	tre Services. wet.		0.75 (Secondary	i Day	ie by
Date In: 3812 -11: 00	Jeb description	ID	ne &Time Completed	Del	
Rei No: HA INCLOSEOGY MY	SAS e-filing	İ		1	
Veh No: SPV16764	E-mail (within Shrs, A	IC 2hrs)			4
D.O.A: 7/8/2-16:00	i-Motor Claim Fo	rm .	m/1098708-002	J18/20	11:04
CONTRACTOR WILLIAM TO THE STATE OF THE STATE	i-Motor W/O (With	nin: OD 2hrs, TP	hrs)		
OD / TP / Reporting Only	i-Photo Uploaded	l l			
	Assessment/Survey	Report			
TP Insurer:	Ass't Report by Fax	/ Hand to Ov	vner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (		Т	el:	Fax:	)
TP Particulars: Veh No: St	PISTA.	INC( )	/Non-INC( )		
Owner / Driver: (		1	cl:	)	
Policy No: ( )	Period: (	) Co	ver Type: (	)	
Confirmed by : (	Da	ite:	Time:	)	
Insured/Driver Liability: ( %)	[Note-Est. Status (WO):	N: 0-20%;	P: 21-79%. F: 80	)-100%]	- 3
Year of Registration: ( )	Warranty: YES ( )/	NO( )			
Excess: (\$ ) Loading: \$	1,000 ( )/\$2,000 (	)			
General Remarks:-				Steen St.	× = 1 2
( ) Walk-In Customer : Customer's in	formation strictly Confider	AND DESCRIPTION OF THE PARTY OF	And the state of t	10 No.	11.241553120
( ) Total Loss Case : to e-mail Inst					
	ice: YES ( ) / NO (	) ; Towi	ng Co: (		)
Davie III ( ), your III ( ), jiii				Construction of the Construction	00/00 pm
	CONTRACTOR OF THE PROPERTY OF	CONTRACTOR AND AND ADDRESS.		Street Control of the	a prilare
		D	ite&Time Completed	Do	te by
1) Apply for Transport Allowance ( )	/ Courtesy Car ( )	D	ite&Time Completed	Do	ne by
1) Apply for Transport Allowance ( ) 2) QC Check / Post Repair Inspection	/ Courtesy Car ( )	D	ate&Time Comptered	. Do	ne by
Apply for Transport Allowance ( )     QC Check / Post Repair Inspection	/ Courtesy Car ( )	D	ate&Time Completed	. Do	nejhy
Apply for Transport Allowance ( )     QC Check / Post Repair Inspection	/ Courtesy Car ( )	D	ate&Time Completed	Do	ne)by
1) Apply for Transport Allowance ( ) 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury:  ———————————————————————————————————	/ Courtesy Car ( )			* Do	ie'by
1) Apply for Transport Allowance ( ) 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >	/ Courtesy Car ( )	D		Do	16 by
1) Apply for Transport Allowance ( ) 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : ———————————————————————————————————	/ Courtesy Car ( )			* Do	16 by
1) Apply for Transport Allowance ( ) 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	/ Courtesy Car ( )			Do	ne by
1) Apply for Transport Allowance ( ) 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	/ Courtesy Car ( )			Do	16'by
1) Apply for Transport Allowance ( ) 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : ———————————————————————————————————	/ Courtesy Car ( )			Do	
1) Apply for Transport Allowance ( ) 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions	( ) \$3000] ( )			Anicia	Am.(3)
1) Apply for Transport Allowance ( ) 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions	( ) \$3000] ( )	oice Prepar	ation Checklist		Am.(3)
Apply for Transport Allowance ( )  O QC Check / Post Repair Inspection  O Upload Resurvey Photo [Repair Cost >  Injury:  Oate/Time Actions	/ Courtesy Car ( ) ( ) \$3000] ( ) Inv		ation Checklist	Ant (S	Am.(3)
Apply for Transport Allowance ( )  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost >  Injury :  Pate/Time Actions  Actions  Actions	/ Courtesy Car ( ) ( ) \$3000] ( )  Inv ( ) ( ) 3) Ti	eice Prepara R: Accident Repu A: Darrage Asse F: Towing Fee	ation Checklist: orting (530); asment (5100); INC	Ant (3	Am.(3)
Apply for Transport Allowance ( )  O QC Check / Post Repair Inspection  O Upload Resurvey Photo [Repair Cost >  Injury:  Oate/Time Actions  Actions  Actions  Actions  Actions  Actions	/ Courtesy Car ( ) ( ) \$3000] ( )  liny 1) Al 2) Do 3) TF 4) FT 5) FT	eice Prepara	ortion Checklist.  orting (330);  ssment (\$100); INC	Ant (S fs:Bi) (S80) \$40/\$45 \$120 \$30	Am.(3)
Apply for Transport Allowance ( )  O QC Check / Post Repair Inspection  O Upload Resurvey Photo [Repair Cost >  Injury :  Oate/Time Actions  Actions  Actions  Actions  iver/Owner:  ntact No:	/ Courtesy Car ( ) ( ) \$3000] ( )  Inv 1) Al 2) D/ 3) TI 4) FI 5) FI F9	eice Prepara	ation Checklist.  orting (330);  ssment (\$100); INC	Ant (S fs:Bi) (S80) \$40/\$45 \$120 \$30	Am.(3)
Apply for Transport Allowance ( )  O QC Check / Post Repair Inspection  O Upload Resurvey Photo [Repair Cost >  Injury :  Pate/Time Actions  Actions  Actions  Actions  Actions  Actions  Actions  Actions  Actions	Courtesy Car ( )	eice Prepara  R: Accident Repo  A: Darrage Asse  F: Towing Fee  F: Follow-Throught Claiming agains  R: Re-inspection  1: Idae DA + SM	ation Checklist  orting (\$30);  issment (\$100); INC  th Survey th Survey (Resurvey) th Only (wef 10 Jan 2)  RT Survey	Anit (S Tst.Bi) (\$80) \$40/\$45 \$120 \$30	Am.(3)
Apply for Transport Allowance ( )  O QC Check / Post Repair Inspection  O Upload Resurvey Photo [Repair Cost >  Injury :  Pate/Time Actions  Actions  Actions  Actions  Actions  Actions  Actions  Actions  Actions	/ Courtesy Car ( ) ( ) \$3000] ( )  liny 1) Al 2) Do 3) TF 4) FT 5) FT Fg 6) TF 7) N 8) N	Oice Prepara R: Accident Reports A: Darriege Asse F: Towing Fee F: Follow-Through C: Follow-Through Celeirning agains R: Re-inspection 1: Idau DA + SM	ation Checklist  orting (\$30);  issment (\$100); INC  th Survey th Survey (Resurvey) th Only (wef 10 Jan 2)  RT Survey	Ant (3 1st Bil (\$80) \$40/\$45 \$120 \$30 (905) \$75	Am.(3)
Apply for Transport Allowance ( )  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost >  Injury :  Pate/Time Actions  Actions  Dimant's Particulars :-  iver/Owner:  Intact No:  Imaged Portion:	/ Courtesy Car ( )  ( )  \$3000] ( )  \$100  Inv  1) Al  2) D/ 3) TF  4) FT  5) FT  F9  6) TF  7) N  8) N	eice Prepara R: Accident Reports A: Darmage Asset F: Towing Fee F: Follow-Throught claiming agains R: Re-inspection 1: Idae DA + SM TUC Additional State Preparation 1: State Preparation 1: Courtesy Control Preparation 1: Courtesy Courtes	ation Checklist:  orting (\$30);  asment (\$100); INC  th Survey th Survey (Resurvey) tJNC Only (wef 10 Jan 2)  IRT Survey the Survey	S40/545 \$120 \$30 \$100 \$75 \$160	Am.(3)
Apply for Transport Allowance ( )  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost >  Injury :  Pate/Time Actions  Actions  Dimant's Particulars :-  iver/Owner:  Intact No:  Imaged Portion:	Courtesy Car ( )	eice Prepara R: Accident Reports A: Darmage Asse F: Towing Fee F: Follow-Throught claiming agains R: Re-inspection 1: Idae DA + SM TUC Additional State of the Country NS: Courtesy Car NS: Courtesy Car NS: Repair Co-ord	ation Checklist:  orting (\$30);  isment (\$100); INC  th Survey th Survey (Resurvey) tJNC Only (wef 10 Jan 2)  IRT Survey torvices:-  (Tpt Allowerse  Sination	S40/545 \$120 \$30 \$005 \$75 \$160	Am.(3)
Apply for Transport Allowance ( )  Of Check / Post Repair Inspection  Of Upload Resurvey Photo [Repair Cost > Injury : ———————————————————————————————————	Courtesy Car (	eice Prepara  R: Accident Report  A: Darriege Asse.  F: Follow-Through Claiming agains  R: Re-inspection  1: Idae DA + SM  TUC Additional Sh  TUC	ation Checklist  orting (\$30);  issment (\$100); INC  th Survey th Survey (Resurvey) th Conly (wef 10 Jan 2)  RT Survey thervices.  / Tpt Allowance lination spection Excess Coordination	\$40/\$45 \$120 \$30 \$000 \$75 \$160 \$55 \$10 \$25 \$5	Am.(3)
1) Apply for Transport Allowance ( ) 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury :  Date/Time Actions  aimant's Particulars :: iver/Owner: intact No: imaged Portion:  Checked by (Engr-In-Charge):  additors' Comments ::	/ Courtesy Car ( ) ( ) \$3000] ( )  \$10 A3 2) D/ 3) TF 4) FT 5) FT F9 6) TT 7) N 8) N OU 1) 11	Oice Prepara  R: Accident Report  A: Darriage Asse  F: Follow-Through  C: Follow-Through  R: Re-inspection  1: Idae DA + SM  TUC Additional Signature  No: Courtesy Car  No: Repair Co-ore  No: Repair Co-ore  No: Repair Co-ore  No: Repair Inva: DV / Collect I  P(N11): TP (N-)	ation Checklist  orting (\$30);  issment (\$100); INC  th Survey th Survey (Resurvey) th Conly (wef 10 Jan 2)  RT Survey tervices.	\$40/\$45 \$120 \$30 \$100 \$160 \$55 \$10 \$25	Amt (3) Add Bill
1) Apply for Transport Allowance ( ) 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time: Actions	/ Courtesy Car ( )  ( )  \$3000] ( )  \$10 AB  2) DA  3) TF  4) FT  5) FT  F9  6) TF  7) N  8) N  OU  *N  *N  *N  *N  *N  *N  *N  *N  *N  *	eice Prepara  R: Accident Report  A: Darriege Asse.  F: Follow-Through Claiming agains  R: Re-inspection  1: Idae DA + SM  TUC Additional Sh  TUC	ation Checklist  orting (\$30);  issment (\$100); INC  th Survey th Survey (Resurvey) th Conly (wef 10 Jan 2)  RT Survey thervices.  / Tpt Allowance lination spection Excess Coordination	\$30 (\$80) \$40/\$45 \$150 \$30 (\$90) \$5160 \$55 \$510 \$525 \$55 \$520 \$30 (\$66)	Am (5) Add Bill

972 B + 20

### 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

	ACCIDENT STATEMENT	CONTRACTOR OF THE PARTY OF THE
Date Of Report	05/08/2020 11:00	
Date Of Accident	02/08/2020 16:00	
Exact Location Of Accident	110 MACPHERSON RD INSIDE ESSO STATION	
Country/State of Loss	SINGAPORE	
	ETAILS OF OWN VEHICLE	ALL AND A
Vehicle Registration Number	SFV2626U	
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	MITSUBISHI	
Model	LANCER EX 1.6 AT LED TAIL LAMP	
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 CAR	
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	5108639457-01	
Cover Note Number		
Driver		
Name of Driver	TAN CHYE THIAM	
NRIC No	SXXXX246Z	
Date Of Birth	25/03/1949	
Occupation	INDOOR	
Date Of Driving Pass	29/05/1973	
Driving Experience	47 YEARS AND 2 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-96196723	
Fax Number		
Contact Number	OFFICE-96196723	
EMail Address	NOEMAIL	Page 1 of 1

16 LORONG 33 GEYLANG Address #08-01 387982 Postcode Was driver an employee of the Insured's Company NO OTHER - HIRER If No. Relationship of the Driver with the Insured Vehicle Registration Number of Driver's Own Vehicle Insurance Company of Driver's Own Vehicle General Information of the Accident COLLISION - HEAD TO REAR Type Of Accident CLEAR Weather Conditions DRY Road Surface Other Information Was any foreign vehicle involved in this accident? NO Number of vehicles (including own vehicle) involved in the accident NO Was any body injured in the Accident? Was any injured conveyed to hospital by ambulance? YES Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. 1 Number of Passengers (Including Driver) **Details of Police Action** NO Was the accident reported to the police? If Yes, Please state which Police Station NO Was notice of intended Prosecution given? If Yes, against whom? Circumstances of Accident REFER TO STATEMENT. Attachment(s) Are accident photos available for attachment? YES NO Was there any video captured by Car Camera? NO Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** SLS8285A Vehicle Registration Number Vehicle Make/Model/Colour **Details Of Properties** PRIVATE CAR Vehicle Category Name of Driver NRIC/Passport Number Contact Number Address Postcode Insurance Company Name Nature Of Damage

No. Of Passenger (Including Driver)

### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report correctly on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder 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>.
- 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.
- 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 interested parties.
- 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or

(II) For complying with requirements under my regulations, laws or court orders.

ONE ZARE LA CONTRACTOR LA CONT

Policy holder's signature Date / time: Driver's signature (if driver is not policy holder)

Date / time:

reporting centre personne 's Signature Date / time:

SKETCH PLAN			
	Petrol Iciosk	G	A: SFV 26264 B: 51582851

DESCRIBE	CIRCUMSTAN	CES OF THE	ACCIDENT				-	2000	
My vel	nich wa	is pur	ted a	at H	h	side	of	ESSO	Petrol
station.	AS I	wasny	e auc	are	that	My	geo	r wa	is in
PAINCM	mode -	Tho	resulted	in My	Which	rolling	for	unch	and
slightly	AS I mode .	s the	fiont	vehic	le -				
	_								

DECLARATION

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

Policy holder's signature Date & time:

Driver's signature (if driver is not policy holder) Date & time: reporting centre personnel's Signature NRIC/FIN No.:

Page 6

# 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.

MANAGE STATE OF STATE	District the second	A	CIDENT DET	AILS		<b>非社员</b>	
Date of accident			02/08	120	20		(DD/MM/YY)
Time of accident			16	00			(HH:MM)
Exact location of accident	Alung	110	Mucpherson	Road	(Inside	EZZ	station)

是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个		DETAILS OF	VEHICLE		
Vehicle registration number		5	FV 2626U		
Vehicle make and model	Mitsubishi Lances				
Type of vehicle	Saloon D	MPV   Bus	CRV		
Vehicle category	Private 🗆	Comme	ercial Motorcycle		
Purpose of using at said time					
Are you claiming under your own insurance company?	Yes  Third part	No p claim □	if no, please select: Reporting only		

<b>2000年</b>	INSURANCE INF	ORMATION	THE REPORT OF THE PARTY OF THE PARTY.
Insurance company	UTM	C	
Policy number			
Type of policy	Comprehensive 🗷	Third party fire & theft	TP only 🗆

<b>大型</b> 2000年 1800年 1900年	INSURED / F				The American Property	
Name	Onearent	(ars	PTE	LTO	Male 🗆	Female 🗆
NRIC / Fin / Passport number						
Contact						
Address						

DRIVER	SAI	ME AS INSUR	RED ABO	VE 🗆 (SKIP TO	D.O.B)	
Name		Tan Chy			Male □	Female
NRIC / Fin / Passport number		5071				
Contact			9619	16723		
Address	16	rocoud	33	Geylanh S(	#08-01 387982)	
Email address			/ 7 /			<del> </del>
Date of birth				1949		
Occupation	Indoor 🗷	Outdoor		- 2 2		
Driving date pass		29	1051	1973		

AND THE RESERVE OF THE STREET	GENERAL	INFORMATION OF THE ACCIDENT	<b>生物,这种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种</b>
Was driver an employee of	Yes □	No D	Hicer
the insured's company?	If no, rela	ationship of the driver and insured: _	LITTLE TO THE PARTY OF THE PART
Accident captured by camera?	Yes 🗆	No Ø	
Weather condition	Clear Ø	Raining  Others:	
Road surface	Dry 🗹	Wet □	
No of passenger	1		(Inclusive of driver)
Property of the second	Ford Mali	PASSENGER 1	学 10年10年1日 1985年11日 1
Name	Constitution of the second		
Gender	Male 🗆	Female 🗆	
WALL TO SELECT THE TAX AND ADDRESS OF THE PARTY OF THE PA		PASSENGER 2	(2) 10 10 10 10 10 10 10 10 10 10 10 10 10
Name			
Gender	Male □	Female	
<b>新</b> 斯斯克格尔斯·西亚斯克特里	Harris de la	PASSENGER 3	A CONTRACT OF THE PARTY OF THE
Name			
Gender	Male 🗆	Female	
AND SHARE THE DAY HERE		PASSENGER 4	1000年12月1日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日
Name			
Gender	Male 🗆	Female	
	HTY BY	PASSENGER 5	
Name			
Gender	Male 🗆	Female	
Gender			
Barrier Manager Control of Control	No. of Lots	PASSENGER 6	3. 10 C L E L E E E E E E E E E E E E E E E E
Name			
Gender	Male 🗆	Female 🗆	
Gender			
	THE PERSON NAMED IN	OTHER INFORMATION	
Was anybody injured?	Yes 🗆	No 🗗	
Was other vehicle damaged?	Yes p	No 🗆	
THE CHIEF TORREST ASSUMED			
<b>元帝是世界的人员,</b>	DETA	ILS OF POLICE STATION ACTION	<b>经验的推定证券的特别</b>
Reported to police?	Yes 🗆	No Z If yes, please state which	h police station.
Police station name			
1 Once station have			
Set of the second second second second		WITNESS 1	
Name			
110/110	23/2		
		WITNESS 2	元年上海多年以下大学的
Name			
Hallie			

<b>2</b>	THIRD PARTY VEHICLE 1
Vehicle registration number	SL 58085A
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
*************************************	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
MENNS AND THE STATE OF THE STAT	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
A CONTRACTOR OF THE STATE OF TH	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
the state of the s	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name Name	
NRIC / Fin / Passport number	

Contact

<b>建</b> 的多种方式形式 持续与自然	的复数	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?		
The second secon		
<b>使加速性的基本的</b> 有多种的	的到前部	INJURED PERSON 2
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No D
hospital by ambulance?	100000000000000000000000000000000000000	
Marie Marie Alexander	CONTRACTOR OF THE PARTY OF THE	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?		
nospital by ambalancer		
	Delivery The	INJURED PERSON 4
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?		
	Yes 🗆	No □
	Yes □	No 🗆
Was injured conveyed to		
Was injured conveyed to		
Was injured conveyed to hospital by ambulance?		No 🗆
Was injured conveyed to hospital by ambulance?  Name		No 🗆
Was injured conveyed to hospital by ambulance?  Name Injuries sustained		No 🗆
Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in?		No 🗆
Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes 🗆	No 🗆  INJURED PERSON 5
Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes 🗆	No  INJURED PERSON 5  No
Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes 🗆	No  INJURED PERSON 5  No
Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes 🗆	No  INJURED PERSON 5  No
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?	Yes 🗆	No   INJURED PERSON 5  No   No   No   No   No   No   No
Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name	Yes 🗆	No   INJURED PERSON 5  No   No   No   No   No   No   No
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained	Yes 🗆	No   INJURED PERSON 5  No   No   No   No   No   No   No
Name Injuries sustained Which vehicle person in? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in?	Yes 🗆	No   INJURED PERSON 5  No   No   No   No   No   No   No
Name Injuries sustained Which vehicle person in? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes	No   INJURED PERSON 5  No  INJURED PERSON 6  No  INJURED PERSON 6
Name Injuries sustained Which vehicle person in? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in?	Yes  Yes  Yes  Yes	No   INJURED PERSON 5  No  INJURED PERSON 6  No  INJURED PERSON 6

<b>eBao</b> Tech				Gene						Genera	ralClaim	
Hello, NAC_PAYA_UBI_800	0601		- Lincoln	THE PERSON NAMED IN	Shirt and Manager and St.	N. COLUMN	+ Change	Language	· Chang	e Password	· Log Out	
My Desktop	Policy Query											
Notice of Loss	Policy No.					Date of Accident			02/08/2020 16:00		- 1	
	Vehicle No.(For Motor) SFV2			26U Certificate Number								
						Search						
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date	
	0	5108639457- 01	5108639457 01-000003	ONEZRENT CARS PTE. LTD.	201306179N	GFM	Third Party, Fire & Theft	SFV2626U	SFV2626U	03/04/2020	02/04/2021	
					C	Continue						

laim Handling									
ccident MT/1098708			ione en con				201306179N		
olicy No.	5108639457-01	Vehicle No.	SFV26260		GST Registration No	h	20130e179W		
ertificate No.	5108639457-01-000003				Name and Address Address		201306179N		
olicyholder Name	ONE2RENT CARS PTE. LTD.								
roduct Code	FLEET MASTER INSURANCE	Cover Type	Third Party, Rire & Theft			The state of the s			
onsact No. (Mobile)	NA.	Contact No.(Office)			Contact No.(Home)		F		
mail Address		Special Remark	1.75		eCode		10 V		
FK	® No ○ Yes	TCA	® No ○Ye	8	eCode Reason		Acres to a secondary		
CD Protection	No	NCD Engitlement(%)	0		Private Hire		Not available		
Accident Details									
egort Date	03/08/2020 15:29	Academ Report Within 24 hrs	Yes		Accident Type		Collision - Head	to Rear	
ate of Accident	02/08/2020	Time of Accident thomm	16:00		Country of Acodem	0 1	Singapore		
eporting Centre		Orange Force			ICM No.				
ccident Location	110 MACPHERSON RD ESSO PETROL STATION	N							
Total Excess Applicable									
xcess Type	Per Accident	Windscreen Excess		0.00					
				5019000					
O Standard Excess	0.00	TP Standard Excess			P4780000 (2010)9240				
TED OD Excess		YIED TP Excess	<u> </u>		Oriver is Covered?		Not Applicable		
idditional Excess	0								
oral OD Excess Applicable	0.00	Total TP Excess Applicable		2,000.00					
₹ Benefits									
⇒ GSY Registered Informa	ation				2000				
ST Registered	Yes		GST Registration Date		01/12/2015				
ST Registration No.	201306179N		GST	Status Verified	Yes				
todification History									
	and the second								
Policyholder Malling Ad		Address 2	#01-12		Address 3		SINGAPORE 40	9570	
Address I.	70 UBI CRESCENT	Address Type	Singapore a	divant	Post Code		408570	WAT.	
Address 4		Related Policy Number	510863960		Page South				
Unit No.	01+12	Realed Folicy Hamber	210003300						
OI Driver Info		Onver Type							
Driver Name		Driver NAIC			Driver DOB				
Unnamed driver Name		Driver Age			Driving Experience				
Register Date of Oriver License					Contact No.(Home				
Contact No.(Mobile)		Contact No. (Office)				E			
Address 1		Address 2			Address 3				
Address 4		Address Type	Foreign add	ress	Post Code				
Linit No.									
Does he own a Singapore Registered car?	○ Yes ® No	Driver Vehicle No.			Driver Insurer Con	pany			
Modification History									
Claim 902 New									
Claim ouz new									
	No.		_		10480 PM (MAX.)		Particular sales		
Claim Type *	OD-MX	Insured Name	ONEZRENT	CARS PTE. LTD.	Insured NRIC	Contact No.(Office)  TP Vehicle Number		201306179N 62927575 SLS8285A	
Contact No.(Mobile)		Contact No.(Home)	NIL						
Email Address	enquiry@one2rentcars.com	Of Vehicle Number	SPV2626U		TP Vehicle Number				
Claimant Type Claimant Type •	Please Select.	Type of Benefit +	Please Sex	og 🗸					
Claimant Name *	>>	Claimant NRIC *							
Claimant Address					- patientstagewissen in				
Cleim Description	SPV2626U / SLS8285A DN 2 Aug 2020				Name of Preferres	Workshop			
Preferred Workshop Contact No.		Insured Liebsky *	Fully at Fa	uf U	3				
Require Finalisation	Yes 🗸	Preferered Repair Option	Preferred V	Workshop, Name unknown	GIA report		Received	v	
Date Registered	05/08/2020 11:09	Claim Close Date			Date Received	Date Received		05/08/2020 00:00	
Report Taken By	Jackson								
Print AK letter									
menton-collection.			THE PERSON NAMED IN	and I					
			Save Sub	ITHE					
Attachment									
	MT/1096706	Claim No.		002					
Accident No.		Upload Date		05/08/2020 11:09					
Lest Doc. Received	⊕ Yes □ No	September Service			Confidential	urgen	cv •	Description *	
	Path *	-	1 (94000)	Category *		Normal	v	and district.	
		Brows	-	Please Select		-	2		
		Brows	I months	Please Select	100	Normal			
		Brows		Please Select	W NO N	_	v		
		Brows	ie Cear	Please Select		Normal			
		Brows	e Otar	Please Select	<b>☑</b> □ □	Normal	V		
		Brows	e Otar	Please Select	₩ (40 V	Normal	V		
122-107-107-1			Water Street,					Send Messa	
Control Control Control									
	(5) Pol (60) April (20) 45	Category		Drgency	Descr	otion		Man Sant?	

