	es.   puet 1 Jan'05] M	1	Done by	CO.
Date In: 9 3/20 - 19:31 Jeb dese	ription	Date &Time Completed	Done o	,
Res No: NA) 140200377614 SAS e-	-filing			-,
	(within Shrs, AIC 2hrs)		1000 E 100 E 1	
	or Claim Form	M7/10 85835-002	9/3/20 19:4	/>
i-Moto	or W/O (Within: OD 2hi	rs, TP 4brs)		
OD : TP : Reporting Only	o Uploaded			
	ment/Survey Report			
TP Insurer: Ass't R	leport by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (	201-14	10	ax:	)
TP Particulars: Veh No: JMM66856	. NC(	)/Non-INC( )		(421) (421)
Owner / Driver: (		Tel:	)	
Policy No: ( ) Period: (	)	Cover Type: (	)	
Confirmed by : (	Date:	Time:	)	
Insured/Driver Liability: ( %) [Note-Est. S	tatus (WO): N: 0-2	20%; P: 21-79%. F: 80-	100%]	
Year of Registration: ( ) Warranty: 1	YES( )/NO(	)	- 04421	
Excess: (\$ ) Loading: \$1,000 ( )/	\$2,000()			
General Remarks:-	50 15 4 877)=		73.00 S	1/2 Page
		A PROPERTY OF THE PROPERTY OF		
( ) Walk-In Customer: Customer's information stri		trictly NO refer of repairer.		
( ) Total Loss Case : to e-mail Insurer URGEN				
Drive-In ( )/ Towed-In ( ); Invoice: YES (	)/NO( );	Towing Co: (		
Remarks:- (INC hotline: 6788 6616)		Date&Time Completed	Done	У
1) Apply for Transport Allowance ( )/ Courtesy Ca	ar()	1.	7	
2) QC Check / Post Repair Inspection	( )			
	<del></del>	-	- 1 Post - 1	
3) Unload Resurvey Photo [Repair Cost > \$3000]	( )			
3) Upload Resurvey Photo [Repair Cost > \$3000]	( )			
3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:	( )			र भाका
Injury:	( )		Mark Course	
Injury:				
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Injury:				
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Injury:				
Injury:  Date/Time Actions			Ani((S)	Amt (3)
Injury:  Date/Time Actions	Invoice Pr	cparation Checklist.		Amt (3)
Injury:  Date/Time Actions  NA2201988	Invoice Pr	cparation Checklist	Amit (S).	The state of the s
Injury:  Date/Time Actions  Actions  Injury:  Liminal Sections  Actions  Actions  Actions	Invoice Pr  1) AR: Accide 2) DA: Dama 3) TF: Towing	eparation Checklist ent Reporting (\$30); ge Assessment (\$100); INC (\$	And (5) 15t Bill \$80) 40/\$45	The state of the s
Injury:  Date/Time Actions  Actions  Injury:  Injury:  Actions  Injury:  In	Invoice Pr 1) AR : Actide 2) DA : Dama 3) TF : Towing 4) FT : Follow	cparation Checklist ent Reporting (\$30); ge Assessment (\$100); INC ( g Fee S	Ant (5) 1st Bill 580) 40/545 \$120	The state of the s
Injury:  Date/Time Actions  NATONIAN  Injury:  Claimant's Particulars:	Invoice Pr  1) AR : Accide 2) DA : Dama 3) TF : Towing 4) FT : Follow	cparation Checklist  Int Reporting (\$30);  Re Assessment (\$100); INC ( Reserved Survey  Through Survey (Resurvey)	\$40.5 (\$5. Bill \$5. B	The state of the s
Date/Time Actions  NATONIAN  Injury:  Date/Time Actions  Injury:  Actions  Injury:	Invoice Pr  1) AR: Accide 2) DA: Dama 3) TF: Towing 4) FT: Follow 5) FT: Follow For claiming 6) TR: Re-ins	cparation Checklist cnt Reporting (530); ge Assessment (\$100); INC ( g Fee S -Through Survey -Through Survey (Resurvey) g against INC Only (wef 10 Jan 20) pection	Ant (5) fit Bill \$80) 40/\$45 \$120 \$30 05) \$75	The state of the s
Date/Time Actions  NATONIAN  Injury:  Date/Time Actions  Injury:  Actions  Injury:	Invoice Pr  1) AR: Accide 2) DA: Dama 3) TF: Towing 4) FT: Follow 5) FT: Follow For claiming 6) TR: Re-ins 7) N1: Idae D	cparation Checklist cnt Reporting (530); ge Assessment (5100); INC ( g Fee S -Through Survey -Through Survey (Resurvey) g against INC Only (wef 10 Jan 20) pection A + SMRT Survey	Amt (5) 15t Bill 580) 40/545 \$120 \$30 95)	The state of the s
Injury:  Date/Time Actions  NATODIAN  Laimant's Particulars: Driver/Owner: Contact No: Damaged Portion:	Invoice Pr  1) AR: Accide 2) DA: Dama 3) TF: Towing 4) FT: Follow 5) FT: Follow For claiming 6) TR: Re-ins 7) N1: Idac D 3) NTUC Add OD*	cparation Checklist cnt Reporting (530); ge Assessment (\$100); INC ( g Fee S -Through Survey -Through Survey (Resurvey) g against INC Only (wef 10 Jan 20 pection A + SMRT Survey itional Services:-	Ant (5) fit Bill \$80) 40/\$45 \$120 \$30 05) \$75 \$160	The state of the s
Injury:  Date/Time Actions  NATODIAN  Laimant's Particulars: Driver/Owner: Contact No: Damaged Portion:	Invoice Pr  1) AR: Actide 2) DA: Dama 3) TF: Towing 4) FT: Follow 5) FT: Follow For claiming 6) TR: Re-ins 7) N1: Idae D 3) NTUC Add OD* *NS: Courte	cparation Checklist cnt Reporting (530); ge Assessment (\$100); INC ( g Fee S -Through Survey -Through Survey (Resurvey) g against INC Only (wef 10 Jan 20) pection A + SMRT Survey itional Services:- csy Car / Tpt Allowance	Amt (5)) fit Bill  \$80) 40/\$45 \$120 \$30  05) \$75 \$160	The state of the s
Injury:  Date/Time Actions  NATODIAN  Laimant's Particulars:  Oriver/Owner:  Contact No:  Damaged Portion:	Invoice Pr  1) AR: Accide 2) DA: Dama 3) TF: Towing 4) FT: Follow 5) FT: Follow For claiming 6) TR: Re-ins 7) N1: Idac D 8) NTUC Add OD* *N5: Courte *N6: Repair	cparation Checklist cnt Reporting (530); ge Assessment (\$100); INC ( g Fee S -Through Survey -Through Survey (Resurvey) g against INC Only (wef 10 Jan 20) pection A + SMRT Survey itional Services:- csy Car / Tpt Allowance t Co-ordination	Ant (5) fit Bill \$80) 40/\$45 \$120 \$30 05) \$75 \$160	The state of the s
Injury:  Date/Time Actions  NATONIAN  Inimant's Particulars:  Diver/Owner:  Ontact No:  amaged Portion:  C Checked by (Engr-In-Charge):	Invoice Pr  1) AR: Accide 2) DA: Dama 3) TF: Towing 4) FT: Follow 5) FT: Follow For claiming 6) TR: Re-ins 7) N1: Idae D 8) NTUC Add OD*  *N5: Courte *N6: Repair *N7: Fost F *N8: DV / 6	cparation Checklist cnt Reporting (530); ge Assessment (\$100); INC ( g Fee S -Through Survey -Through Survey (Resurvey) g against INC Only (wef 10 Jan 20) pection A + SMRT Survey itional Services:- csy Car / Tpt Allowance t Co-ordination Lepair Inspection Collect Excess Coordination	\$30 \$120 \$30 \$30 \$55 \$160 \$25 \$35	The state of the s
Date/Time Actions  NATONISE  NATONISE  Injury:  NATONISE  Actions	Invoice Pr  1) AR: Actide 2) DA: Dama 3) TF: Towing 4) FT: Follow 5) FT: Follow For claiming 6) TR: Re-ins 7) N1: Idae D 8) NTUC Add OD* *N5: Courte *N6: Repair *N7: Fost F *N8: DV // TP (N11):	cparation Checklist cnt Reporting (\$30); ge Assessment (\$100); INC ( g Fee S -Through Survey -Through Survey (Resurvey) g against INC Only (wef 10 Jan 20) pection A + SMRT Survey itional Services: csy Car / Tpt Allowance r Co-ordination tepnir Inspection Collect Excess Coordination TP (N:in INC) against INC	\$50) 40/\$45 \$120 \$30 \$55 \$160 \$55 \$510 \$25 \$55 \$20	The state of the s
Injury:  Date/Time Actions	Invoice Pr  1) AR: Accide 2) DA: Dama 3) TF: Towing 4) FT: Follow 5) FT: Follow For claiming 6) TR: Re-ins 7) N1: Idae D 8) NTUC Add OD*  *N5: Courte *N6: Repair *N7: Fost F *N8: DV / 6	cparation Checklist  Int Reporting (\$30);  ge Assessment (\$100); INC ( ge Fee S  -Through Survey -Through Survey (Resurvey) ge against INC Only (wef 10 Jan 20) pection  A + SMRT Survey itional Services:  Desy Car / Tpt Allowance of Co-ordination Repair Inspection Collect Excess Coordination  TP (Non INC) against INC  Mobile	\$50) \$6.Bill \$10,545 \$120 \$30 \$55 \$160 \$510 \$25 \$510 \$25 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$30	The state of the s

#### SINGAPORE ACCIDENT STATEMENT

#### 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.
- 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.

- 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.	AND THE PARTY OF T
Application of the second of t	ACCIDENT STATEMENT
Date Of Report	09/03/2020 19:31
Date Of Accident	15/02/2020 11:30
Exact Location Of Accident	YISHUN AVE 8
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBF6066R
Insured/Policyholder	
Name Of Registered Owner	ONE2RENT CARS PTE LTD
Co Reg No	2XXXXX179N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV200 DX 1.6 A
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5108639608

Policy Number 5108639608

Cover Note Number

Driver

Name of Driver MOHAMAD FIRMI BIN ANWAR

 NRIC No
 SXXXX301G

 Date Of Birth
 20/07/1985

 Occupation
 OUTDOOR

 Date Of Driving Pass
 28/10/2009

Driving Experience 10 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96698075

Fax Number

Contact Number OFFICE-96698075

EMail Address NOEMAIL

Address

BLK 129C CANBERRA STREET

#09-578

Postcode

753129

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

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

NO 2

Was any body injured in the Accident?

NO

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.

Number of Passengers (Including Driver)

NO

2

Passenger 1

NAME:

0.0

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

TEL NO: 65470000 - FAX NO:

Police Station Contact Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20200306/7013.

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

SMN6685G

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)

#### 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.
- 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.
- 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 perties.
- 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)

I 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 insurers) 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, 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 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 abovα 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: Driver's Signature (If driver is not the policyholder)

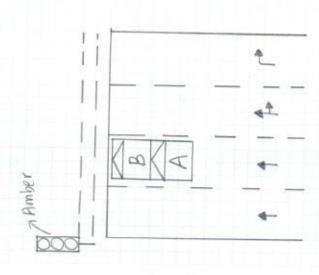
Date & Time:

Reporting Centre Personne Signature

Name:

NRIC/FIN No.:

A: GBF6066R B: SMN 6685G



## DESCRIBE CIRCUIVISTANCES OF THE ACCIDENT

	/
Refer to police report	
	-
CLADATION	-

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature Date & Time:

Driver's Signature of driver is not the policyholder)

Date & Time:

Reporting Centre Personne's Signature

NRIC/FIN No.:

# 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 wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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 traffic police department for investigation.

SE MANDO SERVICIONO DO	SHARE		ACCIDENT DETAILS				
Date of accident	15	102	12020				(DD/MM/YY)
Time of accident		30					(HH:MM)
Exact location of accident	Ale	ng	Hee Soon Road	Yahun	Ave	8	

	DETAILS OF VEHICLE	
Vehicle registration number	GBF 6066R	
Vehicle make and model	Nissan NV200	
Type of vehicle	Saloon □ MPV □ CRV □ • Var	
	Lorry   Bus   Motorcycle	Others:
Vehicle category	Private   Commercial Motorcy	rcle a
Purpose of using at said time		
Are you claiming under your	Yes  No if no, please select:	
own insurance company?	Third part claim Reporting only	

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

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

Name	Mohamad Firmi Bin Anwar Male Female
NRIC / Fin / Passport number	S8523301G
Contact	268 9669 8075
Address	Blk 129C Canberra Street #09-578 S(753 129)
Email address	
Date of birth	20/07/1985
Occupation	Indoor D Outdoor D
Driving date pass	28/10/2009

6	ENERAL IN	FORMATION OF	THE ACCIDENT	
Was driver an employee of	Yes 🗆	No		WW (888)
the insured's company?	If no, rela	tionship of the di	river and insured: _	Hirer
Accident captured by camera?	Yes □	No		
Weather condition	Clear	Raining 🗆	Others:	
Road surface	Dry	Wet □		
No of passenger	02			(Inclusive of driver)
数域域。这位首都的数数数据		PASSENGER 1		
Name				
Gender	Male □	Female		
		3-3-3		
	ratio de l'estima	PASSENGER 2		
Name		**************************************		
Gender	Male 🗆	Female 🗆		
	25			
<b>建</b> 对加强。2011年,1911		PASSENGER 3	Also de la companya della companya della companya de la companya della companya d	REPORT OF THE PARTY OF THE PART
Name				
Gender	Male □	Female 🗆		
	market and	PASSENGER 4		
Name	/			
Gender	Małe □	Female 🗆		
		PASSENGER 5		
Name				
Gender	Male 🗆	Female 🗆		
		PASSENGER 6	<b>经验性</b> 性对此言识	
Name				
Gender	Male □	Female 🗆		
				The second of th
	0	THER INFORMAT	ION	
Was anybody injured?	Yes □	No		
Was other vehicle damaged?	Yes	No 🗆		
	DET	AILS OF POLICE A		
Reported to police?	Yes □	No lf yes,	please state which	police station.
Police station name				
		WITNESS 1		
Name				
		WITNESS 2		The Late of Street, St
Name				

	THIRD PARTY VEHICLE 1
Vehicle registration number	SMN 66 85G
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
- Contract	
	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
	THIRD PARTY VEHICLE 3
Vehicle registration number	THIRD PARTY VEHICLE'S
Vehicle registration number  Vehicle make model	/
Name	
NRIC / Fin / Passport number	
Contact	/
Contact	
	THIRD DARTY VEHICLE 4
NAME OF TAXABLE PARTY O	THIRD PARTY VEHICLÉ 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Sales and the sa	
	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	/
The second secon	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
A STATE OF THE STA	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

		INJURED PERSON 1
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		
		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?	TE-SWARSTONIA	RESTRICT TO
		INJURED PERSON 3
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?	103 (	110 3/
SHADEL NEW YORK TOOK		INJURED PERSON 4
Name		INSURED I ENSUR 4
Injuries sustained	/	
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?	/ 103 0	110 1
	/1	
		INJURED PERSON 5
Name		NOONED PERSON S
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No □
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?	163 [	110 🗓
aspired by animalies.		
		INJUDED DEDCOM C
Name	ALC: NOTE: S	INJURED PERSON 6
njuries sustained		
Which yehicle person in?		
windi yenide person in r	V	News
More cost helts		
Were seat belts worn?	Yes 🗆	No 🗆
Were seat belts worn? Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆





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

1 of 3 Report No. T/20200306/7013

# REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/03/2020 16:15		Made:	Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars		AND THE RESERVE THE PARTY OF TH	
Name of MOHAM	f Informant: IAD FIRMI	BIN ANWAR	Address: APT BLK 129C CANBERRA 753129	STREET #09-578 SINGAPORE	
ID Type / ID No.: NRIC NO / S8523301G		01G	Contact No.: Home/Office:	Mobile: 96698075	
Nationality: SINGAPORE CITIZEN		EN	Email: mohamadfirmi@gmail.com		
Sex: Age: Date of Birth: Male 34 20/07/1985			Type of Informant: Driver		
Race: Malay			Language: English	Institution / School Name:	
Occupation: Electrical engineer (general)		(general)	Driving Licence Information: Class:	Date of Expiry:	

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 15/02/2020 11:30	Type of Location	
Location: YISHUN AVE	NUE 8			·	
Weather:		Road Surface:		Road Speed Limit:	
Traffic Flow:		Traffic Control:		Traffic Volume:	
				Anyone conveyed by	

Details of Vehicle Involved								
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger		
GBF6066R	Van					0		
SMN6685G	Car					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/20200306/7013

#### CONTINUATION OF REPORT

Driver			VI CONTRACTOR OF THE PARTY OF T		1045	AND THE STREET	
Name	MOHAMAD FIRMI BIN ANWAR			ID No.		S8523301G	
Related Vehicle	GBF6066R (Van)			Conta	ct No.	96698075	
Hospital/Clinic	NIL			Class Drivin Licen Expire	g	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	NIL Date Di					
No. of Days gran	ted Medical Leave	NIL	Degree o	f Injury	NIL		

### Brief Details.

On the stated date and time, I was traveling straight along Yishun Avenue 8 at the third lane. As I was going straight vehicle B suddenly stop his vehicle whereby the traffic light is only ember. This resulted in me collided onto the front vehicle rear portion. I wish to state that we did exchange particulars and the 3rd party driver and i came into agreement of private settling this case and ask me to wait for his call. From that day onwards, no phone received from him and only until 3rd March I receive a police letter asking me to file a police report





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

3 of 3 Report No. T/20200306/7013

## CONTINUATION OF REPORT

Sketch Plan
Informant is not able to provide sketch plan

NP168

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: 06/03/2020 16:15
Officer In Charge Of Case: TP / TPHQ / TAN JUN YAN Contact No.: 65476311	Classification Of Case:
Authentication Stamp	



## Certificate of Insurance

Cover : Comprehensive

: ONEZRENT CARS PTE. LTD.

G8F6066R

: VM20100805

: 03 Apr 2019

: 02 Apr 2020

MOTOR VEHICLES	(THIRD PARTY F	RISKS AND	COMPENSATION	ACT (CHAPTER 185	"
MOTOR VEHICLES	(THIRD PARTY F	RISKS AND	COMPENSATION	) RULES, 1960	
ROAD TRANSPORT	ACT, 1987 (MA	LAYSIA)			

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

Certificate Number: 5108639608-000010

1. Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder 3. Effective Date of Insurance

4. 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.

6. Limitations as to Use#

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

(b) Use for the carriage of passengers or goods 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 whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

# 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.

: \$\$1,000 EXCESS (SECTION 1) EXCESS (SECTION 2) : \$\$2,000 : YES INSURE WITH COE

: DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC LTD HIRE PURCHASE COMPANY : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS SUM INSURED

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

: Marsh (Singapore) Pte Ltd (00000690300)

Date of Issue

: 03 Apr 2019 14:25 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

**Authorised Officer** 

**Chief Executive** 

Hello, NAC_PAYA_UBI_800	601						· Change L	anguage	· Change	e Password	· Log Ou
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	¥o.	5108639	5108639608			of Accident	15/	15/02/2020 11:30		
	Vehicle	No.(For Motor)	GBF606	6R		Certifi	icate Number				
					8	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5108639608	5108639608- 000010	ONE2RENT CARS PTE. LTD.	201306179N	GFM	Comprehensive	GBF6066R	200000000000000000000000000000000000000	03/04/2019	02/04/2020

Accident MT/1085835						
Policy No.	SINDETOKING	Vehicle No.	GBF6066R	GST Registration No.	201306179N	
	5108639608	Vehicle No.	GBF6066R	GST Registration No.	2013061/99	
ertificate No.	5108639608-000010			mula instance mater	See See 1 Year	
olicyholder Name	ONEZRENT CARS PTE. LTD.			Policyholder NRIC	201306179N	
roduct Code	FLEET MASTER INSURANCE	Cover Type	Comprehensive	Loading	0	
Contact No.(Mobile)	NA .	Contact No. (Office)		Contact No.(Home)		
mail Address		Special Remark		eCode	NC S	
(PK	® No ○ Yes	TCA	® No ○ Yes	eCode Reason		
VCD Protection	Na	NCD Entitlement(%)	0	Private Hire	Not available	
<b>▼</b> Accident Details						
Report Date	26/02/2020 08:55	Acadent Report Within 24 hrs.	Yes	Academ Type	Collision - Head to Rear	
Date of Accident	15/02/2020	Time of Accident hitemm	11:35	Country of Academ	Singapore	
Reporting Centre		Orange Force		ICM No.		
Accident Location	YISHUN AVE 8					
▼ Total Excess Applicable						
Excess Type	Per Accident	Windscreen Excess	0.00			
30333.MM	0.000760000					
00 Standard Excess	1,000.00	TP Standard Excess	2,000.00			
TED OD Excess		YIED TP Excess		Oriver is Covered?	Not Applicable	
Additional Excess						
Total OD Excess Applicable	1000.00	Total TP Excess Applicable	2,000.00			
Bergerson and account	1000.00	Total 14 Excess Appacage	2,000.00			
♥ Benefits	***					
GST Registered Informa			GST Repimenting Scan	01/12/2015	A. 20.74.	
SST Registered SST Registration No.	Yes 201306179N		GST Registration Date GST Status Verified	01/12/2015 Yes		
IST Registration No. fodification History	D/13/01/3N		was and as seried			
Andrew Product						
→ Policyholder Mailing Ado	fresa					
			401.13	Address 3	SINGAPORE 408570	
Address 1	70 UBI CRESCENT	Address 2	#01-12			
Address 4		Address Type	Singapore address	Post Code	408570	
Unit No.	01+12	Related Policy Number	5108639662			
♥ OI Driver Info						
Driver Name		Driver Type		0289980200		
Innamed driver Name		Driver NRIC		Driver DOB		
legister Date of Driver License		Driver Age		Driving Experience		
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)		
Address 1		Address 2		Address 3		
		Address Type	Foreign address	Address 3 Post Code		
Address 1 Address 4 Unit No.			Foreign address			
Address 4 Unit No. Does he own a Singapore	○ Yes  Ma		Foreign address			
Address 4	○ Yes  ® Mo	Address Type	Foreign address	Post Code		
Address 4 Unit No. Does he own a Singapore Registered car?  Modification History  Claim 002 New		Address Type  Driver Vehicle No.		Post Code  Driver Insurer Company	Total Street Total	
Address 4 Unit No. Does he own a Singapore Registered car?  Modification History  Claim 002 New	○ Yes <b>®</b> Mo □ OD-MX	Address Type  Driver Vehicle No.	ONEIRENT CARS PTE. LTD.	Post Code  Driver Insurer Company  Insured NRIC	201306179N £3037675	
Address 4  Unit No.  Does he own a Singapore  Registered car?  Modification History  Claim 002 New  Claim Type *  Contact No.(Mobile)	00-MX	Address Type  Driver Vehicle No.  Insured Name  Contact No.(Home)	ONEIRENT CARS PTE, LTD.	Post Code  Driver Insurer Company  Insured NRIC Contact No. (Office)	62927575	
Address 4  Unit No.  Does he own a Singapore  Registered car?  Modification History  Claim 002 New  Claim Type *  Contact No. (Mobile)  Email Address	OD-MX  enquiry#one2rentcars.com	Address Type  Driver Vehicle No.  Insured Name  Contact No.(Home)  Of Vehicle Number	ONEIRENT CARS PTE, LTD. NIL GBP5065R	Post Code  Driver Insurer Company  Insured NRIC	Name and Address of the Owner o	
Address 4  Jink No.  Does he own a Singapore Registered Car?  Addification History  Claim 002 New  Claim Type *  Contact No.(Mobile)  Email Address  Claimant Type Claimant Type *	00-MX	Address Type  Driver Vehicle No.  Insured Name  Contact No.(Home)  Of Vehicle Number  Type of Benefit *	ONEIRENT CARS PTE, LTD.	Post Code  Driver Insurer Company  Insured NRIC Contact No. (Office)	62927575	
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Address 4  Jink No.  Does he own a Singapore Registered car?  Modification History  Claim 002 New  Claim Type *  Contact No. (Mobile)  Email Address  Claimant Type Claimant Type *  Claimant Address	OD-MX  enquiry@one2rentcars.com  Please Select	Address Type  Driver Vehicle No.  Insured Name  Contact No.(Home)  Of Vehicle Number  Type of Benefit *	ONEIRENT CARS PTE, LTD. NIL GBP5065R	Post Code  Driver Insurer Company  Insured NRIC Contact No. (Office)	62927575 SMN4685G	
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Attachment  Jose He own a Singapore legistered car?  Accident No.	Op-Mox  enquiry@one2rentcars.com  Please Select  ≥≥  CBF6066R / SMN6685G ON 15 Feb 2020  Ves  Upgr03/2020 ±9:40  Jackson  MT/1085825  • Yes ○ No	Address Type  Driver Vehicle No.  Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NR3C *  Insured Liability * Preferend Repair Option Claim Close Date  Claim No.	ONEZRENT CARS PTE. LTD.  NIL  GBF6065R  Please Select  Fully at Fault  Preferred Workshop, Name unknown  Seve Submit  002  09/03/2020 19:41	Post Code  Driver Insurer Company  Insured NRIC Contact No. (Office) TP Vehicle Number  Name of Preferred Worksho Gia report Date Received	Received (2000/2020 00:00 (3000)	
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Address 4  Jink No.  Does he own a Singapore Registered car?  Modification History  Claim 002 New  Claim 002 New  Contact No. (Mobile)  Email Address  Claimant Type Claimant Type =  Claimant Address  Claimant A	Op-Mox  enquiry@one2rentcars.com  Please Select  ≥≥  CBF6066R / SMN6685G ON 15 Feb 2020  Ves  Upgr03/2020 ±9:40  Jackson  MT/1085825  • Yes ○ No	Address Type  Driver Vehicle No.  Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit * Claimant NR3C *  Insured Liability * Preferened Repair Option Claim Close Date  Claim No. Upload Date  Browse	ONEZRENT CARS PTE. LTD.  NIL  GBF6065R  Please Select  Fully at Fault  Preferred Workshop, Name unknown  002  09/03/2020 19:41  Category *  Clear  Please Select	Post Code  Driver Insurer Company  Insured NRIC Contact No. (Office) TP Vehicle Number  Name of Preferred Worksho GIA report Date Received  Confidential Urg	Received 9 09/03/2020 00:00 00:00	
Attachment  Jose He own a Singapore legistered car?  Accident No.	Op-Mox  enquiry@one2rentcars.com  Please Select  ≥≥  CBF6066R / SMN6685G ON 15 Feb 2020  Ves  Upgr03/2020 ±9:40  Jackson  MT/1085825  • Yes ○ No	Address Type  Driver Vehicle No.  Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit * Claimant NR3C *  Insured Liability * Preferened Repair Option Claim Close Date  Claim No. Upload Date	ONEZRENT CARS PTE. LTD.  NIL  GBF6065R  Please Select  Fully at Fault  Preferred Workshop, Name unanown  O02  09/03/2020 19:41  Category *  Clear  Please Select  Prease Select	Post Code  Driver Insurer Company  Insured NRIC Contact No. (Office) TP Vehicle Number  Name of Preferred Worksho Gia report Date Received  Confidencial Urg NO V Norma	Received   OB/03/2020 00:00   Broy * Description   V	
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Address 4  Jink No.  Does he own a Singapore Registered car?  Modification History  Claim 002 New  Claim 002 New  Contact No. (Mobile)  Email Address  Claimant Type Claimant Type =  Claimant Address  Claimant A	Op-Mox  enquiry@one2rentcars.com  Please Select  ≥≥  CBF6066R / SMN6685G ON 15 Feb 2020  Ves  Upgr03/2020 ±9:40  Jackson  MT/1085825  • Yes ○ No	Address Type  Driver Vehicle No.  Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NR3C *  Insured Liability * Preferend Repair Option Claim Close Date  Claim No. Upload Date  Browse Browse	ONEZRENT CARS PTE. LTD.  NIL  GBF6065R  Please Select  V  Fully at Fault  Preferred Workshop, Name unknown  O02  09/03/2020 19:41  Category *  Clear  Please Select  Clear  Please Select  Clear  Please Select  Clear  Please Select  Dear  Please Select	Post Code  Driver Insurer Company  Insured NRIC Confact No. (Office) TP Vehicle Number  Name of Preferred Worksho Gla report Date Received  Confidencial Urg NO V Norma	Received   Description  Proy * Description  Description  Description  Description  Description	
Address 4  Link No.  Does he own a Singapore Regulared Car?  Modification History  Claim 002 New  Claim 002 New  Claim Type *  Contact No. (Mobile)  Email Address  Claimant Type Claimant Type *  Claimant Address  Claimant Address  Claim Description  Proferred Workshop Contact No.  Require Finalisation  Date Registered  Report Taken By  Print AK letter  Attachment	Op-Mox  enquiry@one2rentcars.com  Please Select  ≥≥  CBF6066R / SMN6685G ON 15 Feb 2020  Ves  Upgr03/2020 ±9:40  Jackson  MT/1085825  • Yes ○ No	Address Type  Driver Vehicle No.  Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NR3C *  Insured Liability * Preferend Repair Option Claim Close Date  Claim No. Upload Date  Browse Browse Browse	ONEZRENT CARS PTE. LTD.  NIL  GBF6065R  Please Select  V  Fully at Fault  Preferred Workshop, Name unanown  O02  09/03/2020 19:41  Category *  Clear  Please Select	Post Code  Driver Insurer Company  Insured NRIC Contact No. (Office) TP Vehicle Number  Name of Preferred Worksho Gla report Date Received  Confidencial V NO V Norms V NO V Norms V NO V Norms	Received   OB/03/2020 00:00   Proy * Description   OB/03/2020 00:00	
Address 4  Unit No.  Does he own a Singapore Registered car?  Address 4  Claim 602 New  Claim 602 New  Claim 709e *  Contact No. (Mobile)  Email Address  Claimant Type Claimant Type *  Claimant Address  Claimant Address  Claim Description  Professed Workshop Contact No.  Attachment  Attachment  Accident No.  Last Doc. Received	Op-Mox  enquiry@one2rentcars.com  Please Select  ≥≥  CBF6066R / SMN6685G ON 15 Feb 2020  Ves  Upgr03/2020 ±9:40  Jackson  MT/1085825  • Yes ○ No	Address Type  Driver Vehicle No.  Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NR3C *  Insured Liability * Preferend Repair Option Claim Close Date  Claim No. Upload Date  Browse Browse Browse	ONEZRENT CARS PTE. LTD.  NIL  OBP5065R  Please Select  Fully at Fault  Preferred Workshop, Name unknown  O02  O9/03/2020 19:41  Category *  Clear  Please Select  Clear  Please Select	Post Code  Driver Insurer Company  Insured NRIC Contact No. (Office) TP Vehicle Number  Name of Preferred Worksho Gla report Date Received  V NO V Norms	Received Searchtist	
Address 4  Jink No.  Does he own a Singapore Registered car?  Addification History  Claim 002 New  Claim 002 New  Claim Type *  Contact No. (Mobile)  Email Address  Claimant Type Claimant Type *  Claimant Address  Claimant Address  Claim Description  Professed Workshop Contact No.  Require Finalisation  Date Registered  Report Taken By  Print AK letter  Attachment	Op-Mox  enquiry@one2rentcars.com  Please Select  ≥≥  CBF6066R / SMN6685G ON 15 Feb 2020  Ves  Upgr03/2020 ±9:40  Jackson  MT/1085825  • Yes ○ No	Address Type  Driver Vehicle No.  Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NR3C *  Insured Liability * Preferend Repair Option Claim Close Date  Claim No. Upload Date  Browse Browse Browse	ONEZRENT CARS PTE. LTD.  NIL  OBP5065R  Please Select  Fully at Fault  Preferred Workshop, Name unknown  O02  O9/03/2020 19:41  Category *  Clear  Please Select  Clear  Please Select	Post Code  Driver Insurer Company  Insured NRIC Contact No. (Office) TP Vehicle Number  Name of Preferred Worksho Gla report Date Received  V NO V Norms	Received Sescription Sescripti	

	Uploaded By/Date	Folder Date	ni	e Name		P	Source	Ac
Video List								
	NAC_PAYA_UBI_B00601( NATIONA CES) on 09 Mar	L ASSESSMENT CENTRE SERVI 2020 19:40	Photos		Normal	Photo	s 2020-3-9	
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#	NAC_PAYA_UB1_800601( NATION/ CES) on 09 Mar	L ASSESSMENT CENTRE SERVI 2020 19:40	Photos		Normal	Phot	06 2020-3-9	
	NAC_PAYA_UB1_800601( NATIONAL CES) on 09 Mar	L ASSESSMENT CENTRE SERVI 2020 19:40	Photos		Normal	Phot	os 2020-3-9	
1	NAC_PAYA_UBI_B00601( NATIONAL CES) on 09 Mar	NL ASSESSMENT CENTRE SERVI 2020 19:40	SAS		Normal	SAS	3 2020-3-9	
EDD of	NAC_PAYA_UBI_800603( NATION/ CES) on 09 Mar	AL ASSESSMENT CENTRE SERVI 2020 19:41	NRIC/ Driving License	٧	Normal	NRIC/ Drivin	ig License 2020-3-9	
22-				9				(00)