Date In: 14/2/12-15:45	Jcb description	Date &Time Completed	Done by
Res No: 44/14 Charly way	SAS e-filing		
Veh No: SIA 9777 L	E-mail (within 8hrs, AIC 2hrs)	
D.O.A: 13/3/2-05:37	i-Motor Claim Form	m) 1288247-021	July ha 15 TT
	i-Motor W/O (Within: OD	The state of the s	19171- 19 34
OD / TP Reporting Only	i-Photo Uploaded	1	
	Assessment/Survey Repor	t	
TP Insurer:	Ass't Report by Fax / Har		
Preferred Wksp / INC Assign Wksp / QW: (Fax:
TP Particulars: Veh No:			
Owner / Driver: (48700	Tel:)
	Period: () Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%)) [Note-Est. Status (WO): N: (0-20%; P: 21-79%. P: 80-	100%]
Year of Registration: ()	Warranty: YES ()/NO ()	
Excess: (\$) Loading: \$	1,000 ()/\$2,000 ()		
General Remarks			STATE OF THE STATE
() Walk-In Customer : Customer's in	nformation strictly Confidential &	Strictly NO refer of repairer.	11.2
	urer URGENTLY.	5	
<u> </u>		; Towing Co: (· · · · · · · · · · · · · · · · · · ·
Enve-in (), joved-in (), inve	7 () () ()		, , , , , , , , , , , , , , , , , , ,
Remarks: (INC hotline: 6788 6616	na salah katal	Date&Turno Completed	Done by
	/ Courtesy Car ()	Dates: Turno Completed."	Done by
Apply for Transport Allowance ()		Dates: Timb Completed!	Done by
Apply for Transport Allowance () QC Check / Post Repair Inspection	/ Courtesy Car ()	Date& Tarrio Comple :=4"	Done by
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >	/ Courtesy Car ()	Date&Tame Completed®	Done by
Apply for Transport Allowance () QC Check / Post Repair Inspection	/ Courtesy Car ()	Date& Tarrio Comple od "	Done by
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1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions MADON V Claimant's Particulars: river/Owner: ontact No: amaged Portion:	/ Courtesy Car ()	reparation Checklist. Sent Reporting (\$30); age Assessment (\$100); INC (\$ age Assessment (Ame (5) Am fac Bill Add (80) 10/545 5120 530 5) \$75 \$160
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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.	TO CONTROL OF THE TRANSPORT OF THE PROPERTY OF
The State of the S	ACCIDENT STATEMENT
Date Of Report	14/03/2020 15:40
Date Of Accident	13/03/2020 05:30
Exact Location Of Accident	YISHUN RING RD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLA9375L
Insured/Policyholder	
Name Of Registered Owner	KC CAR RENTAL PTE LTD
Co Reg No	2XXXXX588M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	WISH 1.8 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	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	5108997801
Cover Note Number	
Driver	
Name of Driver	ABDUL AZIZ BIN MOHAMED AMIN
NRIC No.	SXXXX242I

 NRIC No
 SXXXX242I

 Date Of Birth
 19/01/1972

 Occupation
 OUTDOOR

 Date Of Driving Pass
 01/04/1999

Driving Experience 20 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90837303

Fax Number

Contact Number OFFICE-90837303

EMail Address NOEMAIL

Address

BLK 269 YISHUN STREET 22

#03-24

Postcode

760269

NO Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - HIRER

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - MAJOR/MINOR RD

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?

I have been approached by unknown person(s)

YES

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

NO 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

SJA870G

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

FIRDAUZ

NRIC/Passport Number

Contact Number

83393834

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
- 3. 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
- Any false reporting may be referred to the Police for investigation.
- 6. 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
- 7. 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
- 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 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) pf+
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary
 - (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
- (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:
 - (i) 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:

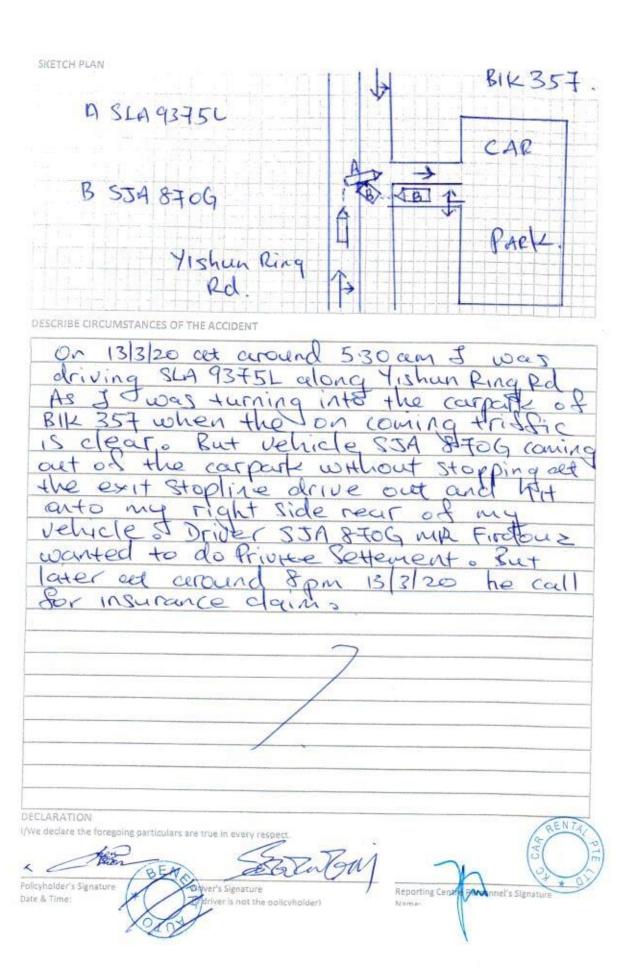
er's Signature iver is not the policyholder)

& Time

Name: NRIC/FIN No .:

Reporting Centre 9 s Signature

EN



	75 L. MAKE & MODEL: TO (OTA. WISH.
ME OF ACCIDENT 5-3	
11111	
OCATION OF ACCIDENT	Yishun King Rd.
xact Purpose use during accident	2 1 21
AME OF OWNER	12c car Rental PL.
ELP NO	
RIC	
LAIM TYPE	OD / CHIRD PARTY Reporting Only
RIVATE HIRE	YE8/NO ?
NSURANCE CO.	NTUC 5108997801-000006
YPE OF CAVERAGE	Comprehensive / Third Party / Third Party Fire & Thest
OLICY NO.	5108997801-000006
IAME OF DRIVER	As above / If No: ABDUL AZIZ BIN MOHAMET
IRIC	S7201242 I Any passengers: No.
OATE OF BIRTH	19/01/1972.
OCCUPATION	Oxfdoor / Indoor
DATE OF DRIVING PASS	21/04/1999
GENDER	Male / Female
CONTAC NO.	01-1-2-72020ssan - Hame: -
ADDRESS	269 Yishun St 22 #03-24 (7602%
DRIVER HAVE ANY OWN Vehic	
RELATIONSHIP	Employee / If No: Hive
WEATHER CONDITION	Clear / Raining / Other:
ROAD SURFACE	Dry / Wet / Other:
ANY INJURIES	No./ If yes: Who?
CONTAC NO.	
	No If yes : Where?
POLICE REPORT	
POLICE REPORT	STA 8706. Any Passenger:
VEHICLE B NO.	31110100
VEHICLE B NO. NAME	83393834
VEHICLE B NO. NAME CONTAC NO.	83393834 Any Passenger:
VEHICLE B NO. NAME CONTAC NO. VEHICLE C NO.	83393834 Any Passenger: Any Passenger:
VEHICLE B NO. NAME CONTAC NO. VEHICLE C NO. VEHICLE D NO.	Any Passenger: Any Passenger: Any Passenger:
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VEHICLE B NO. NAME CONTAC NO. VEHICLE C NO. VEHICLE D NO. VEHICLE F NO. ANY WITNESS WITNESS CONTACT NO. Have you been approach by unk offering accident claims assistan	Any Passenger: Any Passenger: Any Passenger: Any Passenger: Any Passenger: Any Passenger: YES/NO Sme Motor Pte Ltd 68 Kaki Bukit Avenue 6
VEHICLE B NO. NAME CONTAC NO. VEHICLE C NO. VEHICLE D NO. VEHICLE E NO. VEHICLE F NO. ANY WITNESS WITNESS CONTACT NO. Have you been approach by unk	Any Passenger: Any Passenger: Any Passenger: Any Passenger: Any Passenger: Any Passenger: YES/NO 6 Speed Autowerkz Pte Ltd



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) ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA).

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

Certificate Number: 5108997801-000006

1 SLA9375L

1. Index mark and Registration Number of Vehicle

2NE100330105

Chassis Number 2. Name of Policyholder : KC CAR RENTAL PTE LTD

Cover + Third Party, Fire & Theft

3. Effective Date of insurance

: 11 Dec 2019

4. Expiry Date of Insurance

10 Dec 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 triade 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	N/A
EXCESS (SECTION 1)	: \$\$1,500
EXCESS (SECTION 2)	N/A
ADDITIONAL EXCESS	N/A
LINNAMED DRIVER EXCESS	NO
REPAIR AT OWNER'S PREFERRED WORKSHOP	
INSURE WITH COE	YES
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
	1 N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	N/A
HIRE PURCHASE COMPANY	MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS
CUM INCURED	

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) Art (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

BENEFIT AUTO INSURANCE AGENCY (00000573333)

Date of Issue

: 18 Apr 2019 16:59 hrs.

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Hello, NAC_PAYA_UBI_8006	01						+ Change	Language	+ Chan	ge Password	Log Ou
My Desktop	Poli	cy Query									
Notice of Loss	Policy No. 510899			7801		Date o	f Accident	[1	3/03/2020 0	5:30	
	Vehicle	cle No.(For Motor) SLA9375L				Certificate Number					
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5108997801	5108997801- 000006	KC CAR RENTAL PTE LTD	201810588M	GFM	Third Party, Fire & Theft	SLA9375L	SLA9375L	11/12/2019	18/04/2020

Policy No.	5108997801	Policyholder Name	KC CAR	RENTAL PTE LTD	Policyholder NRIC	201810588M	
Certificate No.	5108997801-000006	74,730135			CALTE		
Address	61 UBI AVENUE 2 #05-04 AUTO	OMOBILE MEGA	MART SIN	IGAPORE 408898			
Product Name	FLEET MASTER INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	18/04/2019	Effective Date	19/04/20	19 00:00	Expiry Date	18/04/2020 2	3:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess	0		Windscreen Excess	0	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young	/Inexperience Driver Excess
Agent	BENEFIT AUTO INSURANCE AG	E Agent Tel.	6444531	3	GST Flag	Y	
Co- insurance Flag	BENEFIT AUTO INSURANCE AGI	E Agent Tel.	6444531	3	GST Flag	Υ	
Agent Co- insurance Flag Open Policy Info Certificate		E Agent Tel.	6444531	3	GST Flag	Y	
Co- insurance Flag Open Policy Info Certificate Info	No	E Agent Tel.	6444531	3	GST Flag	Y	
Co- insurance Flag Open Policy Info Certificate Info		E Agent Tel.	6444531	3	GST Flag	Y	
Co- insurance Flag Open Policy Info Certificate Info Policyh	No	E Agent Tel. Addres		#05-04 AUTOMOBI		Y Address 3	SINGAPORE 408898
Co- insurance Flag Dpen Policy Info Certificate Info Policyh Address 1	No older Mailing Address	Addre			LE MEGAMAF /	Address 3 Post Code	SINGAPORE 408898 408898
Co- insurance Flag Open Policy Info Certificate Info	No older Mailing Address	Addre:	ss 2 ss Type d Policy	# 05-04 AUTOMOBI	LE MEGAMAF /		
Co- Insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	older Mailing Address 61 UBI AVENUE 2	Addres Addres Relate Numbe	ss 2 ss Type d Policy	#05-04 AUTOMOBI Singapore address	LE MEGAMAF /		
Co- insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	older Mailing Address 61 UBI AVENUE 2 05-04 d Object: 5108997801-000000	Addres Addres Relate Numbe	ss 2 ss Type d Policy	#05-04 AUTOMOBI Singapore address	LE MEGAMAF /		
Co- insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No. Insured	older Mailing Address 61 UBI AVENUE 2 05-04 d Object: 5108997801-000000	Addres Addres Relate Numbe	ss 2 ss Type d Policy er	#05-04 AUTOMOBI Singapore address	LE MEGAMAF /		
Co- insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No. Insurer Sequen	older Mailing Address 61 UBT AVENUE 2 05-04 d Object: 5108997801-000000	Addres Addres Relate Numbe	ss 2 ss Type d Policy er	#05-04 AUTOMOBI Singapore address 5109056461	LE MEGAMAF /	Post Code	408898

Claim Handling										
Accident MT/1088247	. VALUE (1820)	5000 COS								
Policy No.	5108997801	Vehicle No.		SLA937SL			GST Registration No	100		
Certificate No.	5108997801-000006									
Policyholder Name	KC CAR RENTAL PTE LTD						Policyholder NR3C		201810588	M
Product Code	PLEET MASTER INSURANCE	Cover Type		Third Party, Fire &	Theft		Loading		0	
Contact No. (Mobile)	0	Contact No.(Office)		ů			Contact No.(Home)		0	
Email Address		Special Remark		00			eCode .		N. V	
NCO Protection	® No ○ Yes No	TCA		® No ⊜Yes			eCode Reason		Mark .	
Accident Details	No	NCD Entitlement(%)		0			Private Hire		Yes	
Report Date	14 103 13030 AF-F3	Anniana Process Williams	- 74 mm	Mark of			And Sent Tone		College of the	
Date of Accident	14/03/2020 15:53	Accident Report With		Yes			Accident Type			tajor Minor Road
Reporting Centre	13/03/2020	Time of Accident hh: Orange Force	mm.	05:30			Country of Accident		Singapore	
Accident Location	YISHUN RING RO	Grange Force					ICM No.			
▼ Total Excess Applicable										
Excess Type	Per Accident	Windscreen Excess			0.00					
Citata ripe	The state of	Western Excess			0.00					
00 Standard Excess	0.00	TP Standard Excess			1,500.00					
YIED OO Excess	0.00	YIED TP Excess					Driver is Covered?			
Additional Excess										
Total OD Excess Applicable	0.00	Total TP Excess Appl	cable							
▽ Benefits										
GST Registered Informa	ation									
GST Registered	No			GST Registr						
GST Registration No.				GST Status	Verified		Yes			
Modification History										
▼ Policyholder Halling Ad	hiresa									
Address 1	61 UBI AVENUE 2	Address 2		#05-04 AUTOMOB	DE MECAMAL		Address 3		SINGAPORE	Ananna
Address 4	of one wence 2				ILE MEGAPON					403853
		Address Type		Singapore address			Post Code		408898	
Unit No. OI Driver Info	05-04	Related Policy Number	er	5109056461						
Driver Name	Unnamed Driver	Driver Type		Jnnamed Driver						
Unnamed driver Name	ABOUL AZIZ BIN MOHAMED AM	Driver NRIC		\$300002421			Driver DOB		09/01/1972	É
Register Date of Driver License		Driver Age		40			Oriving Experience		20	
Contact No.(Mobile)	90837303	Contact No.(Office)		0			Contact No.(Home)		0	
Address 1	BLK 269	Address 2		YISHUN STREET 2	2		Address 3		SINGAPORE	760269
Address 4		Address Type		Singapore address			Post Code		760269	
Unit No.	03-24									
Does he own a Singapore Registered car?	○ Yes ® No	Driver Vehicle No.					Driver Insurer Comp	any		
negratered carr										
Declaration										
Breathalyser or Blood Test Reading?	0 mg	Any injury?		○ Yes ® No						
Modification History										
Prodrication reactory										
Claim 001 New										
Claim Type *	00-MX V	Insured Name		KC CAR RENTAL PT	TE LTD		Insured NRIC		201810588	
Contact No.(Mobile)	90603343	Contact No.(Home)	i	NE GAN RESTAULT			Contact No.(Office)		+	
Email Address		OI Venicle Number	1	SLA9375L			TP Vehicle Number		SIAB7DG	
Claimant Type Claimant Type*	Please Select	Type of Benefit *		Please Select	चि		25, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		-	
Claiment Name *	>>	Cleimant NRIC +	i		-					
Claimant Address			2021		LT-LEVEL CO.					
Claim Description	SLA9375L / S3A870G ON 13 Mar 2020						Name of Preferred W	forkshop		
Preferred Workshop Contact No.		Insured Liability *	- 1	Not at Fault	V				12	
Require Finalisation	Yes	Preferend Repair Opt			p, Name unknown	V	GIA report		Received	V
Date Registered	14/03/2020 15:55	Claim Close Date	i			_	Date Received		14/03/2020	CONTRACTOR OF THE PARTY OF THE
Report Taken By	Jackson	A-01146-955-95001					w.ne.ecotos retire			
Print AK letter	Shooting 12									
- 100 M-100 M			-	999						
			S	ave Submit						
Attachment										
7										
	MATHORES AND			30						
Accident No. Last Doc. Received	MT/1088247	Claim No		00						
See Love Pulcemen	● Yes ○ No	Upload D	-16	14	A/03/2020 15:56					
	Pach *		Browse	Cmar Please	Category *	101	Confidential V	Urgen	· ·	Description *
			Browse	Clear Please	10401	200		Normal	<u> </u>	
			Jagovie Linkson							
			Browse	Clear Please		V		Normal	V	
			Browse	Gear Please				Normal		
			Browse	Clear Please	select	V	NO V	Normal		

