Date In: 1/10/19 - 17:14	1111	HALIGIYNS8	D
	Jeb description	Date &Time Completed	Done by
Res No: Hally Lago Posily	SAS e-filing	1	
Veh No: 5186720	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 20/14/19-19:35	i-Motor Claim Form	M7 1068729-001	16/0/19/12/16
OD : TP)! Reporting Only	i-Motor W/O (Within: OD 2h	CONTRACTOR OF THE STATE OF THE	
OB Traporting Only	i-Photo Uploaded	1	
TP Insurer:	Assessment/Survey Report		
TP insurer.	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (		Tel: F	ax:
TP Particulars: Veh No: 54P6	INC (	)/Non-INC( )	
Owner / Driver: (		Tel:	)
Policy No: ( ) Po	eriod: (	Cover Type: (	)
Confirmed by : (	Date:	Time:	)
Insured/Driver Liability: (%) [	Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-1	00%]
Year of Registration: ( )	Warranty: YES ( )/NO (	)	
Excess: (\$ ) Loading: \$1,0	000()/\$2,000()		
General Remarks:-			
( ) Walk-In Customer: Customer's info			
		nouy NO refer of repailer.	
( ) Total Loss Case : to e-mail Insur		<u> </u>	
Drive-In ( )/ Towed-In ( ); Invoice	e: YES( ) / NO( ); T	owing Co: (	. )
Remarks: (INC hotline: 6788 6616)	121.00	Date&Time Completed	Done by
	Courtesy Car ( )		
, The	- Cartos) Car ( )		
2) OC Check / Past Repair Inspection	7 )		
2) QC Check / Post Repair Inspection	( )		
QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost > \$3]	3000] ( )		
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Upload Resurvey Photo [Repair Cost > \$3      Injury:	( )		Staff Screen as
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3) Upload Resurvey Photo [Repair Cost > \$3  Injury:  Date/Fime Actions  NA 14 0 8 100  Inimant's Particulars:  river/Owner:	Invoice Pres  1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Fellow-T 5) FT: Fellow-T For claiming a 6) TR: Re-inspec 7) N1: Idae DA: 8) NTUC Addition	Reporting (\$30); Assessment (\$100); INC (\$8: es \$40. hrough Survey (Resurvey) gainst JNC Only (wef 10 Jan 2005) stion + SMRT Survey (\$2.00); \$2.000	fat Bill Add I
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3) Upload Resurvey Photo [Repair Cost > \$3  Injury:  Date/Time   Actions  NA 1908199  Inimant's Particulars:-  river/Owner:  ontact No:  nmaged Portion:  C Checked by (Engr-In-Charge):  additors! Comments:-	Invoice Pre  1) AR: Accident 2) DA: Darnege 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T 5) FT: Fellow-T 6) TR: Re-inspec 7) N1: Idae DA: 8) NTUC Addition OD: • N5: Courtesy • N6: Repeir C • N7: Fost Rep • N8: DV/Col	Reporting (\$30); Assessment (\$100); INC (\$8) es \$40. hrough Survey (Resurvey) eninst INC Only (wef 10 Jan 2005) etion + SMRT Survey \$ small Services Car / Tpt Allowance e-ordination	Tal Bill   Add T
3) Upload Resurvey Photo [Repair Cost > \$3  Injury:  Date/Time Actions	Invoice Pre  1) AR: Accident 2) DA: Darnege 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T 5) FT: Fellow-T 6) TR: Re-inspec 7) N1: Idae DA: 8) NTUC Addition OD: • N5: Courtesy • N6: Repeir C • N7: Fost Rep • N8: DV/Col	Reporting (\$30); Assessment (\$100); INC (\$8); es \$40. hrough Survey (Resurvey) spinst INC Only (wef 10 Jan 2005) stion + SMRT Survey \$ const Services:  Car / Tpt Allowance condination in Inspection lect Excess Coordination (Non INC) against INC	Tall Bill   Add I

### SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

**EMail Address** 

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

	ACCIDENT STATEMENT
Date Of Report	26/10/2019 17:14
Date Of Accident	25/10/2019 19:35
Exact Location Of Accident	LOYANG AVE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJL8652J
Insured/Policyholder	
Name Of Registered Owner	OZ CAR RENTAL PTE LTD
Co Reg No	201826382N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	LANCER 1.5 MIVEC GLS 4A/T
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	5112240182
Cover Note Number	
Driver	
Name of Driver	NURUL NATASHA ASIQA BINTE MOHD SHAARI
NRIC No	S9117486C
Date Of Birth	19/05/1991
Occupation	INDOOR
Date Of Driving Pass	06/03/2018
Driving Experience	1 YEAR AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-84281417
Fax Number	
Contact Number	OFFICE-84281417

NOEMAIL

BLK 443 JURONG WEST AVENUE 1 Address

#07-736

Postcode 640443

Was driver an employee of the Insured's Company NO

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

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged?

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

2

NO

Number of Passengers (Including Driver)

Passenger 1

NAME: : MUHAMMAD FADHAN BIN ABDUL HAMID

GENDER: : MALE

**Details of Police Action** 

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

SGP688Z Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number 92388281

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

2

NAME: :

GENDER:

### 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 and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder s'Signature Date & Time Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

SKETCH PLAN

NEH 4: SZL 86257

Tew MESSACIA

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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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DECLARATION

1/2m der are the foregoing particulars are true in every respect.

CAROLE CAROLE

Driver Synature (if driver is not the policyholder) (ate & Time

Reporting Centre Personnel's September Name:

# ACCIDENT STATEMENT

	LOCATION: LOYANG AVE
	1. DETAILS OF VEHICLE  alvehicle number: SSL 86525
	CIPOLICY NUMBER: 512240182 - 00000 6
	DIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / HIRD PARTY FIRE &TH
	WILLES MEDEL LANGER EX
	FITVEE WILDOW COUPE / MPV /VAN / LORRY / MOTORCYLLE / CTILL
	g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL) MOTORCYCLE)
	PUDDOSE OF USING AT ACCIDENT TIME: PINVA (1-
	ILABE VOLL CLARADED VOLIR OWN INSURANCE DESCRIPCI
	IF NO, PLEASE STATE (THIRD PARTY CLAIM) REPORTING ONLY)
	2. INSURED / POLICY HOLDER
	AINAME : UZ (AR RENTAL PRE. LTO MALE / FEMALE)
	b)NRIC/FIN/PASSPORT:CONTACT:
	c)ADDRESS:
	- ALLES ALSO BOLICY HOLDER
۸	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
14 No of passon	THE MELL MALE REMAILED IMALE REMAILED
Cladudina da	CONTACTOR OF THE CONTAC
(b2 )	CIADDRESS: DCK 443 STRONG WEST AVENUE 1.
	CIADODECC. MIN 44 ? SENDING
	W - 771
FEMALE DRIVE	2 - 2 - diDATE OF BIRTH: (19 / 05 / 1991 )(DD/MM/YYYY)
FEMALE DRIVE	EGER ODDATE OF BIRTH: (19/05/1991) (DD/MM/YYYY)  BIOCCUPATION: (MIDOOR) OUTDOOR)
FEMALE DRIVE	ejoccupation: (19 / 05 / 1991 ) (DD/MM/YYYY)
FEMALE DRIVE	e # 07 - 736 (S) FEED (MANAYYYY)  OF SER *d)DATE OF BIRTH: (L9 / 05 / (991 )(DD/MM/YYYY)  OF CUPATION: (INDOOR) OUTDOOR)  I)YEARS OF DRIVING EXPRERIENCE: 1 YEAR  I)YE
FEMALE DRIVE MALE PASSEN	# 07 - 736 (S) [ [ ODD/MM/YYYY)  OF OR *d)DATE OF BIRTH: ([ ODD / (991 ) (DD/MM/YYYY)  ODCCUPATION: (INDOOR) OUTDOOR)  I)YEARS OF DRIVING EXPRERIENCE: (1 YEAR)  WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (XES / NO. 15 NO
FEMALE DRIVE	# 07 - 736 S) EQUIPMENT OF BIRTH: (19 / 05 / 1991 )(DD/MM/YYYY)  e)OCCUPATION: (INDOOR) OUTDOOR)  f) YEARS OF DRIVING EXPRERIENCE: 1 YEAR  WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: LIRGER  SOLVEATHER CONDITION (CLEAR / RAINING / OTHERS
FEMALE DRIVE	4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (XES / NO IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: LIRGE  5. OJWEATHER CONDITION (CLEAR / RAINING / OTHERS  biroad surface (DRY) WET / OTHERS
FEMALE DRIVE MALC PASSEN	4 OT - 736 S) EQUIPMENT OF BIRTH: (19 / 05 / 1991 )(DD/MM/YYYY)  e)OCCUPATION: (INDOOR) OUTDOOR)  I)YEARS OF DRIVING EXPRERIENCE: 1 YEAR  WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 41858  5. O)WEATHER CONDITION (CLEAR / RAINING / OTHERS  b)ROAD SURFACE (DRY) WET / OTHERS  6. WAS ANYBODY INJURED (YES / NO)
FEMALE DRIVE	4 OT - 736 S) EQUIPMENT OF BIRTH: (19 / 05 / 1991 )(DD/MM/YYYY)  e)OCCUPATION: (INDOOR) OUTDOOR)  f)YEARS OF DRIVING EXPRERIENCE: 1 YEAR  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 41858  5. O)WEATHER CONDITION (CLEAR / RAINING / OTHERS  b)ROAD SURFACE (DRY) WET / OTHERS  6. WAS ANYBODY INJURED (YES / NO)  7. O)REPORTED TO POLICE (YES / NO)
FEMALE DRIVE	# 07 - 736 (S) [ [ [ 0 ] ] [ 0
	# 07 - 736 (S) [ [ 0
4 Ne of passenge	# 07-736 (S) EQUIPMENT OF BIRTH: (L9 / 05 / 1991 )(DD/MM/YYYY)  e)OCCUPATION: (INDOOR) OUTDOOR)  f)YEARS OF DRIVING EXPRERIENCE: 1 YEAR  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 41858  5. a)WEATHER CONDITION (CLEAR / RAINING / OTHERS  b)ROAD SURFACE (DRY) WET / OTHERS  6. WAS ANYBODY INJURED (YES / NO)  7. a)REPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  1 a) VEHICLE NUMBER: SGP 688 72 MODEL:
15 No of passenge Concluding drive	# 07-736 (S) EQUIPMENT OF BIRTH: (L9 / 05 / 1991 )(DD/MM/YYYY)  e)OCCUPATION: (INDOOR) OUTDOOR)  f)YEARS OF DRIVING EXPRERIENCE: 1 YEAR  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 41858  5. a)WEATHER CONDITION (CLEAR / RAINING / OTHERS  b)ROAD SURFACE (DRY) WET / OTHERS  6. WAS ANYBODY INJURED (YES / NO)  7. a)REPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  1 a) VEHICLE NUMBER: SGP 688 72 MODEL:
* No of passenge	# 07-736 (S) [ # 07-7
to the of passenge (D) including driver and (P) (02)	# 07-736 (S) EQUIPMENT OF BIRTH: (L9 / 05 / (991 )(DD/MM/YYYY)  e) OCCUPATION: (INDOOR) OUIDOOR)  f) YEARS OF DRIVING EXPRERIENCE: 1 YEAR  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (MES / NO  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 41.00 P.  5. a) WEATHER CONDITION (CLEAR / RAINING / OTHERS  b) ROAD SURFACE (DRY / WET / OTHERS  6. WAS ANYBODY INJURED (MES / NO)  7. a) REPORTED TO POLICE (MES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  9. VEHICLE NUMBER: SCP 688 72 MODEL:  10. NRIC/FIN/PASSPORT: CONTACT: 9238828  9. THIRD PARTY VEHICLE  MODEL:
the of passenge (D)nduding drivenus(P)(02)	# 07-736 (S) [ # 0   D   D   D   D   D   D   D   D   D
to the of passenge E (D) including drive enuc(P) (02)	# 07-736 (S) [ # 0   D   D   D   D   D   D   D   D   D
# He of passenge E (D) including drive Ince(P) (02)	# 07-736 (S) [ # 0   D   D   D   D   D   D   D   D   D
the of passenge (D) including driver (P) (02)	# 07-736 (S) [ # 0   D   D   D   D   D   D   D   D   D

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<b>eBao</b> Tech										Genera	alClaim								
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Notice of Loss	Policy No.			5112240182			Date of Accident		25/10/2019 19:35										
	Vehicle	No.(For Mator)	Motor) SJL8652J			Certificate Number													
					Search														
	Select	Policy No.	Policy No.	Policy No.	Policy No.	Policy No.	Policy No.	Policy No.	Policy No.	Policy No.	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC		Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5112240182	5112240182- 000006	OZ CAR RENTAL PTE. LTD.	201826382N	GFM	Third Party, Fire & Theft	SJL8652)	S3L86523	29/08/2019	28/08/2020								
				00.99	C	ontinue													

Sequen	ce Date of Endorsement	Endorsemen	t Type	Endorsement Number	Endorser	ment Status	End	orsement Content
▽ Certific	cate Endorsements							
1		Basic Informat Indorsement	ion	000001287168768	Endorseme Effective	ent Take	memo A	
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	ements							
• Insure	d Object: 5112240182-000006							
Jnit No.	01-52	Relate Numbe	d Policy er	5112240182				
Address 4		Addres	s Type	Singapore address		Post Code	41780	
Address 1	25 KAKI BUKIT ROAD 4	Addres	is 2	#01-52 SYNERGY @	KB	Address 3	SINGA	PORE 417800
	nolder Mailing Address							
Certificate Info								
Open Policy Info								
nsurance Flag	No							
Agent Co-	TONG HIN INSURANCE AGENCY	Agent Tel.	6515533	13	GST Flag	Y		
Singapore OD Excess		Singapore TP Excess	1500			-	ng/Inexperie	nce Driver Excess
Excess Outside		Premium Outside					D. College Land College	
Additional	0	os	0					
Third Party Excess	1500	Own damage Excess			Windscreen Excess			
Excess Type	Per Accident	All Claims Excess						
Policy ssue Date	28/08/2019	Effective Date	29/08/20	019 00:00	Expiry Date	28/08/2020	23:59	
Product Name	FLEET MASTER INSURANCE	Plan			Group Policy Flag	N		
Address	25 KAKI BUKIT ROAD 4 #01-52	SYNERGY @ K	B SINGA	PORE 417800				
Certificate No.	5112240182-000006				1183308			
Policy No.	5112240182	Policyholder Name	OZ CAR	RENTAL PTE. LTD.	Policyholder NRIC	201826382	N	

Claim Handling										
ccident MT/1068729										
ficy No.	5112240182		Vehicle No.		90086521			GST Registration	No.	
rtificate No.	5112240182-000006									
Royholder Name	OZ CAR RENTAL PTE, LTD.							Policyholder NRIC		201826382N
oduct Code	FLEET MASTER INSURANCE		Cover Type		Third Part	y, Fire & Theft		Loading		0
intact No.(Mobile)	0		Contact No.(Office)		0			Contact No.(Home	1)	0
nail Address			Special Remark					eCode		10.4
к	® No ○ Yes		TCA		® No ○1	/as		eCode Reason		
D Protection	No	10	NCD Entitlement(%)	ge 9	0			Private Hire		No
Accident Details										
port Date	26/10/2019 17:25	10	Accident Report With	hin 2d hrs	Yes			Accident Type		Collision - Head to Rear
ite of Accident										
	25/10/2019		Time of Accident Nh:	mym	19:35			Country of Accide	nc .	Singapore
parting Centre			Orange Force					IEM No.		
cident Location	LOYANG AVE									
Total Excess Applicable										
cess Type	Per Accident		Windscreen Excess							
en anne ma		100	2200000000							
Standard Excess			TP Standard Excess			1,500.00				
D OD Excess	0.00	0	VIED TP Excess					Driver is Covered	5	
ditional Excess		0								
tal OD Excess Applicable	0.00	0	fotal TP Excess Appl	licable						
Benefits										
GST Registered Informa	ation									
T Registered	No				G5	Registration Date				
T Registration No.					G5	T Status Verified		Yes		
dification History	26/10/2019 17:	26:15 System ch	unged GST Stetus V	entied from	No to Yes					
Policyholder Halling Ad	dress									
dress 1	25 KAKI BUKIT ROAD 4		Address 2		#01-52 51	NERGY @ KB		Address 3		SINGAPORE 417800
dress 4			Address Type		Singapore	address -		Post Code		417800
it No.	01-52		Related Policy Number	er	51122401	92				
OI Driver Info						150				
iver Name	Unnamed-Driver		criver Type		Unnamed I	Oriver				
named driver Name	NURUL NATASHA ASIQA BINTE		Driver NRIC		59117466			Driver DOS		19/05/1991
gister Date of Driver License	06/03/2018	- 1	Onver Age		28			Driving Experience		1
mtact No.(Mobile)	84281417		Centact No.(Office)		0			Contact No (Home		0
dress 1	BLK 443		Address 2			EST AVENUE 1		Address 3	,	SINGAPORE 640443
	ILK 443									
dress 4			Address Type		Singapore	address		Post Code		540443
vit Na	07-736									
es he own a Singapore gistered car?	○ Yes		Oriver Vehicle No.					Driver Insurer Cor	ngany	
daration										
athalyser or Brood Test ading?	0 mg	39	vny injury?		○ Yes 🖲	No .				
dification History										
arrange reality										
Claim 001 New										
	no sec	1	107702-2007					2000000000		(22000)
im Type *	00-MX		nsured Name			NTAL PTE, LTD,		Insured NRIC		201826382N
ntact No.(Mobile)			Contact No.(Home)		NGL			Contact No.(Office	1	NIL
ell Address			I Venicle Number		53,86523			TP Vehicle Number		SGP688Z
imant Type Claimant Type •	Please Select 💙	1	ype of Benefit *		Please Sel	ect 🔻				
imant Name *		22 0	Daimant NRIC *							
imant Address										
im Description	53L86523 / SGP688Z ON 25 Oct	t 2019						Name of Preferred	Workshop	
ferred Workshop Contact		1 .	nsured Liability *	-	Not at Fau	n V			-disout?	
non tinalitation	Two and the same of the same o						-	Cit move		Destroy
quire finalisation	Yes		referered Repair Op	100	preferred (	Workshop, Name unknown	100	GIA report		Received
e Registered	26/10/2019 17:26		laim Close Date	3				Date Received		26/10/2019 00:00
port Taken By	Jackson									
Print AK letter										
					Inval Co.	arie I				
0.000					Save Sut	in the second				
Attachment										
i.										
	Lawrence and the Control of the Cont		200,000,000			***				
odent No.	MT/1068729		Claim No			001				
it Doc. Received	● Yes ○ No		Upload D	Date		26/10/2019 17:27				
	Path *					Category *		Confidential	Urgen	cy * Description
				Browse	Clear	Please Select	Y	BC V	Normal	v
				Browse		Please Select	V		Normal	V
							-			
		_		Brown	Clear	Glasta Salart	1.50	1475	Married	101
				Browse		Please Select	V		Normal	
				Browse	Cear	Please Select	V	Fig. 4	Normal	V
				200	Cear			Fig. 4		

