| NATIONAL Assessment Centre Servi | CES. wel Jan'05 M | NAMONSO | | |
|--|------------------------------------|--|-----------------|----------------|
| Date In: Willin-13:51 Job des | scription | Date &Time Completed | Done | pi. |
| | e-filing | | | |
| Veh No: GBGSYVE E-ma | nil (within Shrs, AIC 2hrs) | | | • |
| | tor Claim Form | | | |
| i-Mot | tor W/O (Within: OD 2hr | s, TP 4hrs) | | |
| OD TP Reporting Only | to Uploaded | | | is December |
| | sment/Survey Report | | | |
| TP Insurer: | Report by Fax / Hand | to Owner/Wksp | | |
| Preferred Wksp / INC Assign Wksp / QW: (| | Tol: Fax: | |) |
| TP Particulars: Veh No: SKMQ VITE | . INC(|)/Non-INC() | + | |
| Owner / Driver: (| | Tel: |) | |
| Policy No: () Period: (|) | Cover Type: (|) | |
| Confirmed by : (| Date: | Time: |) | |
| Insured/Driver Liability: (%) [Note-Est. : | Status (WO): N: 0-2 | 0%; P: 21-79%. P: 80-100 | %] | |
| Year of Registration: () Warranty: | YES()/NO(|) | | |
| Excess: (\$) Loading: \$1,000 () | /\$2,000() | | | |
| General Remarks | Section (Section) | HAVE TANK TO A STATE | | 700+00 |
| () Walk-In Customer: Customer's information str | | The last section of the la | | |
| () Total Loss Case : to e-mail Insurer URGEN | | | a no possenia e | |
| | | 'owing Co: (| |) |
| | | | E-OPREAT W | 0001111 1111 |
| Remarks:- (INC hotline: 6788 6616) | all beautions and | Date&Timo Completad | Done | by |
| 1) Apply for Transport Allowance ()/ Courtesy C | ar () | X | (| |
| 2) QC Check / Post Repair Inspection | () | | | |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] | () | | 15 | |
| Injury: | | | | |
| | | - P 1 30 11 | 28 F. T. S. C. | |
| Date/Time Actions | | Application of the second of t | MESCHALLE. | |
| | | | - | |
| | | | - | |
| | | | | |
| 4 | | | | |
| | | | Ant (S) | Amt (1) |
| MAIgosigi | Invoice Pro | paration Checklist | fit Bill | Add Bill |
| laimant's Particulars :- | 1) AR : Acciden | | in the | |
| | 2) DA : Damage 3) TF : Towing I | Assessment (\$100); INC (\$80) | 5 | |
| river/Owner: | 4) FT : Follow-T | hrough Survey \$12 | | |
| Contact No: | For claiming a | gainst INC Only (wef 10 Jan 2005) | | |
| amaged Portion: | 6) TR : Re-inspe | | | |
| | 8) NTUC Additi | · Divisco del · · · | | |
| C Checked by (Engr-In-Charge): | OD. | | 5 | |
| Concerned by (Engi-th-Charge). | *N5: Courtesy *N6: Repair C | Co-ordination 51 | 0 | |
| | *N7: Fost Rep | nair Inspection \$2 | 5 | |
| uditors' Comments :- | *N8: DV / Co | llect Excess Coordination 5 (Non INC) against INC 52 | | |
| at_1: | 9) N12: Idao Mo | bile 3 | 0 | and Jak |
| at. 2/3; | Invoice dated | Fee Charged Fee Charged | easter. | |

Francisco Company

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.
- 5. 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.
- 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.

| AC | CID | ENT | STA | TEN | IENT |
|----|-----|-----|-----|-----|------|
| | | | | | |

 Date Of Report
 24/01/2019 13:51

 Date Of Accident
 24/01/2019 10:35

Exact Location Of Accident KIM SENG RD TWDS OUTRAM RD

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBG7842E

Insured/Policyholder

Name Of Registered Owner KST AUTO RENTAL PTE LTD

Co Reg No 200806860W Email Address NOEMAIL

 Mobile Phone No
 (LOCAL) +65-96355542

 Alternative Phone No
 OFFICE-96355542

Vehicle Particulars

Manufacturer TOYOTA

Model HIACE VAN TURBO 5DR MT

Exact Purpose for which vehicle was being used at work

time of accident

WORKING

Are you claiming under your own insurance policy

for repair to your vehicle?

YES

If No, Please state action to be taken

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 999994636/100867856-00049

Cover Note Number

Driver

 Name of Driver
 LEE SHENG YIP

 NRIC No
 S0113411F

 Date Of Birth
 17/05/1954

 Occupation
 OUTDOOR

 Date Of Driving Pass
 13/11/1980

Driving Experience 38 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-87292164

Fax Number

Contact Number OFFICE-87292164

EMail Address NOEMAIL

BLK 31 HOLLAND CLOSE Address

#08-241

Postcode 270031

NO

Was driver an employee of the Insured's Company

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

Type Of Accident COLLISION - CHANGE/CROSS LANE

Weather Conditions CLEAR Road Surface DRY

Other Information

involved in the accident

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

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

ON STATED DATE AND TIME, AS I WANTED TO FILTER TO LANE 4 FROM LANE 3. I TURN ON MY VEHICLE INDICATOR LIGHT AND CHECK MY BLINDSPOT BEFORE I CAN PROCEED. WHEN MY VEHICLE INCH OUT ONTO LANE 4, VEHICLE B AS TRAVELLING ALONG LANE 4 AND HIT ONTO MY VEHICLE FRONT LEFT PORTION

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

SKM9481E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

TAN SONG CHUAN (CHEN SONGCHUAN)

NRIC/Passport Number

S7725167G

Contact Number

96803458

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

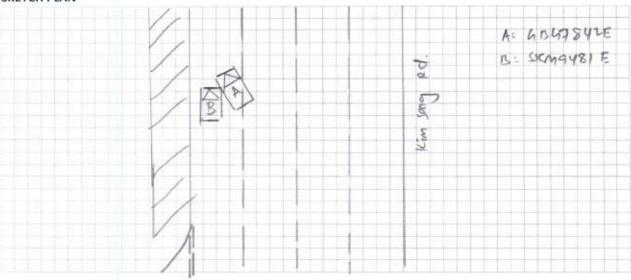
(ii) for complying with requirements under any regulations, laws or court orders.

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.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| POTENTIAL TO CONTRACT TO A CON | THE PARTY OF THE P | |
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| Refer to Hate | ment- | |
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DECLARATION

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

Policyholder's Signature Date & Time: Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

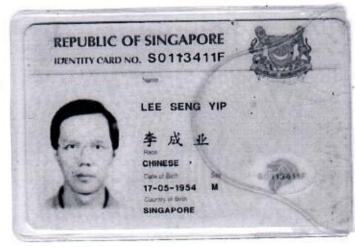
NOTICE OF REPORTING

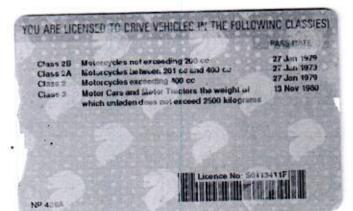
| This is to confirm thatLee | Seng Yip , NRIC/FIN | |
|--|---|-----|
| | olice a non-injury traffic accident which | |
| occurred at along kim Se | ng Road towards Outram Road, | |
| | city, extreme left lane | |
| on 24/01/19 at 10:35 am/pm i | nvolving the following vehicles: 2) S KM 9481 L (Merces | de. |
| 2 If this accident was reported he/she has complied with Sec 84(2) | d to the Police within 24 hours of its occurrence, then of the Road Traffic Act, Cap 276. | |
| Rank/Name of Issuing Officer: Date: 24/01/19 Time:113 | SSSgt Simon Chia Clementi NPC 20 Clementi Ave 5 5 (129858) Tel. 68729900 | |

S/D Ref: 65

Police Post/Unit: Clementi NPC









HOTLINE TEL. (65) 6419-3000 FAX (65) 6415-3723

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)

M.Z.400

(1)

COMPREHENSIVE COMMERCIAL MOTOR

OWN DAMAGE EXCESS S\$1,500.00 WINDSCREEN EXCES

S\$100.00

CERTIFICATE NO. 999994636/100867856-00049

(for palicies with effect from 1st November 2002)

SUM INSURED S\$1.00

INSURING WITH COE/PARF YES

1) VEHICLE REGISTRATION NO.

GBG7842E

2) NAME OF INSURED

KST Auto Rental Pte Ltd

3) EFFECTIVE DATE OF THE COMMENCEMENT 27 Oct 2018 OF INSURANCE FOR THE PURPOSES OF THE ACT
11 Apr 2019

4) DATE OF EXPIRY OF INSURANCE

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE *

Any person who is driving on the Insured's order or with their 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) LIMITATION AS TO USE *

Use for the carriage of passengers or goods in connection with the Insured's business.

Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.

The Policy does not cover

1) Use for racing, pace-making, reliability trial or speed-testing.

Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

LOSS OF USE NOT INCLUDED

* NAMED DRIVER N/A

HIRE PURCHASE COMPANY NA

*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 and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued in Singapore 31 Oct 2018

AIG ASIA PACIFIC INSURANCE PTE. LTD

155005-000

KOH TONG POH

AIG BUILDING 78 SHENTON WAY #07-16 SINGAPORE 079120 SP-LLL

Authorised Representative

SSCFKJ