Date In: 24 11 19-16:47		MAILS 12820A	D-m- L				
Daf No. and	Jeb description	Date &Time Completed	Done by				
Ref No: 49/1Nc19020915/24	SAS e-filing	1					
Veh No: Sly 5286R	E-mail (within 8hrs, AIC 2hrs)		4.				
D.O.A: 26/11/19-09:15	i-Motor Claim Form	M7 1073170-001	76/11/19 17:02				
OD (TP)' Reporting Only	i-Motor W/O (Within: OD 2h)	s, TP 4brs)					
<u> </u>	i-Photo Uploaded	Jploaded					
TP Insurer:	Assessment/Survey Report						
	Ass't Report by Fax / Hand	to Owner/Wksp					
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:				
TP Particulars: Veh No: W	10932 INC ()/Non-INC()					
Owner / Driver: (Tel:)				
Policy No: () P	Period: (Cover Type: ()				
Confirmed by : (Date:	Time:)				
	[Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-1	00%]				
Year of Registration: ()	Warranty: YES () / NO ()					
	,000 ()/\$2,000 ()						
General Remarks:-			Cort St. 10				
() Walk-In Customer : Customer's infe			to the sect of the section of the se				
() Total Loss Case : to e-mail Insur			7				
Drive-In ()/ Towed-In (); Invoice	ce: YES() / NO(); To	owing Co: (.)				
			12/12/20/20/20/20/20/20/20/20/20/20/20/20/20				
	**************************************	Date & Time Completed	Done by				
1 I ADDIV for I taket out allowance (Courteens Con (
	Courtesy Car ()						
2) QC Check / Post Repair Inspection	()						
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$	()						
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$	()						
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury:	()						
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions	()		Ant (5) Amt (5)				
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions	() 3000] () Invoice Prep	aration Checklist	Ant (5) Amt (3) fa Bill Add Bill				
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions	() 3000] () Invoice Prep 1) AR: Accident 1 2) DA: Damage A	aration Checklist Reporting (\$30); Issessment (\$100); INC (\$80	fir Bill Add Bill				
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions	() 3000] () Invoice Prep 1) AR: Accident I 2) DA: Damage A 3) TF: Towing Fe	aration Checklist Reporting (\$30); ISSESSIMENT (\$100); INC (\$80) 6 S40/	fú Bill Add Bill				
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions Laimant's Particulars::	Invoice Prep Invoice Prep I) AR : Accident I 2) DA : Damage A 3) TF : Towing Fe 4) FT : Follow-Th	aration Checklist Reporting (\$30); ISSESSMENT (\$100); INC (\$80); INC (\$80);	fit Bill Add Bill) 545				
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions Laimant's Particulars:- iver/Owner:	Invoice Prep Invoice Prep I) AR: Accident I DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th For claiming age	aration Checklist Reporting (\$30); INC (\$80); INC (
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions Laimant's Particulars:- iver/Owner:	Invoice Prep 1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Fullow-Th For claiming ag 6) TR: Re-inspect 7) N1: Idao DA +	aration Checklist Reporting (\$30); ISBESSIMENT (\$100); INC (\$80) FOUGH SURVEY (\$100); RESURVEY (RESURVEY) RESURVEY (WET 10 Jan 2005) RESURT SURVEY (\$100)	fat Bill Add Bill				
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions MA190898 mimant's Particulars: iver/Owner: ontact No: maged Portion:	Invoice Prep	aration Checklist Reporting (\$30); ISBESSIMENT (\$100); INC (\$80) FOUGH SURVEY (\$100); RESURVEY (RESURVEY) RESURVEY (WET 10 Jan 2005) RESURT SURVEY (\$100)					
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions MA190898 mimant's Particulars: iver/Owner: ontact No: maged Portion:	Invoice Prep 1) AR: Accident 2) DA: Damege A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspect 7) N1: Idao DA + 8) NTUC Addition OD.* *N5: Courtesy C	aration Checklist Reporting (\$30); ISSESSMENT (\$100); INC (\$80) FOUGH SURVEY (\$100); SINST JNC Only (wef 10 Jan 2005) SMRT SURVEY (\$100); SMRT SURVEY	14 Bill Add Bill 1				
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions Laimant's Particulars:- iver/Owner: ontact No: maged Portion: Checked by (Engr-In-Charge):	Invoice Prep 1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspect 7) N1: Idao DA + 8) NTUC Addition OD:	aration Checklist Reporting (\$30); ISSESSMENT (\$100); INC (\$80); INC (\$80);	FA Bill Add Bill				
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions Laimant's Particulars: iver/Owner: Intact No: maged Portion: Checked by (Engr-In-Charge):	Invoice Prep	aration Checklist Reporting (\$30); ISSESSMENT (\$100); INC (\$80) FOUGH SURVEY (\$200) SINST JNC Only (wef 10 Jan 2005) SMRT Survey (\$200) SMRT Survey (\$200) SMRT Survey (\$200) The Allowance (\$200) Gradination (\$200) Inspection (\$200)					
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions Laimant's Particulars:- iver/Owner: ontact No: maged Portion: Checked by (Engr-In-Charge):	Invoice Prep	aration Checklist Reporting (\$30); ISSESSMENT (\$100); INC (\$80) FOUGH SURVEY (\$200) SINST JNC Only (wef 10 Jan 2005) SMRT Survey (\$200) SMRT Survey (\$200) SMRT Survey (\$200) The Allowance (Services) Corf Tpt Allowance (Services)					

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.
- 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.	
Self-manifest consideration of	ACCIDENT STATEMENT
Date Of Report	26/11/2019 16:47
Date Of Accident	26/11/2019 09:25
Exact Location Of Accident	PIE (TUAS) BEFORE PAYA LEBAR RD EXIT
Country/State of Loss	SINGAPORE
Maria de la compansión	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGU5286R
Insured/Policyholder	
Name Of Registered Owner	FAST CAR RENTAL PTE LTD
Co Reg No	201627918G
Email Address	NOEMAIL
Mobile Phone No	¥
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	VIOS J AUTO
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5109094489
Cover Note Number	
Driver	

Driver

Name of Driver ANG KIM CHUI, DEREK ANDRE

 NRIC No
 \$8539502E

 Date Of Birth
 22/11/1985

 Occupation
 OUTDOOR

 Date Of Driving Pass
 21/12/2009

Driving Experience 9 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90667944

Fax Number

Contact Number OFFICE-90667944

EMail Address NOEMAIL

BLK 263 TOA PAYOH EAST Address

#17-22

Postcode 310263

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident CHAIN COLLISION

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

3

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

NO

Was any other material or property damaged?

YES

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

NO

Number of Passengers (Including Driver)

2

Passenger 1

ambulance?

NAME:

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20191126/7014.

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 SLP1093Z Vehicle Make/Model/Colour VOLVO V40

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SGZ2002L

Vehicle Make/Model/Colour

MAZDA 6

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

ANG KIM CHUI, DEREK ANDRE

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SGU5286R

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

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.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The Issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 5. Any false reporting may be referred to the Police for Investigation.
- 6. 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.
- 7. 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)

l 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:
 - (i) 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:
 - (i) 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. CAR

Policyholder's Signat Date & Time:

A

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

Date & Time:

Reporting Centre Personne s Signature Name:

NRIC/FIN No .:

SKETCH PLAN			AUG W 80%		P277 1 2785		o For The
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LADATION							
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LARATION declare the largeoing par	ticulars are true	in every respect					
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w () -)	ticulars are true	in every respect					Im
	Driver's	in every respect Signature r is not the policy		F	leporting Cent	re Personne	Signature

or news special properties of the second

Date of Accident	36 11 2019 Accident Time: 091 Hrf (24-HR-Format)
Pecident Place	PIT Towards Turis before Paya Lebar Exit
Vehicle Reg. No. (Cer Plate No.)	993(7)122
Vehicle Make/Model	: Toyota vios
Insurance Company	NTUC Policy No.
Owner or Company Name /IC No.	
Owner or Company Confact No.	:Owner's HpCompany Tel
DRIVER'S Name / IC No.	: Ang kim Chui, Derek Andre (58539501E)
DRIVER'S Date Of Birth	: 12 11 1987 DRIVER'S License Pass Date 21 11 2009
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: Hrrer
DRIVER'S Address	: BIK 263 TOO Payon East +17-27 5 310263
DRIVER'S Contact No./ Alt No.	:1) 90667944 2)
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	: Admin@ mycur.sg
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including D	river): Od I temple
Was there any video Captured by ca Exact purpose for which vehicle was	r camera: YES (NO) s being used at the time of accident: Private use \ Work purpose
Other P	arty Driver's Particular (if any)
Vehicle Reg. No: SLP10932	Vehicle Reg. No: CG 22002L
Vehicle Make\Model: vo\v0 V40	Vehicle MakelModel: Mazda 6
Name Driver:	Name Driver:
IC No. Driver:	IC No. Driver:
Driver's Contact & Add:	Driver's Contact & Add:





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 3 Report No. T/20191126/7014

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 119 14:53	lade:	Vide Report No.:	Station Diary No.	
Informa	nt's Partic	ulars			
	Informant: 4 CHUI, DE	REK ANDRE	Address: APT BLK 263 TOA PA 310263	YOH EAST #17-22 SINGAPORE	
ID Type NRIC NO	/ ID No.:) / S853950	02E	Contact No.: Home/Office:	Mobile: 90667944	
Nationality: SINGAPORE CITIZEN		Email: derekang10@gmail.com			
Sex: Male	Age: 34	Date of Birth: 22/11/1985	Type of Informant: Driver	71.00	
Race: Chinese			Language: English	Institution / School Name:	
Occupation: GOJEK DRIVER		Driving Licence Informations: 3	ation: Date of Expiry:		

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 26/11/2019 09:25	Type of Location: Straight Road	
	EXPRESSWAY	Road Surface:	l F	Road Speed Limit:	
		Dec			
Weather: Clear Traffic Flow; One Way		Dry Traffic Control: Not Controlled	3	7 Affic Volume:	

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
SGU5286R	Car	TOYOTA	VIOS		Seriously Damaged	1
SGZ2002L	Car	MAZDA	6			3
SLP1093Z	Car	VOLVO	V40		Slightly Damaged	0

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





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20191126/7014

CONTINUATION OF REPORT

Driver				TO PARTY		A STATE OF THE SECOND
Name	ANG KIM CHUI, DEREK ANDRE).	S8539502E
Related Vehicle	SGU5286R (Car)				act No.	90667944
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL			Class Drivin Licen Expin	g	Class: 3 Date of Expiry: NIL
Date Treatment	26/11/2019 Date Disc				26/11	/2019
No. of Days granted Medical Leave 05			Degree of			

Brief Details.

ON THE STATED TIME AND DATE, I WAS TRAVELLING ON MY VEHICLE BEARING CARPLATE NUMBER SGU5286R ON PIE TOWARDS TUAS BEFORE PAYA LEBAR EXIT ON LANE 1, TRAFFIC WAS SLIGHTLY HEAVY. THERE WAS A VEHICLE BEARING CARPLATE NUMBER SGZ2002L WHO WAS TRAVELLING AHEAD OF ME, JAMMED BRAKE WHICH I THEN FOLLOW SUIT. AFTERWARDS, THERE WAS A HUGE IMPACT FROM THE REAR THAT CAUSED ME TO PROPEL FORWARD AND HIT ONTO SGZ2002L. I ALIGHTED FROM MY VEHICLE AND REALISE THAT I WAS INVOLVED IN A 3-CARCHAIN-COLLISION. I FELT STRAIN ON MY LOWER BACK AND KNEE WHICH I THEN CONSULTED THE DOCTOR AND WAS AWARDED WITH A 5-DAYS-MC.

1ST CAR- SGZ2002L
2ND CAR- SGU5286R
3RD CAR- SLP1093Z





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 3 Report No. T/20191126/7014

CONTINUATION OF REPORT

Sketch Plan				
Informant is	not able	to provide	sketch	pla

NP168

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 26/11/2019 14:53
Officer In Charge Of Case: TP / TPHQ / ONG CHEE HIEN Contact No.: 65476437	Classification Of Case:
Authentication Stamp	

eBaoTech	Genera						lClaim				
Hello, NAC_PAYA_UBI_80	0601						• Chang	ge Languag	je • Chan	ge Password	· Log Ou
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	va.		Date of Accident					26/11/2019		
Vehicle No.(No.(For Motor)	SGU5286R			Certificate Number					
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5109094489		FAST CAR RENTAL PTE LTD	201627918G	GPC	Third Party	SGU5286F	SGU5286R	24/04/2019	16/05/2020
					[[6	Continue	1				

Policy No.	5109094489	Policyholder Name	FAST CAR	RENTAL PTE LTD	Policyholder NRIC	201627918	G	
Certificate No.					ANIC			
Address	68 KAKI BUKIT AVENUE 6 #02-	08 ARK@KB S	INGAPORE	417896				
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N		
Policy issue Date	24/04/2019	Effective Date	24/04/2019 00:00		Expiry Date	16/05/2020 23:59		
Excess Type	Per Accident	All Claims Excess						
Third Party Excess	1500	Own damage Excess	0		Windscreen Excess	0		
Additional Excess		OS Premium	0					
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500			Young/Inexperience Driver Excess		
Agent	YAN XUDONG MAX	Agent Tel.	62221889		GST Flag	Y		
Co- insurance Flag Open	No							
Policy Info Certificate								
Info								
Policyh	older Mailing Address							
Address 1	68 KAKI BUKIT AVENUE 6	Addres	ss 2	#02-08 ARK@KB	,	Address 3	SINGAPORE 417896	
Address 4			ss Type	Singapore address	3	Post Code	417896	
Unit No.	02-08	Relate Number	d Policy er	5112910698				
Insured	Object: SGU5286R							
	ments							
Sequenc	Date of Endorsement		endorsemen		Endorsement		Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF INSURANCE: 24 Apr 2019 TO 16 May 2020 In view of this amendment, an additional premium of \$69.26 (inclusive of GST) is payable under your policy Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque.	
							Alternatively, you could also make payment at any of our branches b	

Accident MT/1073130						
olicy No.	5109094489	Vehicle No.	SGU5286R	GST Registration No.		
ertificate No.						
olicyholder Name roduct Code	FAST CAR RENTAL PTE LTD			Policyholder NR,1C	201627918G	
ontact No.(Mobile)	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading	0	
nail Address	0	Contact No.(Office) Special Remark	0	Contact No.(Home)	0	
K	® No ○ Yes	TCA	@ No Cover	eCode	1	
D Protection	No.	NCD Entitlement(%)	Np	eCode Reason		
Accident Details	1100	ACD Crottement(%)	.0	Private Hire.	yes	
port Date	26/11/2019 17:00	Accident Report Within 24 hrs		ung termini suattorni i 1		
te of Accident				Acodent Type	Chain Collision	
porting Centre	26/11/2019	Time of Accident hhimm	09:25	Country of Accident	Singapore	
	422 CONTRACTOR OF CONTRACTOR	Orange Force		ICM No.		
r Total Excess Applicable	PIE (TUAS) BEFORE PAYA LEBAI	RRDEXIT				
cens Type	Per Accident	200				
	PER PECULIA	Windscreen Excess	0.00			
Standard Excess	0.00	TP Standard Excess	1,500.00			
D OD Excess	500.00	YIED TP Excess		Driver is Covered?		
ditional Excess						
al OO Excess Applicable	500,00	Total TP Excess Applicable				
Benefits						
GST Registered Inform	ation					
Registered	No		GST Registration Date			
Registration No.			GST Status Verified	Yes		
Ification History						
Policyholder Mailing Ad	ldress					
iress 1		92000000				
dress 4	GB KAKI BUKIT AVENUE 6	Address 2	#02-08 ARKBKS	Address 3	SINGAPORE 417896	
t No.	02-08	Address Type	Singapore address	Post Code	417896	
OI Driver Info	02-05	Related Policy Number	5112910698			
ver Name	Unnamed Driver	Onver Type	Unnamed Driver			
samed driver Name	ANG KIM CHUI, DEREK ANDRE	Driver NRIC	58539502E	Driver DDB	22/11/1985	
ister Date of Driver License	21/12/2009	Driver Age	34	Onving Experience	9	
tact No.(Mobile)	90657944	Contact No.(Office)	0	Contact No.(Home)	0	
ress 1	BUK 263	Address 2	TOA PAYOH EAST	Address 1	TOA PAYOH APEX	
rress 4	SINGAPORE 310263 Address Type		Singapore address	Post Code		
	17-22					
t No.	17-22			Post Core	310263	
as he own a Singapore	17-22 ☐ Yes ® No	Driver Vehicle No.			310003	
ss he own a Singapore		Oriver Vehicle No.		Driver Insurer Company	31000	
es he own a Singapore patered car? laration		Oniver Vehicle No.			11000	
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