| NATIONAL Assessment Centre  |   | The same and the s |  |               |
|---|---|--|--|---------------|
| Date In: 14/10/19- M. 45  | Job description   | Date & Time Completed  | Done   | e by          |
| Res No: Na INC 192 189 01/24  | SAS e-filling   | İ  |  |               |
| Veh No: SLATER P.   | E-mail (within Shrs, AIC 2hrs)                            |  |  | A             |
| D.O.A: 13/19/19-16:55   | i-Motor Claim Form  | m7/1068409-001   | Whola 1  | 5:47          |
| OD TPY Reporting Only   | i-Motor W/O (Within: 00 2hr                               | s, γγ, +hrs)   |  |               |
| OD (11) Teporting Omy   | i-Photo Uploaded  | }  | - Contract   | in the second |
| TP Insurer:   | Assessment/Survey Report                                  |  |  |               |
| Preferred Wksp / INC Assign Wksp / QW: (  | Ass't Report by Fax / Hand t                              | To:  | Fax:   |               |
| TP Particulars: Veh No: JB 583  | INC (   |  | rax.   |               |
| Owner / Driver: (   | , 1100  | Tel:   | · 1  |               |
|   | od: ( )   | Cover Type: (  |  |               |
| Confirmed by: (   | Date:   | Time:  | )  |               |
| <del></del>   | ote-Est, Status (WO) N: 0-2                               | 0%: P: 21-79%. P: 80-  | -100%]   |               |
|   | 'arranty: YET ( )/NO(                                     | )  |  |               |
| Excess: (\$ ) Loading: \$1,000  | 0()/\$2,000()   |  |  |               |
|   |   | Owing Co: (  | Done   | )<br>by       |
| Remarks: (INC hottine: 6788 6616)  1) Apply for Transport Allowance ( )/Cor 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$300  Injury:  | urtesy Car ( )  | Datescaims contends  | Done   | )<br>by       |
| Remarks: (INC hottine: 6788 6616)  1) Apply for Transport Allowance ( )/ Cor 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$300  Injury:  Date/Time Actions  | urtesy Car ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )        | Dateses into chaptered   | Antr(S).   |               |
| Remarks: (INC hothar) 6788 6616)  1) Apply for Transport Allowance ( )/ Cor 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$300  Injury:  Date/Time Actions  Allowed  Laimant's Particulars:  | urtesy Car ( )  ( )  00] ( )  Invoice Prefitation (1)  11 | Dateses irro chaptered   | Ant (S).  Fat Bill  (10)  (5.05)   | AHL(I)        |
| Remarks: (INC hottine: 6788 6616)  1) Apply for Transport Allowance ( ) / Cor 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$300  Injury:  Date/Time Actions  Allowed  laimant's Particulars:- river/Owner:  | urtesy Car ( )  ( )  ( )  ( )  ( )  ( )  ( )  ( )         | Datesealing Continue Completed:  Datesealing Continue Completed:  Pepulog Continue C | Fat Bill (50) (548) (548) (5120) (530)   | AHL(3)        |
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| Remarks: (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/ Cor 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$300  Injury:  Date/Time Actions  laimant's Particulars: river/Owner:   | urtesy Car ( )  ( )  ( )  ( )  ( )  ( )  ( )  ( )         | Dateses irrus a chiple ad  Dateses irrus a chiple ad  Pepuring (***)  Assessment (***)  Butter         | Ant (S)<br>  St Bill<br>  St 20<br>  S30<br>  B)   | AHL(I)        |
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| Remarks:- (INChothae: 6788 6616)  1) Apply for Transport Allowance ( )/ Cor 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$300  Injury:  Date/Time Actions  Laimant's Particulars:- river/Owner:  ontact No:  amaged Portion:  C Checked by (Engr-In-Charge):  | urtesy Car ( )  ( )  ( )  ( )  ( )  ( )  ( )  ( )         | Dateses irrus a chiple ed.  Reporting (Chip. Assessment (San and Inc.)  Cor/Tpt Allowance  Co | \$4.00<br>\$4.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00<br>\$1.00 | Amt(\$)       |

# SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

Contact Number 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.
- 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.   |  |
|--|--|
|  | ACCIDENT STATEMENT                     |
| Date Of Report   | 24/10/2019 13:45                       |
| Date Of Accident   | 23/10/2019 16:55                       |
| Exact Location Of Accident   | PIE (TUAS) TWDS THOMSON RD             |
| Country/State of Loss  | SINGAPORE                              |
| D  | DETAILS OF OWN VEHICLE                 |
| Vehicle Registration Number  | SLA7818P                               |
| Insured/Policyholder   |  |
| Name Of Registered Owner   | AUTO RENTZ LLP                         |
| Co Reg No  | T16LL1519K                             |
| Email Address  | NOEMAIL                                |
| Mobile Phone No  |  |
| Alternative Phone No   | OFFICE-89999999                        |
| Vehicle Particulars  |  |
| Manufacturer   | VOLKSWAGEN                             |
| Model  | JETTA GP 1.4 TSI 90 A/T TL 1632G5      |
| Exact Purpose for which vehicle was being used at time of accident           | PRIVATE 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   | COMMERCIAL VEHICLE                     |
| Insurance Company  |  |
| Name of Insurance Company  | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage   | COMPREHENSIVE                          |
| Fleet Policy   | NO                                     |
| Policy Number  | 5094242748-02                          |
| Cover Note Number  |  |
| Driver   |  |
| Name of Driver   | LAU ZHEN YING NOEMIE                   |
| NRIC No  | S8509520Z                              |
| Date Of Birth  | 25/03/1985                             |
| Occupation   | INDOOR                                 |
| Date Of Driving Pass   | 24/06/2013                             |
| Driving Experience   | 6 YEARS AND 3 MONTHS                   |
| Gender   | FEMALE                                 |
| Mobile Number  | (LOCAL) +65-97767926                   |
| Fax Number   |  |
|  |  |

OFFICE-97767926

NOEMAIL

32 WOODLANDS CRESCENT Address

#12-02

738087 Postcode

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

OTHER - HIRER

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

NO Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

2 NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES 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)

Passenger 1

NO

NAME:

GENDER: : FEMALE

NO

2

**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?

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** 

SBS8345D Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

BUS Vehicle Category

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.
- 7 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.
- 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)

Lunderstand, 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")
- 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)

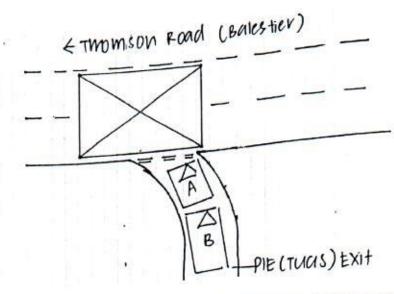
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



Venick A: SLA7818P VINCE B: 5858345D.

| RIBE CIRCU | n    | the | 810   | ated | date   | A tin | ne, I, | Veri  | cle A. |      |
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DECLARATION

particulars are true in every respect. I/We declare

Polityholder's Signature Date & Time:

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

# ACCIDENT STATEMENT

| ACCIDENT DATE: 03/ 10/ 2019 (DD/MM/YYYY), TIME: ( 16: 06) (HH:MM)   |     |
|---|-----|
| LOCATION: PECTUAS) EXIT to Thomson Road.  |     |
| 1. DETAILS OF VEHICLE  GIVEHICLE NUMBER: SLA 7818 P  DJINSURANCE COMPANY: NTUC  |     |
| C)POLICY NUMBER:  C)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)  E)MAKE & MODEL:  F)TYPE:(SALDON / COUPE / MPV /V AN / LORRY / MOTORCYCLE / OTHERS)  G)VEHICLE CATEGORY:(PRIVATE / COMMERCIAL / MOTORCYCLE)  E)PRIPOSE OF USING AT ACCIDENT TIME:  Private | 8   |
| i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  2. INSURED / POLICY HOLDER  |     |
| A)NAME: AUTO RENTZ LLP (MALE/FEMALE)  b)NRIC/FIN/PASSPORT: T/6 LL 1519K CONTACT:  c)ADDRESS: 13 KAFT BUETT Rd 4 #103-18 BANTLEY BOZ CONTACT:  C(4/7507)   | the |
| CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  AND OF PESSON 93 DRIVER  LOW Their Vina NORMIR (MALE / FEMALE)  |     |
| (0)) temale claddress: 32 Woodlands Crescary #12-0) (193808+)   |     |
| *d) DATE OF BIRTH: ( 25 / 03 / 1985)(DD/MM/YYYY)  e) OCCUPATION: (INDOOR)  f) YEARS OF DRIVING EXPRERIENCE:  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY?  | KS  |
| IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:   |     |
| 6. WAS ANYBODY INJURED (YES / NO) 7. a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION:  |     |
| Ho of passenger of VEHICLE NUMBER: SBS8 3450: MODEL:  |     |
| (UNEDOWN 9. THIRD PARTY VEHICLE.  |     |
| Ho of passenger of Driver's NAME:   |     |
|   | Ķ.  |

email =

fax =

| <b>eBao</b> Tech       |          |                   |                       |                      |                      |         |                  |                |                   | Genera           | lClaim      |
|------------------------|----------|-------------------|-----------------------|----------------------|----------------------|---------|------------------|----------------|-------------------|------------------|-------------|
| Hello, NAC_PAYA_UBI_80 | 0601     |                   |                       |                      |                      |         | • Change         | Language       | e + Chan          | ge Password      | Log Out     |
| My Desktop             | Poli     | cy Query          |                       |                      |                      |         |                  |                |                   |                  |             |
| Notice of Loss         | Policy N | ia.               |                       |                      |                      | Date o  | Accident         |                | 23/10/2019 1      | 6:55             |             |
|                        | Vehicle  | No.(For Motor)    | SLA781                | BP .                 |                      | Certifi | cate Number      | [              |                   |                  |             |
|                        |          |                   |                       |                      |                      | Search  |                  |                |                   |                  |             |
|                        | Select   | Policy No.        | Certificate<br>Number | Policyholder<br>Name | Policyholder<br>NRIC | Product | Cover Type       | Vehicle<br>No. | Insured<br>Object | Commence<br>Date | Expiry Date |
|                        | 0        | 5094242748-<br>02 |                       | AUTO RENTZ<br>LLP    | T16LL1519K           | GPC     | drivo<br>PREMIUM | SLA7818F       | 5LA7818P          | 16/09/2019       | 15/09/2020  |
|                        |          | WE IV             |                       |                      | / C                  | ontinue | DIO GO CONT      |                |                   |                  |             |

| Sequer                            | nce Date of Endorseme      | ent                               | Endorsemen     | t Type            | Endorsement          | Status       | Endorsement Content          |
|-----------------------------------|----------------------------|-----------------------------------|----------------|-------------------|----------------------|--------------|------------------------------|
| ▽ Endors                          | ements                     |                                   |                |                   |                      |              |                              |
| Insure                            | d Object: SLA7818P         |                                   |                |                   |                      |              |                              |
| Jnit No.                          | 03-18                      | Relate<br>Numb                    | d Policy<br>er | 5094242748-02     |                      |              |                              |
| Address 4                         |                            | Addre                             | ss Type        | Singapore address | 8                    | Post Code    | 417807                       |
| Address 1                         | 13 KAKI BUKIT ROAD 4       | Addre                             | ss 2           | #03-18 BARTLEY B  | IZ CENTRE            | Address 3    | SINGAPORE 417807             |
| Policy!                           | nolder Mailing Address     |                                   |                |                   |                      |              |                              |
| Certificate<br>Info               |                            |                                   |                |                   |                      |              |                              |
| Open<br>Policy Info               |                            |                                   |                |                   |                      |              |                              |
| Flag                              | 300)                       |                                   |                |                   |                      |              |                              |
| Co-<br>insurance                  | No                         |                                   |                |                   |                      |              |                              |
| Agent                             | I INSURANCE AGENCY         | Agent Tel.                        | 67026779       |                   | GST Flag             | Υ            |                              |
| Outside<br>Singapore<br>OD Excess | 2000                       | Outside<br>Singapore<br>TP Excess | 1500           |                   |                      | Young        | g/Inexperience Driver Excess |
| Additional<br>Excess              | 0                          | Premium                           | 0              |                   |                      |              |                              |
| Excess                            | 1300                       | Excess                            | 2000           |                   | Excess               | 100          |                              |
| Third Party                       | 1500                       | Own<br>damage                     | 2000           |                   | Windscreen           | 100          |                              |
| Excess<br>Type                    | Per Accident               | All Claims<br>Excess              |                |                   |                      |              |                              |
| Policy<br>Issue Date              | 12/09/2019                 | Effective<br>Date                 | 16/09/201      | 9 00:00           | Expiry Date          | 15/09/2020 2 | 3:59                         |
| Product<br>Name                   | PRIVATE CAR INSURANCE      | Plan                              |                |                   | Group<br>Policy Flag | N            |                              |
| Address                           | 13 KAKI BUKIT ROAD 4 #03-1 | 8 BARTLEY BIZ                     | CENTRE SIN     | VGAPORE 417807    |                      |              |                              |
| Certificate<br>No.                |                            |                                   |                |                   |                      |              |                              |
| Policy No.                        | 5094242748-02              | Policyholder<br>Name              | AUTO REN       | TZ LLP            | Policyholder<br>NRIC | T16LL1519K   |                              |

| cident MT/1068409   | FOR PARTIES OF  | Marking Pro-  | Gr.4.70+0.0  | DET Pagementing for                           |  |
|---|---|---|--|---|--|
| cy No.  | 5094242748-02   | Vehicle No.   | SLA7818P   | GST Registration No.                          |  |
| irtificate No.  |   |   |  | 200000000000000000000000000000000000000       | 716LL1519K   |
| Reyholder Name  | AUTO RENTZ LUP  | UDATION AND THE   |  | Policyholder NR3C                             |  |
| oduct Code  | PRIVATE CAR INSURANCE   | Cover Type  | drive PREMIUM  | Loading Contact No.(Home)                     | 0  |
| ontact No.(Mobile)  | 0   | Contact No.(Office)   | 0  |   | general contract of the contra |
| mail Address  |   | Special Remark  |  | eCode   | 1  |
| FK  | ® No ○ Yes  | TCA   | No   Yes  Yes  Yes  No   O  Yes  O  No  O  Yes  No  O  No  O  No  No  No  No  No  No   | eCode Reason                                  |  |
| CO Protection   | No  | NCD Entitlement(%)  | 20   | Private Hire                                  | No   |
| Accident Details  |   |   |  |   |  |
| port Date   | 24/10/2019 15:44  | Accident Report Within 24 hrs.  | Yes  | Accident Type                                 | Collision - Head to Rear   |
| ete of Accident   | 23/10/2019  | Time of Accident hin:mm   | 16:55  | Country of Accident                           | Singapore  |
| eporting Centre   |   | Orange Force  |  | ICM No.                                       |  |
| codent Location   | PIE (TUAS) TWDS THOMSON RD  |   |  |   |  |
| Total Excess Applicable   |   |   |  |   |  |
| coess Type  | Per Accident  | Windscreen Excess   | 100.00   |   |  |
|   |   |   | 702000   |   |  |
| D Standard Excess   | 2,000.00  | TP Standard Excess  | 1,500.00   |   |  |
| ED OD Excess  | 0.00  | YIED TP Excess  |  | Driver is Covered?                            |  |
| ddibonal Excess   | 0   |   |  |   |  |
| oral DD Excess Applicable   | 2000.00   | Total TP Excess Applicable  |  |   |  |
| ♥ Benefits  |   |   |  |   |  |
| GST Registered Informa  | tion  |   |  |   |  |
| ST Registered   | No  |   | GST Registration Date  | 52000   |  |
| ST Registration No.   |   | tons changed CCT Company  | GST Status Verified  | Yes   |  |
| odification History   | 24/10/2019 15:46:40 5/50  | ters changed GST Status Verified from   | n reo to tille   |   |  |
| Policyholder Mailing Ad   | ****  |   |  |   |  |
|   |   | Aridrana *  | #03-18 BARTLEY BIZ CENTRE  | Address 3                                     | SINGAPORE 417807   |
| ddress 1  | 13 KAKI BUKIT ROAD 4  | Address 2<br>Address Type   | Singapore address  | Post Code                                     | 417807   |
| cidress 4   |   |   | 2310   | Post Code:                                    | 41/10/   |
| nit No.   | 03-18   | Related Policy Number   | 5094242748-02  |   |  |
| OI Driver Info  | 702703-2806   |   | No. of the last of the last  |   |  |
| river Name  | Unnames Driver  | Driver Type   | Unnames Driver   | Driver DOB                                    | 25/03/1985   |
| nnamed driver Name  | LAU ZHEN YING NOEMIE  | Driver NRIC   | \$8\$09\$20Z   |   |  |
| egister Date of Driver License  |   | Driver Age  | ы  | Driving Experience                            | •  |
| ontact No.(Mobile)  | 97767926  | Contact No.(Office)   | 0  | Contact No.(Home)                             | 0  |
| ddress 1  | 32 WOODLANDS CRESCENT   | Address 2   | NORTHOAKS  | Address 3                                     | SINGAPORE 738087   |
| ddress 4  |   | Address Type  | Singapore address  | Post Code                                     | 738087   |
| init No.  | 12-02   |   |  |   |  |
| loes he own a Singapore<br>legistered car?  | ☐ Yes ® No  | Driver Vehicle No.  |  | Driver Insurer Company                        |  |
|   |   |   |  |   |  |
| eclaration  |   |   |  |   |  |
| freathalyser or Blood Test<br>leading?  | 0 mg  | Any injury?   | ○ Yes ® No   |   |  |
|   |   |   |  |   |  |
| fedification History  |   |   |  |   |  |
|   |   |   |  |   |  |
| Claim 001 New   |   |   |  |   |  |
|   |   |   |  |   |  |
| Saim Tuma *   | OD-MX   | Insured Name  | AUTO RENTZ LLP   | Insured NRIC                                  | T16LL1519K   |
| Saim Type *   | NAME OF THE PARTY |   | NIL NIL  | Contact No. (Office)                          |  |
| Contact No. (Mobile)  |   | Contact No.(Home)   | NIL<br>SLA7818P  |   | SBS8345D   |
| mail Address  |   | DI Vehicle Number   |  | TP Vehicle Number                             | 30303740   |
| laimant Type Claimant Type *  |   | Type of Benefit * Claimant NRIC *   | Please Select  |   |  |
| Action and Ministra   |   | Claimant NKIL. *  |  |   |  |
|   | >>>   |   |  |   |  |
| laiment Address   |   |   |  | Name of Preferred Workshop                    |  |
| Daiment Address   | SLA7818P / S858345D ON 23 Oct 2019  |   | From an Facility   | Name of Preferred Workshop                    |  |
| Claimant Address Claim Description Veferred Workshop Contact Io.  | SIA7818P / 5858345D ON 23 Oct 2019  | Insured Liability *   | Not at Fault   |   | No.  |
| Claimant Address Claim Description Veferred Workshop Contact Vo.  | SLA7818P / \$858345D ON 23 Oct 2019  Yes  | Preferend Repair Option   |  | GIA report                                    | Tradestee .  |
| Claiment Address Claim Description veferred Workshop Contact io. lequire Finalisation   | SIA7818P / 5858345D ON 23 Oct 2019  |   |  |   | Received 24/10/2019 00:00  |
| Dalment Address  Dalm Description  Veferred Workshop Contact  Io.  Lequire Finalization  Date Registered  | SLA7818P / \$858345D ON 23 Oct 2019  Yes  | Preferend Repair Option   |  | GIA report                                    | CASH DANGER OF THE PARTY OF THE |
| laimant Address  laim Description  referred Workshop Contact io,  equire Finalization  bate Registered  leport Taken By                                 | Si,A7815P / S858345D ON 23 Oct 2019  Yes 24/10/2019 15:47   | Preferend Repair Option   |  | GIA report                                    | CASH DANGER OF THE PARTY OF THE |
| laiment Address laim Description referred Workshop Contact io, equire Finalization rate Registered eport Taken By                                       | Si,A7815P / S858345D ON 23 Oct 2019  Yes 24/10/2019 15:47   | Preferend Repair Option   | Preferred Workshop, Name unknown   | GIA report                                    | CASH DANGER OF THE PARTY OF THE |
| Ialmant Address Ialm Description veferred Workshop Contact io. equire Finalisation bate Registered report Taken By  Print AK letter                     | Si,A7815P / S858345D ON 23 Oct 2019  Yes 24/10/2019 15:47   | Preferend Repair Option   |  | GIA report                                    | CAN DESCRIPTION OF THE PARTY OF |
| laimant Address  laim Description  referred Workshop Contact io,  equire Finalization  bate Registered  leport Taken By                                 | Si,A7815P / S858345D ON 23 Oct 2019  Yes 24/10/2019 15:47   | Preferend Repair Option   | Preferred Workshop, Name unknown   | GIA report                                    | · Carl I Construction of the Construction of t |
| Claimant Address Claim Description veferred Workshop Contact io. Lequire Finalization value Registered Leport Taken By  Print AK letter  Attachment     | Si,A7815P / S858345D ON 23 Oct 2019  Yes 24/10/2019 15:47   | Preferend Repair Option   | Preferred Workshop, Name unknown   | GIA report                                    | · Carl I Construction of the Construction of t |
| Claimant Address Claim Description veferred Workshop Contact Ido. Lequire Finalization loate Registered Leport Taken By Print AK letter  Attachment     | St.A7818P / S858345D ON 23 Oct 2019  Yes  24/10/2019 15:47  Jackson   | Prefetered Repair Option<br>Claim Close Date                                      | Preferred Workshop, Name unknown Save Submit   | GIA report                                    | · Carl I Construction of the Construction of t |
| Islimant Address  Islim Description referred Workshop Contact Io.  Pequire Finalisation  Value Registered  Report Taken By  Print AK letter  Attachment | St.A7818P / S858345D ON 23 Oct 2019  Ves  24/10/2019 15:47  Jackson  NT/1068409   | Preferend Repair Option<br>Claim Close Date  Claim No.                            | Preferred Workshop, Name unknown  Save Submit  | GIA report                                    | · Carl I Construction of the Construction of t |
| laimant Address  Laim Description referred Workshop Contact  o,  equire Finalisation  laite Registered  export Taken By  Print AK letter  Attachment    | SIA7818P / S858345D ON 23 Oct 2019  Yes  24/10/2019 15:47  Jackson  MT/1069409  Yes O No  | Prefetered Repair Option<br>Claim Close Date                                      | Preferred Workshop, Name unknown  Save Submz  CO1 24/10/2019 15:48   | GIA report Date Received                      | 24/10/2019 00:00   |
| laimant Address  Laim Description referred Workshop Contact  o,  equire Finalisation  laite Registered  export Taken By  Print AK letter  Attachment    | St.A7818P / S858345D ON 23 Oct 2019  Ves  24/10/2019 15:47  Jackson  NT/1068409   | Prefetered Repair Option<br>Claim Close Date  Claim No. Upload Date               | Preferred Workshop, Name unknown  Save Submit  OOI  24/10/2019 15:48  Category *   | GIA report  Date Received  Confidential Urger | 24/10/2019 00:00   |
| laiment Address laim Description referred Workshop Contact 0.  atte Registered export Taken By  Print AK letter  Attachment                             | SIA7818P / S858345D ON 23 Oct 2019  Yes  24/10/2019 15:47  Jackson  MT/1069409  Yes O No  | Preferend Repair Option Claim Close Date  Claim No. Uploed Date  Browse           | Preferred Workshop, Name unknown  Save Submz  OQ1 24/10/2019 15:48  Category *   | Confidential Urge                             | 24/10/2019 00:00   |
| laiment Address laim Description referred Workshop Contact 0.  atte Registered export Taken By  Print AK letter  Attachment                             | SIA7818P / S858345D ON 23 Oct 2019  Yes  24/10/2019 15:47  Jackson  MT/1069409  Yes O No  | Prefetered Repair Option<br>Claim Close Date  Claim No. Upload Date               | Preferred Workshop, Name unknown  Save Submz  OQ1 24/10/2019 15:48 Category • Clear Please Select Clear Please Select  | Confidential Urge                             | 24/10/2019 00:00   |
| laiment Address laim Description referred Workshop Contact 0.  atte Registered export Taken By  Print AK letter  Attachment                             | SIA7818P / S858345D ON 23 Oct 2019  Yes  24/10/2019 15:47  Jackson  MT/1069409  Yes O No  | Preferend Repair Option Claim Close Date  Claim No. Uploed Date  Browse           | Preferred Workshop, Name unknown  Save Submz  C01 24/10/2019 15:48 Category *  Clear Please Select  Clear Please Select  | Confidential Urge                             | 24/10/2019 00:00   |
| laimant Address  Laim Description referred Workshop Contact  o,  equire Finalisation  laite Registered  export Taken By  Print AK letter  Attachment    | SIA7818P / S858345D ON 23 Oct 2019  Yes  24/10/2019 15:47  Jackson  MT/1069409  Yes O No  | Preferend Repair Option Claim Close Date  Claim No. Upload Date  Browse.  Browse. | Preferred Workshop, Name unknown  Save Submz  C01 24/10/2019 15:48 Category *  Clear Please Select Clear Please Select Please Select Please Select                             | Confidential Urge                             | 24/10/2019 00:00   |
|   | SIA7818P / S858345D ON 23 Oct 2019  Yes  24/10/2019 15:47  Jackson  MT/1069409  Yes O No  | Preferend Repair Option Claim Close Date  Claim No. Uploed Date  Browse. Browse.  | Preferred Workshop, Name unknown  Save Submz  C01 24/10/2019 15:48 Category *  Clear Please Select Clear Please Select Please Select Please Select Please Select Please Select | Confidential Urge  Confidential Urge  Normal  | 24/10/2019 00:00   |

