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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 ability.
- 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. 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

ACCI	DENI	CTAT	44.0	ENT
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Date Of Report

19/05/2018 10:58

Date Of Accident

18/05/2018 18:00 /

Exact Location Of Accident

YISHUN AVE 2 (TRAFFIC JUNCTION)

Country/State of Loss

SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number

GBF3050E

Insured/Policyholder

Name Of Registered Owner

KST AUTO RENTAL PTE LTD

Co Reg No

200806860W

Email Address

NOEMAIL

Mobile Phone No

(LOCAL) +65-81016113

Alternative Phone No

OFFICE-81016113

Vehicle Particulars

Manufacturer

TOYOTA

Model

TOYOTA HIACE VAN TURBO 5 DR MANUAL

Exact Purpose for which vehicle was being used at

time of accident

WORK

Are you claiming under your own insurance policy

NO

for repair to your vehicle?

THIRD PARTY

If No. Please state action to be taken Vehicle Category

COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company

MSIG INSURANCE (SINGAPORE) PTE. LTD.

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

7VCC1736740

Cover Note Number

Driver

Name of Driver

MUSADAD BIN ABDUL MOTALIB

NRIC No

S8931453D

Date Of Birth Occupation

18/09/1989 OUTDOOR

Date Of Driving Pass

23/01/2015

Driving Experience

3 YEARS AND 3 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-81016113

Fax Number

Contact Number

OTHERS-81016113

EMail Address

NOEMAIL

Address

BLK 290A COMPASSVALE CRESCENT

#12-06

Postcode

541290

Was driver an employee of the Insured's Company YES

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

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

RAINING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

Was any body injured in the Accident? Was any injured conveyed to hospital by NO

ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

NO

If Yes.Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE ATTACHED 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

PC4116T

Vehicle Make/Model/Colour

Details Of Properties

BUS

Vehicle Category Name of Driver

SALIM BIN SUMONOR

NRIC/Passport Number

S6801241D

Contact Number

85084600

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.
- 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 parties.
- 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 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) 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, 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' 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:

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

Date & Time:

Reporting Centre Perso

Name:

NRIC/FIN No.:

KETCH PLAN A	- GBF 3050E - PC 4116T (Ishum Ave 2 Frank) Junction			
7	BAX	->		
	CUMSTANCES OF THE ACCIDENT			
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I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

The owner and vehicle particulars for Vehicle No. GBF3050E as at 08 Sep 2016 are as follows:

1.	Name	No. GBF3050E as at 08 Sep 2016 are as follows:
2.	Identification No. Type	: KST AUTO RENTAL PTE LTD
3.	Identification No.	: Company
4.	Place Of Passport Issue	: 200806860W
5.	Registered Address	
	Transferred Address	: 3021A UBI ROAD 1
		#01-42
6.	Mailing Address	SINGAPORE 408715
7.	Vehicle No.	i -
8.	Effective Date of Ownership	: GBF3050E
9.	Original Pagistantia P	: 08 Sep 2016
10.	Original Registration Date First Registration Date	: 08 Sep 2016
11.	Vehicle Type	: 08 Sep 2016
12.	Vehicle Scheme	: A50 - Goods (Closed) Van/Van Panel (Delivery)
13.	Attachment 1	: Normal
14.	Attachment 2	: No Attachment
	Attachment 3	
16.	Vehicle Make	
17.	Vehicle Model	: TOYOTA
18.	Year of Manufacture	: TOYOTA HIACE VAN TURBO 5 DR MANUAL
19.	Primary Colour	. 2010
20.	Secondary Colour	: White
21.	Passenger Capacity	÷2
22.	Chassis/Trailer Chassis No.	: 2
23.	Propellant/Emissis No.	: JTFHT02P500201954/-
	Propellant/Emission Standard Engine No./Motor No.	: Diesel / Euro V
	Engine Capacity (20)/P	: 1KD2635541 / -
	Engine Capacity(cc)/Power Rating(kW) Maximum Power Output(kW/bhp)	: 2982 / -
	Unladen Weight(kg)	:-/-
	Maximum Laden Weight(kg)	: 1740
9.	Open Market Value	: 2800
0.	PARF Eligibility	: \$27,952.00
	PARF Eligibility Expiry Date	: No
	Minimum PARF Benefit	:-
	IU Label No.	: \$0.00
	COE No.	• • • • • • • • • • • • • • • • • • •
500	COE Expiry Date	: 2016090805000520E
	COE Category	: 07 Sep 2026
7.01	Quota Premium/Prevailing Quota Premium	
100	Actual Quota Premium/PQP Paid	n: \$48,087.00
. A	Actual ARF Paid	: \$42,854.00
. C	CO2 Emission(g/km)	: \$1,398.00
. A	actual CEVS Rebate Utilised	: 216.00
. C	EVS Surcharge Paid	
. A	ctual Green Vehicle Rebate Utilised	i ess
. V	ehicle Lifespan Expiry Date	07.0
R	oad Tax Amount	: 07 Sep 2036
	oad Tax Start Date	: \$213.00
	oad Tax End Date	: 08 Sep 2016
1030	emarks	: 07 Mar 2017
		: This vehicle requires side marking.
		The vehicle is registered under Early Turnover Scheme



MALAY
Date of birth
18-09-1989
Country of birth
SINGAPORE

1000000









MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200412212G) 4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807 Tel +65 6827 7888, Fax +65 6827 7800 www.msig.com.sg

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) Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia)

A0633 - 001

22-Aug-201 Comprehensiv

Certificate No

Index Mark and Registration Number of Vehicle

Chassis Number of Vehicle

3. Name of Policyholder

4. Effective date of the Commencement of Insurance for the purposes of the Act

Date of Expiry of Insurance

: GBF3050E

: JTFHT02P500201954

: 7VCC1736740

: KST Auto Rental Pte Ltd

: 08 SEP 2017

: 07 SEP 2018

00:00 AM

6. Person or Classes of Persons entitled to drive*

Any person provided he is in the Policyholder's or their named Lessee's employ and is driving on their order or with their

Named Lessee: AS PER LIST PROVIDED TO MSIG

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.

And provided further that the Motor Vehicle is registered and licensed under the Road Traffic Act and its registration and licensing under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

7. Limitations as to Use*

Use in connection with the Policyholder's or the specified Lessees' business

Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's or the specified Lessees'

Use for social domestic and pleasure purposes.

The Policy does not cover

(i) Use for hire or reward, leasing other than to specified Lessees or for racing pace-making reliability trial or speed testing

(ii) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (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. I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Moto

Vehicles (Third Party Risks & Compensation) Act (Chapter 189) and the Road Transport Act, 1987 (Malaysia).

For MSIG Insurance (Singapore) Pte. Ltd.

Approved Insurer

Not valid unless countersigned by Authorised Person

IMPORTANT NOTICE

Stromb Alex 2 4 Address

This Certificate is not transferable to a new owner of the vehicle

If for any reason the Insurance is terminated during its currency, the Certificate must be returned to the Insurer, or if the Certificate has been lost or destroyed, a

Statutory Declaration to that Effect must be made. Failure to comply with this obligation is an offence under the compulsory Insurance Legislation. This Certificate must be returned it the insurance is suspended during its currency.

If you are involved in an accident, full details must be forwarded immediately to the Company

FORM MZ 400 (Commercial Vehicle)

(For the Issuance of Motor Certificate of Insurance only)