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Downer / Driver: (TP Particulars: Veh No: RA	GYVVSh	INC (1	(2000)	-
Policy No. (7.1.111		De Marie Williams	,	
Insured/Driver Liability: (%) [Note-Est Status (WO): N. 0-20%; P. 21-79%. P. 80-100%] Year of Registration: () Warranty: YES () / NO () Excess: (S) Loading: \$1,000 () / \$2,000 () Seeten Note of Properties of Pro	Policy No: ()	Period: ()		,	
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Total Loss Case : to e-mail Insurer URGENTLY.	/ Walk-In Customer : Customer's in	formation strictly Co	onfidential & Stric	tly NO refer of repairer.		
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Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 31/01/2020 15:44

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Date Of Driving Pass Driving Experience

Gender

Mobile Number

Contact Number

EMail Address

Fax Number

- lease 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.
- nformation 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.
- 3) 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.

	ACCIDENT STATEMENT
Date Of Report	31/01/2020 13:38
Date Of Accident	21/01/2020 18:00
Exact Location Of Accident	NEW UPP CHANGI RD
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKZ64Z
Ir sured/Policyholder	
Name Of Registered Owner	ONE2RENT CARS PTE LTD
Co Reg No	2XXXXX179N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vahicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E 200 BLUEEFFICIENCY
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Flaet Policy	YES
Policy Number	5108639457
Cover Note Number	
Driver	
Name of Driver	SOEN LEH KENG
NRIC No	SXXXX535H
Date Of Birth	02/09/1953
Occupation	INDOOR

02/07/2009

MALE

NOEMAIL

10 YEARS AND 6 MONTHS

(LOCAL) +65-82871720

OFFICE-82871720

Address

BLK 24 HOUGANG AVENUE 3

#06-426

Postcode

530024

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

Vahicle

...

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

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?

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?

C roumstances 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

SLG4443A

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

TOYOTA SIENTA

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report garrectly the details of the accident to speed up the dains process.
- 2. This Form your be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any willul micropresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this Form by insurance compenies 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 facords 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 indigment 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 mode available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and propent 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 accretion (all insurer(s) who have insured vehicle(s) involved in this accretion that socident 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 enquines 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 low at 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 forms, 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 froud 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 sourt orders.

Policyholder's Signatura Date & Time: Driver's Signature

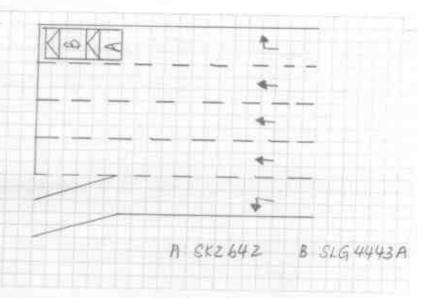
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel' Signature

Name:

NHIC/FIN NO.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I _ K	as stationary	along	New Uppe	r chang	Road as	
the traffi	z light was .	red. who	en the	traffic 1	ight turned	
green,	1 was about	to mos	re off.	Vehicle	B in Front	of
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1 wish to	state that	there	is no o	lamage	with my	
car_and	no any ba	ng' sou	nd at	that poi	nt of time.	
Vehocle B	rear portron	only a	bit of	scratche.	5,	I
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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:

Name: NRIC/PIN No.:

Reporting Centre Personnel's Signature

SINGAPORE ACCIDENT STATEMENT

IMPORTANT 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 willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptaince of this form by insurance companies is not an admission of policy listality so the part of the insurance companies.
- Any false reporting may be referred to the traffic police department for investigation.

	ACCIDENT DETAILS	THE PERSON NAMED IN
Date of accident	21/01/2020	(DD/MM/YY)
Time of accident	1900	(HH:MM)
Exact location of accident	Along New Upper Changi Road	

	DETAILS OF VEHICLE
Vehicle registration number	SKZ 64 Z
Vehicle make and model	Mercedes E200
Type of vehicle	Saloon D MPV D CRV D Van D Lorry D Bus D Motorcycle D Others:
Vehicle category	Private a Commercial Motorcycle a
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes O No if no, please select: Third part claim O Reporting only

	INSURANCE IN	FORMATION	
Insurance company	NTUE		
Policy number			
Type of policy	Comprehensive	Third party fire & theft or	TP only 🗆

	INSURED / POLICY HOLDER		
Name	ONE2RENT CARS PTE LTD	Malers	Female 🗆
NRIC / Fin / Passport number	201306179N		
Contact			
Address	70 UBI CRESCENT #01-12 UBI TECH PARK SINGAPORE 408570		

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)	
Name	Soen Leh Keng Male	Female 🗆
NRIC / Fin / Passport number	S 1076535H	
Contact	8287 1720	
Address	BIK 24 Hougang Avenue 3 #-06-426 S(530024)	
Email address		
Date of birth	02/09/1953	
Occupation	Indoor D Outdoor D	
Driving date pass	02/07/2009	

	ENERAL II	NFORMATION C	F THE ACCIDENT	Marie Bull the Control of the
Was driver an employee of	Yes 🗆	No		
the insured's company?	If no, rela	ationship of the	driver and insured:	Hirer
Accident captured by camera?	Yes 🗆	No		
Weather condition	Clear	Raining 🗆	Others:	
Road surface	Dry	Wet□		
No of passenger	oi			(Inclusive of drive
	111111111111111111111111111111111111111			
	10016	PASSENGER	1	
Name				
Gender	Male 🗆	Female 🗆		
Name of the second party		PASSENGER	2 Marian	The second second
Name	Adula -	Canada		
Gender	Male 🗆	Female		
SEMESTREES, ILV. VIII. ST	(Company)	PASSENGER	3	NO IS ED A COM STILL
Name				
Gender	Male 🗆	Female 🗆		
Gender	Tricine in	Temple 12		
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Gender	Male 🗆	Female		
delige	1,111414			
CONTRACTOR OF STREET	THE RESIDENCE	OTHER INFORM	ATION	
Was anybody injured?	Yes 🗆	No		
Was other vehicle damaged?	Yes	No 🗆		
	-	(*)		
CARLES CONTRA		TAILS OF POLICE		
Reported to police?	Yes 🗆	No If yo	es, please state whic	h police station.
Police station name				
	I SHLEVII	WITNESS 1		
Name		WITNESS 1	100	COLUMN TO SERVE A
Name				
	BEN BE	WITNESS 2	Bully of the L	Salar Frederica In
Name		- COSSISTANCE OF THE SECOND COST		

	THIRD PARTY VEHICLE 1
Vehicle registration number	SLO 4443A
Vehicle make model	Toyota Sienta
Name	TOHOLO SIENICH
NRIC / Fin / Passport number	
Contact	
Contact	
INCOME OF STREET	THIRD PARTY VEHICLE 2
Vehicle registration number	MINO PARTI VEHICLE 2
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
THE RESERVE AND ADDRESS OF THE	THIRD PARTY VEHICLE 3
Vehicle registration number	THIRD PART I VEHICLES
Vehicle make model	
Name Name	
NRIC / Fin / Passport number	
Contact	
Contact	
	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
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THE RESIDENCE OF STREET	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	_/
NRIC / Fin / Passport number	/
Contact	/
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Vehicle registration number	TOTAL TALL OF THE PARTY OF THE
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
	THIRD PARTY VEHICLE 7
V-11-1	THIRD PARTI VEHICLE /
Vehicle registration number	
Vehicle make model	
Name /	
NRIC //Fin / Passport number	
Contact	

31029 Little 228 A		INJURED PERSON 1
Name		
njuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No D
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		
SUFFICIENT TO THE STATE OF THE		INJURED PERSON 2
Name		
Injuries sustained		
Which vehicle person in?		/
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?	III. MESSAGE	
		INJURED PERSON 3
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes□	No a
Was injured conveyed to	Yes 🗆	No 🗆 /
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Name		
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eBaoTech			-15	100	4	17.00				Genera	Claim
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					18	Start					
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