111111111111111111111111111111111111111	Job description		Date & Time Completed	Done	by by
Ref No. Unit 9 - 15:33	SAS e-filing			1	
Veh No: JJTSVEVE				<del> </del>	
	E-mail (within 8			lul I	
D.O.A : 3/11/19-16:32	i-Motor Clair		[M7] 1069842-201	4 11 19 15	42
OD TP Reporting Only	i-Motor W/O		s, 7P 4hrs)		
	i-Photo Uplos				
TP Insurer:	Assessment/Su	rvey Report	<u>i</u>		
	Ass't Report by	Y Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW	/; (		Tel:	Fax:	
TP Particulars: Veh No:	JOGJOVX .	, INC (	)/Non-INC( )	Ti.	15
Owner / Driver: (			Tel:	)	
Policy No: ( )	Period: (	)	Cover Type: (	)	
Confirmed by : (		Date:	Time:	)	
Insured/Driver Liability: (	%) [Note-Est. Status (W	70): N: 0-2	0%; P: 21-79%. P: 80	-100%]	
Year of Registration: (	) Warranty: YES (	)/NO(	)		
Excess: (\$ ) Loading	: \$1,000 ( )/\$2,000 (	( )			
General Remarks:-	NEACHEMAN AND AND A	MENINTAN NEW		(145 K-15	
( ) Walk-In Customer : Customer	s information strictly Con	fidential & St	ictly NO refer of repaire	ſ.	
( ) Total Loss Case : to e-mail I					
		0/ ).T	- Co. (		
Drive-In ( )/ Towed-In ( ); In	voice: YES ( ) / N	0( );1	owing Co: (		
Remarks:- (INC hotline: 6788 66	16)		Date&Time Completed	Done	by
1) Apply for Transport Allowance (	) / Courtesy Car ( )		7.5		
				The second secon	
2) QC Check / Post Repair Inspection	( )	W7-12-17-17		<u> </u>	(
	( ) t>\$3000] ( )				
3) Upload Resurvey Photo [Repair Cos	( ) t>\$3000] ( )				
	( ) t>\$3000] ( )				
3) Upload Resurvey Photo [Repair Cos  Injury:	( ) t>\$3000] ( )				- N - 9, E
3) Upload Resurvey Photo [Repair Cos	( ) t>\$3000] ( )	A 18 3 18 18			
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3) Upload Resurvey Photo [Repair Cos	( ) t>\$3000] ( )				
3) Upload Resurvey Photo [Repair Cos  Injury:  Date/Time Actions	1			Ant (5)	ARC
3) Upload Resurvey Photo [Repair Cos Injury:	1	Invoice Prej	paration Checklist	Ant (5)	
Onte/Time Actions  Na 1908314	1	Invoice Prep	paration Checklist Reporting (\$30);	fit Bill	
Onte/Time Actions  May 1908 11.  Aumant's Particulars:		Invoice Prep 1) AR: Accident 2) DA: Damage 3) TF: Towing F	naration Checklist  Reporting (\$30);  Assessment (\$100); INC (\$100);	150 Bill \$80) 40/\$45	
No 1908 S. Actions  Actions  Almant's Particulars:-  iver/Owner:		Invoice Prep 1) AR : Accident 2) DA : Damage 3) TF : Towing F 4) FT : Follow-T)	paration Checklist  Reporting (\$30);  Assessment (\$100); INC (\$100); Securious Survey	fit Biμ \$80)	
3) Upload Resurvey Photo [Repair Cos  Injury:  Date/Time: Actions  Actions  Aumant's Particulars:  iver/Owner:		Invoice Prep 1) AR : Accident 2) DA : Damage 3) TF : Towing F 4) FT : Follow-Th For claiming as	Caration Checklist  Reporting (\$30);  Assessment (\$100); INC (  se	580) 40/545 5120 530 05)	
No 1908 S. Actions  Actions  Almant's Particulars:  iver/Owner:  Intact No:		Invoice Prep 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Th For claiming and 6) TR: Re-inspec	Paration Checklist  Reporting (\$30);  Assessment (\$100); INC (  Se	51 Bill	
3) Upload Resurvey Photo [Repair Cos  Injury:  Date/Time: Actions  Actions  Aumant's Particulars:  iver/Owner:		Invoice Prep 1) AR : Accident 2) DA : Damage 3) TF : Towing F 4) FT : Follow-Th For claiming as	Caration Checklist  Reporting (\$30);  Assessment (\$100); INC (  Surough Survey  Brough Survey (Resurvey)  Brinst INC Only (wef 10 Jan 20 tion  SMRT Survey	580) 40/545 5120 530 05)	
3) Upload Resurvey Photo [Repair Cos  Injury:  Date/Time: Actions  Actions  Alp 1908314  aumant's Particulars: iver/Owner: ontact No: amaged Portion:		Invoice Prep 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Th For claiming and 6) TR: Re-inspec 7) N1: Idae DA: 8) NTUC Addition	Reporting (\$30); Assessment (\$100); INC (se Survey) Brough Survey (Resurvey) Bright INC Only (wef 10 Jan 20 tion SMRT Survey nal Services:-	\$80) 40/\$45 \$120 \$30 05) \$75 \$160	
3) Upload Resurvey Photo [Repair Cos  Injury:  Date/Time Actions  Actions  Ala 1908 S.H.  January:  Januar		Invoice Prep  1) AR: Accident  2) DA: Damage  3) TF: Towing F  4) FT: Follow-Ti  5) FT: Follow-Ti  For claiming and  6) TR: Re-inspec  7) N1: Idae DA  8) NTUC Addition  OD:  *NS: Courtesy	Paration Checklist  Reporting (\$30);  Assessment (\$100); INC (  Reporting (\$100); INC (  Reporti	51 Bill	
3) Upload Resurvey Photo [Repair Cos  Injury:  Date/Time   Actions  Actions  Lamant's Particulars:  river/Owner:  ontact No:  amaged Portion:  C Checked by (Engr-In-Charge):		Invoice Prep 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Th 5) FT: Follow-Th For claiming and 6) TR: Re-inspec 7) N1: Idae DA: 8) NTUC Addition OD: *N5: Courtesy *N6: Repair Co *N7: Fost Rep	Reporting (\$30); Assessment (\$100); INC ( se	\$80) 40/\$45 \$120 \$30 05) \$75 \$160 \$5 \$10 \$25	
3) Upload Resurvey Photo [Repair Cos  Injury :  Date/Time   Actions    Actions     Actions		Invoice Prep 1) AR: Accident 2) DA: Damage 1 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming at 6) TR: Re-inspec 7) N1: Idac DA: 8) NTUC Addition OD: *N5: Courtesy *N6: Repair Co *N7: Fost Repair Co *N7: Fost Repair Co	Reporting (\$30); Assessment (\$100); INC ( see Survey (Resurvey) (sainst INC Only (wef 10 Jan 20) (total Survey (Resurvey) (sainst INC Only (wef 10 Jan 20) (sainst IN	\$80) 40/\$45 \$120 \$30 05) \$75 \$160 \$3 \$3 \$3 \$3 \$3 \$3 \$3 \$3 \$3 \$3	
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### 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.
- 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 ladgement 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.	
According to the Control of the Cont	ACCIDENT STATEMENT
Date Of Report	04/11/2019 15:33
Date Of Accident	03/11/2019 16:30
Exact Location Of Accident	BUKIT TIMAH RD BEFORE BALMORAL RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJT5284R
Insured/Policyholder	
Name Of Registered Owner	SG CAR RENTAL & SALES PTE LTD
Co Reg No	201509693D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85228855
Alternative Phone No	OFFICE-85228855
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	VIOS E AUTO
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	YES

Fleet Policy YES

Policy Number 5109395196

Cover Note Number

### Driver

Name of Driver CHUA KIAT KEONG

 NRIC No
 \$8109413F

 Date Of Birth
 26/03/1981

 Occupation
 OUTDOOR

 Date Of Driving Pass
 22/06/2005

Driving Experience 14 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91050127

Fax Number

Contact Number OFFICE-91050127

EMail Address NOEMAIL

Address BLK 113 TECK WHYE LANE

#07-664

Postcode 680113

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 Registration Number of Driver's Own

encie

Insurance Company of Driver's Own Vehicle

•

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR
Road Surface DRY

Other Information

ambulance?

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

NO

YES

Was any other material or property damaged?

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

NO

1

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name CHOA CHU KANG NPC

Police Station Address ROAD: 20 CHOA CHU KANG ST 52 #01-02 , POSTCODE: 689286 ,

**COUNTRY: SINGAPORE** 

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

### Circumstances of Accident

REFER TO POLICE REPORT - T/20191103/2096.

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 SJQ302X

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR
Name of Driver SHARI CHONG

NRIC/Passport Number

Contact Number 92272911

Address

Postcode

Insurance Company Name

No. Of Passenger (Including Driver)

1

# **DETAILS OF INJURED PERSON 1**

Name CHUA KIAT KEONG

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJT5284R

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

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 and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate 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.
- 5. 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 aforesald.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, 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 .:

Policyholder's Signazure

Date & Time:

Driver's Signature (If driver is not the policyhalder)

Date & Time:

Reporting Centre Personne's Signature Name:

NRIC/FIN No .:

Vehicle No.	SIT 5284 R. Model/Make Toyda Vios.
Date of Accident	03 /11 / 19
Time of Accident	1630 HRS
Location of Accident	Bukit Timah Road before Balmoral Road.
Exact purpose use during acc	M)
Name of Owner	36 Car Rental & Sales Pte Ltd.
Telephone No.	H/P: &522 \$855 Home: Office:
NRIC	201509693D.
Address	66 Tunnery lane \$01-05 J Sindo the Industrial Building
Claim type	OD THIRD PARTY REPORTING ONLY (3)347801
Insurance Company	NTUC.
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	5109395196-000005.
Name of Driver	As Above If No, Chua Krat Keong
NRIC	S 8109 413 F. Any Passengers: N.A.
Date of birth	26/03/ 1981.
Occupation	Outdoor / Indoor
Driving License Pass Date	22/06/2005.
Gender	Male Female
Contact No.	H/P: 91050127, Home: Office:
Address	BL15 113 Teck whise Lave \$ 07-664 (3) 680113
Driver have any own vehicle	
Relationship	Employee, If no, state Hirer
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No, If Yes, Who?
Name And Contact No.	Chua Kiat Keong.
Name And Contact No.	
Police Report	No, If Yes, Where? Choa Chu Kang N.P. C.
Vehicle B No.	SJQ 302 X. Any Passengers: N-9.
Name of Driver	Shari Chong. Contact No.: 9272911.
Vehicle C No.	/ Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	N- 4 . Witness Contact : N- A.
Accident Portion	Rear Portion.
Camera Recorder	Yes / No
Email Address	monsteru 48 @ gmack. com.
PARTICULAR WORKSHOP	N-51
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	Zi Ting.
FAX NO	6741 0510
WORKSHOP EMAIL ADDRESS	s sales @ n51. com. sg





1 of 3

Report No. T/20191103/2096

Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999

# REPORT OF A TRAFFIC ACCIDENT

	ne Report M 019 18:16	lade:	Vide Report No.:	Station Diary No 126			
Informa	nt's Particu	ılars					
	Informant: IAT KEON	3	Address: APT BLK 113 TECK WHYE LANE #07-664 SINGAPORE 680113				
	/ ID No.: O / S81094	13F	Contact No.: Home/Office:	Mobile: 91050127			
National SINGAP	ity: ORE CITIZ	EN	Email:				
Sex: Male	Age:	Date of Birth: 26/03/1981	Type of Informant: Driver	Waster and the same of the sam			
Race: Chinese			Language: Institution / School				
Occupat GRAB D			Driving Licence Information: Class: 3,4,5	Date of Expiry:			

Seneral Inform	nation of the Accid	dent		
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/11/2019 16:30	Type of Location Straight Road
Location: Along Road 1 BUKIT TIMAL towards Balm	ROAD			
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:	T	Traffic Control:		Traffic Volume: Heavy
Type of Collis Between Mov	ion: ing Vehicles - Head	To Rear		Anyone conveyed by ambulance: No

Details of Vehicle Involved							
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge	
SJQ302X	Car	HONDA	CIVIC 1.8S	Black		d	
SJT5284R	Car	TOYOTA	VIOS E AUTO	Silver	Seriously Damaged		

Details of Person Involved		
Any Pedestrian Involved: No		
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA	





Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999 2 of 3 Report No. T/20191103/2096

### CONTINUATION OF REPORT

Driver		The second				
Name	SHARI CHONG			ID No.		S9205789E
Related Vehicle	SJQ302X (Car)	Conta		Conta	ict No.	92272911
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL		Degree of Injury NIL		
Driver						
Name	CHUA KIAT KEONG	i		ID No.		S8109413F
Related Vehicle	SJT5284R (Car)			Contact No.		91050127
Hospital/Clinic	MOUNT ALVERNIA	MOUNT ALVERNIA HOSPITAL			of g ce & Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	03/11/2019		Date Disc	harge	03/11	/2019
No. of Days gran	ted Medical Leave	07	Degree of	Injury	Sligh	t

# Brief Details.

On 3/11/2019 at about 1630-1635hrs, I was driving SJT5284R and met with an accident. I slowed down my vehicle and the vehicle stop as the cars in front of me stopped due to a jam in front. Suddenly a car SJQ302X hit my vehicle from the back. My vehicle suffered dents at the rear bumper. SJQ302X front bumper dislocated. I had some neck pain and went to the hospital. The doctor gave 7 days mc.





Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999 3 of 3 Report No. T/20191103/2096

CONTINUATION OF REPORT

# Sketch Plan

NP168

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:	Signature Of Informant:
Sgt 2 EDWINASTGAPORE HUI LING	Koony.
Signature Of Interpreter: Not applicable	Date/Time: 03/11/2019 18:16
SIGNATURE	
Officer In Charge Of Case: TP / AEIT / SSI 2 JUREMAH BINTE AHMAD Contact No.: 65476219	Classification Of Case:
Authentication Stamp	



# Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5109395196-000005

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SJT5284R

: MR053HY9305131571

Chassis Number

: SG CAR RENTAL & SALES PTE. LTD.

2. Name of Policyholder

3. Effective Date of Insurance

: 08 May 2019

4. Expiry Date of Insurance

: 07 May 2020

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

### This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing.

(b) Use for the carriage of goods (other than samples) in connection with any trade or business.

(c) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

: \$52,000 EXCESS (SECTION 1) : \$\$1,500 EXCESS (SECTION 2) : S\$100 WINDSCREEN EXCESS : N/A ADDITIONAL EXCESS

: PLEASE REFER OVERLEAF UNNAMED DRIVER EXCESS

: NO REPAIR AT OWNER'S PREFERRED WORKSHOP · YES INSURE WITH COE : NO NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : N/A PRIMARY DRIVER : N/A NAMED DRIVER (1) : N/A NAMED DRIVER (2) HIRE PURCHASE COMPANY : N/A

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS SUM INSURED

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency

: KHC HOLDINGS PTE LTD (00000613934)

Date of Issue

: 07 May 2019 09:08 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive



Policy No.	5109395196	Policyholder Name	SG CAR	RENTAL & SALES PTE. L	Policyholder NRIC	201509693	D
Certificate No.	5109395196-000005				MAIC		
Address	66 TANNERY LANE #01-03E S	INDO INDUSTR	AL BUILD	ING SINGAPORE 34780	5.		
Product Name	FLEET MASTER INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	07/05/2019	Effective Date	08/05/2	019 00:00	Expiry Date	07/05/2020	23:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			You	ing/Inexperience Driver Excess
Agent	KHC HOLDINGS PTE LTD	Agent Tel.	6253828	38	GST Flag	Y	
200.00							
Co- Insurance Flag	No						
nsurance	No						
nsurance Flag Open	No						
nsurance Flag Open Policy Info Certificate Info	No older Mailing Address						
nsurance Flag Open Policy Info Certificate Info Policyh		Addre	ss 2	#01-03E SINDO INI	DUSTRIAL BI	Address 3	SINGAPORE 347805
nsurance Flag Open Policy Info Certificate Info	older Mailing Address		ss 2 ss Type	#01-03E SINDO INI Singapore address		Address 3	SINGAPORE 347805 347805
nsurance Flag Open Policy Info Certificate Info Policyh Address 1	older Mailing Address	Addre	ss Type d Policy				ASSESSED TO CONTRACT OF THE PROPERTY.
nsurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	older Mailing Address 66 TANNERY LANE	Addre Relate Numb	ss Type d Policy	Singapore address			ASSESSED TO CONTRACT OF THE PROPERTY.
Insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Jnit No.	older Mailing Address 66 TANNERY LANE 01-03E 8 Object: 5109395196-0000	Addre Relate Numb	ss Type d Policy	Singapore address			ASSESSED TO CONTRACT OF THE PROPERTY.
nsurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Jnit No.	older Mailing Address 66 TANNERY LANE 01-03E 6 Object: 5109395196-0000	Addre Relate Numb	ss Type d Policy er	Singapore address			A SERVICE VEGETATION FOR THE SERVICE
Den Policy Info Policy Info Policy Info Policy Info Policy Info Address 1 Address 4 Unit No. Insured Sequence	older Mailing Address 66 TANNERY LANE 01-03E 6 Object: 5109395196-0000	Addres Relate Numb	ss Type d Policy er	Singapore address 5109395196		Post Code	347805
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Claim Handling										
Accident MT/1069845										
Policy No.	5109395196	Vehicle No.		5)752848	00		GST Registration No	ĕ		
Certificate No.	5109395196-000005									
Policyholder Name	SG CAR RENTAL & SALES PTE.	LTD.					Policyholder NR1C		201509693	ID.
Product Code	PLEET MASTER DASURANCE	Cover Type		drivo CLA	SSIC		Loading		0	
Contact No.(Mobile)	85228855	Contact No.(C	Office)	0			Contact No.(Home)		0	
Email Address		Special Rema	rice				eCode		TI.V	
KFK	® No ○Yes	TCA		® No 🔿	Yes		eCode Reason		1	
NCO Protection	No	NCD Entitleme	are(%)	0	3.5		Private Hira		Yes	
S Accident Details							Private Pera		res	
Report Date	04/11/2019 15:45	Atrident Reno	ort Within 24 hrs	Yes			Arrivan F.			
Date of Accident							Accident Type			lead to Rear
	03/11/2019	Time of Accide		16:30			Country of Accident		Singapore	
Reporting Centre		Orange Force					ICM No.			
Accident Location	SUKIT TIMAH RO BEFORE BALM	IGRAL RD								
<ul> <li>Total Excess Applicable</li> </ul>										
Excess Type	Per Accident	Windscreen Ex	xcess		100.00					
OD Standard Excess	2,000.00	1945000000000000000000000000000000000000	200000		18162000					
YIED OD Excess					1,500,00					
	0.00		55				Driver is Covered?			
Additional Excess										
Total OD Excess Applicable	2000.00	Total TP Exces	ss Applicable							
♥ Benefits										
GST Registered Inform										
GST Registered	No				T Registration Date					
GST Registration No.				GS	T Status Venified		Yes			
Modification History										
	2000									
Policyholder Hailing Ad										
Address 1	66 TANNERY LANE	Address 2			SINDO INDUSTRIAL BI		Address 3		SINGAPOR	347905
Address 4		Address Type		Singapore			Post Code		347905	
Unit No.	01-038	Related Policy	Number	51093951	96					
□ OI Driver Info										
Driver Name	Unnamed Driver	Onver Type		Unnamed						
Unnamed driver Name	CHUA KIAT KEONG	Oriver MR3C		58109417	E:		Driver DOB		26/03/1981	
Register Date of Driver License		Driver Age		38			Driving Experience		14	
Contact No. (Mobile)	91050127	Contact No.(O	ffice)	0			Contact No.(Home)		0	
Address 1	BLK 113	Address 2		TECK WHY	IE LANE		Address 3		SINGAPORE	680113
Address 4		Address Type		Singapore	address		Post Code		680113	
Unit No.	07-664									
Does he own a Singapore Registered car?	○ Yes ® No	Driver Vehicle	No.				Driver Insurer Compa	any		
negatared cary	55 CHC-570-34							25700		
Declaration										
Breathalyser or Blood Test	Dimg	Any injury?		® Yes ()	No					
Reading?	38,902	641768600110			277					
Modification History										
Claim 001 New										
The state of the s										
Claim Type *	OD-MX 🕶	Insured Name		SG CAR RE	ENTAL & SALES PTE. L		Insured NRIC		201509693	
Contact No.(Mobile)		Contact No. (Ho	ome)	NIL			Contact No.(Office)			
Email Address		Of Vehicle Nur	mber	S715284R			TP Vehicle Number		\$1Q302X	
Claimant Type Claimant Type •	Please Select 🔍	Type of Benefit		Please Sel	ect v					
Claimant Name +		>> Claimant NRIC		-	1					
Claimant Address										
Claim Description	5755284R / SJQ302X ON 3 Nov	2019					Name of Preferred Wi	orkshop		
Preferred Workshop Contact		Insured Liabilit	v *	Not at Fau	ik v			100	10	
No. Require Finalisation	Yes 💙	Preferend Rep		_	Workshop, Name unknown	V	GIA report		Barriora	100
Date Registered	04/11/2019 15:47	Claim Close Da		risteries	rrursanup, nama unknown	4			Received 04/11/2019	00.00
Report Taken By	Deckson	Claim Close Da					Date Received		0401/2019	VO 100
	percent									
Print AK letter										
				Save Suc	imit					
Attachment			39	District States	10000					
9										
Accident No.	MT/1069845	Compa	aim No.		001					
Last Doc. Received	® Yes ○ No		load Date		04/11/2019 15:47					
oceanist convenience		ор								10
	Pach *		-	1 pagener	Category *	_	Confidential	Urgeno	dut.	Description *
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