	re Services well Jan'05 M			
Date In: 4 11 19 - 18: 45	Jeb description	Date & Time Completed	Done	by .
Rei No: Majnyclys 1948/14	SAS e-filing			
Veh No: Jey 95822	E-mail (within Shrs, AIC 2hrs)			94
D.O.A : 7/11/9-14:15	i-Motor Claim Form	M7/10 699~1-00,	4/11/19/	8:35
	i-Motor W/O (Within: OD 2h			
OD (TP) Reporting Only	i-Photo Uploaded			111404
TDI	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		321 (BES/)
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:	
TP Particulars: Veh No: GE	6240L INC)/Non-INC()		- 115
Owner / Driver: (Tel:)	
Policy No: () Pe	eriod: (Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-2	20%; P: 21-79%. P: 30-1	00%]	75
Year of Registration: ()	Warranty: YES () / NO ()		meet this
Excess: (\$) Loading: \$1,0	000()/\$2,000()			100/30
General Remarks:-	A CONTRACTOR			
() Walk-In Customer : Customer's info	Commence of the control of the contr			
				
() Total Loss Case : to e-mail Insur	SAC-COLORS COLORS SERVICES DE			
Drive-In ()/ Towed-In (); Invoice	e: YES() / NO();	Towing Co: (,
Remarks:- (INC hotline: 6788 6616)		Date&Time Completed	Done	by
1) Apply for Transport Allowance ()/(Courter Con (
- / Khell tor Translant truowance ()//	Courtesy Car ()			
2) QC Check / Post Repair Inspection	()			en Grand
2) QC Check / Post Repair Inspection	()			
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$:	()			
2) QC Check / Post Repair Inspection	()			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury:	()			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5: Injury:	()		A Control	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5: Injury:	()		Rose Te	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5: Injury:	()			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5: Injury:	()		And the second	V-11-72
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5: Injury:	()			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5: Injury: Date/Time Actions	() 3000] ()		Anit (5)	and the same
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$: Injury: Date/Time Actions	() 3000] () Invoice Pre	paration Checklist	Anit (5)	and the same
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$: Injury: Date/Time Actions	() 3000] () Invoice Pre	paration Checklist	fst Bill	and the same
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$: Injury: Date/Time Actions Actions Acti	() 3000] () Invoice Pre 1) AR: Acciden 2) DA: Damage 3) TF: Towing	paration Checklist t Reporting (\$30); Assessment (\$100); INC (\$8	75t Bill 0) /545	and the same of
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$: Injury: Date/Time Actions Actions Actions	Invoice Pre 1) AR: Acciden 2) DA: Damage 3) TF: Towing 4) FT: Follow- 5) FT: Follow-	paration Checklist t Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 hrough Survey Through Survey (Resurvey)	75t Bill (75t Bi	and the same
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$: Injury: Date/Time Actions Actions Actions	Invoice Pre 1) AR: Acciden 2) DA: Damage 3) TF: Towing 4) FT: Follow-1 5) FT: Follow-1 For claiming	paration Checklist t Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 Through Survey Through Survey (Resurvey) assinst INC Only (wef 10 Jan 2005	19t Bill 0) 7545 5120 530	and the same of
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$: Injury: Date/Time Actions Lamon's Particulars:- river/Owner:	Invoice Pre 1) AR: Acciden 2) DA: Damage 3) TF: Towing 4) FT: Follow-1 5) FT: Follow-1 For claiming 6) TR: Re-inspe	paration Checklist t Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 2005) action	75t Bill (75t Bi	and the same
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$: Injury: Date/Time Actions Liamont's Particulars:- river/Owner:	Invoice Pre	paration Checklist t Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 2005 action + SMRT Survey	19t Bill 0) 75 45 51 20 \$ 30 \$ 775	and the same of
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$: Injury: Date/Time Actions Inimant's Particulars:- river/Owner: ontact No: hmaged Portion:	Invoice Pre 1) AR: Acciden 2) DA: Damage 3) TF: Towing 4) FT: Follow-1 5) FT: Follow-1 For claiming 6) TR: Re-in-pe 7) N1: Idae DA 8) NTUC Additi	paration Checklist t Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 2005) action + SMRT Survey onal Services:-	19t Bill 0) 75 45 51 20 \$ 30 \$ 775	and the same of
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$: Injury: Date/Time Actions Actions	Invoice Pre	paration Checklist t Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 2005) action + SMRT Survey onal Services: y Car / Tpt Allowanse Co-ordination	19t Bill 0) 75 45 51 20 53 0 57 5 51 60 55 51 0	and the same of
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5: Injury: Date/Time Actions Actions	Invoice Pre	paration Checklist t Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 2005) action + SMRT Survey onal Services: y Car / Tpt Allowanne Co-ordination pair Inspection	75 Bill (1988) (and the same of
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5: Injury: Date/Time Actions Actions	Invoice Pre	paration Checklist t Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 Through Survey Through Survey (Resurvey) Asseinst INC Only (wef 10 Jan 2005 action + SMRT Survey onal Services: - y Car / Tpt Allowance Co-ordination mair Inspection tleet Excess Coordination	19t Bill 0) 75 45 51 20 53 0 57 5 51 60 55 51 0	Add Bil
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5: Injury: Date/Time Actions Actions	Invoice Pre	paration Checklist t Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 Phrough Survey Phrough Survey (Resurvey) Assessment (\$100); INC (\$8 Phrough Survey (Resurvey) Assessment (\$100); INC (\$8 Phrough Survey (Resurvey) Assessment (\$100); INC (\$8 Phrough Survey Assessment (\$100); INC (\$100);	Tyt Bill 0) 7545 5120 530 575 5160 525 530 520 30	

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 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.

Manager Comment of the Comment	ACCIDENT STATEMENT	
Date Of Report	04/11/2019 18:25	
Date Of Accident	03/11/2019 14:10	
Exact Location Of Accident	BLK 205 MARSILING DR CARPARK	
Country/State of Loss	SINGAPORE	

Similar Chapter to American	DETAILS OF OWN VEHICLE	and the second
Vehicle Registration Number	SKU9582L	
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	

CONTRACTOR CONTRACTOR CONTRACTOR	
Manufacturer	TOYOTA
Model	COROLLA ALTIS CLASSIC 1.6 CVT

Exact Purpose for which vehicle was being used at COMMERCIAL USE time of accident

Are you claiming under your own insurance policy for repair to your vehicle?

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

04/12/1997

Type Of Coverage COMPREHENSIVE

Fleet Policy YES

Policy Number 5108639457

Cover Note Number

Date Of Driving Pass

Driver

 Name of Driver
 KOH HUAN PING

 NRIC No
 \$7836862D

 Date Of Birth
 09/12/1978

 Occupation
 OUTDOOR

Driving Experience 21 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91386898

Fax Number

Contact Number OFFICE-91386898

EMail Address NOEMAIL

Address

BLK 432D YISHUN AVENUE 1

#10-561

Postcode

764432

NO

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - MAJOR/MINOR RD

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

2

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.

NO

Number of Passengers (Including Driver)

1

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?

YES VIDEO FOOTAGE WITH DRIVER

Remarks/ Reasons:

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Was there any audio recorded?

SLE6349L

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

HARON BIN MAWAS

NRIC/Passport Number

S1484187C

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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.
- 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)

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:

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

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	was traveiling along Blk 205 Marsiling Drive Carpark neading
to	wards the gentry. My vehicle was going straight sugarning
VP	hicle B (SIE 6349L) came out of his carpark lot behind
+1	he stationary lorry and his front left portion of his
1	vehicle colldied anto the front right side of my vehicle.
	After the incident, the driver of vehicle B acknowledge
	that the unknown lorry was his as well which blocked
	his vision while coming out of the payking 10t.
_	Mis vision control of
100	
_	THE LIM
	(B)E LTO
	STE LTO
	SE LID
	(3) (10) (10) (10) (10) (10) (10) (10) (10

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Persophel's Signature Name: NRIC/FIN No.:

GIARRAC SkerchPlanForm_V3

1

SINGAPORE ACCIDENT STATEMENT

MIPORTANT 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.
- 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 fiability.
- 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.

	03/11/2019	(DD/MM/YY)
Date of accident	(20, 10) \$0,000 (20, 20, 20, 20) (20, 20, 20, 20)	(HH:MM)
Time of accident	2: 10 pm	(Min.iviivi)
Exact location of accident	BIK 205 makiling dvive Carpark.	

() () () () () () () () () () () () () (DETAILS OF VEHICLE
Vehicle registration number	SKU 9582 L
Vehicle make and model	Toyota Attis
Type of vehicle	Saloon MPV CRV Van CLorry Bus Motorcycle 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 □

以形式的数据数据数据	INSURANCE IN	FORMATION	
Insurance company	NTUC		
Policy number			1
Type of policy	Comprehensive	Third party fire & theft	TP only 🗆

医克尔斯二氏病 医克拉克氏病 医多种种种	INSURED / POLICY HOLDER	AA-I-	Famala 5
Name	ONE 2 PENT CARS PTE LTD .	Male 🗆	Female
NRIC / Fin / Passport number	2013 06 179 N		
Contact			
Address	TO UBL CRESCENT HOI -12 UBL TECH SINGAPORE 408570	PARE	

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O	.B)	No. of Contract of
Name	Koh Huan Ping Male	Ø	Female
NRIC / Fin / Passport number	578 368620		16 070-
Contact	9138 6898.		
Address	BIK 432D tishun Avenue 1 # 10-561 Singapore (764432)		
Email address			
Date of birth	09/12/1978		
Occupation	Indoor D Outdoor D		
Driving date pass	04/12/1997	_	

the same of the sa			OF THE ACCIDENT	
vas driver an employee of	Yes 🗆	No	- deliver and incure	d. Hiver
hè insured's company?		No	e driver and insure	u,
ccident captured by camera?	Yes	Raining	Others:	
Veather condition	Clear	Wet 🗆	Others.	
load surface	Dry,2	WELD		(Inclusive of driver)
lo of passenger	1			
	A section	PASSENGE	R1	第二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十
Name				
	Male 🗆	Female 🗆		
Gender	Wide D	11		
PART BARBANIA I	HARRES.	PASSENG	R 2	(18) 以下"关"是特别
Vame				
Gender	Male 🗆	Female □		
	area and a second	DESCRIPTION OF THE PARTY OF THE		
		PASSENG	K 5	国际公司 (1990年) (1990年) (1990年)
Name	-			
Gender	Male □	Female □		
		PASSENG	ED A	
法心心之 后于是主义的公司		PASSENG	HN2	以
Name	Male 🗆	Female		
Gender	Male	Terriale D		
	AL THE	PASSENG	ER 5	的,这位是2011年10日的 第
Name	Male 🗆	Female		
Gender	TAIGIC E			
	3000	PASSENG	ER 6	CHARLES AND A STATE OF THE STAT
在19 次年代。1995年日 1995年1995年1995年1995	No. of Concession, Name of Street, or other Persons and Persons an			
Name	Male 🗆	Female D	1	
Gender	Widie =			
Marie Para Carlo Colore		OTHER INFOR	RMATION	
Was anybody injured?	Yes □	No		
Was other vehicle damaged?	Yes	No □		
L. T. Politica Addition	-	ETAILS OF POL	ICE ACTION	which police station.
Reported to police?	Yes 🗆	Nger	r yes, please state	Willest Police Stations
Police station name				
The second line and the second		MUTALE	SS 1	
A CONTRACTOR OF THE STATE OF THE OF THE STATE OF THE STAT		VVIINE		SHE SUISE STORY SHOWS THE STORY SHOWS
Name				
CONTRACTOR LANGUE CONTRACTOR AND ADDRESS OF THE PARTY.		WITNE	SS 2	NO.
	STATE OF THE PARTY	The state of the s		

"是一种是一种的一种,我们就是是一种的一种,我们就是一种的一种,我们就是一种的一种的一种,我们就是一种的一种的一种,我们就是一种的一种,我们就是一种的一种,他们	THIRD PARTY VEHICLE 1
Vehicle registration number	SLE 6349L
Vehicle make model	
Name	Havon Bin Mawas
NRIC / Fin / Passport number	S1484187C
Contact	

	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

	THIRD PARTY VEHICLE 3
Vehicle registration number	STATE OF THE STATE
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

ASSESSMENT OF THE PARTY OF THE	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

DATE OF THE PARTY	OFF THE STREET	INJURED PER	RSON 1
Name	-	STATE OF THE PARTY	
njuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to	Yes 🗆	No 🗆	
hospital by ambulance?	1000		
lospital by ambulance:			
	WITCH STREET	INJURED PE	RSON 2
	DESCRIPTION OF THE PARTY OF THE	INJONES 12	
Name			
Injuries sustained			
Which vehicle person in?	N	No 🗆	
Were seat belts worn?	Yes □		
Was injured conveyed to	Yes □	No 🗆	
hospital by ambulance?			
AND DESCRIPTION OF THE PERSON		INJURED PE	ERXON S
Name		/	/*
injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No/a	
Was injured conveyed to	Yes 🗆	No D	
hospital by ambulance?		/	
	/		
The state of the s	1	INJURED P	erson 4
Name			
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	/ Yes □	No 🗆	
were seat beles worth			
	Yes 🗆	No 🗆	
Was injured conveyed to	Yes 🗆		
hospital by ambulance?	Yes 🗆		
hospital by ambulance?	Yes 🗆	No 🗆	PERSON 5
hospital by ambulance?	Yes 🗆		PERSON 5
hospital by ambulance?	Yes	No 🗆	PERSON 5
Name Injuries sustained	Yes	No 🗆	PERSON 5
Name Injuries sustained Which vehicle person in?		No 🛭	PERSON 5
Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes	No 🛭 INJURED P	PERSON 5
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to		No 🛭	PERSON 5
Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes	No 🛭 INJURED P	PERSON 5
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes	No 🗆 No 🗅	
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes	No 🛭 INJURED P	
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?	Yes	No 🗆 No 🗅	
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?	Yes	No 🗆 No 🗅	
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained	Yes	No 🗆 No 🗅	
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in?	Yes	No 🗆 No 🗅	
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained	Yes 🗆 Yes 🖸	NO D NO D INJURED F	

Hello, NAC_PAYA_UBI_80	0601						· Change	e Language	· Chan	ge Password	· Log Ou
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	No.	5108639	9457		Date o	f Accident	į.	3/11/2019 1	4:10	
	Vehicle	No.(For Motor)	SKU958	2L		Certific	cate Number	Ε			
					8	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured	Commence Date	Expiry Date
	0	5108639457	5108639457- 000033	ONEZRENT CARS PTE. LTD.	201306179N	GFM	drivo CLASSIC		SKU9582L	03/04/2019	02/04/2020

Policy No.	5108639457	Policyholder Name	ONEZREN	T CARS PTE, LTD.	Policyholder NRIC	201306179N	
Certificate No.	5108639457-000033	-02000T0			xi-tioner /2		
Address	70 UBI CRESCENT #01-12 SIN	IGAPORE 40857	0				
Product Name	FLEET MASTER INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	03/04/2019	Effective Date	03/04/201	9 00:00	Expiry Date	02/04/2020 23	:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	2000	Own damage Excess	1000		Windscreen Excess	Ö	
Additional Excess	0	OS Premium	45366.94				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young/	Inexperience Driver Excess
Agent	Marsh (Singapore) Pte Ltd	Agent Tel.	63277687	7	GST Flag	Y	
insurance	No						
insurance Flag Open	No						
insurance Flag Open Policy Info Certificate	No						
Insurance Flag Open Policy Info Certificate Info	No nolder Mailing Address						
Insurance Flag Open Policy Info Certificate Info Policyh		Addres	ss 2	#01-12		Address 3	SINGAPORE 408570
Insurance Flag Open Policy Info Certificate Info Policyh Address I	nolder Mailing Address	2764000	ss 2	#01-12 Singapore address		Address 3 Post Code	SINGAPORE 408570 408570
Co- insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	nolder Mailing Address	Addres	is Type d Policy	Winds AND		ACT TO THE PARTY.	
Insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	nolder Mailing Address 70 UBI CRESCENT	Addre: Relate Numbe	is Type d Policy	Singapore address		ACT TO THE PARTY.	
Insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	70 UBI CRESCENT 01+12 d Object: 5108639457-00003	Addre: Relate Numbe	is Type d Policy	Singapore address		ACT TO THE PARTY.	
Insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No. Insure	70 UBI CRESCENT 01+12 d Object: 5108639457-00003	Addre: Relate Numbe	ss Type d Policy er	Singapore address	31	ACT TO THE PARTY.	
Insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No. Insure Endors Sequen	70 UBI CRESCENT 01+12 d Object: 5108639457-00003	Addres Relate Numbo	ss Type d Policy er	Singapore address 5108639662	31	Post Code	408570

he premium on this policy has coldent HT/1069921	not been collected.									
alicy No.	5109639457	Vehicle No.		KU9582U			SST Registration No			
ertificate No.	5108639457-000033	Fallen and		The second		22	aa i keyawalan mi		201306	11/369
Vicyholder Name	ONEZRENT CARS PTE. LTD.	0.10					Policyholder NRIC		201306	5179N
educt Code	PLEET MASTER INSURANCE	Cover Type		VIVO CLASSIC			owding		0	
intact No.(Mobile)	0	Contact No. (Office)) (Contact No. (Home)		0	
nell Address	Distriction .	Special Remark				. 6	Code		- Y	
K	® No ○ Yes	TCA		No OYes			Code Reason			
Ob Protection	No	NCD Entitlement(%	6) (0			Private Hirs		Yes	
Accident Details										
port Date	04/11/2019 18:33	Accident Report W	ithin 24 hrs Y	es			Accident Type		Collisio	n - Major Minor Road
ste of Accident	03/11/2019	Time of Accident h	homm a	4:10		-	Country of Accident		Singapi	ore
porting Centre		Orange Force					CM No.		52558	207
cident Location	BLK 205 MARSILING DR CARPARK					95				
Total Excess Applicable										
cess Type	Per Accident	Windscreen Excess			0.00					
Standard Excess	1,000.00	TP Standard Excess			2,000.00					
O OO Excess					2,000.00	8.2				
	0.00	VIED TP Excess				- 3	Onver is Covered?			
ditional Excess	0									
al QD Excess Applicable	1000.00	Total TP Excess Ap	plicable							
Benefits										
GST Registered Informa										
T Registered	Yes			GST Registra			01/12/2019	s		
T Registration No.	201306179W			GST Status V	enfied		Yes			
ofication History										
Policyholder Mailing Ad	dress									
dress t	70 UBI CRESCENT	Address Z	3	01-12		A	ddress 3		SINGA	ORE 408570
dress 4		Address Type		ngapore address		p	lost Code		408570	
rt No.	01+12	Related Policy Num	iber 5	108639662						
OI Driver Info										
ver Name	Unnamed Driver	Driver Type	0.00	nnamed Driver						
named driver Name	KCH HUAN PING	Driver NRIC		7836862D			BOD revino		09/12/1	1070
gister Date of Oniver License		Driver Age	- 4							. eva
							briving Experience		21	
ntact No.(Mobile)	91386898	Contact No.(Office)					Contact No.(Home)		0	
dress 1	BLK 4320	Address 2	Y	I BUNBVA NUHEL		A	ddress 3		VISTA	SPRING @ YISHUN
dress 4	SINGAPORE 764432	Address Type	9	ngapore address		p	ost Code		764432	
IR NO.	10-561									
	○ Yes (®) No	Oriver Vehicle No.				0	river Insurer Comp	any		
es ne own a Singapore gistered car?										
es ne own a Singapore gistered car?										
gistered car? daration										
gistered car? claration eathelyser or Blood Test	0 mg	Any injury?) Yes ® No						
claration eathelyser or Blood Test	0 mg	Any injury?	Ç) yes (ii) No						
ogistered car? claration eathelyser or Blood Test easing?	0 mg	Any injury?	Ç) Yes ® No						
gistered car? daration eathelyser or Blood Test eating?	0 mg	Any injury?	Ş) Yes ® No						
Jaration Inthilyser or Blood Test Inding?	0 mg	Any injury?	Ç) Yes ® No						
Javation arthelyser or Blood Test using?	0 mg	Any injury?	, c) Yes ® No						
Javation lattelyser or Blood Test using?	0 mg	Any injury?	ţ) Yes ® No						
Jacetion striction	0 mg.	Any injury? Shoured Name) YES ® NO	E. LTO.	j.	nsured NRIC		201306	179N
Jaration strietyser or Blood Test sching? infration History Italiam OOI New			0		E LTO.		nsured NRIC Contact No.(Office)		201306 629275	
Jaration strietyser or Blood Test string? infration History Jaim 001 New im Type * mact No.(Mobile)		Ensured Name	O N	NEZRENT CARS PT	E. LTD.	c				75
Jaration strietyser or Blood Test sching? Infration History Italiam OOI New Im Type * mact No.(Mobile) eli Address	ОО-МX <u>У</u>	Snaured Name Contact No. (Home)	O N	NEZRENT CARS PT	E. LTO.	c	Contact No. (Office)		629275	75
laration athelyser or Blood Test cling? Inflication History Inim 001 New In Type + nact No.(Mobile) all Address Inim Type Clement Type +	OD-MIX	Snaured Name Contact No. (Home) OI Vehicle Number Type of Wehelt +	O N	NEZRENT CARS PT IL KUPSBZL		c	Contact No. (Office)		629275	75
laration athelyser or Blood Test string? Ification History Inim 001 New In Type * nact No.(Mobile) If Address man Type Clement Type + mark Nome *	OB-MIX enguiry@one2rentcars.com Premie Select	Snaured Name Contact No. (Home) OI Vehicle Number Type of Wehelt +	O N	NEZRENT CARS PT IL KUPSBZL		c	Contact No. (Office)		629275	75
saration sathelyser or Blood Test sping? Sification History Llaim OOI New Im Type * mact No. (Mobile) If Address Imam Type Claimant Type * imant Nome * imant Address Imam Address	OB-MIX enguiry@one2rentcars.com Premie Select	Ensured Name Contact No. (Home) Of Vehicle Number Type of Genete + Claiment NRIC +	O N	NEZRENT CARS PT IL KUPSBZL		r T	ontact No. (Office) P Vehicle Number	iorkshop	629275	75
saration sathelyser or Blood Test sating? sification History limit Type * mact No.(Mobile) aid Address imant Type Claimant Type + imant Name * imant Address im Description	OD-MX enquiry@one2rentcars.com Rease Select	Insured Name Contact No. (Home) OI vehicle Number Type of Benefit ≈ Claiment NRIC +	O N S F	NEZRENT CARS PT IL KUPSBZL Teade Telect		r T	Contact No. (Office)	forkshop	629275	75
saration sathelyser or Blood Test sping? Sification History Italim 001 New Im Type * mact No.(Mobile) all Address Imam Type Clemant Type + imant Address Imam	OD-MX enquiry@one2rentcars.com Pease Select ≥ SKU95821. / SLE63491. DN 3 Nov 2	Sissured Name Contact No.(Home) Of Vehicle Number Type of Benefit ≈ Claiment NRIC +	N N S F	NEZRENT CARS PT IL KUP982L Isaas Balact oct at Fault	5	T N	contact No. (Office) P Vehicle Number ame of Preferred W	lorkshop	629275 SLE634	75 9L
saration sathelyser or Blood Test sping? Sification History Italim 001 New Im Type * mact No.(Mobile) all Address Imam Type Clemant Type + imant Address Imam	OD-MX enquiry@one2rentcars.com Pease Select ≥ SKU9582. / SLE6349L DN 3 Nov 2	Insured Name Contact No. (Home) OI vehicle Number Type of Benefit ≈ Claiment NRIC +	N N S F	NEZRENT CARS PT IL KUPSBZL Teade Telect	5	T N	ontact No. (Office) P Vehicle Number	iorkshop	629275	75 9L
saration sathelyser or Blood Test saing? Sification History Italim 001 New Im Type * mact No. (Mobile) all Address Imam Type Clement Type + imant Address im Description ferred Workshop Contact sure Finalsaction	OD-MX enquiry@one2rentcars.com Pease Select ≥ SKU95821. / SLE63491. DN 3 Nov 2	Sissured Name Contact No.(Home) Of Vehicle Number Type of Benefit ≈ Claiment NRIC +	N N S F	NEZRENT CARS PT IL KUP982L Isaas Balact oct at Fault	5	C T	contact No. (Office) P Vehicle Number ame of Preferred W	lorkshop	629275 SLE634	75 9L
saration sathelyser or Blood Test saring? Sification History Italim 001 New Im Type * mact No. (Mobile) III Address Imam Type Claimant Type + imant Address Imam Address Im	OD-MX enquiry@one2rentcars.com Pease Select ≥ SKU9582. / SLE6349L DN 3 Nov 2	Insured Name Contact No. (Home) Of Vehicle Number Type of Benefic + Claiment NRIC + D19 Insured Liability + Preference Repair O	N N S F	NEZRENT CARS PT IL KUP982L Isaas Balact oct at Fault	5	C T	contact No. (Office) P Vehicle Number ame of Preferred W IIA report	rorkshop	629275 SLE634	75 9L ed
saration sathelyser or Blood Test saring? Sification History Italim 001 New Im Type * mact No. (Mobile) all Address Imam Type Claimant Type + imant Address Imam Address Im	OD-MX enquiry@one2rentcars.com Pease Select SKU95821. / SLE65491. DN 3 Nov 2 Vex O4/11/2019 18:35	Insured Name Contact No. (Home) Of Vehicle Number Type of Benefic + Claiment NRIC + D19 Insured Liability + Preference Repair O	N N S F	NEZRENT CARS PT IL KUP982L Isaas Balact oct at Fault	5	C T	contact No. (Office) P Vehicle Number ame of Preferred W IIA report	iorkshop	629275 SLE634	75 91 ed
daration eathelyser or Blood Test sping? prication History titalim 001 New im Type * mact No.(Mobile) all Address imant Type Claimant Type + imant Address imant Address imant Address im Description ferred Workshop Contact quire Finalsaction te Registered port Taken by	OD-MX enquiry@one2rentcars.com Pease Select SKU95821. / SLE65491. DN 3 Nov 2 Vex O4/11/2019 18:35	Insured Name Contact No. (Home) Of Vehicle Number Type of Benefic + Claiment NRIC + D19 Insured Liability + Preference Repair O	N N S F	NEZRENT CARS PT IL KUP982L Isaas Balact oct at Fault	5	C T	contact No. (Office) P Vehicle Number ame of Preferred W IIA report	orkshop	629275 SLE634	75 91 ed
istered car? saration athelyser or Blood Test sarag? iffication History Italim 001 New im Type + mact No. (Mobile) all Address imant Type Claimant Type + imant Address im Description ferred Workshop Cortact ture Finalsaction e Registered oort Taken By	OD-MX enquiry@one2rentcars.com Pease Select SKU95821. / SLE65491. DN 3 Nov 2 Vex O4/11/2019 18:35	Insured Name Contact No. (Home) Of Vehicle Number Type of Benefic + Claiment NRIC + D19 Insured Liability + Preference Repair O	O N SE F	NEZRENT CARS PT IL KUP982L Isaas Balact oct at Fault	5	C T	contact No. (Office) P Vehicle Number ame of Preferred W IIA report	forkshop	629275 SLE634	75 91 ed
Jacation athelyser or Blood Test using? Infration History Italim 001 New Im Type * mact No.(Mobile) all Address Imam Type Clement Type + imart Address Imam Type Clement Type + imart Address Im Description ferred Workshop Contact out Finalsaction e Registered out Taken By Print AK liefter	OD-MX enquiry@one2rentcars.com Pease Select SKU95821. / SLE65491. DN 3 Nov 2 Vex O4/11/2019 18:35	Insured Name Contact No. (Home) Of Vehicle Number Type of Benefic + Claiment NRIC + D19 Insured Liability + Preference Repair O	O N SE F	NEZRENT CARS PT KUPSBZL Heade Belect of at Fault referred Workshop	5	C T	contact No. (Office) P Vehicle Number ame of Preferred W IIA report	iorkshop	629275 SLE634	75 91 ed
saration sathelyser or Blood Test saring? Sification History Sification History Simination Interest Imarc No. (Mobile) Interest Imarc Address Imarc Addre	OD-MX enquiry@one2rentcars.com Pease Select SKU95821. / SLE65491. DN 3 Nov 2 Vex O4/11/2019 18:35	Insured Name Contact No. (Home) Of Vehicle Number Type of Benefic + Claiment NRIC + D19 Insured Liability + Preference Repair O	O N SE F	NEZRENT CARS PT KUPSBZL Heade Belect of at Fault referred Workshop	5	C T	contact No. (Office) P Vehicle Number ame of Preferred W IIA report	forkshop	629275 SLE634	75 9L ed
daration esthelyser or Blood Test sping? prication History claim 001 New Im Type * mact No. (Mobile) all Address Imam Type Claimant Type * imam Type Claimant Type * imam Address imam A	OD-MX enquiry@one2rentcars.com Pease Select SKU95821. / SLE65491. DN 3 Nov 2 Vex O4/11/2019 18:35	Insured Name Contact No. (Home) Of Vehicle Number Type of Benefic + Claiment NRIC + D19 Insured Liability + Preference Repair O	O N SE F	NEZRENT CARS PT KUPSBZL Heade Belect of at Fault referred Workshop	5	C T	contact No. (Office) P Vehicle Number ame of Preferred W IIA report	lorkshop	629275 SLE634	75 91 ed
saration sathelyser or Blood Test saring? Sification History Sification History Stairm ODI New Im Type * mact No. (Mobile) all Address Imam Type Claimant Type * imant Address Imam Add	OD-MX enquiry@one2rentcars.com Pease Select SKU95821. / SLE65491. DN 3 Nov 2 Vex O4/11/2019 18:35	Insured Name Contact No. (Home) Of Vehicle Number Type of Benefic + Claiment NRIC + D19 Insured Liability + Preference Repair O	N Signature Programme Prog	NEZRENT CARS PT KUPSBZL Heade Belect of at Fault referred Workshop	V Name unknown	C T	contact No. (Office) P Vehicle Number ame of Preferred W IIA report	orkshop	629275 SLE634	75 9L ed
laration athelyser or Blood Test string? Inflication History Inim 001 New In Type * mact No. (Mobile) at Address mann Type Claimant Type * mark Address in Description ferred Workshop Contact user Finalsaction e Registered ort Taken by Print AK lietter Ittachment Ident No.	OD-MIX enquiry@one2rentcars.com Please Select SKU95821. / SLE65491 DN 3 Nov 2 Yes O4/11/2019 18:35 Jackson	Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit > Claiment NRIC + D19 Insured Liability + Preferend Repair O Claim Close Date	N Seption P	NEZRENT CARS PT IL KUPSBZL Inaba Balect pt at Fault referred Workshop ve Submit	V Name unknown	C T	contact No. (Office) P Vehicle Number ame of Preferred W IIA report	iorkshop	629275 SLE634	75 9L ed
istered car? laration athalyser or Blood Test sing? Ification History Inim 001 New In Type * nact No. (Mobile) In Address mann Type Claimant Type * manc Address in Description lared Workshop Contact use Finalisation e Registered ort Taken by Prine AK letter Ittachment Ident No.	OD-MIX enquiry@one2rentcars.com Please Select SKU9582. / SLE6349L DN 3 Nov 2 Vex O4/11/2019 18:35 Jackson MT/1069921 € Yes □ No	Insured Name Contact No. (Home) Of Vehicle Number Type of Benefic + Claiment NRIC + O19 Insured Liability + Preferend Repair O Claim Close Date	N Seption P	NEZRENT CARS PT IL KUPSBZL Inaba Balect pt at Fault referred Workshop ve Submit	Name unknown	C T	ontact No. (Office) P Vehicle Number Is ame of Preferred W It's report Iste Received		G29275 SLE634 Receive 04/11/2	75 9L d 019 00 00
istered car? laration athalyser or Blood Test sing? Ification History Inim 001 New In Type * nact No. (Mobile) In Address mann Type Claimant Type * manc Address in Description lared Workshop Contact use Finalisation e Registered ort Taken by Prine AK letter Ittachment Ident No.	OD-MX enquiry@one2rentcars.com Presse Select SKU9582. / SLE6549L DN 3 Nov 2 Vex O4/11/2019 18:35 Jackson MT/1069921	Insured Name Contact No. (Home) Of Vehicle Number Type of Benefic + Claiment NRIC + O19 Insured Liability + Preferend Repair O Claim Close Date	Iption P	NEZRENT CARS PT IL CUPSEZ, Inable Balect pt at Fault referred Workshop ye Submit	Name unknown 11/2019 18:36 Category *	C T T	ontact No. (Office) P Vehicle Number fame of Preferred W IA report ate Received Confidential	Urgenco	629275 SLE634 Receive 04/11/2	75 9L d 019 00 00
istered car? saration sthalyser or Blood Test string? iffication History italim 001 New im Type * mact No. (Mobile) si Address imant Type Claimant Type * imant Address im Description ferred Workshop Contact uure Finalsaction e Registered sort Taken by Print AK lietter ittachment	OD-MIX enquiry@one2rentcars.com Please Select SKU9582. / SLE6349L DN 3 Nov 2 Vex O4/11/2019 18:35 Jackson MT/1069921 € Yes □ No	Insured Name Contact No. (Home) Of Vehicle Number Type of Benefic + Claiment NRIC + O19 Insured Liability + Preferend Repair O Claim Close Date	Iption P Six	NEZRENT CARS PT IL CUPSEZ, Inaba Select of at Fault referred Workshop out out out out out out out o	Name unknown 11/2019 18:36 Category *	C T T	contact No. (Office) P Vehicle Number Name of Preferred W IIA report ate Received Confidencial	Urgenc	629275 SLE634 Recense 04/11/2	75 91 ed
saration sathelyser or Blood Test spring? spring to the same of t	OD-MIX enquiry@one2rentcars.com Please Select SKU9582. / SLE6349L DN 3 Nov 2 Vex O4/11/2019 18:35 Jackson MT/1069921 € Yes □ No	Insured Name Contact No. (Home) Of Vehicle Number Type of Benefic + Claiment NRIC + O19 Insured Liability + Preferend Repair O Claim Close Date	Iption P	NEZRENT CARS PT IL CUPSEZ, Inable Balect pt at Fault referred Workshop ye Submit	Name unknown 11/2019 18:36 Category *	C T T	contact No. (Office) P Vehicle Number Name of Preferred W IIA report ate Received Confidencial	Urgenco	629275 SLE634 Receive 04/11/2	75 9L d 019 00 00
claration eathelyser or Blood Test eathelyser ea	OD-MIX enquiry@one2rentcars.com Please Select SKU9582. / SLE6349L DN 3 Nov 2 Vex O4/11/2019 18:35 Jackson MT/1069921 € Yes □ No	Insured Name Contact No. (Home) Of Vehicle Number Type of Benefic + Claiment NRIC + O19 Insured Liability + Preferend Repair O Claim Close Date	Iption P Six	NEZRENT CARS PT IL CUPSEZ, Inaba Select of at Fault referred Workshop out out out out out out out o	Name unknown 11/2019 18:36 Category * elect	C T T	Canfidential	Urgenc	629275 SLE634 Recense 04/11/2	75 9L d 019 00 00
claration claration claration claration diffication History Claim 001 New William Type * mitact No.(Mobile) nail Address simmer Apple Claimant Type * simmer Apple Claimant Type + simmer Apple Contact course Finalsaction te Registered poort Taken By Price Akt letter Attachment Scient No. St Doc. Received	OD-MIX enquiry@one2rentcars.com Please Select SKU9582. / SLE6349L DN 3 Nov 2 Vex O4/11/2019 18:35 Jackson MT/1069921 € Yes □ No	Insured Name Contact No. (Home) Of Vehicle Number Type of Benefic + Claiment NRIC + O19 Insured Liability + Preferend Repair O Claim Close Date	Iption P Six Browse Browse	NEZRENT CARS PT IL CUPSEZ, Inaba Balect pt at Fault referred Workshop out Out Out Flear Flease S Clear Flease S	Name unknown 11/2019 18:36 Category * elect elect	C T T N N D D D D D D D D D D D D D D D D	Canfidential	Urgenc Normal	629275 SLE634 Recense 04/11/2	75 9L d 019 00 00

