

# NATIONAL Assessment Centre Services

Print 1 Jan 2021

MNA 120001590-01

Date In: 6/1/20 08:55	Job description	Date & Time Completed	Done by
Ref No: NA/ AIG 20000227164	SAS e-filing		
Veh No: SKG 4290K	E-mail (within 3hrs, AIC 2hrs)		
DOA: 3/1/20 11:50	I-Motor Claim Form		
DI: <input checked="" type="radio"/> Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/WKSP		

Preferred Wksp / INC Assign Wksp / GW: (	Tel:	Fax:
TP Particulars:	Veh No: SDF 8500S	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%; P: 90-100%]	
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 4 of line 6700 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

NA 2000245	Invoice Preparation Checklist	Amc (\$)	Ass't (\$)
Client's Particulars:	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditor's Comments:	For claiming against INC Only (wef 10 Jan 2021)		
	6) TR: Re-inspection \$75		
	7) NI: Idas DA + EMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Coordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N-in INC) against INC \$20		
	9) N12: Idas Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	



## 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	06/01/2020 08:55
Date Of Accident	03/01/2020 11:50
Exact Location Of Accident	EUNOS LINK TWDS UBI AVE 2
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKG4290K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KINETIC AUTO PREMIER PTE LTD
Co Reg No	2XXXXX184H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68411522

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	999994103
Cover Note Number	

### Driver

Name of Driver	JAINUL ABIDIN BIN MOHD SALLEH
NRIC No	SXXXX459E
Date Of Birth	19/10/1963
Occupation	OUTDOOR
Date Of Driving Pass	30/06/1981
Driving Experience	38 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98376692
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 110 RIVERVALE WALK #06-12
Postcode	540110
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?	YES
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: : RAVI GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4890999 - FAX NO: 63128989
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?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDF8500S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE PIAN LIONG CHYE GARY
NRIC/Passport Number	SXXXX844F
Contact Number	

Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name	JAINUL ABIDIN BIN MOHD SALLEH
Approximate Age	
Injuries Sustain	LOWER BACK & NECK
Injured person in which vehicle?	SKG4290K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	



## 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.

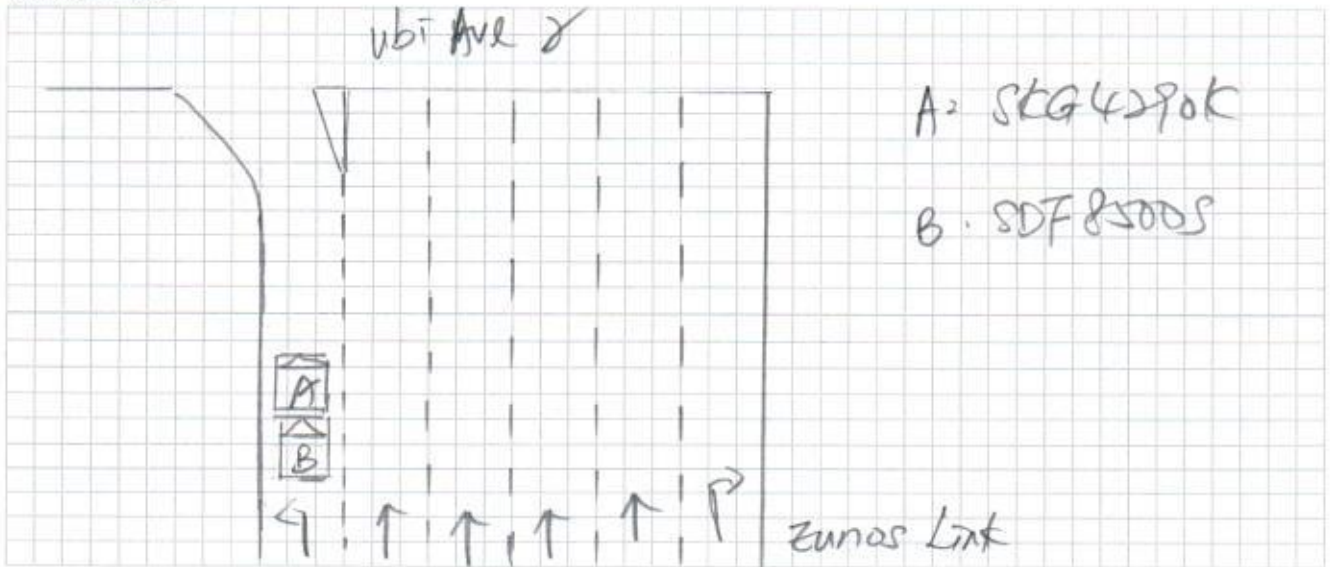


Policyholder's Signature  
Date & Time:

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

On 13/01/2020 at about 1150hrs, I was travelling along Eunos link toward UBI Ave 2 on the extreme left lane. Vehicles ahead of me slowed down and come to a stop. I followed suit. Suddenly, I felt an impact from behind and my vehicle (A. SKG 4290K) was being hit. I alighted and realised that a vehicle (B. 8500S) had hit onto my vehicle's rear portion.

## DECLARATION

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



*and*

*[Signature]*

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.:



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

## ADDENDUM

### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA 120001590 Vehicle Registration No: SKG 4290K  
Name (as shown in NRIC) : Kinetic Auto Premier Pte Ltd NRIC/FIN/Passport No : \_\_\_\_\_  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 6841 1522  
Email Address : \_\_\_\_\_  
Date of Accident : 3/1/20 Time of Accident : 11:50  
Place of Accident : Eunos Link twds Ubi Ave 2  
Insurance Company : AIG.

### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend Add In Police Report T/20200103/2161  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Policyholder / Driver's Signature  
Date: 6/1/2020

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



**SINGAPORE  
POLICE FORCE**



T/20200103/2161

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

1 of 3

Report No. T/20200103/2161

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 03/01/2020 21:38	Vide Report No.:	Station Diary No.: 159
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**Informant's Particulars**

Name of Informant: JAINUL ABIDIN BIN MOHD SALLEH			Address: APT BLK 110 RIVERVALE WALK #06-12 SINGAPORE 540110	
ID Type / ID No.: NRIC NO / S1594459E			Contact No.: Home/Office: Mobile: 98376692	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 56	Date of Birth: 19/10/1963	Type of Informant: Driver	
Race: Indian			Language:	Institution / School Name:
Occupation: PRIVATE HIRER			Driving Licence Information: Class: 2B,3,4 Date of Expiry:	

**General Information of the Accident**

General Information of the Incident:				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/01/2020 11:50	Type of Location: Bend
Location: Along Road 1 EUNOS LINK UBI AVENUE 2 EUNOS LINK TURN LEFT INTO UBI AVENUE 2, PEDESTRIAN CROSSING				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Pedestrian Crossing	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDF8500S	Car					0
SKG4290K	Car				Slightly Damaged	1

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**



T/20200103/2161

2 of 3

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

Report No. T/20200103/2161

**CONTINUATION OF REPORT**

<b>Driver</b>				
Name	LEE PIAN LIONG CHYE GARY		ID No.	S1271844F
Related Vehicle	SDF8500S (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
<b>Driver</b>				
Name	JAINUL ABIDIN BIN MOHD SALLEH		ID No.	S1594459E
Related Vehicle	SKG4290K (Car)		Contact No.	98376692
Hospital/Clinic	POW FAMILY CLINIC & SURGERY		Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	03/01/2020		Date Discharge	NIL
No. of Days granted Medical Leave	03		Degree of Injury	NIL

**Brief Details.**

On 03/01/2020 at about 1150hrs, my vehicle was stationary as I waited to turn left into Ubi Avenue 2. Suddenly I felt an impact from the rear and discovered the mentioned vehicle had hit the rear of my vehicle. After the collision, I exchanged particulars with the other driver. At that point of time, I had one passenger with me. Nobody was injured at the time of the accident. Subsequently, I went to the clinic as I felt some pain on my lower back and back of my neck. I also had difficulty walking and felt feverish. I was given 3 days medical leave. The rear bumper of my vehicle was damaged. I have front camera in my vehicle.



**SINGAPORE  
POLICE FORCE**



T/20200103/2161

3 of 3

Report No. T/20200103/2161

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:  
F /  
Staff Sgt MUHAMMAD HELMI BIN SUBAWI

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
Sr Staff Sgt ONG YONG HOCK  
Contact No.: 65476436

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
03/01/2020 21:38

Classification Of Case:



Particulars of Insured / Driver & Details of this Accident

(Pls circle where applicable)

Location Of Accident: EUNOS LINK TOWARDS UBI AVE 2

Date & Time Of Accident: 03/01/2020 @ 11:50 AM

Purpose when vehicle was used at the time of accident: GO-JEK  
(e.g Going home)

Details of Own Vehicle

Vehicle Registration number: SK64290K

Make / Model: TOYOTA COROLLA ALTIS

Vehicle Category: PRIVATE HIRE

Claim Own Insurance: YES ☒ NO

If No. Reporting only/ Third Party Claim

Name of Preferred Workshop: OPTIMA WRECK PTE LTD

Contact: 63411522

Insured / Policy Holder

Name of Registered Owner: KINETIC AUTO PREMIER PTE LTD

NRIC No.: 201700184H

Address: 9 TAGORE LANE #03-21 9 @ TAGORE S'PORE 787472

Mobile No: \_\_\_\_\_

Other Contact: Home / Office no: 62642231

Email: support@kinetic-alliance.com

Driver

Name of Driver: JAINUL ABIDIN BIN MUHD SALLEH

NRIC / Fin No.: S1594459E

Driving Licence Pass Date: 30/06/1981

D.O.B: 19/10/1963

Address: BLK110 RIVERVALE WALK #06-12 S'PORE 540110

Occupation: INDOOR / OUTDOOR

Mobile No: 98376692

Gender: MALE / FEMALE

Other Contact: Home / Office no: \_\_\_\_\_

Email: JLabidin@gmail.com

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

Insurance Company

Fleet Policy: YES ☒ NO

Policy number: 999994103

Type Of Coverage: COMPREHENSIVE

General Information of Accident

Type of Accident: HEAD-REAR / SIDE SWIPE / OTHERS: TP Hit Injured

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): 2

Details of Passenger 1

Name: RAVI

Details of Passenger 2

Name: \_\_\_\_\_

Gender: MALE

Gender: \_\_\_\_\_

Details of Passenger 3

Name: \_\_\_\_\_

Details of Passenger 4

Name: \_\_\_\_\_

Gender: \_\_\_\_\_

Gender: \_\_\_\_\_

Details of Other Vehicle Property 1

Vehicle Registration No: SDF85005

Details of Other Vehicle Property 2

Vehicle Registration No: \_\_\_\_\_

Vehicle Make/Model/Color: BMW 530I / SILVER

Vehicle Make/Model/Color: \_\_\_\_\_

Name Of Driver: LEE PIAN LONG CHYE GARY

Name Of Driver: \_\_\_\_\_

No. of Passenger (including Driver): 1

No. of Passenger (including Driver): \_\_\_\_\_

NRIC: S1271844F

NRIC: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Nature of Damage: \_\_\_\_\_

Nature of Damage: \_\_\_\_\_

Vehicle Category: \_\_\_\_\_

Vehicle Category: \_\_\_\_\_



HOTLINE TEL: (65) 6419-3000

**CERTIFICATE OF INSURANCE**

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 169)

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA) AND ROAD TRANSPORT (AMENDMENT) ACT 2019.

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1968 (MALAYSIA)

M.Z.400

COMPREHENSIVE		COMMERCIAL MOTOR		(The below excess is subject to GST)	
CERTIFICATE NO.	SKG4290K	POLICY EXCESS		S\$1500.00 (Sect I & II)	
POLICY NO.	999994103	WINDSCREEN EXCESS		S\$100.00	
1) VEHICLE REGISTRATION NO.		SUM INSURED		Market Value	
2) NAME OF INSURED		INSURING WITH COE/PARF		YES	
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT		SKG4290K			
4) DATE OF EXPIRY OF INSURANCE		Kinetic Auto Premier Pte Ltd			
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*		05 August 2019			
		07 June 2020			
<p>Any person who is driving on the Insured's order or with their permission.</p> <p>S\$1,500.00 Section I &amp; 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.</p> <p>An additional section II excess of \$1,000.00 per accident is applicable in the event of an accident occurring outside Singapore.</p> <p>Accident repair has to be carried out at AIG appointed list of workshop or Manufacturer workshop within 3 years warranty.</p>					
<p>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.</p>					
<b>6) LIMITATION AS TO USE*</b>					
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.					
<p>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.</p>					
LOSS OF USE		Not Included			
HIRE PURCHASE COMPANY		NA			

\*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 169) and Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, 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 169) and Part IV of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019..

Issued in Singapore 05 Aug 2019

AIG Asia Pacific Insurance Pte. Ltd.

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

AUTHORISED REPRESENTATIVE

SSPOEC

ORIGINAL



**Enquire Vehicle Information****Vehicle No.**

Vehicle No.: SKG4290K

**Vehicle Details**

Vehicle Type: Private Hire (Chauffeur) Motor Car  
Vehicle Attachment 1: No Attachment  
Make / Model: TOYOTA / COROLLA ALTIS 1.6 AUTO  
Primary Colour: Black  
Year of Manufacture: 2012  
Maximum Laden Weight: 1630 kg  
Unladen Weight: 1195 kg  
No. Of Axles: 2  
Engine No.: 1ZRX183476  
Chassis No.: MR053REE104133891  
Engine Capacity: 1598 cc  
Maximum Power Output: 90.0 kW ( 120 bhp )  
IU Label No.: 1124761635  
Propellant: Petrol  
Passenger Capacity: 4  
Original Registration Date: 31 Aug 2012  
First Registration Date: 31 Aug 2012  
Open Market Value: \$15,045.00  
Additional Registration Fee Rate: 100.00 %  
Actual ARF Paid: \$15,045.00  
PARF Eligibility: Yes  
Minimum PARF Benefit: \$7,522.00  
PARF Eligibility Expiry Date: 30 Aug 2022  
COE No.: 2012090101000567R  
COE Category: A - Car (1600cc & below)  
COE Expiry Date: 30 Aug 2022  
Quota Premium (QP): \$66,889.00  
QP Paid: \$66,889.00  
OPC Cash Rebate Eligibility: No  
QP during COE Bidding Exercise: \$66,889.00  
Private Hire Vehicle Decal No.: A119078 ( Issued on 06 Aug 2019 )  
CO2 Emission: -  
CO Emission: -  
HC Emission: -  
NOx Emission: -  
PM Emission: -

Previous

OK





# KINETIC AUTO PREMIER PTE. LTD.

9 Tagore Lane #03-21 9@Tagore Singapore 787472 Tel : 62642231 Fax : 62642340

Company Reg No : 201700184H

THE SUPPLEMENTAL AGREEMENT is made on the 29/8/2019 between:

- (1) **KINETIC AUTO PREMIER PTE LTD** (Singapore Company Registration No. **201700184H**) a company registered in Singapore whose registered office is at **9 Tagore Lane #03-21 9@Tagore Singapore 787472 ("Company")**; and
- (2) JAINAL ABIDIN BIN MOHD SALLEH (Singapore NRIC S1594459E) residing at BLK 110 RIVERVALE WALK #06-12 SG540110 ("**Driver**"),



(individually a "Party" and collectively the "Parties").

## WHEREAS:

- (1) This Supplemental Agreement is supplemental to the Authorisation Agreement dated 29/8/2019 ("**AA**") for vehicle carplate SKG4290K.
- (2) The Parties have agreed to vary the terms of the AA in accordance with the terms set out in this Supplemental Agreement.

NOW IT IS HEREBY AGREED as follows:

## 1 DEFINITION

- 1.1 In this Supplemental Agreement, unless the context otherwise requires, terms defined in the AA shall have the same meanings when referred to herein.
- 1.2 All references in the AA to "this Agreement" shall also include this Supplemental Agreement, unless the context otherwise requires.

## 2 SUPPLEMENTAL TERMS TO THE AA

The AA shall be varied and amended to include the following terms:

- (a) The Driver shall pay the amount of **SGD42** per week for **Used Car** to the Company for purpose of
  - (i) reducing the amount excess payable pursuant to Clause 11.2.4 of the AA to the amounts set out in the table below

EXCESS PER ACCIDENT			
Country/Capacity	At Fault Count	Used Car	
		Third Party	Own Damage
Singapore	1st Fault	SGD 200	SGD 200
Singapore	2nd Fault	SGD 400	SGD 400
Singapore	3rd Fault	SGD 800	SGD 800