

NATIONAL Assessment Centre Services

MHA 119141745

Date In:	Job description	Date & Time Completed	Done by
Ref No: 401A/61928986/24	SAS e-filing		
Veh No: 6VJ360H	E-mail (w/ins, AIC 2hrs)		
D.O.A: 2/12/9- 6:35	i-Motor Claim Form		
OD <input checked="" type="checkbox"/> TP <input type="checkbox"/> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Assessment Report by <u>2/12/9- 6:35</u> to <u>2/12/9- 6:35</u>		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:)
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TP Particulars: Veh No: JHD 29M INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by : (Date: Time:)

Insured/Driver Liability: ()% [Note: Est. Status: ()]; N: 0-20%; P: 21-79%; F: 80-100%]

Year of Registration: () Warrant: YES () / NO ()

Excess: (5) Loading: \$1,000 () \$2,000 ()

General Remarks:

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

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

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

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Remarks:	(118) Hotline: (788 6616)	C.H.	Hotline: 31	Security
1) Apply for Transport Allowance () / ()				

1) Apply for Transport Allowance () / ()		
2) OC Check / Post 9 mail inspection		

2) Upload Survey Photo (1 photo Cost: \$30.00)			
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[illegible]

Injury: _____

Date/Time	Action

[illegible][illegible]

	Amt (\$)	Amt (\$)

[illegible]

Plaintiff's Particular :-	Amount claimed	Amount admitted	A.A. - Accident Proceedings :-		Date of Judgment	Amount awarded	Date of Award
			Case No.	Amount awarded			

river/owner

3) Post-pollution Survey (Post-survey)	170	
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Contact No: _____

[illegible]

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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C. Checked by (Engr-In-Chg):	*155/250	Cat / Tpt Allowance	55
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[illegible]

<u>Auditors' Comments:-</u>					
1.	The balance sheet does not disclose the details of the assets and liabilities as required by the Companies Act, 1956.	2.	The profit and loss account does not disclose the details of the income and expenses as required by the Companies Act, 1956.	3.	The cash flow statement does not disclose the details of the cash flows as required by the Companies Act, 1956.

[illegible]

2/3

[illegible]

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	25/10/2019 15:04
Date Of Accident	25/10/2019 10:35
Exact Location Of Accident	JUNC MARINA BLVD & SHEARES AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GV5760H
Insured/Policyholder	
Name Of Registered Owner	KST AUTO RENTAL PTE LTD
Co Reg No	200806860W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE DIESEL
Exact Purpose for which vehicle was being used at time of accident	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	999994127/100865099-00000
Cover Note Number	

Driver

Name of Driver	MUHAMMAD AZUAN BIN ARBAIN
NRIC No	S8814133D
Date Of Birth	17/04/1988
Occupation	OUTDOOR
Date Of Driving Pass	25/05/2017
Driving Experience	2 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84188746
Fax Number	
Contact Number	OFFICE-84188746
Email Address	NOEMAIL

Address	BLK 210 JURONG EAST STREET 21 #02-393
Postcode	600210
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 - CROSS JUNCTION
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

REFER TO 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	SHD2292U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	DEN ONG
NRIC/Passport Number	
Contact Number	86462285
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

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.

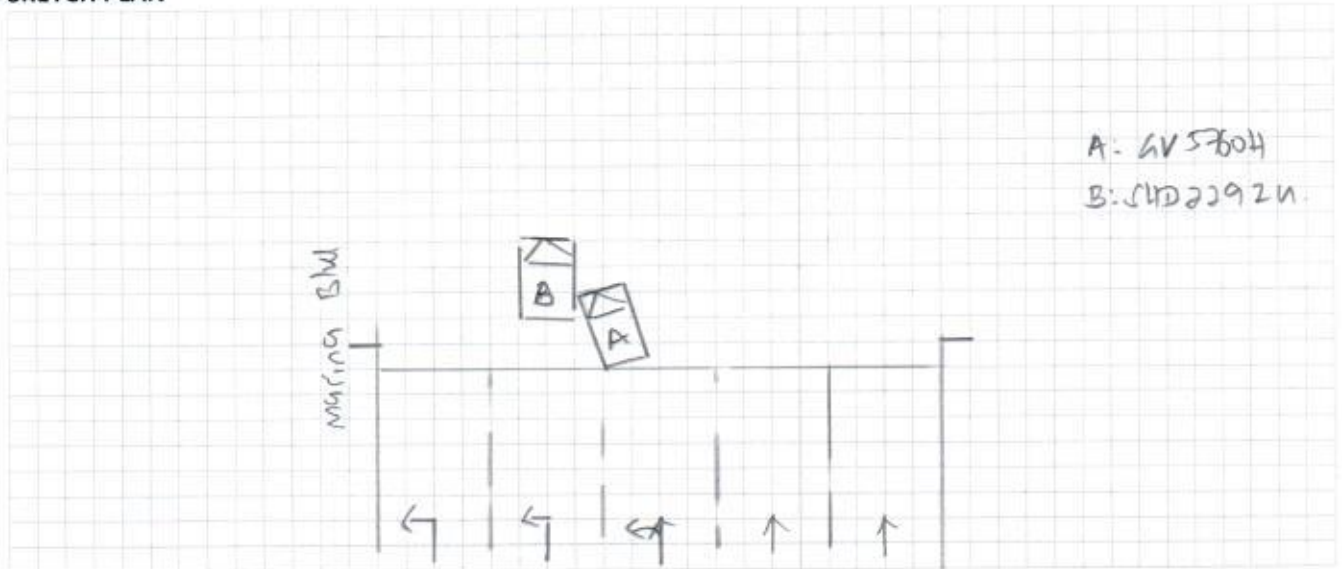


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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.:

ON STATED DATE AND TIME, AS TRAFFIC JUNCTION WAS GREEN, I PROCEED TO TURN LEFT TWDS SHEARES AVE. VEHICLE B WAS TRAVELLING STRAIGHT ALONG 4TH LANE IT'S ONLY TURN LEFT LANE ONLY. AS A RESULT, VEHICLE B HIT ONTO MY VEHICLE FRONT LEFT PORTION.

ACCIDENT STATEMENT

ACCIDENT DATE: 25 / 12 / 19 (DD/MM/YYYY), TIME: 10 : 35 (HH:MM)

LOCATION: Junc Moring Blvd & Shogun Ave.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 6V57601+
b) INSURANCE COMPANY: AIG
c) POLICY NUMBER: 999999127/100865099-00000
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: Working
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)? NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: KST Auto Rental Pte Ltd. (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Muhammad Azuan Bin Arbin (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 588141330 CONTACT: 84188746
c) ADDRESS: Blk 20 Jurong East Street 11 #01-393 (600710)

*d) DATE OF BIRTH: 17 / 4 / 1988 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 25/5/2017

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hirer

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: 4HD 22922 MODEL: _____
b) DRIVER'S NAME: Mr Ong
c) NRIC/FIN/PASSPORT: _____ CONTACT: 86462285

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)
(1)

* No of passenger
(Including driver)
()

Email =

fax =

VIDEO =



HOTLINE TEL: (65) 2415-3000

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.2.301

THIRD PARTY COMMERCIAL MOTOR	OWN DAMAGE EXCESS	S\$1,000.00 (II)
CERTIFICATE NO. 999994127/100865099-00000	WINDSCREEN EXCESS	N/A
	(for policies with effect from 1st November 2002)	
	SUM INSURED	S\$1.00
	INSURING WITH COE/PARF	NO
1) VEHICLE REGISTRATION NO.	GV5760H	
2) NAME OF INSURED	KST Auto Rental Pte Ltd	
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 7 May 2019

AIG ASIA PACIFIC INSURANCE PTE. LTD.

155005-009
KOH TONG POH
AIG BUILDING
78 SHENTON WAY #07-16
SINGAPORE 079120
SP-LLL


Authorised Representative

ORIGINAL

SSCD5K