

NATIONAL Assessment Centre Services

[wef 1 Jan'05] **MNA20040739**

Date In: 7/4/05-10:05	Job description	Date & Time Completed	Done by
Ref No: NA6162004900/24	SAS e-filing		
Veh No: 5MRS3544	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 6/4/05-08:40	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: 6BH371m	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: (\$)	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

NA200268	Invoice Preparation Checklist	Am't (\$) Est Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	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: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QJ*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments:-	*N8: DV / Collect Excess Coordination \$5		
Dat. 1:	TP (N11): TP (Non INC) against INC \$20		
Dat. 2 / 3:	9) N12: Idao 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	07/04/2020 10:05
Date Of Accident	06/04/2020 08:50
Exact Location Of Accident	CTE TWDS YIO CHU KANG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMR5354Y
Insured/Policyholder	
Name Of Registered Owner	KINETIC ALLIANCE PTE LTD
Co Reg No	2XXXXX074E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64811522

Vehicle Particulars

Manufacturer	HYUNDAI
Model	AD AVANTE 1.6 GLS (A)
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	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	KAMSATON BINTE ROHANI
NRIC No	SXXXX006I
Date Of Birth	24/03/1966
Occupation	OUTDOOR
Date Of Driving Pass	06/03/1999
Driving Experience	21 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-97849075
Fax Number	
Contact Number	OFFICE-97849075
EEmail Address	NOEMAIL

Address	BLK 104B CANBERRA STREET #05-507
Postcode	752104
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	CHAIN COLLISION
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	3
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	GBH371M
Vehicle Make/Model/Colour	NISSAN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	YQ470R
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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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**.
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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:

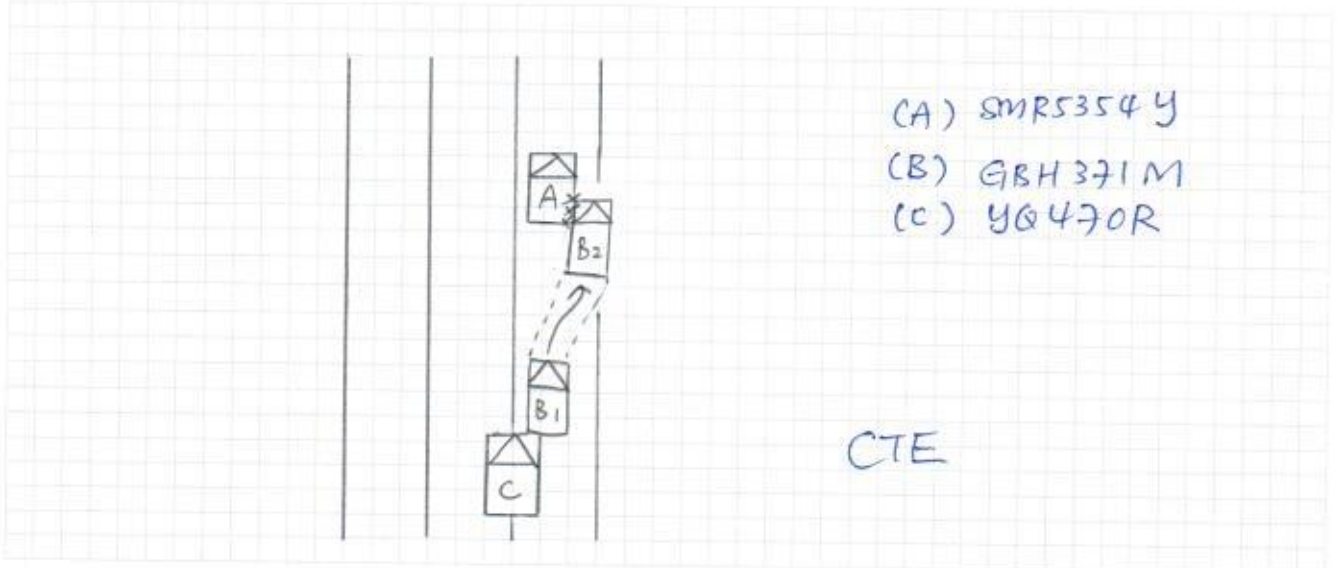


Driver's Signature
(If driver is not the policyholder)
Date & Time:

6-4-2020 @ 11:30am

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 6/4/2020 at about 8:50 am, I was travelling along CTE towards Yio Chu Kang. Vehicle in front of me slowed down and I followed too. Suddenly, I felt a huge from behind. I alighted and realised total 3 vehicles involved in this accident.

I have video footage as evidence.

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 to lily.loi@ow.sg
TQ

Particulars of Insured / Driver & Details of this Accident

(Pls circle where applicable)

Location Of Accident: CTE towards Yio Chuan Date & Time Of Accident: 6/4/2020 @ 8:50am
Purpose when vehicle was used at the time of accident: Grab Uce
(e.g Going home)

Details of Own Vehicle

Vehicle Registration number: SMR5354Y Make / Model: Hyundai Avante
Vehicle Category: _____
Claim Own Insurance: YES ☒ NO ☐ If No. Reporting only / Third Party Claim ☒
Name of Preferred Workshop: Optima Watz Pte Ltd Contact: 6481 1522

Insured / Policy Holder

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

Driver

Name of Driver: Kamsaton Binte Rohani NRIC / Fin No.: S1734006 I
Driving Licence Pass Date: _____ D.O.B: 24/3/1966
Address: Blk 104B Canberra Street #05-507 (S) 752104
Occupation: INDOOR / OUTDOOR ☒ Mobile No: 9173 8344
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: _____ Name: _____
Gender: _____ Gender: _____

Details of Passenger 3

Name: _____ Name: _____
Gender: _____ Gender: _____

Details of Other Vehicle Property 1 ☒

Vehicle Registration No: GBH 371 M
Vehicle Make/Model/Color: Nissan
Name Of Driver: _____
No. of Passenger (including Driver): _____
NRIC: _____
Contact Number: _____
Nature of Damage: _____
Vehicle Category: _____

Details of Other Vehicle Property 2 ☒

Vehicle Registration No: YQ 470 R
Vehicle Make/Model/Color: _____
Name Of Driver: _____
No. of Passenger (including Driver): _____
NRIC: _____
Contact Number: _____
Nature of Damage: _____
Vehicle Category: _____

 Kinetic
Connects

\$300 Deposit Trf From KAP SJV6242U
\$200 Deposit from KA
DATED THIS 15 DAY OF Jan 2020

POSTED
16.01.2020
DEP200101

BETWEEN

(1) Company Name

UEN No.

Address

Tel / Fax

KINETIC CONNECTS PTE. LTD.

201815842C

9 Tagore Lane #03-21 S787472

62642231 / 62642340

AND

(2) Name

NRIC / PP No.

Address

Date Of Birth

License Passed Date

Contact Number

Kamsaton Binte Rohani

S1734006I

Blk 104B Canberra Street #03-507 SG 752104

24/3/1996

6/3/1999

9173 8344



VEHICLE RENTAL AGREEMENT

(3) Vehicle Reg. Number

Make

Model

Colour

COE Expiry

Contract Start Date

Contract End Date

Rental Rate/Week

SMR5354Y

Hyundai

Avante

Silver

12/1/2030

15/1/2020

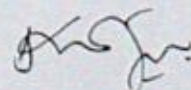
14/3/2020

\$

Rental Start on

16/1/2020

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





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) AND ROAD TRANSPORT (AMENDMENT) ACT 2019
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.Z.400

		(The below excess is subject to GST)	
COMPREHENSIVE	COMMERCIAL MOTOR	POLICY EXCESS	REFER TO ITEM 5
CERTIFICATE NO.	SMR5354Y	WINDSCREEN EXCESS	S\$100.00
POLICY NO.	999994109		
		SUM INSURED	Market Value
		INSURING WITH COE/PARF	YES
		SMR5354Y	
		Kinetic Alliance Pte Ltd	
1) VEHICLE REGISTRATION NO.		13 January 2020	
2) NAME OF INSURED		07 June 2020	
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT			
4) DATE OF EXPIRY OF INSURANCE			
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		MAYBANK	

*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) 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 189) and Part IV of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019.

Issued in Singapore 14 Jan 2020

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

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

ORIGINAL

SSPOEC