NATIONAL Assessment Centre S:	ervices. poet : Jamos M	Up 11904 VOIG	
Date In: 1/4/19-14:26	cb description	Date & Time Completed	Done by
Res No: 49/9/9/16/9/24	SAS e-filing		
17-1-21-	E-mail (within Shrs, AIC 2hrs)		
50:	i-Motor Claim Form		
	l-Motor W/O (Within: OD 2hr	r TP 4hrs)	
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tol: Fa	x:
TP Particulars: Veh Nouth > Votx	INC (^.
Owner / Driver: (Tel:	1
Policy No: () Period: ((Cover Type: (
Confirmed by : (Date:	Time:	
Insured/Driver Liability: (%) [Note-I	260000000	0%; P: 21-79%. P: 80-10	00/3
Year of Registration: () Warran	7/770 / 1 /110		0%]
Excess: (\$) Loading: \$1,000 ()	
General Remarks)/\$2,000()		
() Walk-In Customer: Customer's informatio		and the state of t	
Drive-In ()/ Towed-In (); Invoice: YES Remarks;- (INC hotline: 6788 6616)	()/NO();To	owing Co: (.)
1) 4 1 6 -		Date&Time Completed	Done by
	y Car ()		
2) QC Check / Post Repair Inspection	()		
3) Upload Resurvey Photo [Repair Cost > \$3000]	()		
Injurý:		- 4	
Date/Time Actions			
	A STATE OF THE STA	e je a nje septembri u nave v stavaja sije se	Modern .
THE RESERVE TO THE PARTY OF THE			
			Mark property of the company
		2	
4			
N. V.S			
HA190 2344	Invoice Prepa	ration Checklist	Amt (S) Amt (
umant's Particulars :-	1) AR : Accident Re		Man B
ver/Owner:	2) DA : Damage As 3) TF : Towing Fee		
	4) FT : Follow-Thro		
ntact No:	5) FT : Follow-Thro	nigh Survey (Resurvey) \$30 nst INC Only (wef 10 Jan 2005)	the state of the s
naged Portion:	6) TR : Re-inspectio	n . \$75	
	7) N1 : Idao DA + S		
Checked by (Engr-In-Charge):	8) NTUC Additional		
, J	*NS: Courtesy Co		
litors! Comments :-	*N6: Repair Co-o	Inspection \$25	
1:	*N8: DV / Collect	Excess Coordination 35	
A STEEL LAND TO SEE STEEL STEE	Application of the second		
2 / 2	TP (N11): TP (N- 9) N12: Idac Mobile	The second secon	
2/3:		in INC) against INC \$20 30 Fee Charged	in the second

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 witholding of material facts may allow insurance companies to
- 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

aloresaid,	and to copies of the report being made available		
Mary State of the form	ACCIDENT STATEMENT		
Date Of Report	01/04/2019 14:26		
Date Of Accident	01/04/2019 07:20		
Exact Location Of Accident	CANBERRA LINK BEFORE JUNC YISHUN IND PARK A		
Country/State of Loss	SINGAPORE		
Agent de la company de la comp	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	GY3744C		
Insured/Policyholder	PERSONAL PROPERTY OF THE PROPERTY OF THE PERSON OF THE PER		
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	CONTROL OF THE CONTRO		
Manufacturer	TOYOTA		
Model			

Model HIACE MANUAL

Exact Purpose for which vehicle was being used at WORKING

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 THIRD PARTY

Fleet Policy NO

Policy Number 999994609/100865756-00035

Cover Note Number

Driver

Name of Driver MAYANDI MANOKARAN

NRIC No S0129776G Date Of Birth 20/12/1954 Occupation OUTDOOR Date Of Driving Pass 31/08/1999

Driving Experience 19 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98201112

Fax Number

Contact Number OFFICE-98201112

EMail Address NOEMAIL

BLK 107B CANBERRA STREET Address

#05-585 752107

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

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions DRIZZLING Road Surface WET

Other Information

Postcode

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident?

NO

YES

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

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

NO 1

Number of Passengers (Including Driver) **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, MY VEHICLE WAS STATIONARY STOPPED ALONG THE STATED VENUE AS TRAFFIC JUNCTION WAS RED. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE REAR 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

SFW2255X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver NADARAJA PILLAJ S/O CHANDRA

NRIC/Passport Number S7902116D

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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

Member

- (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:

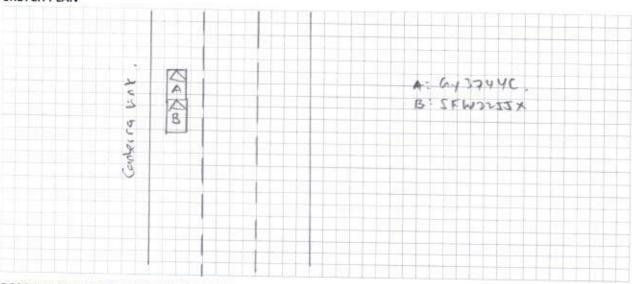
Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel S Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

000		
keter to	statement.	
		_
		_

I/We depare the coregoing particulars are true in every respect.

Policyholder s Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

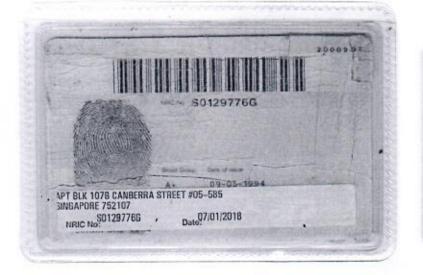
Reporting Centre Personnel's Signature

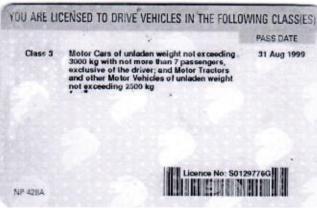
Name:

NRIC/FIN No.:











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.301

THIRD PARTY COMMERCIAL MOTOR

WINDSCREEN EXCES

OWN DAMAGE EXCESS S\$1,500.00 (II)

CERTIFICATE NO. 999994609/100865756-00035

(for policies with effect from 1st November 2002)

N/A

SUM INSURED S\$1,00

INSURING WITH COE/PARF YES

1) VEHICLE REGISTRATION NO.

GY3744C

2) NAME OF INSURED

KST Auto Rental Pte Ltd

3) EFFECTIVE DATE OF THE COMMENCEMENT 21 Sep 2018 OF INSURANCE FOR THE PURPOSES OF THE ACT

4) DATE OF EXPIRY OF INSURANCE

11 May 2019

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.

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.

1 / 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 27 Sep 2018

AIG ASIA PACIFIC INSURANCE PTE. LTD

155005-000

KOH TONG POH

AVT 9.11dia - 79 Shara-18/A - #00.14 Sia---- 0.70130

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

Authorised Representative

ORIGINAL

Contract colonic and a contract

SSCFKJ