Date In: 29/11/19- 12:44	Jeb description	Date & Time Completed	Done	o'i
Rei No: HAINCIGONIOFIN	SAS e-filing			
Veh No: SVD359C	E-mail (within Shrs, AIC 2hrs)			
D.O.A: 29/1/19-13:15	i-Motor Claim Form	M7/1073559-001	29/11/19	2:58
	i-Motor W/O (Within: OD :		1-1-1-1-1-1-1	
OD : (TP)' Reporting Only	i-Photo Uploaded			20 to 10 to
	Assessment/Survey Repor	t		
TP Insurer:	Ass't Report by Fax / Han			
Preferred Wksp / INC Assign Wksp / QV		Tel:	Fax:	
	SLCG2932 INC	()/Non-INC().		
Owner / Driver: (7.55	Tel:)	
Policy No: ()	Period: () Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Note-Est Status (WO): N: 0	-20%; P: 21-79%. P: 80	-100%]	
Year of Registration: () Warranty: YES ()/NO ()		
Excess: (\$) Loading	:\$1,000()/\$2,000()	######################################	THE PERSON NAMED IN	
General Remarks:-				10
() Walk-In Customer : Customer	r's information strictly Confidential &	Strictly NO refer of repairer	<u>r. </u>	
() Total Loss Case : to e-mail	Insurer URGENTLY.			
Drive-In ()/ Towed-In (); I	nvoice: YES () / NO ()	; Towing Co: ()
Apply for Transport Allowance (QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Co) / Courtesy Car ()	Date&Time Completed	Done	by
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Co Injury:) / Courtesy Car ()	Date&Time Completed	Done	by
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Co Injury: Date/Time Actions) / Courtesy Car () () st > \$3000] ()		Done Ant (5)	
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Co Injury:) / Courtesy Car () () st > \$3000] () Invoice I	Preparation Checklist.		Amt (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.

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.

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Marie Control of the State of t	ACCIDENT STATEMENT
Date Of Report	29/11/2019 12:44
Date Of Accident	29/11/2019 10:15
Exact Location Of Accident	JUNC LENTOR AVE & YISHUN AVE 1
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLD359C
Insured/Policyholder	
Name Of Registered Owner	RABBIT CAR RENTAL PTE LTD
Co Reg No	201916547M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86089649
Alternative Phone No	OFFICE-86089649
Vehicle Particulars	
Manufacturer	AUDI
Model	A3 SEDAN 1.4 TFSI (ATTRACTION)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5110778790
Cover Note Number	
Driver	
A A CONTRACT PORT AND A	ONG SENTIAN

 Name of Driver
 ONG SEN LIAN

 NRIC No
 \$8526900C

 Date Of Birth
 10/08/1985

 Occupation
 OUTDOOR

 Date Of Driving Pass
 17/10/2007

 Driving Experience
 12 YEARS AND 1 MONTH

 Gender
 MALE

Mobile Number (LOCAL) +65-87935993

Fax Number

Contact Number OFFICE-87935993

EMail Address NOEMAIL

BLK 269B YISHUN STREET 22 Address

#08-557

762269 Postcode

Was driver an employee of the Insured's Company NO

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

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

Weather Conditions CLEAR DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

YES

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

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?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLC9295Z

Vehicle Make/Model/Colour

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

ONG SEN LIAN

Page 2 of 14

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address Postcode BODY

SLD359C

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly 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)

Lunderstand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) Investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

REN

201916547M

Date & Time:

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

NRIC/FIN No.1

SKETCH PLAN		11.1.100,0,0
SKEICH PLAN	last on our	
Vehicle A	1->	TO SEE SEE SEE SEE SEE SEE SEE SEE
- SLO 359C	6->	1 and
Vehicle B		
-SLC 92952	5->	The second secon
-250 15.30	IN TOP	1154UN
	4-7	Ave 2
	3 7	
	2 7	
	3	A D US
		- Section 1
DESCRIBE CIRCUMSTANCES O	F THE ACCIDENT	- 2
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junction. I wa	1 1 1	
Devices 4 ms	s on the forth 12	ne.
While waiting at	1 11. 12. 1	1111111
	the traffic light, wh	reh suddinky of fett 2
green imposed from	n the near of my a	sehicle.
11.1.1.1	1 1 1 1	1.1.6
Alighted from my a	A Committee of the Comm	it was a wehicle (SLC 92957)
collided to the	ear of my vehicle.	
7.7		
Jehide A- SLD		
Vehicle B- SLC	9295 7	
DECLARATION	1	
/We declare the foregoing particula	ers are true in every respect.	
(St. A.)	W	
2019165471	200	Wm.
Date & Time:	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnels Signature Name:
	Date & Time:	NRIC/FIN No.:

Tendent Statements

Vehicle No.	SLD 359C Model/Make Awal A3
Date of Accident	29/11/19
Time of Accident	tory HRS
ocation of Accident	TRAFFIC LIGHT JUNGTION (LENTUR AVE/ YISHUN AVEI / YISHUN
exact purpose use during acci	dent private use (AFTER wome)
Name of Owner	RABBIT CAR RENTAL PTE LTD
Telephone No.	H/P: 8608 9649 Home: Office:
NRIC	201916547M
Address	BUC & SIN MUL INDUSTRIAL EST SELECT C # 01-52 5(575643
Claim type	OD THIRD PARTY REPORTING ONLY
Insurance Company	NTUC
Type of Coverage	Comprehensive Third Party Third Party / Fire / Theft
Policy No.	5110778790-000010
Name of Driver	As Above If NOD ONG SEN WAN
NRIC	S 85 26900C Any Passengers: NIL
Date of birth	10 Aug 1985
Occupation	Outdoor / Indoor
Driving License Pass Date	17 Oct 2007
Gender	Male / Female
Contact No.	H/P: 8793 5993 Home: Office:
Address	BLK 269B SISHUN STREET ZZ #08-557 5(762269)
Driver have any own vehicle	No. If yes, Reg No.
Relationship	Employee, If no, state RENTAL / LEASING
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No, If Yes, Who?
Name And Contact No.	ONG SEN LIAN, 8793 5993.
Name And Contact No.	
Police Report	No, If Yes, Where?
Vehicle B No.	SLC 92957 Any Passengers:
Name of Driver	Contact No. :
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	Witness Contact :
Accident Portion	REAR PORTION
Camera Recorder	Yes / No
Email Address	
PARTICULAR WORKSHOP	N-51 Automotive PER LTD
CONTACT NO.	6842 0051 / 6744 0510
CONTINCTINO	
CONTACT PERSON	6741 0510



Certificate of Insurance

Cover : drivo CLASSIC

RABBIT CAR RENTAL PTE. LTD.

: WAUZZZ8V6G1089026

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

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

Certificate Number: 5110778790-000010

1. Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

Expiry Date of Insurance

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.

: SLD359C

: 03 Sep 2019

: 02 Sep 2020

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.

: \$\$2,000
: \$\$1,500
: 5\$100
: N/A
: PLEASE REFER OVERLEAF
: NO
: YES
; NO
: NO
: NO
: N/A
: N/A
: N/A
DBS BANK LTD
: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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 : HAMILTON AUTOHUB PTE, LTD. (00000573281)

Date of Issue : 28 Jun 2019 11:54 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBaoTech										Genera	lClaim
Hello, NAC_PAYA_UBI_800	0601						· Change	Languag	e Chan	ge Password	· Log Out
My Desktop	Polic	cy Query									
Notice of Loss	Policy N	lo.	5110778	3790		Date o	f Accident		29/11/2019	10:15	
	Vehicle	No.(For Motor)	SLD3590	0		Certific	cate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5110778790	5110778790- 000010	RABBIT CAR RENTAL PTE. LTD.	201916547M	GFM	drivo CLASSIC	SLD3590		03/09/2019	30/06/2020
					C	ontinue					

Policy No.	5110778790	Policyholder Name	RABBIT CA	R RENTAL PTE. LTD.	Policyholder NRIC	201916547M	
Certificate No.	5110778790-000010						
Address	BLK 8 #01-52 SIN MING INDUS	TRIAL EST SE	CTOR C SIN	MING INDUSTRIAL E	STATE SINGA	PORE 575643	
Product Name	FLEET MASTER INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	28/06/2019	Effective Date	28/06/201	9 00:00	Expiry Date	30/06/2020 23:	59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess		OS Premium	18107.56				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young/I	Inexperience Driver Excess
Agent	HAMILTON AUTOHUB PTE, LTD.	Agent Tel.	64751946		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
	nolder Mailing Address						
Address 1	BLK B #01-52	Addre	ss 2	SIN MING INDUST	RIAL EST SEC	Address 3	SIN MING INDUSTRIAL ESTAT
Address 4	SINGAPORE 575643	Addre	ss Type	Singapore address		Post Code	575643
Unit No.	01-52	Relate	ed Policy er	5110778790			
) Insure	d Object: 5110778790-000010)					
□ Endors	sements						
	nce Date of Endorsement	Endorseme	nt Type	Endorsement Number	er Endorse	ment Status	Endorsement Content
Sequer							
Sequer	cate Endorsements						

ne premium on this policy has ocident MT/1073559	sor heavy collected.				
	20,000,000,000				
Cal Va		Vehicle No.	Chares	COT Security No.	
ficy No.	5110778790	Vehicle No.	SLD3S9C	GST Registration No.	
intificate No.	5110778790-000010			2000 CO	
licyholder Name	RABBIT CAR RENTAL PTE, LTD.			Policyholder NRIX	201916547M
oduct Code	PLEET MASTER INSURANCE	Cover Type	drive CLASSIC	Loading	0
neact No. (Mobile)	85089649	Contact No.(Office)	0	Contact No. (Home)	0
nail Address		Special Remark		eCode	N. W.
×	® No ○ Yes	TC4	No ○ Yes	eCode Reason	
20 Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details					
port Date:	29/11/2019 12:56	Accident Report Within 24 hrs	Vec	Accident Type	Collision - Head to Rear
ibe of Accident	29/11/2019	Time of Accident hh:mm	10:15	Country of Accident	Singapore :
parting Centre		Orange Force		ICM No.	
cident Location	JUNC LENTOR AVE & YISHUN AVE 1	STATISTICS.			
Total Excess Applicable					
cess Type	Per Accident	Windscreen Excess	100.00		
cess type	Per Modern	Service Service Service	254,50		
Standard Excess	2,000.00	TP Standard Excess.	1,500.00		
ED OD Excess	0.00	VIED TP Excess		Driver is Covered?	
	0.00	THEO IT CAUCIS		101111111111111111111111111111111111111	
dibonal Excess	2,50,000				
tal OO Excess Applicable	2000.00	Total TP Excess Applicable			
Benefits	at con				
GST Registered Informa			2223		
T Registered.	No.		GST Registration Date	. Man.	
T Registration No.			GST Status Verified	Yes	
diffication History					
Policyholder Mailing Ad	tress				
		100000000000000000000000000000000000000	- And Andrews Company Company	4.1200004	SIN MING INDUSTRIAL ESTATI
dress 1	BLK 8 #01-52	Address 2	SIN MING INDUSTRIAL EST SEC	Address 3	
dress 4	SINGAPORE 575643	Address Type	Singapore address	Post Code	575643
it No.	01-52	Related Policy Number	5110778790		
OI Driver Info					
tver Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name .	ONG SEN LIAN	Driver NRIC	58526900C	Driver DOB	10/08/1985
gater Date of Driver License	17/10/2007	Driver Age	34	Driving Experience	12
ortact No. (Mobile)	87935993	Contact No.(Office)	0	Contact No.(Home)	0
idress 1	BUX 2698	Address 2	YSSHUN STREET 22	Address 3	SINGAPORE 762269
idrasa 4	5775471777	Address Type	Singapore address	Post Code	762269
nit No.	06-557	Modress 1990			
oes he own a Singapore				Davies Innone Company	
gistered car?	Yes ® No	Driver Vehicle No.		Driver Insurer Company	
attender of					
claration eathalyser or Blood Test		200.00	20120		
rading?	0 mg	Any injury?	® Yes ○ No		
odification History					
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Claim 001 New					
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im Time a	IOD-MV		RABBIT CAR DELIVA: BTE 170	Insured NOTE	201916547M
	00-MX	Insured Name	RABBIT CAR RENTAL PTE. LTD.	Insured NRIC	201916S47M
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ntact No.(Mobile) nat Address		Contact No.(Home) OI Vehicle Number	SLD359C		
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