

# NATIONAL Assessment Centre Services

[ver 1 Jan 05] SN0921560004

|                           |  |                        |          |
|---------------------------|--|------------------------|----------|
| Date In: 6/5/21 11:04     | Job description: SAS e-filing            | Date & Time Completed: | Done by: |
| Ref No: NA/AI 021005527/U | E-mail (within 2hrs, AIC 2hrs)           |                        |          |
| Veh No: 6062760R          | I-Motor Claim Form                       |                        |          |
| DDA: 27/4/21 17:30        | I-Motor W/O (Within: OD 2hrs, TP 4hrs)   |                        |          |
| Off: TP: Reporting Only   | I-Photo Uploaded                         |                        |          |
| TP Insurer:               | Assessment/Survey Report                 |                        |          |
|                           | Ass't Report by Fax / Hand to Owner/Wksp |                        |          |

|  |   |               |
|--|---|---------------|
| Preferred Wksp / INC Assign Wksp / GW: ( | Tel: (  | Fax: (        |
| TP Particulars:                          | Veh No: 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 Routine 670/6616)                         | 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
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|           |         |
|           |         |
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|                                |   |             |          |
|--------------------------------|---|-------------|----------|
| NA2108 NA210281                | Invoice Breakdown Checklist                     | Am (\$)     | Adj (\$) |
| Client/Particulars:            | 1) AR: Accident Reporting (\$30)                |             |          |
| Driver/Owner:                  | 2) DA: Damage Assessment (\$100); INC (\$10)    |             |          |
| Contact No:                    | 3) TP: Towing Fee \$40/\$45                     |             |          |
| Damaged Portion:               | 4) FT: Follow-Through Survey \$120              |             |          |
| QC Checked by (Bug-In-Charge): | 5) FT: Follow-Through Survey (Resurvey) \$30    |             |          |
| Auditors Comments:             | For claiming against INC Only (ver 10 Jan 2005) |             |          |
|                                | 6) TR: Re-inspection \$75                       |             |          |
|                                | 7) NI: Idao 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 (S-in INC) against INC \$20        |             |          |
|                                | 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 Submission              | 06/05/2021 11:04 (SGT)            |
| Date of Accident                | 27/04/2021 17:30 (SGT)            |
| Exact Location of Accident      | 6 Shrewsbury Rd, Singapore 307809 |
| Additional Location Information | -                                 |
| Country/State of Loss           | Singapore                         |

### DETAILS OF OWN VEHICLE

|                             |                         |
|-----------------------------|-------------------------|
| Vehicle Registration Number | GBG2760R                |
| INSURED/POLICYHOLDER        |                         |
| Is company?                 | Yes                     |
| Name Of Registered Owner    | KST AUTO RENTAL PTE LTD |
| Company Reg No              | -                       |
| Email Address               | kstteam@singnet.com.sg  |
| Mobile Phone No             | (Phone) +65-84584033    |
| Alternative Phone No        | +65-84584033            |

### VEHICLE PARTICULARS

|  |                     |
|--|---------------------|
| Manufacturer   | Toyota              |
| Model  | Hiace               |
| Variant  | -                   |
| Exact purpose for which vehicle was being used at time of accident           | Employment          |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Reporting only |
| Vehicle Category   | Commercial vehicle  |
| Transmission   | Manual              |
| CC   | 3000                |

### INSURANCE COMPANY

|                           |                                      |
|---------------------------|--------------------------------------|
| Name of Insurance Company | AIG Asia Pacific Insurance Pte. Ltd. |
| Type of Coverage          | Comprehensive                        |
| Fleet Policy              | No                                   |
| Policy Number             | 999993603                            |
| Cover Note Number         | -                                    |

### DRIVER

|                |             |
|----------------|-------------|
| Name of Driver | GAN YEW NAM |
| NRIC No        | SXXXX304D   |

|  |                                       |
|--|---------------------------------------|
| Date Of Birth  | 26/06/1960                            |
| Occupation   | Outdoor                               |
| Date Of Driving Pass   | 04/08/2003                            |
| Driving experience   | 17 YEARS AND 8 MONTHS                 |
| Gender   | Male                                  |
| Mobile Number  | (Phone) +65-84584033                  |
| Alt. Phone Number  | -                                     |
| Email Address  | kssteam@singnet.com.sg                |
| Address  | BLK 616 BEDOK RESERVOIR ROAD #10-1114 |
| Address complement   | -                                     |
| Postcode   | 470616                                |
| Is the driver the policyholder?                              | No                                    |
| If No, Relationship of the Driver with the Insured           | Hirer                                 |
| Does Driver Own Other Vehicles?                              | No                                    |
| Vehicle Registration Number of Other Vehicle Owned by Driver | -                                     |
| Insurance Company of Other Vehicle Owned by Driver           | -                                     |

#### GENERAL INFORMATION OF THE ACCIDENT

|                    |            |
|--------------------|------------|
| Type of Accident   | Side Swipe |
| Weather Conditions | Clear      |
| Road Surface       | Dry        |

#### OTHER INFORMATION

|   |     |
|---|-----|
| Was any foreign vehicle involved in the accident?   | No  |
| Number of vehicles involved in the accident   | 2   |
| Was anybody injured in the Accident?  | No  |
| Was any injured conveyed to hospital by ambulance?  | -   |
| Was any other material or property damaged?   | Yes |
| Number of Passengers (Including Driver)   | 1   |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No  |

#### DETAILS OF POLICE ACTION

|   |    |
|---|----|
| Was the accident reported to the police?  | No |
| 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 | -                  |
| Vehicle Manufacturer        | -                  |
| Vehicle Model               | -                  |
| Vehicle Variant             | -                  |
| Vehicle Colour              | -                  |
| Vehicle Category            | Commercial vehicle |
| Name of Driver              | -                  |
| Contact Number              | -                  |
| Address                     | -                  |
| Address complement          | -                  |

|   |   |
|---|---|
| Postcode                                | - |
| Insurance Company Name                  | - |
| Nature Of Damage                        | - |
| Details of property damaged in accident | - |
| 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.**
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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.

#### 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.

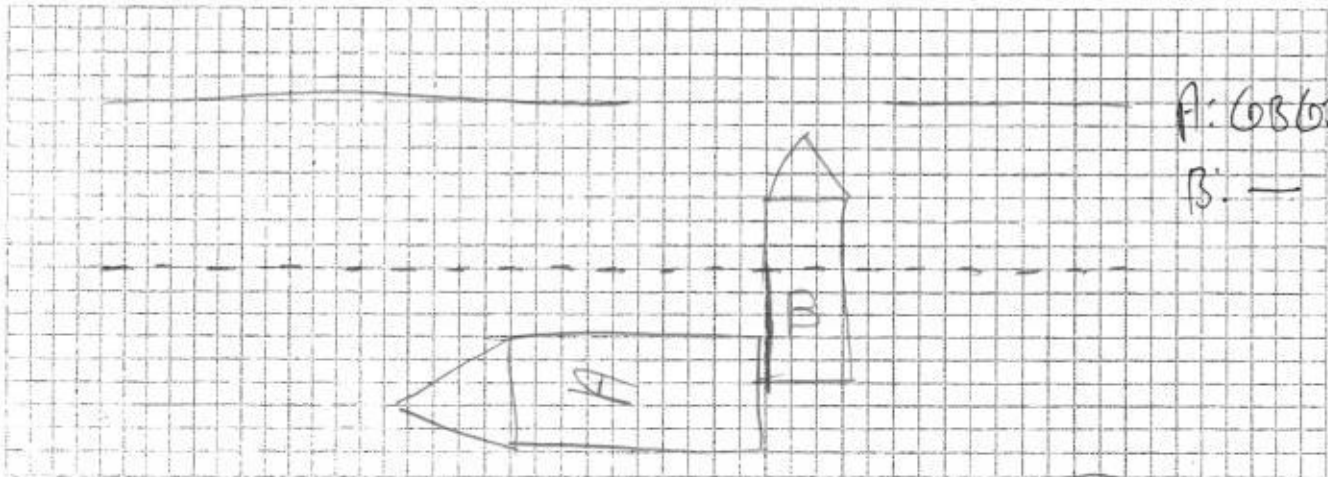


Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

### Sketch Plan



6 Shrewsbury road

Describe Circumstances of the Accident

Suddenly

The vehicle A was reversing when I ~~was~~ <sup>suddenly</sup> felt an impact. Vehicle B and I had collided.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*[Signature]*

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

*[Signature]*

Witnessed by Reporting Centre Personnel



**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

| COMPREHENSIVE  |           | COMMERCIAL MOTOR         |                 | (The below excess is subject to GST) |  |
|--|-----------|--------------------------|-----------------|--------------------------------------|--|
| CERTIFICATE NO.  | GBG2760R  | POLICY EXCESS            | REFER TO ITEM 5 |                                      |  |
| POLICY NO.   | 999993603 | 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   |           | GBG2760R                 |                 |                                      |  |
| 4) DATE OF EXPIRY OF INSURANCE   |           | KST AUTO RENTAL PTE LTD  |                 |                                      |  |
| 5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*   |           | 12 April 2021            |                 |                                      |  |
| Any person who is driving on the Insured's order or with their permission.   |           |                          |                 |                                      |  |
| S\$1,000.00 section 1 excess is applicable for driver who is between 21 years to 70 years old with minimum 1 year driving experience where vehicle tonnage is below 2 tons.  |           |                          |                 |                                      |  |
| S\$1,500.00 section 1 excess is applicable for driver who is between 21 years to 70 years old with minimum 1 year driving experience where vehicle tonnage is below 3 tons.  |           |                          |                 |                                      |  |
| 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*   |           | 11 April 2022            |                 |                                      |  |
| 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  |           | REFER TO POLICY SCHEDULE |                 |                                      |  |

\*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 15 Apr 2021

AIG Asia Pacific Insurance Pte. Ltd.

155005-000  
Koh Tong Poh Peter  
AIG Building  
78 Shenton Way (Gems Room)  
Singapore 079120

AUTHORISED REPRESENTATIVE

SSPOEC

ORIGINAL

## ACCIDENT STATEMENT

ACCIDENT DATE: 27 / 4 / 21 (DD/MM/YYYY), TIME: 17 : 30 (HH:MM)

LOCATION: 6 ~~shrew~~ shrewsbury road

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 51 61362760R  
b) INSURANCE COMPANY: \_\_\_\_\_  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: hiale 3000  
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: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 8458 4033  
c) ADDRESS: \_\_\_\_\_

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

#### DRIVER

- a) NAME: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 8458 4033  
c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: (\_\_\_\_/\_\_\_\_/\_\_\_\_) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

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

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: \_\_\_\_\_ MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

### 9. THIRD PARTY VEHICLE

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

Email = hst

fax =

video =

\* No of passenger  
(including driver)  
(1)

\* No of passenger  
(including driver)  
( )

\* No of passenger  
(including driver)  
( )