

NATIONAL Assessment Centre Services

Date In: 06/05/2019 17:26	Job description	Date & Time Completed	Done by
Ref No: NA/AG/19007981/K4	SAS e-filing		
Veh No: YM2423K	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 29/04/2019 18:00	i-Motor Claim Form		
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SMA8076U	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%; F: 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 hotline: 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

NA1903237

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF : Towing Fee \$40/\$45		
	4) FT : Follow-Through Survey \$120		
	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*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: Idac Mobile 30		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments :-	Invoice dated	Fee Charged	
Cat 1:			
Cat 2 / 3:			

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	06/05/2019 17:26
Date Of Accident	29/04/2019 18:00
Exact Location Of Accident	SIM AVENUE INFRONT OF KALLANG MRT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YM2423K
Insured/Policyholder	
Name Of Registered Owner	KST LEASING & SERVICING
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96110279
Alternative Phone No	OFFICE-96110279

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	999994128/100864302-00000
Cover Note Number	

Driver

Name of Driver	ROBINELSON GNANAWESLINRAJ
Passport No/FIN	G7576144P
Date Of Birth	05/07/1978
Occupation	OUTDOOR
Date Of Driving Pass	02/05/2008
Driving Experience	10 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96110279
Fax Number	
Contact Number	OTHERS-96110279
EMail Address	NOEMAIL

Address	DAP ASIA PACIFIC (S) PTE LTD
Postcode	
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	SIDE SWIPE
Weather Conditions	RAINING
Road Surface	WET

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?	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	SMA8076U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	S7048333E
Contact Number	91338333
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.
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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.



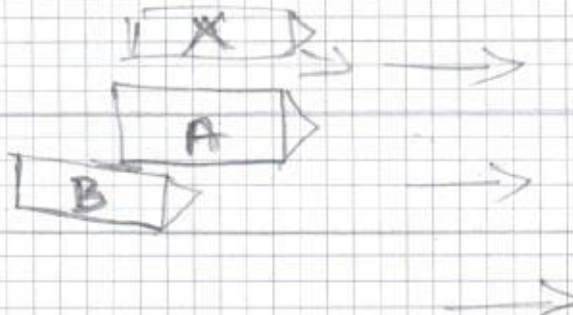
Policyholder's Signature
Date & Time:

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

6/5/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

Sim Avenue in front of Kallang MRT
 A - YM2423K
 B - SMA 8076U



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A was driving along Sim Avenue in front of Kallang MRT. Vehicle A put signal to change lane in front of me Vehicle X cross lane. Vehicle A put suddenly brake and Vehicle B behind hit on Vehicle A rear part. Vehicle A damage was slightly damages.

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.:

6/5/2019

VEHICLE REGISTRATION CARD

REPUBLIC OF SINGAPORE

C 01922969

REGISTRATION NO: YM2423K
Name of Owner
KST LEASING & SERVICING

Address
3021A UBI ROAD 1
#01-42
SINGAPORE 408715

NRIC/Passport/Company Cert. No.: B493927/00-W
Effective Date of Ownership: 09/02/2006
Yr of Manufacture: 2005
Class: GOODS (CLOSED)
Body: VAN
Make: MITSUBISHI
Model: FE83PE6SRDEA
Color: WHITE
Passenger-Cap: 002
Chassis No: FE83PEA00526
TR Chassis:
Engine No: 4D34K55649
Engine Cap: 03908
Propellant: DIESEL
Unladen Wt: 02500
Max Laden Wt: 0005000
Original Regn Date: 09/02/2006
Registration Date: 09/02/2006
OMV (\$): 25114
Additional Regn Fee (%): 005
PARF Eligibility: NOT APPLICABLE

PARF Benefit (\$): 0
No. of Transfers: 00
Previous Ownership Dates:

Label: 1510640097
Card Serial No: 205745442 / 02
Printing Date: 11/02/2006

COE NO : 2005120105000659N
Vehicle Category : C
Quota Premium : \$ 8711
COE Expiry Date : 08/02/2016

TO REVALIDATE THE COE, THE
PREVAILING QUOTA PREMIUM
PAYABLE IS THAT OF
CATEGORY C

	PORTION	VOID
Registration No:		
Reference Value		
ARF Rate (%)		
Quota Premium	\$	
Transfer Fee	\$	
Additional Transfer Fee	\$	
Additional Registration Fee	\$	
Additional Quota Premium	\$	

SUB-TOTAL \$

LSB \$
Less Deposit \$

TOTAL \$

	PORTION	VOID
Registration No:		
Quota Premium	\$	
Transfer Fee	\$	
Additional Transfer Fee	\$	
Additional Registration Fee	\$	
Additional Quota Premium	\$	

SUB-TOTAL \$

LSB \$
Less Deposit \$

TOTAL \$

Reported on 4/5/2019
@ 0925AM.

ACCIDENT STATEMENT

ACCIDENT DATE: (29/4/2019) (DD/MM/YYYY), TIME: (18:00) (HH:MM)

LOCATION: Sim Avenue in front of

Kallang MRT.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YM2423K
b) INSURANCE COMPANY: _____
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: _____
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: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 96110279
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) HIRER
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

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: SM A80764 MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: S7048333E CONTACT: 91338333

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)
()

* Driver
call for certificate
on 6/5/2019
@ 1025AM

Email = KstHeam@singnet.com.sg ✓

fax =

VIDEO =

(AIG)
Waiting for Certificate?

S PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer:
DAF ASIA PACIFIC (S) PTE. LTD.



Name:
ROBINELSON GNANAWESLINRAJ

S Pass No.
0 32973302

Sector:
SERVICE





K1120086

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

License No: **G7576144P**



ROBINELSON GNANAWESLINRAJ

Birth Date: 05 Jul 1978
Issue Date: 14 Apr 2018
Valid Till: 01/05/2023



0027928560

VISIT PASS
Immigration Regulations

22-01-2019

Name:
ROBINELSON GNANAWESLINRAJ

FIN:
G7576144P

Date of Birth: 05-07-1978
Sex: M

Nationality:
INDIAN

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

Download SGWorkPass App to check status




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

		EFFECTIVE DATE
Class 2B	Motorcycles <= 200 cc	02 May 2008
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	02 May 2008
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg Motor vehicles which are not constructed to carry load or passengers and the unladen weight <= 7250kg	03 May 2017

NP 428A

Licence No: G7576144P





HOTLINE TEL: (65) 6418-3000

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	OWN DAMAGE EXCESS	S\$1,000.00 (II)
CERTIFICATE NO. 999994128/100864302-00000	WINDSCREEN EXCESS	N/A
	(for policies with effect from 1st November 2002)	
	SUM INSURED	S\$0.00
	INSURING WITH COE/PARF	NO
1) VEHICLE REGISTRATION NO.	YM2423K	
2) NAME OF INSURED	KST LEASING & SERVICING	
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT	12 Apr 2019	
4) DATE OF EXPIRY OF INSURANCE	11 Apr 2020	
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.

2) 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 At Singapore 2 May 2019

AIG ASIA PACIFIC INSURANCE PTE. LTD.

155005-000
KOH TONG POH
AIG BUILDING
78 SHENTON WAY #07-15
SINGAPORE 079120
SP-LLL



Authorised Representative

ORIGINAL

SSPTKY