any injury?	P(C) 1 (C)	Insured NRIC	201306179N 6-207675
oes he own a Singapore gistered carr claration eathalyser or Blood Test ading? dification History Chaim 001 Nexx  wm Type = macr. No. (Mobile)	Omg	Any injury?  Insured Name	ONEZRENT CARS PTE. LTO.	Insured NRIC Contact No.(Office)	62927575
ors he own a Singapore gistered carr claration eathalyser or Blood Test ading? dification History Claim 001 Nexe wm Type * macc No.(Mobile) self Address	Omg No Ves   Ong	Any injury?  Insured Name Contact No.(Home)	ONEZRENT CARS PTE. LTD. NEL SKT2348	Insured NRIC	And the second s
pes he own a Singapore gestered carr  claration eathalyser or Blood Test ading?  dification History  Claim 001 Nex  im Type =  mac No. (Mobile) sale Address History Type Claimant Type +	Ong  Ong  One  One  One  One  One  One	Any injury?  Insured Name Contact No.(Home) Of Vehicle Number	ONEZRENY CARS PTE. LTO.	Insured NRIC Contact No.(Office)	62927575
pes he own a Singapore gottered carr  claration eathalyser or Blood Test ading?  dification History  Claim 001 New  Im Type * macc No.(Mobile) had Address Imarc Type Cermant Type * Imarc Type Cermant Type * Imarc Name *	Ong  Ong  Ong  Ong  One  Inquiry®one2rentcars.com  Please Select	Any injury?  Insured Name Contact No.(Home) OI Vehicle Number Type of Senetz *	ONEZRENT CARS PTE. LTD. NEL SKT2348	Insured NRIC Contact No.(Office)	62927575
pes he own a Singapore gottered carr  claration eathalyser or Blood Test ading?  dification History  Claim 001 Nace  Im Type =  mact No.(Mobile)  ale Address Immart Type Claimant Type =  Imart Mame =  Imart Address	OD-MX  enquiry@one2rentcars.com  Please Select	Any injury?  Insured Name Contact No.(Home) OI Vehicle Number Type of Senetz *	ONEZRENT CARS PTE. LTD. NEL SKT2348	Intured NRIC Contact No. (Office) TP Vehicle Number	62927575
pes he own a Singapore gestered carr  Claration eathalyser or Blood Test ading?  Gification History  Chaim 001 New  Imm Type *  Inact No.(Mobile) Sair Address Himmer Type Clement Type * Himmer Type * Himmer Type Clement Type * Himmer Type Type Clement Type Type Type Type Type	Ong  Ong  Ong  Ong  One  Inquiry®one2rentcars.com  Please Select	Any injury?  Insured Name Contact No. (Home) OI Vehicle Number Type of Senett + Clarment NRIC +	ONEZRENT CARS PTE. LTD.  NIL  SKT334B  Please Select	Insured NRIC Contact No.(Office)	62927575
oes he own a Singapore gistered car?  clarision eathalyser or Blood Test adding?  diffication History  Claim 001 Naox  Im Type * Infact No. (Mobile) has Address Himark Myse Cleimant Type * Immer Marie * Immer Address Immer Add	OD-MX  enquiry@one2rentcars.com  Please Select  >>  SKT334B / SBWB020U ON 28 Jun 2019	Any injury?  Insured Name Contact No.(Home) OI Vehicle Number Type of Senett = Claiment NRIC =	ONEZRENT CARS PTE. LTD.  NIL  SKT334B  Please Select  Fully at Fault	Intured NRIC Contact No. (Office) TP Vehicle Number	62927575
ves he own a Singapore gotered car?  claration eathalyser or Blood Test ading?  diffication History  Claim 001 Nexe  Im Type =  mact No. (Mobile) air Address imant Type Claimant Type +  imant Address im Description ferred Workshop Contact  quire Finalisation	OD-MX  Ong  OD-MX  Inquiry@one2rentcars.com  Please Select  >  SKT334B / SBWB02DJ ON 28 Jun 2019  Yes	Any injury?  Insured Name Contact No.(Home) OI Vehicle Number Type of Senett = Claiment NRIC =	ONEZRENT CARS PTE. LTD.  NIL  SKT334B  Please Select	Intured NRIC Contact No. (Office) TP Vehicle Number	62927575
oes he own a Singapore gistered car?  clarision eathalyser or Blood Test eading?  diffication History  Claim 001 Neos  Im Type * Infact No. (Mobile) has Address Himark Type Clemant Type * Immark Address Sim Description efferred Workshop Contact quire Finalisation te Registered.	OD-MX  Ong  OD-MX  Inquiry@one2rentcars.com  Please Select  >  SKT334B / SBWB020U ON 28 Jun 2019  Yes  2M06/2019 18:58	Any injury?  Insured Name Contact No.(Home) OI Vehicle Number Type of Senett = Claiment NRIC =	ONEZRENT CARS PTE. LTO.  NIL  SKT334B  Flease Select  Fully at Fault	Intured NRTC Contact No.(Office) TP Vehicle Number	62927575 SBW8020U
oes he own a Singapore gistered car?  resthalyser or Blood Test adding?  diffication History  Claim 001 New  arm Type *  intact No. (Mobile)  hair Address  simant Name *  simant Name *  simant Name *  simant Name *  gire Finalisation  to Registered.  port Yaken By	OD-MX  Ong  OD-MX  Inquiry@one2rentcars.com  Please Select  >  SKT334B / SBWB02DJ ON 28 Jun 2019  Yes	Any injury?  Insured Name Contact No.(Home) OI Vehicle Number Type of Senett * Claiment NRIC *  Insured Liability * Preference Repair Option	ONEZRENT CARS PTE. LTO.  NIL  SKT334B  Flease Select  Fully at Fault	Insured NRIC Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop GIA report	62927575 SBWB020U
oes he own a Singapore egistered car? scienation reathalyser or Blood Test eading?  Claim 001 New  arm Type * ontact No. (Mobile) nail Address aimant Type Claimant Type * aimant Name *	OD-MX  Ong  OD-MX  Inquiry@one2rentcars.com  Please Select  >  SKT334B / SBWB020U ON 28 Jun 2019  Yes  2M06/2019 18:58	Any injury?  Insured Name Contact No.(Home) OI Vehicle Number Type of Senett * Claiment NRIC *  Insured Liability * Preference Repair Option	ONEZRENT CARS PTE. LTO.  NIL  SKT334B  Flease Select  Fully at Fault	Insured NRIC Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop GIA report	62927575 SBWB020U
oes he own a Singapore egistered car? scienation reathalyser or Blood Test eading?  Offication History  Claim 001 New  arm Type * ontact. No. (Mobile) nair Address almant Type Claimant Type * almant Name * almant Address almant Address almant Secription afferred Workshop Contact offication for Registered.	OD-MX  Ong  OD-MX  Inquiry@one2rentcars.com  Please Select  >  SKT334B / SBWB020U ON 28 Jun 2019  Yes  2M06/2019 18:58	Any injury?  Insured Name Contact No. (Home) Of Vehicle Number Type of Senett * Claimant NRIC *  Insured Liability * Preference Regain Option Claim Close Date	ONE 2RENT CARS PTE. LTD.  NIL SKT3348  Please Select  Fully at Pault  Preferred Workshop, Name unknown	Insured NRIC Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop GIA report	62927575 SBWB020U
oes he own a Singapore egistered carr sclaration reathalyser or Blood Test cading?  Claim 001 New   with Type *  with Type *  with Type Claims Type *  with Type	OD-MX  Ong  OD-MX  Inquiry@one2rentcars.com  Please Select  >  SKT334B / SBWB020U ON 28 Jun 2019  Yes  2M06/2019 18:58	Any injury?  Insured Name Contact No. (Home) Of Vehicle Number Type of Senett * Claimant NRIC *  Insured Liability * Preference Regain Option Claim Close Date	ONEZRENT CARS PTE. LTO.  NIL  SKT334B  Flease Select  Fully at Fault	Insured NRIC Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop GIA report	62927575 SBWB020U
oes he own a Singapore egistered car? scienation reathalyser or Blood Test eading?  Claim 001 New  arm Type * ontact No. (Mobile) nail Address aimant Type Claimant Type * aimant Name *	OD-MX  Ong  OD-MX  Inquiry@one2rentcars.com  Please Select  >  SKT334B / SBWB020U ON 28 Jun 2019  Yes  2M06/2019 18:58	Any injury?  Insured Name Contact No. (Home) Of Vehicle Number Type of Senett * Claimant NRIC *  Insured Liability * Preference Regain Option Claim Close Date	ONE 2RENT CARS PTE. LTD.  NIL SKT3348  Please Select  Fully at Pault  Preferred Workshop, Name unknown	Insured NRIC Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop GIA report	62927575 SBWB020U
oes he own a Singapore egistered carr sclaration reathalyser or Blood Test cading?  Claim 001 New   with Type *  with Type *  with Type Claims Type *  with Type	OD-MX  Ong  OD-MX  Inquiry@one2rentcars.com  Please Select  >  SKT334B / SBWB020U ON 28 Jun 2019  Yes  2M06/2019 18:58	Insured Name Contact No. (Home) OI Vehicle Number Type of Senett * Claimant NRIC *  Insured Liability * Preference Regain Option Claim Close Date	ONE 2RENT CARS PTE. LTD.  NIL SKT3348  Please Select  Fully at Pault  Preferred Workshop, Name unknown	Insured NRIC Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop GIA report	62927575 SBWB020U
oes he own a Singapore egistered carr reathalyser or Blood Test reading?  Claim 001 New  Winder New  W	OD-MK  Inquiry®one 2 rentcars.com  Please Select  SKT3348 / SBWB020U ON 28 Jun 2019  Yes  28/09/2019 18:58  Dackson	Insured Name Contact No. (Home) OI Vehicle Number Type of Senefit * Claiment NRIC *  Insured Liability * Preference Repair Option Claim Close Date	CNEZRENT CARS PTE. LTD.  NIL  SKT334B  Please Select  Fully at Fault  Preferred Workshop, Name unknown  Submit	Insured NRIC Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop GIA report	62927575 SBWB020U
oes he own a Singapore gistered car?  sclaration reathalyser or Blood Test adding?  diffication History  Claim 001 New  arm Type *  infact No. (Mobile) nair Address simant Type Claimant Type *  simant Name *  simant Address sim Description efferred Workshop Contact quire Finalisation te Registered port Taken By  Print AK letter  Attachment p  iddent No.	OD-MK  Inquiry®one 2 rentcars.com  Please Select  SKT3348 / SBWB020U ON 28 Jun 2019  Yes  Z8/05/2019 18:58  Jackson	Insured Name Contact No. (Home) Of Vehicle Number Type of Senett * Claimant NRTC *  Insured Liability * Preference Repair Option Claim Close Date	CINEZRENT CARS PTE. LTD.  NIL  SKT334B  Flaase Select  Fully at Fault  Freferred Workshop, Name unknown  Save Submit	Insured NRIC Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop GIA report	62927575 SBWB020U
oes he own a Singapore gistered car?  resthalyser or Blood Test rading?  diffication History  Claim 001 New  arm Type *  infact No. (Mobile)  nas Address  simant Type Claimant Type *  simant Name *  simant Address  sim Description  efferred Workshop Contact  quire Finalisation  te Registered  port Taken By  Print AK setter	OD-MK  Inquiry®one 2 rentcars.com  Please Select  SKT3348 / SBWB020U ON 28 Jun 2019  Yes  28/09/2019 18:58  Dackson	Insured Name Contact No. (Home) OI Vehicle Number Type of Senefit * Claiment NRIC *  Insured Liability * Preference Repair Option Claim Close Date	CNEZRENT CARS PTE. LTD.  NIL  SKT334B  Please Select  Fully at Fault  Preferred Workshop, Name unknown  Submit	Insured NRIC Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop GIA report	62927575 SBWB020U

