

NATIONAL Assessment Centre Services (wef 1 Jan'05)

Date In: 10/10/19	Job description	Date & Time Completed	Done by
Ref No. NA/AIG 19017900/13	SAS e-filing		
Veh No. SMA76455	E-mail (within 8hrs, AIC 2hrs)		
D.O.A. 09/10/19 0725	i-Motor Claim Form		
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, 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: () Tel: () Fax: ()

TP Particulars: () Veh No: SK64269J 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

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	10/10/2019 14:24
Date Of Accident	09/10/2019 07:25
Exact Location Of Accident	KJE TWDS JURONG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMA7645J
Insured/Policyholder	
Name Of Registered Owner	KINETIC ALLIANCE PTE LTD
Co Reg No	201613074E
Email Address	SUPPORT@KINETIC-ALLIANCE.COM
Mobile Phone No	
Alternative Phone No	OFFICE-97849075
Vehicle Particulars	
Manufacturer	TOYOTA
Model	PRIUS
Exact Purpose for which vehicle was being used at time of accident	GRAB
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	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994109
Cover Note Number	
Driver	
Name of Driver	RAHMAT BIN AHMAD
NRIC No	S1332073Z
Date Of Birth	03/08/1958
Occupation	OUTDOOR
Date Of Driving Pass	27/01/1982
Driving Experience	37 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87309111
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 410 SIN MING AVENUE #10-119
Postcode	570410
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 (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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : MALE

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	SKE4269J
Vehicle Make/Model/Colour	VOLKSWAGON
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	LEONG QING WEN
NRIC/Passport Number	S9033477H
Contact Number	94234656
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)**

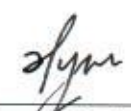
I understand, acknowledge, agree and consent that:

- (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:

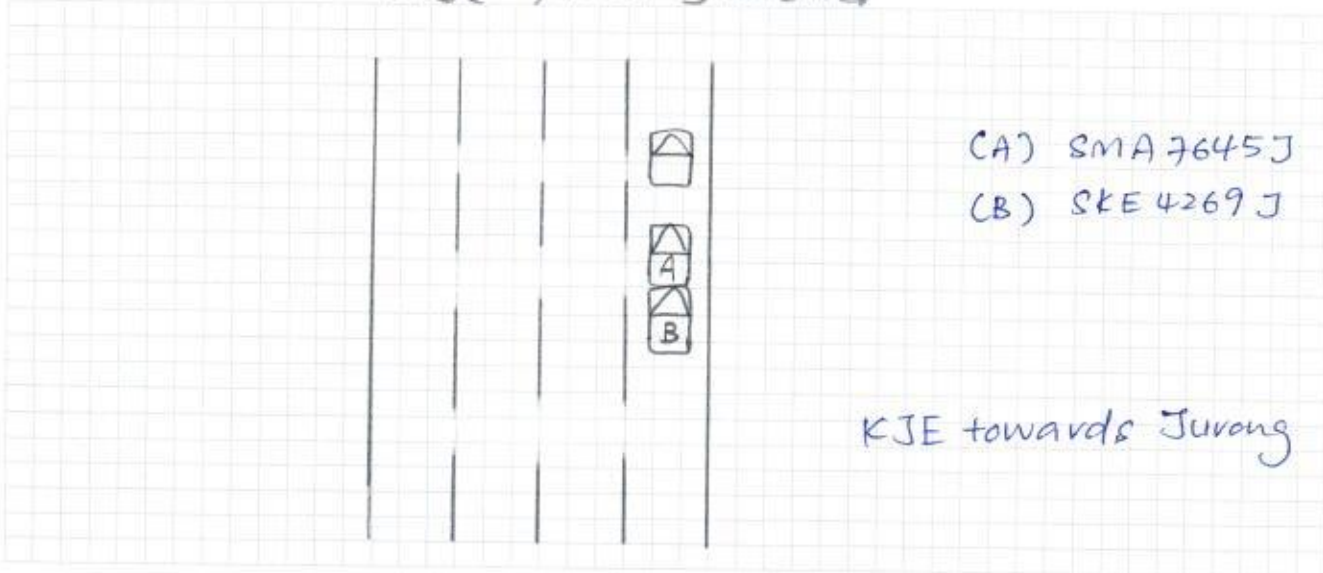



Driver's Signature
(If driver is not the policyholder)
Date & Time:

 10/10/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

KJE TOWARDS JURONG



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 9/10/2019 at about 7:25am, I was travelling along KJE towards Jurong at extreme right lane. There was heavy traffic. The car in front of me slow down and stopped. I follow suit and stopped too. Out of sudden, I felt a impact from behind. I alighted and realised vehicle (B) SKE 4269J hit onto my vehicle (A) SMA 7645J rear portion.

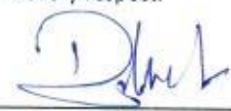
No one injured.

After accident, we exchange particulars and driver of vehicle (B) SKE 4269J asked me to claim against his insurance.

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:

 10/10/19
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

Particulars of Insured / Driver & Details of this Accident

(Pls circle where applicable)

Location Of Accident: KJE towards Jurong Date & Time Of Accident: 9/10/2019, 7:25am
Purpose when vehicle was used at the time of accident: Grab Use
(e.g Going home)

Details of Own Vehicle

Vehicle Registration number: SMA 7645J Make / Model: Toyota Prius Hybrid 1.8s
Vehicle Category: _____

Claim Own Insurance: YES ☒ NO ☐ If No. Reporting only / Third Party Claim
Name of Preferred Workshop: Optima Workz Pte Ltd Contact: 6481 1522

Insured / Policy Holder

Name of Registered Owner: Kinetic Alliance Pte Ltd NRIC No.: 201613074E
Address: 9 Tagore Lane #03-21 Singapore 787472
Mobile No: 9784 9075 Other Contact: Home / Office no: 9784 9075
Email: support@kinetic-alliance.com

Driver

Name of Driver: Rahmat Bin Ahmad NRIC / Fin No.: S133 2073Z
Driving Licence Pass Date: 27/01/1982 D.O.B: 3/8/1958
Address: BIK 410 Sin Ming Ave #10-119 (S) 570410
Occupation: INDOOR / OUTDOOR Mobile No: 8730 9111
Gender: MALE / FEMALE Other Contact: Home / Office no: _____
Email: _____

Driver an employee: YES ☒ NO ☐ If no, what is the relationship with the policyholder: Private Hire
If Driver is a policyholder, please ignore this question

Insurance Company

Fleet Policy: YES ☒ NO ☐ Policy number: 999994109 Type Of Coverage: Comprehensive

General Information of Accident

Type of Accident: HEAD-REAR / SIDE SWIPE / OTHERS: _____
Weather Conditions: CLEAR / RAINING / DRIZZLING / OTHERS: _____
Road Surface: DRY / WET
Any video captured by car camera? YES ☒ NO ☐ *Any witness?: YES ☒ NO ☐
Any police report made: YES ☒ NO ☐ *Injured party: YES ☒ NO ☐ (if yes, pls provide name & Tel)

No. of Passenger (including Driver): 1

Details of Passenger 1

Name: Unknown Grab Passenger
Gender: Male

Details of Passenger 2

Name: _____
Gender: _____

Details of Passenger 3

Name: _____
Gender: _____

Details of Passenger 4

Name: _____
Gender: _____

Details of Other Vehicle Property 1

Vehicle Registration No: 8KE 4269J
Vehicle Make/Model/Color: VW / White
Name Of Driver: Leong Qing Wen
No. of Passenger (including Driver): Unsure
NRIC: S9033477H
Contact Number: 9423 4656
Nature of Damage: Front portion
Vehicle Category: _____

Details of Other Vehicle Property 2

Vehicle Registration No: _____
Vehicle Make/Model/Color: _____
Name Of Driver: _____
No. of Passenger (including Driver): _____
NRIC: _____
Contact Number: _____
Nature of Damage: _____
Vehicle Category: _____



HOTLINE TEL: (65) 6419-3000

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, 1967 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

MZ400

COMPREHENSIVE		COMMERCIAL MOTOR		(The below excess is subject to GST)	
CERTIFICATE NO.		SMA7645J		POLICY EXCESS	S\$1500.00 (Sect I & II)
POLICY NO.		999994109		WINDSCREEN EXCESS	S\$100.00
1) VEHICLE REGISTRATION NO.			SUM INSURED		
2) NAME OF INSURED			INSURING WITH COE/PARF		
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT			SMA7645J		
4) DATE OF EXPIRY OF INSURANCE			Kinetic Alliance Pte Ltd		
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*			19 June 2019		
			07 June 2020		
Any person who is driving on the Insured's order or with their permission.					
S\$1,500.00 Section I & S\$1,500.00 Section II Excess is applicable for driver who is between 23 years to 65 years old with minimum 2 years driving experience in Singapore.					
An additional section II excess of \$1,000.00 per accident is applicable in the event of an accident occurring outside Singapore.					
Accident repair has to be carried out at AIG appointed list of workshop or Manufacturer workshop within 3 years warranty.					
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*					
1) Use for social, domestic, pleasure purposes and business purposes of Insured					
2) Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.					
3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.					
The Policy does not cover: 1) Use for tuition, driving test, 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 any purpose in connection with the Motor Trade.					
LOSS OF USE		Not Included			
HIRE PURCHASE COMPANY		DBS BANK LTD			

*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, 1967 (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, 1967 (Malaysia).

Issued in Singapore 12 Jun 2019

AIG Asia Pacific Insurance Pte. Ltd.

501630-000
SC Alliance Pte Ltd
78 Sea Breeze Avenue
Singapore 487582

AUTHORISED REPRESENTATIVE

SSPOEC

ORIGINAL



DATED THIS 23 DAY OF Sep 2019

BETWEEN

(1) Company Name : KINETIC ALLIANCE PTE. LTD.
UEN No. 201613074NE
Address 9 Tagore Lane #03-21 S787472
Tel / Fax 62642231 / 62642340



AND

(2) Name : RAHMAT BIN AHMAD
NRIC / PP No. S1332073Z
Address BLK 410 SIN MING AVENUE, #10-119 S570410
Date Of Birth 3/8/1958
License Passed Date 27/1/1982
Contact Number 87309111

VEHICLE RENTAL AGREEMENT

(3) Vehicle Reg. Number : SMA7645J
Make : TOYOTA
Model : PRIUS ALPHA
Colour : GREY
COE Expiry : 18/6/2028
Contract Start Date : 23/9/2019
Contract End Date : 22/9/2020
Rental Rate/Week : \$ 581.00
Rental Start on : 24/9/2019

HO WONG LAW PRACTICE LLC
MS. WONG SOO CHIH/MR. WARREN HO.
Advocates & Solicitors
133 New Bridge Road #23-06 Chinatown Point
Singapore 059413

VEHICLE RENTAL AGREEMENT

This Vehicle Rental Agreement (this "Agreement") is made and entered into on this
23 DAY OF Sep 2019