NATIONAL Assessment Centre Services. Met 1 Jan'05|MHQ1191 05 098-21 Done by Date &Time Completed Jcb description Date In: 13/8/19-12:19 SAS e-filing Rel No: NAINCIANTAMIZ E-mail (within Shrs, AIC 2hrs) Veh No: 145-5881 13/8/14 20:5 i-Motor Claim Form m/1057464-001 D.O.A : i-Motor W/O (Within: OD 2hrs, TP 4hrs) ! Reporting Only i-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp Fax: Tel: Preferred Wksp / INC Assign Wksp / QW: ()/Non-INC(INC (Veh No: SUBVISC TP Particulars: Tcl: Owner / Driver: () Cover Type: (Policy No: (Period: (Time: Date: Confirmed by : (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. F: 80-100%] Insured/Driver Liability: (Warranty: YES ()/NO(Year of Registration: (Loading: \$1,000 ()/\$2,000(Excess: (\$ General Remarks:) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer. : to e-mail Insurer URGENTLY.) Total Loss Case); Towing Co: () / NO (Drive-In ()/Towed-In (); Invoice: YES (Date& Time Completed Done by Remarks: (INC hotline: 6788 6616)) / Courtesy Car (1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Actions Amt (1) Ant (S) Invoice Preparation Checklist Add Bill HAIDOSAN " 1) AR : Accident Reporting (530); Claimant's Particulars :-INC (\$80) 2) DA : Damege Assessment (\$100); \$40/\$45 3) TF : Towing Fee Driver/Owner: \$120 4) FT : Follow-Through Survey \$30 5) FT : Follow-Through Survey (Resurvey) Contact No: For claiming against INC Only (wef 10 Jan 2005) \$75 6) TR : Re-inspection Damaged Portion: \$160 7) N1 : Idao DA + SMRT Survey 8) NTUC Additional Services:-OD. QC Checked by (Engr-In-Charge): *N5: Courtesy Car / Tpt Allowance \$5 510 *N6: Repair Co-ordination \$25 * N7: Fost Repair Inspection Auditors' Comments :-*N8: DV / Collect Excess Coordination 35 \$20 TP (N11): TP (Non INC) against INC Cat. 1: 9) N12: Idne Mobile Astron Park Fee Charges Invoice dated at 2/3; Fee Charged Invoice dated

1. p. 21. 41. 11. 25

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.

- 5. 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

aroresaid,	
	ACCIDENT STATEMENT
Date Of Report	13/08/2019 12:14
Date Of Accident	08/08/2019 14:15
Exact Location Of Accident	OUTSIDE CONRAD CENTENNIAL SINGAPORE
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SGF588G
Insured/Policyholder	
Name Of Registered Owner	ONE2RENT CARS PTE LTD
Co Reg No	201306179N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS CLASSIC 1.6 CVT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5108639457

Driver

Cover Note Number

MIKE NG YAM SENG Name of Driver S1322760H NRIC No. 13/09/1958 Date Of Birth OUTDOOR Occupation 25/06/1979 Date Of Driving Pass 40 YEARS AND 1 MONTH Driving Experience

MALE Gender

(LOCAL) +65-94314501 Mobile Number

Fax Number

OFFICE-94314501 Contact Number

NOEMAIL EMail Address

BLK 556 BEDOK NORTH STREET 3 Address

#03-934 460556

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

COLLISION - CHANGE/CROSS LANE Type Of Accident

2

YES

NO

YES

NO

1

NO

NO

CLEAR Weather Conditions DRY Road Surface

Other Information

Postcode

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES NO

Was there any video captured by Car Camera?

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SHB4335C

Vehicle Make/Model/Colour

HYUNDAI 140

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

HENG KOK KWANG

NRIC/Passport Number

S1554634D

Contact Number

96801289

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

MIKE NG YAM SENG Name

Page 2 of 17

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** SGF588G

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material faces may allow insurance companies to <u>repudiate policy liability</u>.
- The laste and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any Felsa 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 aforesald.
- 8. Consent under the Personal Data Protection Act (PDPA)

understand, acknowledge, agree and consent that:

- (a) My Insurer, my workshop and the General Insurance Association of Singaporo ("GiA") may/are permissed 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 Information 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;
 - (iii) 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 end/or dealing with my claims. (collectively the "Purposes")
- all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permittee 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 dalms 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 Personne's Signature

Name:

NRIC/FIN No.:

	-
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A: SGF 588G B : 8HB 4335C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personne'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. ø.
- 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.

BANK WILLIAM STATE OF	0.0	100	ACCIDIANT			(DD/MM/YY)
Date of accident	0.8	-	12019			(HH:MM)
Time of accident	14	: 15				dentification.
Exact location of accident	Out	fside	Conrad	Centennial	Singapore	

LANGE OF THE PROPERTY OF THE P	DETAILS OF VEHICLE				
Vehicle registration number	SGF 588 G				
Vehicle make and model	Toyota AHis				
Type of vahicle	Saloon D MPV D CRV D Van D Lorry D Bus D Motorcycle D Others:				
Vehicle category	Private Commercial Motorcycle				
Purpose of using at said time					
Are you claiming under your own insurance company?	Yes No if no, please select: Third part claim Reporting only				

THE RESERVE OF THE PARTY OF THE	INSURANCE IN	FORMATION	
Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive	Third party fire & theft	TP only 🗆

ONE LEZAM CARS PTELID	Male □	Female c
01:2		
7413 001 1		
IN 1/BI CRECENT #DI-12 4B1	15CH DARK	
	2013 66179N	2013 66179N 2013 1181 CRESCENT # DI-12 UBI TECH PARK

DRIVER	SAME AS INSURED AB	OVE (SKIP TO D.O.B)
Name	Mike Ng Yam Seng	Male Female
NRIC / Fin / Passport number	S1322760H	
Contact	9431 4501	1 - 11 - 0 - 0 - 11
Address	BIK 556 Bedok North Str S (460 556)	reet 3 #03-934
Email address		
Date of birth	13/09/1958	
Occupation	Indoor Outdoor	
Driving date pass	25/06/1979	

Commence of the commence of th	The same of the sa		OF THE ACCIDENT	
as driver an employee of	Yes 🗆	Nop	1 to a word to a consele	Hirer
a Insured's company?		tlonship of the	e driver and insured:	1111
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Name	Male 🗆	Female		
Gender	(vidio I			
		OTHER INFO	RMATION	
The Real Property and the Park	Yes	No□		Second Second
Was anybody injured?		No 🗆		
Was other vehicle damaged?	TEST	110		
		ETAUS OF DO	DLICE ACTION	The same of the sa
	The second second		If yes, please state w	which police station.
Reported to police?	Yes□	No	II Yes, picase state to	
Police station name				
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ehicle registration number	11 12 140
ehicle make model	Hyunda i 40
larne	Heng Kok Kwang
RIC / Fin / Passport number	S 1554634P
Contact	9680 1289
	DARTY VEHICLE 2
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Contact	
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Vehicle registration number	
Vehicle make model	
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NRIC / Fin / Passport number	
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2000年末天350年1月1日 · 大阪衛	THIRD PARTY VEHICLE 4
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	INIURED PERSON 1
arna	Mike Ng Yam Seng
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hich vehicle person in?	SGF 588 G
ere seat belts worm?	Yes No 🗆
as injured conveyed to	Yes D No B
ospital by ambulance?	Indicated a see
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GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580

Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

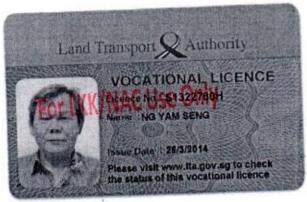
ADDENDUM

	ADDEND	SIVI
	PERSONMAKINGTHEAMENDMENT	
Original Report No	MNA119105098	Vehicle Registration No: SGF588G
	C): ONE2RENT CARS PTE LTD	_NRIC/FIN/Passport No: 201306179N
	Vehicle Owner) (*) Please delete as a	ppropriate
Address	1	Singapore(
Contact (Tel)	÷	Mobile No. :
Email Address	1	
Date of Accident	08/08/2019	Time of Accident : 14:15
Place of Accident	OUTSIDE CONRAD CENTEN	
	ny: NTUC Income Insurance Co	o-operative Ltd
-		
100		
3		
-		Ma
Policyholder / Dr Date:	iver's Signature	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Date:













Policy No.	5108639457	Policyholder Name	ONE2RENT	CARS PTE. LTD.	Policyholder NRIC	201306179N	
Certificate No.	5108639457-000005						
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	03/04/201	9 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 Singapore OD Excess		Outside Singapore TP Excess				Young	/Inexperience Driver Excess
Agent	Marsh (Singapore) Pte Ltd	Agent Tel.	63277687		CCT Floor	v	
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premium on this policy has no dent MY/1057469	ot been collected.				
	5108639457	Vehicle No.	SGF588G	GST Registration No.	201306179N
	5108639457-000005				
	ONEZRENT CARS PTIL LTD.			Policyholder NRIC	2013061799
	PLEET MASTER INSURANCE	Cover Type	drive CLASSIC	Loading	0
9103308	0	Contact No.(Office)	0	Contact No.(Home)	0
		Special Remark		eCode	Tec V
nail Address	® No ○Yes	TCA	® No ⊜Yes	eCode Reason	
	No.	NCD Entitlement(%)	0	Private Hire	Yes
	NO	The Districting by			
Accident Details				Academt Type	Collision - Change / Cross lane
port Date	13/08/2019 20:35	Accident Report Within 24 hrs			
ce of Acodem	08/08/2019	Time of Accident hh:mm	14:15	Country of Accident	Singapore
porting Centre		Orange Force		ICM No.	
cident Location	OUTSIDE CONRAD CENTENNIAL SINGAPORE				
7 Total Excess Applicable					
ская Туре	Per Accident	Windscreen Excess	0.00		
			727224		
Standard Excess	1,000.00	TP Standard Excess	2,000.00		
ED OD Excess	0.00	YIED TP Excess		Driver is Covered?	
ddelonal Excess	0				
otal OD Excess Applicable	1000.00	Total TP Excess Applicable			
y Benefits					
GST Registered Informa	tion		Section 1	The second secon	
ST Registered	Yes		GST Registration Date	01/12/2015	
ST Registration No.	201306179N		GST Status Verified	Yes	
odification History					
Policyholder Mailing Ad	fress				SINGAPORE 400570
ddress 1	70 UBI CRESCENT	Address 2	#01-12	Address 3	
odress 4		Address Type	Singapore address	Post Code	408570
nit No.	01+12	Related Policy Number	5108639662		
♥ Of Driver Info					
river Name	Unnamed Driver	Driver Type	Unnamed Driver		
innamed driver Name	MIKE NG YAM SENG	Onver NRJC	S1322760H	Driver DOB	13/09/1958
egister Date of Driver License	25/06/1979	Driver Age	60	Driving Experience	40
Contact No. (Molsile)	94314501	Contact No.(Office)	0	Contact No. (Home)	0
ddress 1	BLK 556	Address 2	BEDOK NORTH STREET 3	Address 3	SINGAPORE 460556
ddress 4		Address Type	Singapore address	Post Code	460556
Link No.	03-934				
Does he own a Singapore	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
Registered car?					
eclaration					
reathalyser or Blood Test	7.00	Any Injury?	® Yes ○ No		
leading?	0 mg	serie indicate.			
fodification History					
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Claim 001 New					
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laim Type *	00-MX ¥	Insured Name	ONEZRENT CARS PTE, LTD.	Insured NRIC	201306179N
consact No. (Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	62927575
mail Address	enquiry@one2rentcars.com	Of Vehicle Number	SGF588G	TP Vehicle Number	SH84335C
Daimant Type Claimant Type •	Please Select	Type of Benefit •	Please Select		
Sament Name *	>>	Claimant NRIC *			
Dalmant Address					S
Daim Description	SGF588G / SH84335C ON 8 Aug 2019			Name of Preferred Workshop	
referred Workshop Contact		Insured Liability *	Not at Fault		
10.	Post Post			GIA report	Received
Require Finalisation	Yes	Preferend Repair Option	Principal marketing, regime transferri	Date Received	13/08/2019 00:00
Date Registered	13/08/2019 20:37	Claim Close Date		POT MANAGEMENT	Listen State of the State of th
tegort Taken By	Jackson				
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	MT/L057469 ⊕ Yes ○ No	Claim No.	001 13/08/2019 20:37		

