Date In: 3/1/19-13:46	Jcb description	Date &Time	Completed	Done	e by
Ref No: NA MC 195V 1 MG BY	SAS e-filing				
Veh No: JUAYSVAB	E-mail (within Shrs, Al	Cabra)	1		
D.O.A : 3/1/14 - 08:30	i-Motor Claim For				
2	i-Motor W/O (Withi	W11 13 1	2000	3/11/19/11	4:96
OD (TP) Reporting Only	i-Photo Uploaded	6: OD 2hrs, 11 4hrs)			
TP Insurer:	Assessment/Survey F				
Preferred Wksp / INC Assign Wksp / QW: (Hand to Owner/Wks		ax:	
TP Particulars: Veh No: 50		INC()/Non-IN		ax:	earner ex
Owner / Driver: (13/1/W	Tel:	- 1		
	Period: () Cover Type:	(/	
Confirmed by : (Date			· · · ·	
	[Note-Est. Status (WO):			00%1	- 5 -
Year of Registration: ()	Warranty: YES ()/N				100
Excess: (\$) Loading: \$1		, , ,			-
General Remarks:	CALLED TO AN OWN A	72-33.90248-00008-00.7587	N. 5.20 1214 S 171	<u> </u>	
1 A C . A C	ALV COME. TREE VANCOUS DESCRIPTION	Appendition of the second		S485 P17	
() Walk-In Customer: Customer's in	The second secon	al & Strictly NO refer	of repairer.		
() Total Loss Case : to e-mail Insu	irer URGENTLY.				
Drive-In () / Towed-In (); Invoi	ice: YES () / NO (); Towing Co. (4)
Cemarks: (INC hotline: 6788 6616)		Date&Time 0		. Done	by
	ALCOHOLOGICAL ACTOR IN OUTSIDE STORY OF STORY	LVa Cac Tillio	to the same	S. S. SIJOHO	, Liy
	Courtesy Car ()		-		
2) QC Check / Post Repair Inspection	()				
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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.
- 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.

atoresaid.	
	ACCIDENT STATEMENT
Date Of Report	03/12/2019 13:56
Date Of Accident	03/12/2019 08:30
Exact Location Of Accident	UPP CHANGI RD TWDS EXPO
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLA9327B
Insured/Policyholder	
Name Of Registered Owner	SG VEHICLE RENTAL PRIVATE LIMITED
Co Reg No	201136198R
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97319460
Alternative Phone No	OFFICE-97319460
Vehicle Particulars	
Manufacturer	тоуота
Model	WISH 1.8 CVT
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	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5112882742
Cover Note Number	

-			
n	-	 ~	

Name of Driver	ABDUL AZIZ BIN AHMAD
NRIC No	S1471180E
Date Of Birth	26/08/1961
Occupation	OUTDOOR
Date Of Driving Pass	22/07/1981
Driving Experience	38 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96643570
Fax Number	

rax Number

Contact Number OFFICE-96643570

EMail Address NOEMAIL

BLK 81 BEDOK NORTH ROAD Address

#06-290

Postcode 460081

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 - HEAD TO REAR

Weather Conditions CLEAR Road Surface DRY

Other Information

NO Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

2 NO

NO

Was any body injured in the Accident?

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.

1

Details of Police Action

Was the accident reported to the police? NO

If Yes, Please state which Police Station

Number of Passengers (Including Driver)

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

SLP5307G Vehicle Registration Number BMW X3 Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

150

- i. Please report segrectly the details of the accident to speed up the plates process.
- 1. The Form must be completed by the Policyhalder and for the Authorises Orlean
- Information provided must be as truthful and accurate as possible. Any width misrapresentation or withholding of meterial facts may affect interface companies to repudiate policy liability.
- The issue and sereptance of this Form by incurance companies and admission of policy liability on the part of the insurance companies.
- . Any false recommender be referred to the Police for investigation.
- The report will be forwarded by the litturers of the GIA Records Management Control established by the Conoral Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee he made evailable upon application by interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the prohiting of this report at the tentre and to copies of the report being made available aforeseld.
- 2. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and enniont that:

- (s) My insurer, my workshop and the General insurance Association of Singapore ("GiA") may/are permitted to collect, use, disclose end/or process my personal data/personal information set out in this [form] and any other personal information provided by me on 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 dains including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) Investigating the accidion; 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 melling of correspondence, statements, involces, 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 dains. (collectively the "Purposes")
- (b) oil insurer(s) who have insured vehicle(s) involved in this eccident and the insurers' iswyers/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/ran be disclosed by any of the insurers and/or GIA to their third party service providers or againstingluding their lawyern/aw firms), which may be steet outside of Singapore, for one or more of the above Purposes.
- (b) try Personal information will also be collected and used to compile cisims history for the purpose of freud detection, invastigation and management in present and all future claims.
- (e) the information so collected under (5) above may be thated / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing insud, regulators, law enforcement and government agandes as reasonably regulated for the purposes stated, or

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

Folizykolegna Signature Dale Si Time:

REN

201136198R

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

Reporting Centro Personnel's Signature Name:

NRIC/FIN No.:

Policyholder's Signature Date & Time:

(If driver is not the policyholder) Date & Time:

Name: NKIC/FIN No .:

Date of Accident	03 12 2019 Accident Time: 08 30 Hrs (24-HR-Pormat)
Accident Place	: Ugger Changi Road toods Expo
Vehicle Rog. No. (Cer Plate No.)	81193178
Vehicle Make/Model	: Toyota hish
Insurance Company	NIUC Policy No
Owner or Company Name /IC No.	: SG vehicle Rental pte lid (2011361988)
Owner or Company Confact No.	: 97319460 Owner's Hp Company Tel
DRIVER'S Name / IC No.	: Abdul AZIZ Bin Anmad (SI471180E)
DRIVER'S Date Of Birth	: 36 08 1961 DRIVER'S License Pass Date 32 07 1981
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: Htvor
DRIVER'S Address	: 1/K 81 Bedox worth Road #06-290 \$460081
DRIVER'S Contact No./ Alt No.	:1) 96643570 2)
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	: Admin @ mycor.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): 01
Was there any video Captured by co Exact purpose for which vehicle wa	r camera: YES\NO s being used at the time of accident: Private use \ Work purpose
Other I	Party Driver's Particular (if anv)
Vehicle Reg. No: SLP5307G	Vehicle Reg. No:
Vehicle Make Wodel: BMW X3	Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver:	IC No. Driver:
Driver's Contact & Add:	Driver's Contact & Add:

* ho injuries



Certific	cate of Insurance
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENS MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENS ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (M	ATION) RULES, 1960
Certificate Number: 5112882742-000002	Cover : drivo CLASSIC
1. Index mark and Registration Number of Vehicle	: SIA93278
Chassis Number	: JTDGG20W40)003813
2. Name of Policyholder	: SG VEHICLE RENTAL PRIVATE LIMITED
3. Effective Date of Insurance	: 09 Oct 2019
4. Expiry Date of Insurance	: 08 Oct 2020
 Persons or Classes of Persons entitled to drivell The Policyholder. 	
(b) Any other person who is driving on the Policyh	older's order or with his/her permission.
Provided that the person driving is permitted in the Motor Vehicle or has been so permitted an enactment or regulation in that behalf from dri	a accordance with the licensing or other laws or regulations to drive d is not disqualified by order of a Court of Law or by reason of any ving 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 s	peed-testing.
(b) Use for the carriage of goods (other than sample	es) in connection with any trade or business.
(c) Use for any purpose in connection with the Mot	
Act (Chapter 189) and Section 95 of the Road Tr headings.	f the Motor Vehicle (Third Party Risks and Compensation) ransport Act, 1987 (Malaysia), are not to be included under these
EXCESS (SECTION 1)	: 5\$2,000
EXCESS (SECTION 2)	: 5\$1.500
WINDSCREEN EXCESS	: 55100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: TAI THONG LEE TRADING (PRIVATE) LIMITED
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS
	cate relates is issued in accordance with the provisions of the Motor pter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) PTE. LTD. (00000614661)
Countersigned By:	For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED Chief Executive



Policy No.	5112882742	Policyholder Name	SG VEHIC	CLE RENTAL PRIVATE L	Policyholder NRIC	201136198	R
Certificate	5112882742-000002						
Address	170 UPPER BUKIT TIMAH ROAD	#03-19 BUKI	T TIMAH S	HOPPING CENTRE SING	APORE 58817	9	
Product Name	FLEET MASTER INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	24/09/2019	Effective Date	24/09/20	19 00:00	Expiry Date	11/08/2020	23:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			You	ng/Inexperience Driver Excess
Agent	TONG HIN INSURANCE AGENC		6515533	3	GST Flag	Y	
Co- Insurance Flag	No						
Open Policy Info							
Certificate Info							
man When I Leave have							
Policyn	older Mailing Address						
Crown Streaming	older Mailing Address 170 UPPER BUKIT TIMA	H ROAD Addre	ss 2	#03-19 BUKIT TIMA	H SHOPPIN:	Address 3	SINGAPORE 588179
Address 1 Address 4	200000000000000000000000000000000000000	Addre	ss Type	#03-19 BUKIT TIMA		Address 3 Post Code	SINGAPORE 588179 588179
Address 1 Address 4 Unit No.	170 UPPER BUKIT TIMA	Addre Relate Numb	ss Type ed Policy				
Address 1 Address 4 Unit No. Insured	170 UPPER BUKIT TIMAI	Addre Relate Numb	ss Type ed Policy	Singapore address			
Address 1 Address 4 Unit No. Insured Endorse	170 UPPER BUKIT TIMAI I Object: 5112882742-00000 ements	Addre Relate Numb	ss Type ed Policy er	Singapore address 5099942485-02		Post Code	588179
Address 1 Address 4 Unit No. Insured Endorse Sequence	170 UPPER BUKIT TIMAI I Object: 5112882742-00000 ements	Addre Relate Numb	ss Type ed Policy er	Singapore address			
Address 1 Address 4 Unit No. Insured Endorse Sequence	170 UPPER BUKIT TIMAN 1 Object: 5112882742-00000 2 ments 2 Date of Endorsement ate Endorsements	Addre Relate Numb	ss Type ed Policy er	Singapore address 5099942485-02	Endorser	Post Code	588179

Certificate No. 5112882742-000002 Policyholder Name Sig VEHICLE RENTAL PRIVATE LIMITED Policyholder Name Product Code FLEET MASTER (INSURANCE Cover Type drivo CLASSIC (x Contact No. (Mobile) 97319460 Contact No. (Office) 0 Co Email Address Special Remark ed	ST Registration No.	
Certificate No.	ST Registration No.	
Policyholder Name SG VEHICLE RENTAL PRIVATE LIMITED Policyholder Name SG VEHICLE RENTAL PRIVATE LIMITED Product Code PLEET MASTER INSURANCE Cover Type drivo CLASSIC (contact No. (Phoble) 97319450 Contact No. (Office) D Co		
Product Code FLEET MASTER (NSURANCE Cover Type drive CLASSIC Contact No. (Mobile) 97319460 Contact No. (Office) 0 Co		
Contact No. (Mobile) 973) 9460 Contact No. (Office) 0 Cmas Address Special Remark ed	skcyholder NR3C	201136198R
tmas Address Special Remark ed	sading	0
	ontact No. (Home)	o .
	Code	FV
(FK	Code Reason	
	musce I fine	Yes
Accident Details		
	today Tura	Colision - Head to Rear
	ccident Type	
ate of Accident 03/12/2019 Time of Accident htmm 08:30 G	ountry of Accident	Singapore
eporting Centre Orange Force 10	M No.	
codent Location UPP CHANGI RD TWDS EXPO		
∀ Total Excess Applicable		
ccess Type Per Accident Windscreen Excess 100.00		
O Standard Excess 1,000.00 TP Standard Excess 1,500.00		
ED DO Excess 0.00 YIED 7P Excess	nver is Covered?	
ddhional Excess		
otal OD Excess Applicable 2000:00 Total TP Excess Applicable		
9 Benefits		
GST Registered Information		
ST Registered No GST Registration Date		
ST Registration No. GST Status Ventled	Yes	
od/fication History 03/12/2019 14:05:20 System changed GST Status varified from No to Yes		
Policyholder Mailing Address		
ddress I 170 UPPER BUKIT TIMAH ROAD Address 2 #03-19 BUKIT TIMAH SHQPP(N) Ad	ddress 3	SINGAPORE 588179
ddress 4 Address Type Singapore address Pt	est Code	588179
nt No. Related Policy Number 5099942455-02		
OI Driver Info		
river Name Unstanted Driver Driver Type Unstanted Driver		
	river DOB	36/08/1961
	riving Experience	38
	ontact No. (Home)	0
	ddress 3	SINGAPORE 460081
TOTAL MONTHS SAME SAME SAME SAME SAME SAME SAME SAM	ost Code	460001
nis No. 06-290		
ges he gwn a Singapore. ○ Yes ® No. Driver Vehicle No. D	river Insurer Company	
ederation		
reathalyser or Blood Test 0 mg Any injury? ☐ Yes ® No eading?		
The state of the s		
odfication History		
Odification History Claim 001 New		
Claim 001 New		
Claim 001 New	mured NRIC	201136198R
Claim 001 New Insured Name SG VEHICLE RENTAL PRIVATE L. Insured Name	issured NRIC	201136194R NIL
Ctain 001 New arm type + DO-MX Insured Name SG VEHICLE RENTAL PRIVATE L areact No. (Mobile) Contact No. (Home)		
aim Type * DO-NX	ontact No. (Office)	NIL.
Aim Type * DO-MX	ontact No. (Office)	NIL.
As are to the first type of th	ontact No. (Office)	NIL.
Airm Type * OD-MX	ontact No. (Office)	NIL.
aim Type * OD-MX	ontact No. (Office) P Vehicle Number	NIL.
Aim Type * DO-MX	oneact No. (Diffice) P Vehicle Number ame of Preferred Workshop	NIL SLP5307G
Airm Type * DO-MX	onact No. (Office) P Vehicle Number ame of Preferred Workshop IA report	NIL SLP53075
Airm Type * DO-MX	oneact No. (Diffice) P Vehicle Number ame of Preferred Workshop	NIL SLP5307G
Airm Type * DO-MX	onact No. (Office) P Vehicle Number ame of Preferred Workshop IA report	NIL SLP53075
Claim 993 New Laim Type * DO-MX	onact No. (Office) P Vehicle Number ame of Preferred Workshop IA report	NIL SLP53075
Claim 003 New Donatt Type * DO-MX	onact No. (Office) P Vehicle Number ame of Preferred Workshop IA report	NIL SLP53075
Claim 003 New Donat Type * DO-MX	onact No. (Office) P Vehicle Number ame of Preferred Workshop IA report	NIL SLP53075
Claim 093 New Claim 1995 New Colonia Contact No. (Home) Co	onact No. (Office) P Vehicle Number ame of Preferred Workshop IA report	NIL SLP53075
Claim 003 New Donat Type * DO-MX	onact No. (Office) P Vehicle Number ame of Preferred Workshop IA report	NIL SLP53075
Claim 093 New Saim Type * DO-MX	onact No. (Office) P Vehicle Number ame of Preferred Workshop IA report	NIL SLP53075
Claim 093 New Islam Type * DO-MX	onact No. (Office) P Vehicle Number ame of Preferred Workshop IA report	NIL SLP53075
Aim Type * DO-MX	oneact No. (Office) P Vehicle Number ame of Preferred Workshop IA report ate Received	RECEIVED 00:00
Attachment DO-MX Insured Name Insured Name SG VEHICLE RENTAL PRIVATE L. Insured Name Insured Name Insured Liability Not at Fault Preferenced Workshop Contact Dispute Finalisation Ves Preferenced Repair Option Preferenced Workshop, Name unknown G Claim Close Date Dispute Submit Attachment Attachment Colored No. MT/1074092 Colored No. MT/1074092 Colored No. MT/1074092 Colored No. OCI OCI OCI OCI OCI OCI OCI OC	onact No. (Office) P Vehicle Number ame of Preferred Workshop IA report	RECEIVED 00:00
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