

# NATIONAL Assessment Centre Services

part 1 Jan'05

MMA 119001305

Date In: 31/1/19 17:29	Job description	Date & Time Completed	Done by
Ref No: NAI AIG 19000161/44	SAS e-filing		
Veh No: GBH 8771P	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 21/1/19 07:20	I-Motor Claim Form		
OD: <input checked="" type="checkbox"/> TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

SJC 3348T

INC ( ) / Non-INC ( )

Owner / Driver: (

Tel:

Policy No: (

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:

( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks:

(INC to phone: 6788 6616)

Date & Time Completed:

Done by

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury:

Date/Time

Actions

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors Comments:

Ref. 1:

Ref. 2/3:

NAI 1900076

Invoice Itemization Checklist

Am (\$)

Am (\$)

Add. Bill

1) AR: Accident Reporting (\$30);

30.00

2) DA: Damage Assessment (\$100); INC (\$50)

3) TP: Towing Fee

\$40/\$45

4) FT: Follow-Through Survey

\$120

5) PT: Follow-Through Survey (Resurvey)

\$30

For claimant against INC Only (wef 10 Jan 2005)

6) TR: Re-inspection

\$75

7) NI: Idao DA + SMRT Survey

\$160

8) NTUC Additional Services:

Q1)\*

\*N5: Courtesy Car / Tpt Allowance

\$5

\*N6: Repair Co-ordination

\$10

\*N7: Post Repair Inspection

\$25

\*N8: DV / Collect Excess Coordination

\$5

TP (N11): TP (Non INC) against INC

\$20

9) N12: Idao Mobile

\$0

Invoice dated

Fee Charged

Invoice dated

Fee Charged



## 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.
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.
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	
Date Of Report	03/01/2019 17:29
Date Of Accident	02/01/2019 07:20
Exact Location Of Accident	CLEMENTI AVE 6 TWDS PIE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBH8771P
Insured/Policyholder	
Name Of Registered Owner	KST AUTO RENTAL PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96355542
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV350
Exact Purpose for which vehicle was being used at time of accident	OTW TO WORK
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	-
Cover Note Number	100867064
Driver	
Name of Driver	MOHAYA BIN ARWEE
NRIC No	S1677379D
Date Of Birth	01/10/1964
Occupation	OUTDOOR
Date Of Driving Pass	06/12/1984
Driving Experience	34 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90226948
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 310 CLEMENTI AVE 4 #06-281
Postcode	120310
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 - CHANGE/CROSS LANE
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?	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

PLEASE REFER TO ATTACHED STATEMENT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FRONT CAMERA ONLY
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJC3348T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM CHOON PENG
NRIC/Passport Number	S7507465D
Contact Number	84993426
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**.
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. 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 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:
  - (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' 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.:

SKETCH PLAN

A = GBH 8771P.  
B = SJC 3348T.

A B

Clementi Ave 6 twr/s PIE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to statement

DECLARATION

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.:

I WAS TRAVELLING ALONG CLEMENTI AVE 6 TWDS PIE ON THE LEFT LANE, WHILE MOVING STRAIGHT ON MY OWN LANE, ALL OF A SUDDEN I FELT AN IMPACT FROM MY RIGHT HAND SIDE, AFTER THE INCIDENT, I REALIZED VEH B (BEARING NO SJC3348T) FROM THE RIGHT LANE CUT INTO MY LANE AND HIT ONTO MY VEH RIGHT HAND SIDE.



## ACCIDENT STATEMENT

ACCIDENT DATE: ( 2 / 1 / 19 ) (DD/MM/YYYY), TIME: ( 7 : 20 ) (HH:MM)

LOCATION: Clementi Ave 6 tuds. PIE.

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBH 8771 P.  
b) INSURANCE COMPANY: AIG  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: \_\_\_\_\_  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: atw Working  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

### 2. INSURED / POLICY HOLDER

- A) NAME: 1ST Auto Rental. (MALE / FEMALE) Wendy.  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 963 55 542  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: Mohaya Bin Arwee (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 90226948  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: (\_\_\_\_/\_\_\_\_/\_\_\_\_) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

### 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hiser.

### 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

### 6. WAS ANYBODY INJURED (YES / NO)

### 7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: STC 3348T. MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: Lim Choon Peng  
c) NRIC/FIN/PASSPORT: S7507465 D. CONTACT: 84993426.

### 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passenger  
(including driver)  
( 1 )

\* No of passenger  
(including driver)  
(    )

\* No of passenger  
(including driver)  
(    )

waiting C7.

Email =

fax =

VIDEO = Yes. front camera only.

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Portrait photo of Mohaya Bin Arwee

Licence Number: **S1677379D**

Name: **MOHAYA BIN ARWEE**

Birth Date: **01 Oct 1964**

Issue Date: **08 Aug 2007**

Barcode: **001518781D**

**REPUBLIC OF SINGAPORE**

**IDENTITY CARD NO. S1677379D**

Portrait photo of Mohaya Bin Arwee

Name: **MOHAYA BIN ARWEE**

Race: **BOYANESE**

Date of birth: **01-10-1964**

Country of birth: **SINGAPORE**

Sex: **M**

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES):**

Class 1: Motor Cars < 3000kg with < 7 passengers, exclusive of the driver, and other motor vehicles < 2500kg

PASS DATE: **06 Dec 1984**

Licence No: **S1677379D**

NR 426A

Barcode

NRIC No: **S1677379D**

Portrait photo of Mohaya Bin Arwee

Date of issue: **06-12-2007**

**APT BLK 310 CLEMENTI AVENUE 4 #06-281**  
**SINGAPORE 120310**



NRIC No: **S1677379D** Date: **30/09/2018**





HOTLINE TEL: (65) 6419-3000

**COVER NOTE**

<b>Cover Note No.</b> 100867064		<b>Date</b> 12 Oct 2018	
The following risk described in the Schedule is hereby HELD COVERED in the terms of the applicable Company's policy issued to the Policyholder.			
<b>SCHEDULE</b>			
Policyholder	KST Auto Rental Pte Ltd		
Age Condition	N/A	Registration No	GBH8771P
Policy Type	COMPREHENSIVE COMMERCIAL MOTOR	Make/Model	Nissan NV350 Panel Van 2.5
Effective Date	22 Oct 2018	CC/Tonnage	1.52
Expiry Date	21 Oct 2019	Engine No	YD25424497A
Hire Purchase Company	MayBank	Chassis No	JN1MC2E26Z0009267
		Year of Registration	2018
			
<p><b>This policy is subject to driver's age condition. The policy will indemnify the insured or any authorised driver only if he/she meets the age condition. Please refer to policy terms and conditions.</b></p> <p>Usage of vehicle only for the following purposes:</p> <ol style="list-style-type: none"><li>1. Use only for social, domestic and pleasure purposes and for the Policyholder's business.</li><li>2. Use in connection with the Policyholder's business. Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business and use for social, domestic or pleasure purposes.</li></ol> <p>Please note that acceptance of the risk is subject to our final acceptance and terms and conditions applicable to the policy. Should you require any change to the insurance, please contact us immediately. Otherwise, any change will not be covered under the policy.</p> <p>The Company may cancel this cover by notice in writing and the insurance will be terminated and a proportionate part of the annual premium for the insurance will be charged for the time the Company has been on risk.</p>			
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)			
<b>CERTIFICATE OF INSURANCE</b>			
I/We hereby certify that this cover note 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)			

Issued at SINGAPORE

**AIG ASIA PACIFIC INSURANCE PTE. LTD.**

**IMPORTANT NOTICE**  
**THIS COVER NOTE IS VALID FOR**  
**60 DAYS FROM THE FIRST DAY OF**  
**THE POLICY PERIOD.**



Authorised Representative

SSPYTP

Transaction ref 20181022095250724611

Please check that the owner and vehicle details are correct:

- |  |  |
|--|--|
| 1. Name                                  | : KST AUTO RENTAL PTE LTD                          |
| 2. Identification No. Type               | : Company  |
| 3. Identification No.                    | : 200806860W                                       |
| 4. Country/Region                        | : -  |
| 5. Registered Address                    | : 3021A UBI ROAD 1<br>#01-42<br>SINGAPORE 408715   |
| 6. Mailing Address                       | : -  |
| 7. Vehicle Registration No.              | : GBH8771P   |
| 8. Effective Date of Ownership           | : 22 Oct 2018                                      |
| 9. Original Registration Date            | : 22 Oct 2018                                      |
| 10. First Registration Date              | : 22 Oct 2018                                      |
| 11. Vehicle Type                         | : A50 - Goods (Closed) Van/Van Panel<br>(Delivery) |
| 12. Vehicle Scheme                       | : Normal   |
| 13. Attachment 1                         | : No Attachment                                    |
| 14. Attachment 2                         | : -  |
| 15. Attachment 3                         | : -  |
| 16. Vehicle Make                         | : NISSAN   |
| 17. Vehicle Model                        | : NV350 PANEL VAN 2.5 5MT 5DR                      |
| 18. Year of Manufacture                  | : 2017   |
| 19. Primary Colour                       | : White  |
| 20. Secondary Colour                     | : -  |
| 21. Passenger Capacity                   | : 2  |
| 22. Chassis/Trailer Chassis No.          | : JN1MC2E26Z0009267 / - ✓                          |
| 23. Propellant/Emission Standard         | : Diesel / JPN2009 + Euro VI PN limit              |
| 24. Engine No./Motor No.                 | : YD25424497A / - ✓                                |
| 25. Engine Capacity(cc)/Power Rating(kW) | : 2488 / -   |
| 26. Maximum Power Output(kW/bhp)         | : - / -  |
| 27. Unladen Weight(kg)                   | : 1780   |
| 28. Maximum Laden Weight(kg)             | : 3300   |
| 29. Open Market Value                    | : \$25,062.00                                      |
| 30. PARF Eligibility                     | : No   |
| 31. PARF Eligibility Expiry Date         | : -  |
| 32. Minimum PARF Benefit                 | : \$0.00   |

