

NATIONAL Assessment Centre Services.

(part 1 of 2)

MMA 12003175

Date In: 11/3/20 15:36	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: WA1AIG 20003873164	E-mail (within 2hrs, A/C 2hrs)		
Veh No: SKD 8466K	I-Motor Claim Form		
ICLA: 10/13/20 09:15	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
OT: <input checked="" type="checkbox"/> Reporting Only	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: SKU 59542	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: 80-100%]	
Year of Registration: (Warranty: YES () / NO ()	
Excess: (\$	Landing: \$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 Ref No: 67886016)	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:	Action:

MMA 2000 1941		Amount (\$)	Alloc (\$)
Particulars:			
Driver/Owner:	1) AL: Accident Reporting (\$30)	30.00	
Contact No:	2) DA: Damage Assessment (\$100)	INC (310)	
Managed Portion:	3) TP: Towing Fee	\$40/\$45	
C Checked by (Bgr-In-Charge):	4) PT: Follow-Through Survey	\$120	
Aditors Comments:	5) PT: Follow-Through Survey (Resurvey)	\$30	
LIT:	6) TR: Re-inspection	\$75	
	7) NI: Idaho 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: Idaho Mobile	\$0	
	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	11/03/2020 15:36
Date Of Accident	10/03/2020 09:15
Exact Location Of Accident	UPP CROSS ST B4 CROSSING INTO HAVELOCK RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKD8466K
Insured/Policyholder	
Name Of Registered Owner	KINETIC REGENCY PTE LTD
Co Reg No	2XXXXX177M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64811522

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	999994107
Cover Note Number	

Driver

Name of Driver	HUI YIP KHIONG
NRIC No	SXXXX515E
Date Of Birth	29/05/1969
Occupation	OUTDOOR
Date Of Driving Pass	12/01/2001
Driving Experience	19 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91053150
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 18 CANTONMENT CLOSE #11-61
Postcode	080018
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?	
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?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKU5954Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KAMA
NRIC/Passport Number	
Contact Number	88381407
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:

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

SKETCH PLAN

(A) SKD 8466K
(B) SKU 5954Z

Upper Cross Street

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11/3/2020 at about 9:15AM, I was stationary at Upper Cross st due to red in traffic. About 30 second later, I felt great impact from behind. I alighted and realised vehicle (B) SKU 5954Z hit onto my rear portion. After accident, we exchange particulars.

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.:



*Email a copy to: lily-loi@ow.sg

Particulars of Insured / Driver & Details of this Accident

(Pls circle where applicable)

Location Of Accident: Upper Cross St before crossing into Havelock Rd Date & Time Of Accident: 10 March 2020 / 9:15am
Purpose when vehicle was used at the time of accident: Grab Service (Private Hire Service)
(e.g Going home)

Details of Own Vehicle

Vehicle Registration number: SKD 8466 K Make / Model: Toyota Altis
Vehicle Category: _____
Claim Own Insurance: YES / NO If No. Reporting only / Third Party Claim
Name of Preferred Workshop: Optima Works Pte Ltd Contact: 6481 1522

Insured / Policy Holder

Name of Registered Owner: Kinetic Regency Pte Ltd NRIC No.: 201632177M
Address: 9 Tagore Lane, Singapore 787472
Mobile No: 9784 9075 Other Contact: Home / Office no: _____
Email: support@kinetic-alliance.com

Driver

Name of Driver: Hui Yip Khiong NRIC / Fin No.: S6917515E
Driving Licence Pass Date: _____ D.O.B: 29/05/1969
Address: 18 Cantonment Close #11-61 Singapore 080018
Occupation: INDOOR / OUTDOOR Mobile No: 9105 3150
Gender: MALE / FEMALE Other Contact: Home / Office no: _____
Email: workoverseas@gmail.com

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: 999994107 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 workshop submit
Any police report made: YES / NO workshop submit
*Any witness?: YES / NO workshop submit
*Injured party: YES / NO (If yes, pls provide name & Tel)

No. of Passenger (including Driver): 1

Details of Passenger 1

Name: _____
Gender: _____

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: SKU 5954 Z
Vehicle Make/Model/Color: Toyota Black
Name Of Driver: Kama
No. of Passenger (including Driver): 1
NRIC: _____
Contact Number: 8838 1407
Nature of Damage: _____
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, 1987 (MALAYSIA)

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

M.Z.400

		(The below excess is subject to GST)	
COMPREHENSIVE	COMMERCIAL MOTOR	POLICY EXCESS	S\$1500.00 (Sect I & II)
CERTIFICATE NO.	SKDB466K	WINDSCREEN EXCESS	S\$100.00
POLICY NO.	999994107		
		SUM INSURED	Market Value
		INSURING WITH COE/PAF	YES
		SKDB466K	
1) VEHICLE REGISTRATION NO.		Kinetic Regency Pte Ltd	
2) NAME OF INSURED			
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT		10 July 2019	
4) DATE OF EXPIRY OF INSURANCE		07 June 2020	
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*			
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		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 in Singapore 10 Jul 2019

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

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

SSPOEC

ORIGINAL



Deposit at
SJS2241P (KR)

DATED THIS 22 DAY OF JUL 2019

BETWEEN

(1) Company Name KINETIC REGENCY PTE. LTD.
UEN No. 201632177M
Address 9 Tagore Lane #03-21 S787472
Tel / Fax 62642231 / 62642340

AND

(2) Name HUI YIP KHIONG
NRIC / PP No. S6917515E
Address BLK 18 CONTOMENT CLOSE #11-61 S080018
Date Of Birth 29/5/1969
License Passed Date 12/1/2001
Contact Number 9105 3150



VEHICLE RENTAL AGREEMENT

(3) Vehicle Reg. Number SKD8466K
Make TOYOTA
Model ALTIS
Colour WHITE
COE Expiry 11/1/2022 Rental Start on 23/7/2019
Contract Start Date 22/7/2019
Contract End Date
Rental Rate/Week \$ 350.00

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