Date in: 1~ 11 19-17: 42 Jo	b description	Date & Time Completed	Done	py.	
	SAS e-filing				
TINC PONGGII VA	E-mail (within Shrs, AIC 2hrs)	1	i -		
	-Motor Claim Form	110110 5515 000	Inlivia 1	NT.	
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OD TP/ Reporting Only	i-Motor W/O (Within: OD 2hrs, 7P 4brs) i-Photo Uploaded				
	Assessment/Survey Report	-			
TP Insurer:		to Owner/Wise			
	Ass't Report by Fax / Hand		Fax:		
Preferred Wksp / INC Assign Wksp / QW: (DIC.	Tol:	rax:		
TP Particulars: Veh No: JM 578 4	INC ()/Non-INC()			
Owner / Driver: (Policy No: () Period: (Cover Type: (
	Date:	Time:			
Confirmed by : (Est. Status (WO): N: 0-2		100%1	-	
		1		-	
Year of Registration: () Warra Excess: (\$) Loading: \$1,000 (/		-	
		ASSESSION AND STATES	(1945 lg 191		
General Remarks:-	A THE STREET STREET				
() Walk-In Customer: Customer's information		trictly NO rater of repairer	<u>-</u>		
() Total Loss Case : to e-mail Insurer UR	RGENTLY.				
Drive-In () / Towed-In (); Invoice: YE	S()/NO();	Fowing Co: ()	
Remarks:- (INC hotline: 6788 6616)		1 - H/4 - A	Done	in the	
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	ev Car ()	Date&Time Completed	- Passing Done	ру	
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Apply for Transport Allowance ()/Courte QC Check / Post Repair Inspection	sy Car ()	Date & Time Completed	узатуропе	ру	
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Apply for Transport Allowance ()/Courte QC Check / Post Repair Inspection	ssy Car () () ()	Date alims Completed	Done	ру	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the 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.

aforesaid.	
And the second of the second of the	ACCIDENT STATEMENT
Date Of Report	12/12/2019 17:40
Date Of Accident	11/12/2019 10:45
Exact Location Of Accident	SIMS AVE TWDS SIMS AVE EAST
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLE7729S
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	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	5110778790
Cover Note Number	
Driver	
Name of Driver	SYED MUHAMMAD NOOR BIN SYED MUSTAFFA
NRIC No	S8817548D

 NRIC No
 \$8817548D

 Date Of Birth
 27/05/1988

 Occupation
 OUTDOOR

 Date Of Driving Pass
 09/10/2006

Driving Experience 13 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93808478

Fax Number

Contact Number OFFICE-93808478

EMail Address NOEMAIL

Address BLK 320 UBI AVENUE 1

#07-523

Postcode 400320

Was driver an employee of the Insured's Company NO

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

Vehicle Registration Number of Driver's Own

Vehicle Registration Number of Driver's Own

-

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions RAINING
Road Surface WET

Other Information

ambulance?

Was any foreign vehicle involved in this accident? NO

.

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

NO

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)

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?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SME7866S

Vehicle Make/Model/Colour

30130

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

HEW TUNG YUEN

NRIC/Passport Number

Contact Number

97950459

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

SLE7729S

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 Interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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

Date & Time:

819165A7M

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN
8. Vehrde A: SLE 7729S Vehrde B: SME 7866S
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
On the above said date & time, I was driving my vehicle A
(SLE77295) traveling along Sims Avenue tods Sim Avenue Bast on
There is a cold start the first start on
third lane of a 5-lones, road. Somewhere at the sims Are bus stop,
the traffic light turn rad and I managed to stopped my rehicle before
the stop line. Out of sudden, vehicle B (SME78665) came from Mar
and collided directly anto the rear partion of my vehicle.

DECLARATION

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 Personnel's Signature Name: NRIC/FIN No.:

Vehicle No.	SLE 77295 Model/Make Audi A3
Date of Accident	11 12 2019
ime of Accident	1045 HRS
ocation of Accident	Along Sims Avenuy touch Simo Avenue East
xact purpose use during accid	
Name of Owner	Rabbit Car Rental Pte Ltd
Telephone No.	H/P: 8608 9649 Home: Office:
NRIC	201916547M
Address	8 Sh Ming Industrial Est Sector C#01-52 S(575643)
Claim type	OD THIRO PARTY REPORTING ONLY
Insurance Company	NTUC
Type of Coverage	Comprehensive Third Party Third Party / Fire / Theft
Policy No.	5110778790-000008
Name of Driver	As Above If No, Sued Muhammad Noor Bin Syed Mustaffa
NRIC	S8817548D Any Passengers:
Date of birth	27 5 /1988
	Outdoor / Indoor
Occupation Driving License Pass Date	9 10 2006
Driving License Pass Date Gender	Male / Female
	H/P: 9380 8478 Home: Office:
Contact No.	BLC 320 Whi Avenue 1 #07-523 S(400320)
Address	
Driver have any own vehicle	No. If yes, Reg No.
Relationship	Employee, If no, state Hire
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No, If Yes, Who? Sued Muhammad Noor Bin Sued Mustaffa 93808478
Name And Contact No.	Syed Muhammad Noor Bin Syed Mustaffa 93808478
Name And Contact No.	(a) 16 y 10 1 2
Police Report	No If Yes, Where?
Vehicle B No.	SME 78-66S Any Passengers:
Name of Driver	Hew Tung Yuln Contact No.: 9795 0459
Vehicle C No.	Any Passengers : Any Passengers :
Vehicle D No.	
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	Witness Contact :
Accident Portion	Rear portran
Camera Recorder	Yes / No
Email Address	SYED mut 14 mm 90 wook 88 a gmail.com
PARTICULAR WORKSHOP	N-51 Automotive Pte Ltd
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	II ling
FAX NO	6741 0510
WORKSHOP EMAIL ADDRESS	sales @ n51. com. sg



Certificate of Insurance

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

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

Certificate Number: 5110778790-000008

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SLE77295

Chassis Number

: WAUZZZ8V6G1097711

2. Name of Policyholder

: RABBIT CAR RENTAL PTE, LTD.

3. Effective Date of Insurance

: 03 Sep 2019

4. Expiry Date of Insurance

: 02 Sep 2020

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

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

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

6. Limitations as to Use#

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

This Policy does not cover

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

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

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

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

EXCESS (SECTION 1) : \$\$2,000 EXCESS (SECTION 2) : \$\$1,500 WINDSCREEN EXCESS : \$\$100 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 : DBS BANK LTD



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

SUM INSURED

: 28 Jun 2019 11:54 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

Countersigned By:

Authorised Officer

Chief Executive



Policy No.	5110778790	Policyholder Name	RABBIT C	AR RENTAL PTE. LTD.	Policyholder NRIC	201916547M	
Certificate No.	5110778790-000008	North			NRIC	inotestatados.ti	
Address	BLK 8 #01-52 SIN MING INDUS	TRIAL EST SE	CTOR C SI	N MING INDUSTRIAL E	STATE SINGAR	PORE 575643	
Product Name	FLEET MASTER INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	28/06/2019	Effective Date	28/06/20	19 00:00		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	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young/I	nexperience Driver Excess
Agent	HAMILTON AUTOHUB PTE, LTD.	Agent Tel.	64751946		GST Flag	Υ	
Co-							
insurance	No						
nsurance Flag Open	No						
Insurance Flag Open Policy Info Certificate	No						
nsurance Flag Open Policy Info Certificate Info	No older Mailing Address						
nsurance Flag Open Policy Info Certificate nfo Policyh		Addres	s 2	SIN MING INDUSTR	IAL EST SEC A	address 3	SIN MING INDUSTRIAL ESTAT
nsurance Flag Open Policy Info Certificate Info Policyh Address 1	older Mailing Address	Addres Addres	C. 17.	SIN MING INDUSTR Singapore address		address 3	SIN MING INDUSTRIAL ESTATI
Insurance Flag Open Policy Info Certificate Info	older Mailing Address BLK 8 #01-52	Addres	s Type 1 Policy				
nsurance Flag Dpen Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	older Mailing Address BLK 8 #01-52 SINGAPORE 575643	Addres Related Numbe	s Type 1 Policy	Singapore address			
nsurance Flag Dpen Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	older Mailing Address BLK 8 #01-52 SINGAPORE 575643 01-52 1 Object: 5110778790-000008	Addres Related Numbe	s Type 1 Policy	Singapore address			
nsurance riag Open Policy Info Certificate nfo Policyh Address 1 Address 4 Unit No. Insurec	older Mailing Address BLK 8 #01-52 SINGAPORE 575643 01-52 1 Object: 5110778790-000008	Addres Related Numbe	s Type 1 Policy r	Singapore address	P		
Den Policy Info Certificate Info Policy Info Address 1 Address 4 Unit No. Insured Sequence	older Mailing Address BLK 8 #01-52 SINGAPORE 575643 01-52 1 Object: 5110778790-000008	Addres Related Numbe	s Type 1 Policy r	Singapore address 5114640840	P	ost Code	575643

Claim Handling					
Accident MT/1075515					
Pakcy No.	5110778790	venicle No.	SLE77295	GST Registration No.	
Certificate No.	5110778790-000008			was regarded in rec.	
Policyholder Name	RABBIT CAR RENTAL PTE, LTD.			Policyhalder NR3C	****
Product Code	FLEET MASTER INSURANCE	Cover Type	drivo CLASSIC		201916547M
Contact No.(Mobile)	86089649	Contact No.(Office)	0	Loading	.0
Email Address		Special Remark	87	Contact No.(Home)	0
KFK	® No ○ Yes	TEA		eCode	W. W.
NED Protection	No		® No ○ Yes	eCode Reason	
Accident Details		NCD Entitlement(%)	0	Private Hire	Yes
Coport Date	12/12/2019 17:49				
late of Accident		Accident Report Within 24 H	rri Ves	Academ Type	Collision - Head to Rear
	11/12/2019	Time of Accident his mm	10:45	Country of Accident	Singapore
eporting Contre		Orange Force		DOM No.	200000000
codent Location	SIMS AVE TWOS SIMS AVE EAST				
Total Excess Applicable					
ксевя Туре	Per Accident	Windscreen Excess	190.00		
D Standard Excess	2990000				
ED OD Excess	2,000.00	TP Standard Excess	1,500.00		
	0.00	YIED T₱ Excess		Driver is Covered?	
dditional Excess					
ntel OD Excess Applicable	2000.00	Total TP Excess Applicable			
≥ Benefits					
GST Registered Inform	nation				
T Registered	No		GST Registration Date		
T Registration No.			GST Status Verified	Yes	
diffication History					
· Bollock de Versey	W2020				
Policyholder Mailing A					
Mores 1	BLK 8 #01-52	Address 2	SIN MING INDUSTRIAL EST SEC	Address 3	SIN MING INDUSTRIAL ESTAY
kiress 4	SINGAPORE 575643	Address Type	Singapore address	Post Code	575643
VE NO.	01-52	Related Policy Number	5114640840		115000000
OI Driver Info					
iver Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	SYED MUHAMMAD NOOR BIN ST	Driver NR3C	S8817548D	Driver DDB	27/05/1966
gister Data of Driver License	99/10/2006	Driver Age	31	Driving Expenence	13
ntact No. (Mobile)	93008478	Contact No.(Office)	0	Contact No.(Home)	0
dress 1	BLK 320	Address 2	URI AVENUE 1		
Oress 4	SINGAPORE 400320	Address Type	Singapore address	Address 3	KAMPUNG USI ESTATE
r No.	07-523	125/02	angapare sources	Post Code	400320
es he own a Singapore	○ Yes ® No	Retrieva Materials Associate			
gittered car?	0.1016	Driver Veticle No.		Driver Insurer Company	
Waration					
athalyser or Blood Test	0 mg	Annual			
iding?	(5,15)	Any injury?	® Yes ○ No		
iffication History					
laim 001 New					
The state of the s					
m Type +	ОО-МХ ✓	Insured Name	RABBIT CAR RENTAL PTE. LTD.	100 and NRSC	
tact No.(Mobile)		Contact No.(Home)	The state of the s	Indured NRIC	201916547M
ni Address		Of Vehicle Number	P. P	Contact No.(Office)	+
mant Type Claimant Type+	Please Select		SLE7729S	TP Vehicle Number	SMC7866S
Mark Name +		Type of Benefit * Claimare NRIC *	Prease Select		
Hant Address	>>	Comment Section 4			
n Description	SLE7729S / SMR7868S ON 11 Dec 2019				
erred Workshop Contact		supposition and the		Name of Preferred Worksho	p
		Insured Liability +	Not at Fault		
	Yes	Preference Repair Option	Preferred Workshop, Name unknown	GSA report	Received
	12/12/2019 17:51	Claim Close Date		Date Received	12/12/2019 00:00
rt Taken By	Jackson				
Print AK letter					
			Save Submit		
achment					
dent No.	MT/1075515	Claim No.	100		
Doc. Received	● Yes ○ No	Upload Date	12/12/2019 17:53		
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