NATIONAL Assessment Centre Sei	vices [met January] gr	
	description Date & Time Completed Done by	۸.
Res No. NA/MSG 18013763/K4 SA	AS e-filing	
C 2 C 2 C 1 C 11	-mail (within 8hrs. AIC 2hrs)	-
	Motor Claim Form	200-2
1.1	Motor W/O (Within: OD 2hrs, TP 4hrs)	* 1
OD / IT : Reporting Only	Photo Uploaded	
TP Insurer: As:	ssessment/Survey Report	
	ss't Report by Fax / Hand to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tel: Fax:	
	7822H, INC()/Non-INC()	91
Owner / Driver: (Tel:)	
Policy No: () Period: () Cover Type: ()	a remined to
Confirmed by : (Date: Time:)	
	st. Status (WO): N: 0-20%; P: 21-79%. F: \$0-100%]	
The state of the s	ty: YES ()/NO ()	
Excess: (\$) Loading: \$1,000 (
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	n strictly Confidential & Strictly NO refer of repairer.	
() Total Loss Case : to e-mail Insurer URG	GENTLY.	
Drive-In () / Towed-In (); Invoice: YES	() / NO () ; Towing Co: ()
Remarks:- (INC hotline: 6788 6616)	Date&Time Completed Done b	
Apply for Transport Allowance () / Courtesy	2 101 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	,
2) QC Check / Post Repair Inspection	()	
3) Upload Resurvey Photo [Repair Cost > \$3000]		111111111111111111111111111111111111111
Injury:		
Date/Time Actions		
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NA1804771	Invoice Preparation Checklist Aut (5)	
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Claimant's Particulars :- Contact No: Camaged Portion: CC Checked by (Engr-In-Charge): Auditors' Comments :- at_1:	Invoice Preparation Checklist	
Oriver/Owner: Contact No: Damaged Portion: OC Checked by (Engr-In-Charge): Auditors! Comments :-	Invoice Preparation Checklist	

SINGAPORE ACCIDENT STATEMENT

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 <u>truthful and accurate</u> 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.
- 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.

aforesaid,	
AMOUNT OF SHEET SHEET SHEET	ACCIDENT STATEMENT
Date Of Report	28/07/2018 12:37
Date Of Accident	21/07/2018 08:45
Exact Location Of Accident	FROM SENJA RD TURNING TO SLIP RD
Country/State of Loss	SINGAPORE
Charles of the said with the said of the s	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBG5868U
Insured/Policyholder	
Name Of Registered Owner	KST AUTO RENTAL PTE LTD
Co Reg No	200806860W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97973653
Alternative Phone No	OFFICE-96355542
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV200 1.5 MT ABS AIRBAG 2WD 6DR E5 W/RC
Exact Purpose for which vehicle was being used at time of accident	
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	7VCC1740960/P01
Cover Note Number	
Driver	
Name of Driver	ONG CHOO GEOK
NRIC No	S0129408C
Date Of Birth	22/01/1953
Occupation	OUTDOOR
Date Of Driving Pass	11/11/1971
Driving Experience	46 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97973653
Fax Number	THE CONTRACT OF THE CONTRACT O
Contact Number	OTHERS-97973653

Address

BLK 633A SENJA ROAD

#19-157

Postcode

671633

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? NO

Number of vehicles involved in the accident

NO

Was any body injured in the Accident? Was any injured conveyed to hospital by

NO

ambulance?

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

SKB7822H

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

LEON

NRIC/Passport Number

Contact Number

97376446

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 <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>.
- 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 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

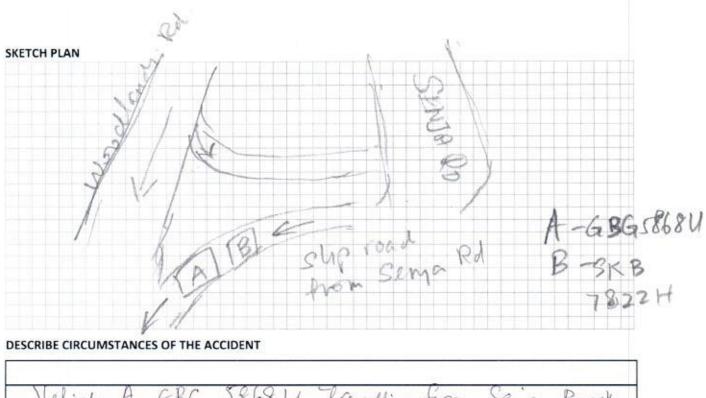
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



Vehic	e A EBG 5868 U Travelling	from Seija Roset and leading to Woodla
per B	0-1	8 at 8.45 cm.
Jehice White		stop in time when
	from the back. He actually	
and a	y vehicle to his workship of the day was clear	
ustain	4 <	J. J.

DECLARATION

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

Policyholder's Signature Date & James Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

COURSE CLARENDS AND A

2

The owner and vehicle particulars for Vehicle No. GBG5868U as at 13 Sep 2017 are as follows:

1.	Name	: KST AUTO RENTAL PTE LTD
2.	Identification No. Type	
3.	Identification No.	: Company
4.		: 200806860W
5.	Registered Address	2001 1 77777
	megistered Address	: 3021A UBI ROAD 1
		#01-42
6.	Molling A 44	SINGAPORE 408715
7.	B	; -
8.	Vehicle No.	: GBG5868U
9.	Effective Date of Ownership	: 13 Sep 2017
10	Original Registration Date	: 13 Sep 2017
11.	Browner Dute	: 13 Sep 2017
12.		: A50 - Goods (Closed) Van/Van Panel (Delivery)
		: Normal
13.		: No Attachment
14.	- TITLE TO THE DESIGNATION OF THE PERSON OF	**************************************
15.		
16.		: NISSAN
17.		: NV200 1.5 MT ABS AIRBAG 2WD 6DR E5 W/RC
18.		: 2017
19.	7	: White
20.	Secondary Colour	÷ =
21.	Ser Cal Market	: 1
22.	Transfer Changes 110.	: VSKYBAM20Z0145807 / -
23.	r	: Diesel / Euro V
24.	8	: K9KC400D057331 / -
25.	S T T T T T T T T T T T T T T T T T T T	: 1461 / -
26.	Maximum Power Output(kW/bhp)	: -/-
27.	Unladen Weight(kg)	: 1260
28.	Maximum Laden Weight(kg)	: 2000
29.	Open Market Value	: \$20,119.00
30.	PARF Eligibility	: No
31.	PARF Eligibility Expiry Date	:-
32.	Minimum PARF Benefit	: \$0.00
33.	IU Label No.	: -
34.	COE No.	: 2017080105000356E
35.	COE Expiry Date	: 12 Sep 2027
36.	COE Category	C Goods Waking a p
37.	Quota Premium/Prevailing Quota Premium	: \$40.212.00
38.	Actual Quota Premium/POP Paid	: \$40,212.00
39.	Actual ARF Paid	: \$1,006.00
40.	CO2 Emission(g/km)	: 138.00
41.	Actual CEVS Rebate Utilised	
42.	CEVS Surcharge Paid	
43.	Actual Green Vehicle Rebate Utilised	
44.	Vehicle Lifespan Expiry Date	: 12 Sep 2037
45.	Road Tax Amount	: \$0.00
46.	Road Tax Start Date	: 13 Sep 2017
47.	Road Tax End Date	: 12 Mar 2018
48.		This vehicle requires side marking.
	•	To renew the COE, the Prevailing Quota Premium
		payable is that of Category C.











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

15-Sep-2017 Comprehensive

Certificate No

Index Mark and Registration Number of Vehicle

2. Chassis Number of Vehicle

3. Name of Policyholder

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

5. Date of Expiry of Insurance

: 7VCC1740960/P01

: GBG5868U

VSKYBAM20Z0145807

: KST Auto Rental Pte Ltd

: 13 SEP 2017

: 12 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 permission.

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.

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

Hire Purchase: Hong Leong Finance

Approved Insurer

Not valid unless countersigned by Authorised Person

IMPORTANT NOTICE

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)