NATIONAL Assessment Cer	tre Services.	we! 1 Jan'05]	०९ ३ ८ १० १०			
Date In: Nivha -10:04	Jeb description		Date & Time Comple	ted	Done by	
Ref No: HA JUCTO 01249124	SAS e-filing					
Veh No: 3K1642	E-mail (within S	hrs, AIC 2hrs)				*
D.O.A: 7/1/2-10:15	i-Motor Clain	n Form	מס-ובבר ווורת	1 8/2	2 10:11	1
	i-Motor W/O	(Within: OD 2hrs	, TP 4hrs)			
OD (TP)! Reporting Only	i-Photo Uploa	ided				
	Assessment/Sur	rvey Report				
TP Insurer:	Ass't Report by	Fax / Hand to	o Owner/Wksp		-	
Preferred Wksp / INC Assign Wksp / QW:	(Tel:	Fax:)
TP Particulars: Veh No: 6	131cy 6075	. INC()/Non-INC()		
Owner / Driver: (Tel:			
Policy No: ()	Period: ()	Cover Type: (
Confirmed by : (Date:	Time:	00.1009/	,	
Insured/Driver Liability: (%	6) [Note-Est. Status (W		0%; P: 21-79%. P	: 80-100%		
Year of Registration: (Warranty: YES ()/NO()			
Excess: (\$) Loading:	water with the committee of the committe	88499 * 452.N933		785 (1945)		-;-
General Remarks:-				elses elses	1511 1 1 1	
() Walk-In Customer: Customer's		nfidential & St	rictly NO rater of tep			
() Total Loss Case : to e-mail In			Co. (,	.)
Drive-In ()/ Towed-In (); Inv	roice: YES () / N	10();1	owing Co: (1872 SECOND 1 1 1 1 1 1 1	,
Remarks: (INC hotline: 6788 661)	6)		Date&Time Comple	25d () () ()	Done	y ·
) / Courtesy Car ()		A		
2) QC Check / Post Repair Inspection	()		·			
3) Upload Resurvey Photo [Repair Cost	> \$3000] ()				
Injury:						
Date/Time Actions					Service Soatse	· Com. Pro.
Date/time / Actions						
	1					
•				. 12.55 KWW/A	Ant (S)	Amt (3)
10 1 com 2000	*	Invoice Pro	eparation Checklist		fitBill	Add Bill
A NOODY ,		1) AR : Acciden	at Reporting (\$30);	INC (\$80)		Vaccional Contract
Claimant's Particulars :-		3) TF : Towing	Assessment (\$100); Fee	\$40/\$45		
Priver/Owner:		4) FT : Follow-	Through Survey Through Survey (Resurvey	\$120 \$30		
Contact No:		For claiming	against INC Only (wef 10	Jan 2005) \$75		
Parnaged Portion:		6) TR: Re-insp	ection 1 + SMRT Survey	. \$160		
- Innaport i oracon		8) NTUC Addi	tional Services:-			
C Checked by (Engr-In-Charge):		OD*	sy Car / Tpt Allowance	\$5		
C. Checked by (Bugi-In-Charge).		*N6: Repair	Co-ordination	\$10 \$25		
Auditors! Comments :-		*N7: Fost Re	epair Inspection collect Excess Coordination	5.5		
at. 1:	il. Nachter 25 in militari Lassi Italiani (1965)	TP(N11): T	P (Non INC) against INC	\$20		·
		9) N12: Idac M	lobile Fee	Chargea		arking)
at. 2/3;		Invoice dated	Fee	Charged	SECTION .	

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SN0920C80005 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 08/12/2020 10:09 (SGT) SUBMITTED BY: Celine Fong Wai Li VERSION: 1 (08/12/2020 10:09 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report correctly the details of the accident to speed up the claims process.

2 This Form must be completed by the Policyholder and/or the Authorised Driver

3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.

4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

5. Any false reporting may be referred to the Police for investigation.

6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.

7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

08/12/2020 10:09 (SGT) Date of Submission 07/12/2020 10:15 (SGT) Date of Accident Ubi Ave 3, Singapore Exact Location of Accident Additional Location Information Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKZ64Z

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner ONE2RENT CARS PTE LTD Company Reg No 2XXXXX179N Email Address soenlehkeng@gmail.com (Phone) +65-62927575 Mobile Phone No Alternative Phone No (Office) +65-62927575

VEHICLE PARTICULARS

Mercedes Model E200 Variant Exact purpose for which vehicle was being used at time of Private hire accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Private hire Vehicle Category

INSURANCE COMPANY

NTUC Name of Insurance Company Type of Coverage ThirdPartyFireTheft Fleet Policy Policy Number 5108639457-01 Cover Note Number

DRIVER

SOEN LEH KENG SXXXX535H Date Of Birth 02/09/1953 Occupation Outdoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	02/07/2009 11 YEARS AND 5 MONTHS Male (Phone) +65-82871720 - soenlehkeng@gmail.com BLK 24 HOUGANG AVENUE 3 #06-426 530024 No Hirer No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Head to Rear Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? PASSENGER 1	No 2 Yes No Yes 2 No
Name Gender	- Female
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No
CIRCUMSTANCES OF ACCIDENT	
REFER TO STATEMENT.	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded? DETAILS OF OTHER	Yes No No R VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver	GBK4607S Commercial vehicle KUA LAI TAT @ ANG LAI TAT

Contact Number	-
Address	-
Address complement	_
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	_

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	SOEN LEH KENG
Address	-
Address Complement	
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK & BACK
Injured person in which vehicle?	SKZ64Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 will misrepresentation or withholding 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.
- 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.
- 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

lunderstand, acknowledge, agree and consent that :

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) wind 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' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

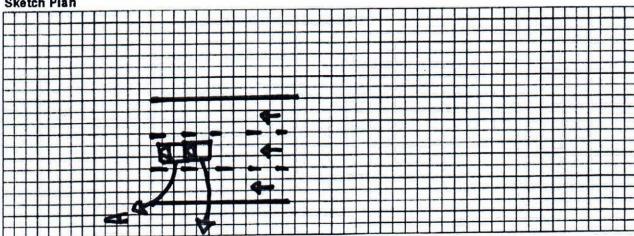
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date

Witnessed by Reporting Centre Personnel

Sketch Plan



A-SKZ64Z

B-GRK46079

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Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

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.

	ACCIDENT DETAILS	
Date of accident	07/12/0000	(DD/MM/YY)
Time of accident	10:15am	(HH:MM)
Exact location of accident	UBI AVENUE 3	

	DETAILS OF VEHICLE
Vehicle registration number	SK2642
Vehicle make and model	MFR2 - E700
Type of vehicle	Saloon MPV CRV CRV Van C
	Lorry Bus Motorcycle Others:
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	
Are you claiming under your	Yes No z if no, please select:
own insurance company?	Third part claim Reporting only □

MS NEW YORK STATES	INSURANCE IN	FORMATION	
Insurance company	Libertu		
Policy number	3		
Type of policy	Comprehensive	Third party fire & theft \square	TP only 🗆

INSURED / POLICY HOLDER					
Name	Onc 2 Runt	Cars Pte Ltd	Male	Female	
NRIC / Fin / Passport number					
Contact	6292 7575	enquiry @ one 2 rent c	ars.com		
Address	to ubi cres	enquiry @ one 2 rent c cent #01-12 Ubi Techt	Park \$ (408 570))	

DRIVER	SAME AS INSURED ABOVE (SKIP TO [D.O.B)	
Name	Soin 1th king	Male 🗆	Female
NRIC / Fin / Passport number	81076535H		
Contact	82871720		
Address	BIK 24 Hougang AVL 3 #06-426		
Email address	scenlehkeng@gmail.com		
Date of birth	03 09 1953		
Occupation	Indoor □ Outdoor Ø		
Driving date pass	03/07/2009		

Control of the Contro	GENERAL INFORMATION OF THE ACCIDENT
Was driver an employee of	Yes 🗆 No 🗹
the insured's company?	If no, relationship of the driver and insured: Hirer
Accident captured by camera?	Yes D No/o
Weather condition	Clear Raining Others:
Road surface	Dry 💅 Wet □
No of passenger	(Inclusive of driver)
4种种对外的数据数据数据数据数据	PASSENGER 1
Name	Grab
Gender	Male Female Female
美国的 国际主义,由于中国的国际专员国	PASSENGER 2
Name	SOEH LEH KEHG
Gender	Male p Female
Yang district the control of the con	PASSENGER 3
Name	
Gender	Male Female
e desperation and the property of	PASSENGER 4
Name	
Gender	Male Female
A STATE OF THE STATE OF THE STATE OF	PASSENGER 5
Name	
Gender	Male Female
	PASSENGER 6
Name	
Gender	Male Female
-	L. Company of the Com
Market State of the State of th	OTHER INFORMATION
Was anybody injured?	Yes Z No D
Was other vehicle damaged?	Yes No D
Santagathy makes and statement	DETAILS OF POLICE STATION ACTION
Reported to police?	Yes No No If yes, please state which police station.
Police station name	
. Chec station harris	
	WITNESS 1
Name	
Italie	
	WITNESS 2
Name	
Hallie	

10 Marin 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	THIRD PARTY VEHICLE 1
Vehicle registration number	GBK46078
Vehicle make model	
Name	KUA LAI TAT @ ANG LAI TAT
NRIC / Fin / Passport number	S137 1777E
Contact	
是一个人的。 第一个人的是一个人的。	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	
Contact	
Very constant of the second	
Valida variatustias variatus	THIRD PARTY VEHICLE 4
Vehicle registration number Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
contact	
	THIRD PARTY VEHICLE 5
Vehicle registration number	THIRD PARTY VEHICLES
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
美国在北京中的	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name /	
NRIC / Fin / Passport number	
Contact	
Although the street of the street of	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name /	
NRIC / Fin / Passport number	
Contact	

		INJURED PERSON 1
Name	SOEN	LEH KEHG
Injuries sustained	The second secon	AND BACK
Which vehicle person in?	SK264	2
Were seat belts worn?	Yes	No 🗆
Was injured conveyed to	Yes 🗆	MQ □
hospital by ambulance?		2.02
	2.1000000000000000000000000000000000000	INJURED PERSON 2
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No p
Was injured conveyed to	Yes 🗆	No p
hospital by ambulance?		
RECEIVED THE RESERVE THE RESERVE THE	建筑的	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?		
的联系的数据从一个工程的对象	化技术计划	INJURED PERSON 4
Name	1	
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆 /
Was injured conveyed to	Yes 🗆	No 🗆 /
hospital by ambulance?		
T.:		INJURED PERSON 5
Name	-	/
Injuries sustained Which vehicle person in?	/	
Were seat belts worn?	Yes	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?	I)E3 L	NO L
	/	
/	/	
/		INIURED PERSON 6
	/	INJURED PERSON 6
Name /		INJURED PERSON 6
Name Injuries sustained	/	INJURED PERSON 6
Name Injuries sustained Which vehicle person in	Yes 🗆	INJURED PERSON 6
Name Injuries sustained	Yes Yes	



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: 5115334752-000003

Cover: Third Party

1. Index mark and Registration Number of Vehicle

: SJS3911H

Chassis Number

: MR053ZEE106151645

2. Name of Policyholder

: K&T CARS

3. Effective Date of Insurance

: 01 Jan 2020

4. Expiry Date of Insurance

: 31 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 trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

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

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: \$\$1,000
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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)

: CHRISTIN SOONG (00000525488)

Date of Issue

: 03 Jan 2020 16:37 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

	Genera									
0601						• Change	Languag	e Char	nge Password	› Log Ou
Polic	cy Query									
Policy N	lo.				Date o	of Accident		07/12/2020	10:15	
Vehicle	No.(For Motor)	SKZ64Z			Certifi	cate 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- 01-000028	ONE2RENT CARS PTE. LTD.	201306179N	GFM	Third Party, Fire & Theft	SKZ64Z	SKZ64Z	03/04/2020	02/04/2021
	Policy N Vehicle Select	Policy Query Policy No. Vehicle No.(For Motor) Select Policy No. 5108639457-	Policy Query Policy No. Vehicle No.(For Motor) Select Policy No. Certificate Number 5108639457- 5108639457- 5108639457-	Policy Query Policy No. SKZ64Z Select Policy No. Certificate Number Name O 5108639457- 0180639457- 0180639457- 0180639457- CARS PTE. ONE2RENT CARS PTE.	Policy Query Policy No. Vehicle No.(For Motor) SKZ64Z Select Policy No. Certificate Number Name Name O 5108639457- 5108639457- 0NE2RENT CARS PTE. 201306179N	Policy Query Policy No. Vehicle No.(For Motor) SKZ64Z Date of Certific Search Select Policy No. Certificate Number Name Name O 5108639457- O 1108639457- O 11086394	Policy Query Policy No. Vehicle No.(For Motor) Search Search Select Policy No. Certificate Number Naic Product Cover Type ONE2RENT O	Policy Query Policy No. Vehicle No.(For Motor) SKZ64Z Date of Accident Certificate Number Search Select Policy No. Certificate Number Name	Policy Query Policy No. Vehicle No.(For Motor) SKZ64Z Date of Accident O7/12/2020 Certificate Number Search Select Policy No. Certificate Number Policyholder NRIC Name NRIC NRIC Product Cover Type No. Object No. Object ONE2RENT CARS PTE. 201306179N GFM Third Party, SKZ64Z SKZ64Z SKZ64Z SKZ64Z SKZ64Z	Policy Query Policy No.

Policy No.	5108639457-01	Policyholder Name	ONE2REN	CARS PTE. LTD.	Policyholder NRIC	201306179N	
Certificate lo.	5108639457-01-000028						
ddress	70 UBI CRESCENT #01-12 SINC	SAPORE 4085	70				
Product Name	FLEET MASTER INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	31/03/2020	Effective Date	03/04/202	20 00:00	Expiry Date	02/04/2021 23	:59
Excess	Per Accident	All Claims Excess					
Third Party Excess	2000	Own damage Excess	0		Windscreen Excess	0	
Additional Excess	0	OS Premium	19926.10				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young/	Inexperience Driver Excess
Agent	Marsh (Singapore) Pte Ltd	Agent Tel.	6327768	7	GST Flag	Y	
Co- nsurance Flag	No						
Open Policy Info							
Certificate Info							
▼ Policyl	nolder Mailing Address						
Address 1	70 UBI CRESCENT	Addr	ess 2	#01-12		Address 3	SINGAPORE 408570
		Addr	ess Type	Singapore address		Post Code	408570
Address 4							
Address 4 Unit No.	01+12	Relat Num	ed Policy ber	5108639608-01			
Unit No.	01+12 d Object: 5108639457-01-000	Num		5108639608-01			
Unit No.	d Object: 5108639457-01-00	Num		5108639608-01			
Jnit No.	d Object: 5108639457-01-000 sements	Num	ber	5108639608-01 Endorsement Number	er Endorse	ment Status	Endorsement Content
Unit No. Insure Endors	d Object: 5108639457-01-000 sements	Num	ber		er Endorse	ment Status	Endorsement Content

Claim Handling Accident MT/1112771 5108639457-01 Vehicle No SKZ64Z GST Registration No. 201306179N 5108639457-01-000028 Certificate No. Policyholder Name ONEZRENT CARS PTE. LTD. Policyholder NRIC 201306179N FLEET MASTER INSURANCE Third Party, Fire & Theft Product Code Cover Type 0 Loading Contact No.(Mobile) Contact No.(Office) 62927575 Contact No.(Home) Special Remark eCode ● No ○ Yes KFK TCA No ○Yes eCode Reason NCD Entitlement(%) Private Hire Yes Accident Details Report Date 08/12/2020 10:12 Accident Report Within 24 hrs Accident Type Collision - Head to Rear Date of Accident 07/12/2020 Time of Accident hh:mm Country of Accident Reporting Centre Orange Force ICM No. Accident Location Ubi Ave 3 ▼ Total Excess Applicable OD Standard Excess YIED OD Excess 0.00 YIED TP Excess Driver is Covered? Total OD Excess Applicable 0.00 Total TP Excess Applicable **▽** Benefits GST Registered Information GST Registered **GST Registration Date** 01/12/2015 201306179N GST Registration No. GST Status Verified Modification History Policyholder Mailing Address Address 1 70 UBI CRESCENT #01-12 Address 2 Address 3 SINGAPORE 408570 Address 4 Address Type Singapore address Post Code 5108639608-01 Unit No. 01+12 Related Policy Number OI Driver Info Driver Name Unnamed Driver Driver Type Unnamed Driver Unnamed driver Name SOEN LEH KENG Driver NRIC S1076535H Driver DOB 02/09/1953 Register Date of Driver License 02/07/2009 67 Contact No.(Mobile) 82871720 Contact No. (Office) Contact No.(Home) Address 1 **BLK 24** Address 2 HOUGANG AVENUE 3 Address 3 SINGAPORE 530024 Address Type Singapore address Post Code Unit No. 06-426 Does he own a Singapore Registered car? O Yes No Driver Insurer Company Declaration Breathalyser or Blood Test Reading? Any injury? ● Yes ○ No Modification History Claim 001 New Claim Type * V ONEZRENT CARS PTE. LTD. 201306179N Contact No. (Mobile) Contact No.(Home) Contact No. (Office) 62927575 Email Address enquiry@one2rentcars.com OI Vehicle Number SKZ64Z TP Vehicle Number GBK4607S Claimant Type Claimant Type Type of Benefit * V Please Selec Claimant NRIC * Claimant Name * Claimant Address SKZ64Z / GBK4607S ON 7 Dec 2020 Name of Preferred Workshop Claim Description Preferred Workshop Contact No. Not at Fault V Insured Liability * Require Finalisation V Preferred Workshop, Name unkn V 08/12/2020 10:14 Claim Close Date 08/12/2020 00:00 Date Registered Date Received Report Taken By Jackson Print AK letter Save Submit MT/1112771 001 Accident No. Claim No. Last Doc. Received ● Yes ○ No Upload Date 08/12/2020 10:16 Confidential Description * Browse... Clear Please Select V Normal V ∨ Normal Browse... Clear Please Select V NO V Browse... Clear Please Select V NO V Browse... Clear Please Select V NO ∨ Normal V Browse... Clear Please Select V NO ∨ Normal V Browse... Clear Please Select V NO V ∨ Normal

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Attachment	Uploaded	By/Date	Category	9	Urgency	Description	Msg Sent? (CO)