

# NATIONAL Assessment Centre Services

Date In: 02/06/20	Job description	Date & Time Completed	Done by
Ref No. NA/41620006078/13	SAS e-filing		
Veh No: GWJ390G	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 08/05/20 0700	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: 442949K	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	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

NA2005031	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
Client's Particulars:	1) AR: Accident Reporting (\$30);			
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)			
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) NI: Idao DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	ON:			
	*N5: Courtesy Car / Tp 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: Idno 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	02/06/2020 09:17
Date Of Accident	08/05/2020 07:00
Exact Location Of Accident	T-JUNC TO YISHUN ST 22
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GW2390G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KST AUTO RENTAL PTE LTD
Co Reg No	2XXXXX860W
Email Address	KSTTEAM@SINGNET.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-99999999

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	
Cover Note Number	100881016

### Driver

Name of Driver	AHMAD ZULFIKAR MOHD SAMSUDIN
NRIC No	SXXXX180H
Date Of Birth	15/05/1996
Occupation	OUTDOOR
Date Of Driving Pass	15/03/2019
Driving Experience	1 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87518749
Fax Number	
Contact Number	
EMail Address	BOMLO.SG@GMAIL.COM

Address	BLK 265 YISHUN STREET 22 #06-206
Postcode	760265
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	WET

#### 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)	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

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	GY2949K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	SXXXX343I
Contact Number	97973512
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.
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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)

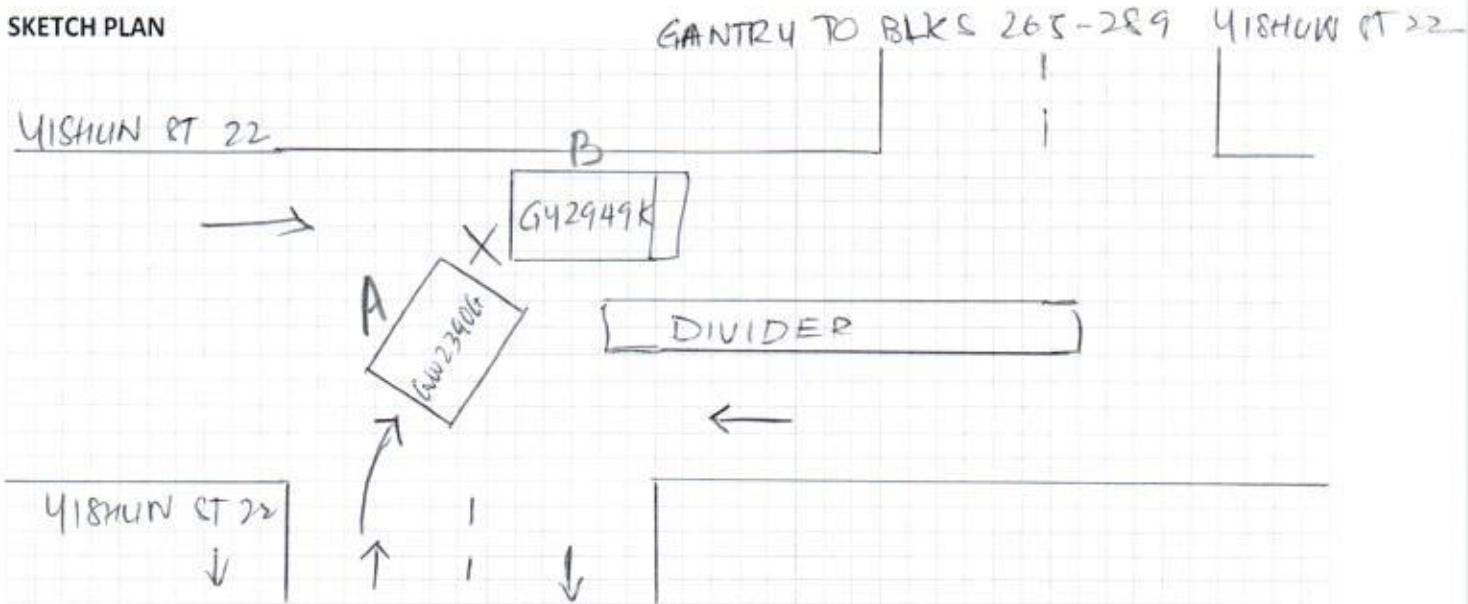
Date & Time: 08/05/2020 0930

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I, AHMAD ZULKRIKAR MOHD SAMSUDIN, IC SAGIBISOM, WAS DRIVING TO WORK ON 08/05/2020 AT AROUND 0700HOURS. I WAS ~~ABOUT~~ WAITING AT THE T-JUNCTION TO MAKE A RIGHT TURN ONTO YISHUN STREET 22. I WAS CHECKING THE ROAD TO SEE FOR ANY INCOMING TRAFFIC. I SEE THAT THE ROAD WAS CLEAR, SO I WENT TO MAKE THE RIGHT TURN. AS I WAS MAKING THE TURN, I DID NOT REALISE THAT ANOTHER VEHICLE (G42949K) WAS PASSING BY IN FRONT OF ME. AT THAT MOMENT, BOTH ME & THE DRIVER OF G42949K TRIED TO AVOID EACH OTHER BUT TO NO AVAIL. THE LEFT SIDE OF MY VEHICLE HAD COLLIDED WITH THE RIGHT REAR END OF G42949K.

## 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: 08/05/2020 0930

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

*[Signature]* 02/06/20



# ACCIDENT STATEMENT

EXPIRED

ACCIDENT DATE: (08/05/2020) (DD/MM/YYYY), TIME: (07:00) (HH:MM)

LOCATION: T-JUNCTION FROM YISHUN ST 22 TO YISHUN ST 22

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GW2390G  
 b) INSURANCE COMPANY: AIG  
 c) POLICY NUMBER:  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: TOYOTA HIACE  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: WORK  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: KST 0070 (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: CONTACT:  
 c) ADDRESS:

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: AHMAD ZULFIKAR MUHAMMAD SAMSUDIN (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S96161804 CONTACT: 87518749  
 c) ADDRESS: PLK 265 YISHUN ST 22 #06-206 C(760265)

\* d) DATE OF BIRTH: (15/05/1986) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 15/03/2019

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) CLEAR  
 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: GY2949K MODEL: TOYOTA DYNA  
 b) DRIVER'S NAME: TAN WEE HWA  
 c) NRIC/FIN/PASSPORT: S01813431 CONTACT: 97973512

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:  
 e) DRIVER'S NAME:  
 f) NRIC/FIN/PASSPORT: CONTACT:

96355542

email = bomlogsg@gmail.com

VIDEO

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**COVER NOTE**

Cover Note No. 100881016

Date: 01 Jun 2020

The following risk described in the Schedule is hereby HELD COVERED in the terms of the applicable Company's policy issued to the Policyholder

**Schedule**

Policyholder	KST Auto Rental Pte Ltd		
Age Condition	N/A	Registration No	GW2390G
Policy Type	ACT	Make/Model	TOYOTA HIACE MANUAL
Effective Date	12 Apr 2020	CC/Tonnage	1.06
Expiry Date	11 Apr 2021	Engine No	2KD1388806
Hire Purchase Company	NA	Chassis No	JTFHS02P400034425
		Year of Registration	2005

This policy is subject to driver's age condition. The policy will indemnify the insured or any authorised driver only if he/she meets the age condition. Please refer to policy terms and conditions.

Usage of vehicle only for the following purposes:

1. Use only for social, domestic and pleasure purposes and for the Policyholder's business.
2. Use in connection with the Policyholder's business. Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business and use for social, domestic or pleasure purposes.

Please note that acceptance of the risk is subject to our final acceptance and terms and conditions applicable to the policy. Should you require any change to the insurance, please contact us immediately. Otherwise, any change will not be covered under the policy.

The Company may cancel this cover by notice in writing and the insurance will be terminated and a proportionate part of the annual premium for the insurance will be charged for the time the Company has been on risk.

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)

**CERTIFICATE OF INSURANCE**

I / We hereby certify that this cover note 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

**AIG Asia Pacific Insurance PTE. LTD.**

**IMPORTANT NOTICE**  
THIS COVER NOTE IS VALID  
FOR 60 DAYS FROM THE FIRST  
DAY OF THE POLICY PERIOD.

AUTHORISED REPRESENTATIVE

SSPIUS



# Annex A

Transaction ref 20120731092211701466

The owner and vehicle particulars for Vehicle No. GW2390G as at 31 Jul 2012 are as follows:

26. Maximum Laden Weight(kg)	: 2800
27. Open Market Value	: \$23,795.00
28. PARF Eligibility	: No
29. PARF Eligibility Expiry Date	: -
30. Minimum PARF Benefit	: \$0.00
31. No. of Transfers	: 1
32. IU Label No.	: 1042094556
33. COE No.	: 2005110105000178R
34. COE Expiry Date	: 19 Dec 2015
35. COE Category	: C - Goods Vehicle & Bus
36. Quota Premium/Prevailing Quota Premium	: \$7,334.00 / -
37. Actual Quota Premium/PQP Paid	: \$7,334.00
38. Actual ARF Paid	: \$1,190.00
39. Vehicle Lifespan Expiry Date	: 19 Dec 2025
40. Road Tax Amount	: -
41. Road Tax Start Date	: -
42. Road Tax End Date	: -
43. Remarks	: To renew the COE, the Prevailing Quota Premium payable is that of Category C.



## Annex A

Transaction ref 20120731092211701466

The owner and vehicle particulars for Vehicle No. GW2390G as at 31 Jul 2012 are as follows:

1. Name	: KST AUTO RENTAL PTE LTD
2. Identification No. Type	: Company
3. Identification No.	: 200806860W
4. Place Of Passport Issue	: -
5. Vehicle No.	: GW2390G
6. Previous Vehicle No.	: -
7. Effective Date of Ownership	: 31 Jul 2012
8. Original Registration Date	: 20 Dec 2005
9. First Registration Date	: 20 Dec 2005
10. Vehicle Type	: A50 - Goods (Closed) Van/Van Panel (Delivery)
11. Vehicle Scheme	: Normal
12. Attachment 1	: No Attachment
13. Attachment 2	: -
14. Attachment 3	: -
15. Vehicle Make	: TOYOTA
16. Vehicle Model	: HIACE MANUAL
17. Year of Manufacture	: 2005
18. Primary Colour	: White
19. Secondary Colour	: -
20. Passenger Capacity	: 1
21. Chassis/Trailer Chassis No.	: JTFHS02P400034425 / -
22. Propellant	: Diesel
23. Engine No./Motor No.	: 2KD1388806 / -
24. Engine Capacity(cc)/Power Rating(kw)	: 2494 / -
25. Unladen Weight(kg)	: 1740