NATIONAL Assessment Centr Date In: 14/12/2021	ALC: A SELECT OF SELECTION					
17/12/2021	Joh description	A. A. C. C. T. T. T. T. C.	Date & Time Cor	mpleted	Done	pi
Ref No NA /AIG 21012639/r3	SAS e-filing	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, AND	1			
Vehillo GBK 7029R	E-mail (within)	slas, Altó Shraj	i			
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	i-Motor W/O		: 'I'!' 4hrs)	i i		
OD (11) Reporting Only	i-Photo Uplo:					
	Assessment/Su	rvey Report		1		
TP Insurer:	Ass't Report by	y Fax / Hand t	o Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:		
TP Particulars: Veh No: S	SHC 8842Z	INC () / Non-INC ()		
Owner / Driver: (Tel:)	
Policy No: () Per	riod: ()	Cover Type: ()	
Confirmed by : (Date:	Times)	
Insured/Driver Liability: (%) [1	Note-Est. Status (W	/O): N: 0-2	0%; P: 21-79%.	F: 80-1009	.]	
Year of Registration: ()	Warranty: YES ()/NO()			
Excess: (\$) Loading: \$1,0	00()/\$2,000	()				
General Remarks:-	eric de la fermanique	La Tale Carlo		granie o		
() Walk-In Customer: Customer's infor	rmation strictly Cor	ifidential & St	rictly NO rafer of :	epairer.		
() Total Loss Case : to e-mail Insure	er URGENTLY.			******		
Drive-In ()/ Towed-In (); Invoice		O();T	owing Co. ()
			Date&Time Com	uletad (Done	hv
Remarks;- (INC horline: 6788 6616)	6 7		Dates I une con	pre; ou		
	Courtesy Car ()				
2) QC Check / Post Repair Inspection	()					
 Upload Resurvey Photo [Repair Cost > \$3 	0001)	STATE OF THE OWNER, STATE OWN			
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SUBMITTED BY: Renee

VERSION: 1 (14/12/2021 14:19 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> 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 witholding of material facts may allow insurance companies to repudiate policy liability.

The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
 Any false reporting may be referred to the Police for investigation.

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 Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

14/12/2021 14:19 (SGT) 14/12/2021 10:58 (SGT) Dunearn Rd, Singapore TOWARDS NEWTON ROAD

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

GBK7029R

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No

Email Address Mobile Phone No

Alternative Phone No

Yes

KST AUTO RENTAL PTE LTD

2XXXXX860W

kstteam@singnet.com.sg (Phone) +65-96355542

+65-96355542

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to

Vehicle Category Transmission

CC

your vehicle?

Toyota

Hiace

Employment

No - Claiming third party Commercial vehicle

Manual

2982

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy

Policy Number Cover Note Number AIG Asia Pacific Insurance Pte. Ltd.

Comprehensive

No

999993604

DRIVER

Name of Driver NRIC No

ZULKIFLI BIN MOHAMED NOR SXXXX331E

Accident report SN0921CE0002

 Date Of Birth
 19/02/1985

 Occupation
 Outdoor

 Date Of Driving Pass
 16/08/2006

Date Of Driving Pass 16/08/2006
Driving experience 15 YEARS AND 4 MONTHS

Gender Male
Mobile Number (Phone) +65-87556304

Alt. Phone Number - kstteam@singnet.com.sg

Address BLK 182 RIVERVALE CRESCENT
Address complement #18-309

Postcode 540182

Is the driver the policyholder? No
If No, Relationship of the Driver with the Insured RENTAL

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 Collision - Head to Rear Weather Conditions Clear Road Surface Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

No
Number of vehicles involved in the accident

Was anybody injured in the Accident?

No
Was any injured conveyed to hospital by ambulance?

Was any other vehicle or property damaged?

Yes
Number of Passengers (Including Driver)

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 THE ATTACHED STATEMENT

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No
Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC8842Z

Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category Taxi

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

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Formmust 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 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, acknow ledge, 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

ZW 14/12/2021 Driver's Signature (If driver is not the policyholder) / Date Policyholder's Signature / Date & & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

Time

Dunearn Road towards Nowton

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71.37/EST						
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	A CONTRACTOR AND A MINISTER					

Declaration

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

Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

(10:58am)

1. DETAILS OF VEHICLE a)VEHICLE NUMBER: GBX 7009R b)INSURANCE COMPANY: AIG c)POLICY NUMBER: 3664 d)POLICY TYPE (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEF e)MAKE & MODEL: 1000 / COUPE / MPV (VAN) LORRY / MOTORCYCLE, OTHERS) g)VEHICLE CATEGORY: [PRIVATE & COMMERCIAL / MOTORCYCLE, OTHERS) b)NRIC/FIN/PASSPORT: 20080686000	LOCA	TION:	Dunear	n Road to	wards No	ewton R	oad ·
D)INSURANCE COMPANY: AIG C)POLICY NUMBER: 99993604 d)POLICY TYPE (COMPREHENSIVE / THIRD PARTY FIRE &THEF e)MAKE & MODEL: OTHER MOTORCYCLE) f)TYPE:(SALOON / COUPE / MPV / MAN LORRY / MOTORCYCLE) f)TYPE:(SALOON / COUPE / MPV / MAN LORRY / MOTORCYCLE) f)PURPOSE OF USING AT ACCIDENT TIME PARTY FIRE &THEF f)PURPOSE OF USING AT ACCIDENT TIME PARTY PRESENTED i) PURPOSE OF USING AT ACCIDENT TIME PARTY PRESENTED i) PURPOSE OF USING AT ACCIDENT TIME PARTY PRESENTED i) PURPOSE OF USING AT ACCIDENT TIME PARTY PRESENTED i) PURPOSE OF USING AT ACCIDENT TIME PARTY PRESENTED i) NAME: ALT ALO POLICY HOLDER A) NAME: ALT ALO POLICY HOLDER D) NRIC/FIN/PASSPORT: 2080686000 CONTACT: 903550 c) ADDRESS: CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER O) NAME: ZULLALI BIA MONAMED NOT (MALE / FEMALE) b) NRIC/FIN/PASSPORT: \$85043316 CONTACT: 8755630 c) ADDRESS: BIL R2 PARAME PRESENCE c) ADDRESS: BIL R2 PARAME PRESENCE d) DATE OF BIRTH: (19 102 1985 (IDD/MM/YYYY) e) OCCUPATION: (INDOOR / OUTDOOR) f) YEARS OF DRIVING EXPRERIENCE d) WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: d) WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POUCE STATION: 8. THIRD PARTY VEHICLE o) VEHICLE NUMBER: MODEL: miduding driver) b) DRIVER'S NAME: c) VEHICLE NUMBER: MODEL: d) VEHICLE NUMBER: MODEL: d) VEHICLE NUMBER: MODEL: d) VEHICLE NUMBER: MODEL: d) VEHICLE NUMBER: MODEL:	1.	Barrier and the second second		GBK 7029	R	900	£
CPOLICY NUMBER: 29993604 d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY THIRD PARTY FIRE & THEFT e) MAKE & MODEL: 10906 1400 1600 1700 1700 1700 1700 1700 1700 17	(2)			AIG		-	
d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THÎRD PARTY FIRE & THEM e) MAKE & MODEL:	1723	718. THE RESERVE AND A STREET					127
e)MAKE & MODEL: 1)TYPE: (SALDON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) g)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h)PURPOSE OF USING AT ACCIDENT TIME JARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A)NAME: ** AND PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A)NAME: ** AND PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER D)NRIC/FIN/PASSPORT: ** 2080686000 CONTACT: 9(3550) c)ADDRESS: ** CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER C)NAME: ** Zulkiti Bin Mohamed Nor (MALE / FEMALE) b)NRIC/FIN/PASSPORT: ** S850433160 CONTACT: 8755630 c)ADDRESS: ** Bin Mohamed Nor (MALE / FEMALE) b)NRIC/FIN/PASSPORT: ** S850433160 CONTACT: 8755630 c)ADDRESS: ** Bin Mohamed Nor (MALE / FEMALE) b)NRIC/FIN/PASSPORT: ** S850433160 c)ADDRESS: ** Bin Mohamed Nor (MALE / FEMALE) b)NRIC/FIN/PASSPORT: ** S850433160 c)ADDRESS: ** Bin Mohamed Nor (MALE / FEMALE) c)ADDRESS: ** Bin Mohamed Nor (MALE / FEMALE) c)ADDRESS: ** Bin Mohamed Nor (MALE / FEMALE) b)NRIC/FIN/PASSPORT: ** CONTACT: 8755630 c)ADDRESS: ** Bin Mohamed Nor (MALE / FEMALE) c) VEHICLE NUMBER: ** Bin Mohamed Nor (MALE / FEMALE) b) DRIVER 'S NAME: (MODEL: MODEL: MODEL		2.0			D PARTY / TH	TED PARTY	FIRE &THEFT
(1) TYPE: (SALDON / COUPE / MPV (VAN LORRY / MOTORCYCLE / OTHERS) g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h) PURPOSE OF USING AT ACCIDENT TIME. J) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: FOR HATE PORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: FOR HATE PORTING ONLY) (MALE / FEMALE) b) NRIC/FIN/PASSPORT: 20806860W CONTACT: 963556 C) ADDRESS: CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER C) NAME: ZULLIGI: BIA Mohamed NOV (MALE / FEMALE) b) NRIC/FIN/PASSPORT: \$8504331 E CONTACT: 8755630 C) ADDRESS: BILL 182 PRIVATE CREAT # 18 - 301 (5) 5 10182 *d) DATE OF BIRTH: (19 / 02 / 1985) (DD/MM/YYYY) e) OCCUPATION: (INDOOOR / OUTDOOR) f) YEARS OF DRIVING EXPRERIENCE 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. C) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) b) ROAD SURFACE: (DRY) / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE C) VEHICLE NUMBER: SHO 8846 Z MODEL: WOOLL: DEPLYERS NAME: C) NRIC/FIN/PASSPORT: CONTACT: D) PRIVER'S NAME: C) NRIC/FIN/PASSPORT: CONTACT: D) PRIVER'S NAME: C) NRIC/FIN/PASSPORT: CONTACT: D) PRIVER'S NAME: MODEL: MODEL: MODEL:							
g)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h)PURPOSE OF USING AT ACCIDENT TIME. JARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/RO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A)NAME: KET Auto Pantal He Hall (MALE / FEMALE) b)NRIC/FIN/PASSPORT: 208806860W CONTACT: 963555 C]ADDRESS: **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER C]NAME: ZULLIE BIN Mohamed Nor (MALE / FEMALE) b)NRIC/FIN/PASSPORT: S8504331E CONTACT: 8755630 C]ADDRESS: BILL 182 DIVERS (S00) **d]DATE OF BIRTH: (19 / 02 / 1985) (DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: 16/8/2006 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. C)WEATHER CONDITION: (CLEAR / RAINING / OTHERS b)ROAD SURFACE: (DRY) WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. C)REPORTED TO POLICE (YES / NO) 1							
h)PURPOSE OF USING AT ACCIDENT TIME 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: KET Muto Rental Re Ltd (MALE / FEMALE) b) NRIC/FIN/PASSPORT: 20806860W CONTACT: 963556 C) ADDRESS: **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER d) NAME: Zulket Bin Mohamed Nor (MALE / FEMALE) b) NRIC/FIN/PASSPORT: \$8504331 E CONTACT: 8755630 c) ADDRESS: BIL BIL RENTAL CREAT # 18-309 (\$) 540182 **d) DATE OF BIRTH: (19 102 1985 (DD/MM/YYYY) e) OCCUPATION: (INDOOR / OUTDOOR) f) YEARS OF DRIVING EXPRERIENCE: 16/8/2006 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 2014 ANY BOOK INJURED (YES / NO) 7. a) REPORTED TO POLICE (YEST NO) IF YES, PLEASE STATE WHICH POUCE STATION: 8. THIRD PARTY VEHICLE O) VEHICLE NUMBER: HO 8840 Z MODEL: 1000 DRIVER'S NAME: c) NRIC/FIN/PASSPORT: CONTACT: D) DRIVER'S NAME: C) NRIC/FIN/PASSPORT: CONTACT: MODEL: DDRIVER'S NAME: O) VEHICLE NUMBER: MODEL: MODEL: DDRIVER'S NAME: O) VEHICLE NUMBER: MODEL: MODEL: DDRIVER'S NAME: O) VEHICLE NUMBER: MODEL: MODEL: DDRIVER'S NAME: O) PRISEMBS: MODEL:		alVEHICLE	E CATEGORY: (P	RIVATE / COM	AFRCIAL / M	OTORCYC	(F)
If NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: KET Auto Panty Pentul Pre Ltd (MALE / FEMALE) b) NRIC/FIN/PASSPORT: 20806860W CONTACT: 963550 c) ADDRESS: 1 notiding driver (L) **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER O) NAME: Zulight Bin Mohamed Nor (MALE / FEMALE) b) NRIC/FIN/PASSPORT: S8504331E CONTACT: 8755630 c) ADDRESS: BIL 181 Repeate Crescart # 18 - 309 (\$) 5 40182 **d) DATE OF BIRTH: (19 / 02 / 1985 (DD/MM/YYYY) e) OCCUPATION: (INDOOR / OUTDOOR) f) YEARS OF DRIVING EXPRENIENCE: (6/8/2006 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. G) WEATHER CONDITION: (CLEAR / RAINING / OTHERS b) ROAD SURFACE: (DRY) / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. G) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POUCE STATION: 8. THIRD PARTY VEHICLE 9. VEHICLE NUMBER: HO 8840 Z MODEL: widuding driver) 9. THIRD FARTY VEHICLE 4. VEHICLE NUMBER: MODEL: DDIVINGERS NAME: C) NRIC/FIN/PASSPORT: CONTACT: 9. THIRD FARTY VEHICLE 4. VEHICLE NUMBER: MODEL: DRIVERS NAME: C) NRIC/FIN/PASSPORT: CONTACT: 9. THIRD FARTY VEHICLE 4. VEHICLE NUMBER: MODEL: DRIVERS NAME: C) NRIC/FIN/PASSPORT: CONTACT: 9. THIRD FARTY VEHICLE 10 VEHICLE NUMBER: MODEL:							
2. INSURED / POLICY HOLDER A) NAME: KET HUTE PENTAL PLE LINE b) NRIC/FIN/PASSPORT: 20806860W CONTACT: 963555 c) ADDRESS: **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER d) NAME: ZULLIE BIA Mohamed Nor (MALE / FEMALE) b) NRIC/FIN/PASSPORT: \$8504331E CONTACT: 8755630 c) ADDRESS: BIL BI BIA Mohamed Nor (MALE / FEMALE) b) NRIC/FIN/PASSPORT: \$8504331E CONTACT: 8755630 c) ADDRESS: BIL BI BIA Mohamed Nor (MALE / FEMALE) b) NRIC/FIN/PASSPORT: \$8504331E CONTACT: 8755630 c) ADDRESS: BIL BI BIA Mohamed Nor (MALE / FEMALE) b) NRIC/FIN/PASSPORT: \$8504331E CONTACT: 8755630 c) ADDRESS: BIL BI BIA Mohamed Nor (MALE / FEMALE) b) NRIC/FIN/PASSPORT: 168/2006 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: DIREDAD SURFACE: (DRY) / WET / OTHERS b) ROAD SURFACE: (DRY) / WET / OTHERS b) ROAD SURFACE: (DRY) / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: B. THIRD PARTY VEHICLE O) VEHICLE NUMBER: SHO 8842 Z MODEL: INCLUDING STATION: 9. THIRD PARTY VEHICLE O) VEHICLE NUMBER: MODEL: MODEL: 10 VEHICLE NUMBER: MODEL: 11 VEHICLE NUMBER: MODEL: 12 PRIVERS NAME: D							
A)NAME: KST Auto Pantal Pte Ltd [MALE / FEMALE] b)NRIC/FIN/PASSPORT: 200806860W CONTACT: 963555 c)ADDRESS: **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER a)NAME: Zuliqi: Bia Mohamed Nor (MALE / FEMALE) b)NRIC/FIN/PASSPORT: \$8504331E CONTACT: 8755630 c)ADDRESS: BIE 182 Riverale Crescent #18-309 (5) 540182 **d)DATE OF BIRTH: (19 / 02 / 1985) [DD/MM/YYYY] e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 22140 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) 1F YES, PLEASE STATE WHICH POLICE STATION: B. THIRD PARTY VEHICLE a) VEHICLE NUMBER: MODEL: b) DRIVER'S NAME: c) NRIC/FIN/PASSPORT: CONTACT: 9. THIRD PARTY VEHICLE d) VEHICLE NUMBER: MODEL:					M / REP.ORTI	NG ONLY)	
b)NRIC/FIN/PASSPORT: 20806860W CONTACT: 963553 c)ADDRESS: **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER d)NAME: Zuliqui Bin Mohamed Nor (MALE / FEMALE) b)NRIC/FIN/PASSPORT: \$8504331E CONTACT: 8755630 c)ADDRESS: Blk 182 Binervale Crescant # 18-309 (6) 540182 **d)DATE OF BIRTH: (19 / 02 / 1985) (DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: 16/8/2006 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. c)WEATHER CONDITION: (CLEAR / RAINING / OTHERS b)ROAD SURFACE: (DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. c)REPORTED TO POLICE (YEST NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE O) VEHICLE NUMBER: SHO 88462 Z MODEL: wickling driver b) DRIVER'S NAME: C) NRIC/FIN/PASSPORT: CONTACT: 9. THIRD PARTY VEHICLE O) VEHICLE NUMBER: MODEL:	2				111		
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*CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER a) NAME: Zullich: Bix Mohamed Nor (MALE / FEMALE) b) NRIC/FIN/PASSPORT: \$8504331 E CONTACT: \$755 630 c) ADDRESS: BIL 182 Diverse Crescot # 18-309 (5) 540182 *d) DATE OF BIRTH: (19 1 02 1 1985) (DD/MM/YYYY) e) OCCUPATION: (INDOOR / OUTDOOR) f) YEARS OF DRIVING EXPRESIENCE: 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 b) ROAD SURFACE: (DRY) / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POUCE STATION: 8. THIRD PARTY VEHICLE widuling driver) b) DRIVER'S NAME: c) NRIC/FIN/PASSPORT: CONTACT: 9. THIRD PARTY VEHICLE d) VEHICLE NUMBER: MODEL:				200806860W	co	NTACT:	7633.53
DRIVER Including diver) DINRIC/FIN/PASSPORT: S8504331E CONTACT: 8755 630 CIADRESS: BIK 182 Diversale Crescent # 18-309 (5) 5 40182 "dIDATE OF BIRTH: [19 / 02 / 1985] (DD/MM/YYYY) E) OCCUPATION: (INDOOR / OUTDOOR) If years of driving expressionce: 16/8/2006 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. diweather condition: (Clear / Raining / Others b) ROAD SUFFACE: (DRY) / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. direported to Police (YES / NO) IF YES, PLEASE STATE WHICH POUCE STATION: 8. THIRD PARTY VEHICLE o) VEHICLE NUMBER: HO 8842 Z MODEL: b) DRIVER'S NAME: c) NRIC/FIN/PASSPORT: CONTACT: 10 of PRESENGER d) VEHICLE NUMBER: MODEL:	to 17 51	c) ADDRES	2:				
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CONTACT: 875 630 CJADRES: BIL 182 RIVER CRESCAT # 18 - 309 (\$) 500182 "d)DATE OF BIRTH: (19 / 02 / 1985) (DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRESIENCE: 16/8/2006 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 b)ROAD SURFACE: (DRY) / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. a)REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POUCE STATION: 8. THIRD PARTY VEHICLE of Passenger b) DRIVER'S NAME: c) NRIC/FIN/PASSPORT: CONTACT: 9. THIRD PARTY VEHICLE d) VEHICLE NUMBER: MODEL:	He of necess = 3		10 3.0 IF DKN	YER ALSO POLIC	SY HOLDER		20
b) NRIC/FIN/PASSPORT: S8504331E CONTACT: 8755 630 c) ADDRESS: BIK 182 Rivervale Crescant # 18-309 (5) 540182 "d) DATE OF BIRTH: (19 / 02 / 1985) (DD/MM/YYYY) e) OCCUPATION: (INDOOR / OUTDOOR) f) YEARS OF DRIVING EXPRERIENCE: 16/8/2006 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 b) ROAD SURFACE: (DRY) / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POUCE STATION: 8. THIRD PARTY VEHICLE a) VEHICLE NUMBER: SHO 8840 Z MODEL: (c) NRIC/FIN/PASSPORT: CONTACT: 9. THIRD PARTY VEHICLE d) VEHICLE NUMBER: MODEL:	in at heissmidel	* *	Zulkieli Bin	Mohamed N	or	MALE	/ FEMALE)
"d) DATE OF BIRTH: (19 / 02 / 1985 (DD/MM/YYYY)) e) OCCUPATION: (INDOOR / OUTDOOR) f) YEARS OF DRIVING EXPRERIENCE: 16 / 8 / 2006 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 b) ROAD SURFACE: (DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POUCE STATION: 8. THIRD PARTY VEHICLE a) VEHICLE NUMBER: SHO 8840 Z MODEL: 10 of PRISINAGE C) NRIC/FIN/PASSPORT: CONTACT: 10 of PRISINAGE ADDITION NAME: MODEL:	1 "duding driver)	b)NRIC/FIN	Y/PASSPORT:	8504331E			755 630
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# PRESENGER # OCCUPATION: (INDOOR / OUTDOOR) f) YEARS OF DRIVING EXPRERIENCE: 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 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: b) DRIVER'S NAME: c) NRIC/FIN/PASSPORT: CONTACT: 9. THIRD PARTY VEHICLE d) VEHICLE NUMBER: MODEL: MODEL:		*d)DATE O	F BIRTH: (19 /	02 / 1985	(DD/MM/YY	YY)	,
f) YEARS OF DRIVING EXPRENIENCE: 16/8/2006 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 b) ROAD SURFACE; (DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. a) REPORTED TO POLICE (YES / NO) 1 IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE ON VEHICLE NUMBER: SHOW SHOW IN THIRD PARTY VEHICLE ON THE THIRD PARTY VEHICLE ON				2 / OUTDOOR	- I	8	
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7. a) REPORTED TO POLICE (YESTNO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE a) VEHICLE NUMBER: SHC 8842 Z MODEL: Taxi activations driver) b) DRIVER'S NAME: c) NRIC/FIN/PASSPORT: CONTACT: 9. THIRD PARTY VEHICLE d) VEHICLE NUMBER: MODEL:							
IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE O VEHICLE NUMBER: SHC 8842 Z MODEL: TAXI OCIUMING driver DI DRIVER'S NAME: C) NRIC/FIN/PASSPORT: CONTACT: 9. THIRD PARTY VEHICLE O OF PRESENGER DI VEHICLE NUMBER: MODEL:							
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of passenger of Vehicle NUMBER:	8.						
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DON'EDIS NAME	9.	HIRD PART	Y V EHICLE				
DON'EDIS NAME	to all positions	d) VEHICL	E NUMBER:		MO	DEL:	
naturaling driver) f) NRIC/FIN/PASSPORT:CONTACT:	co of passeriger	al DRIVED	STALL ST				• •
	nduding driver)	f) NRIC/F	IN/PASSPORT:_		co	NTACT:	

CMail = kstteam @ singnet . com . sg

fax =

VIDEO - NO



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, 1989 (MALAYSIA)

M.Z.400

COMPREHENSIVE

COMMERCIAL MOTOR

POLICY EXCESS

REFER TO ITEM 5

CERTIFICATE NO.

GBK7029R

WINDSCREEN EXCESS

S\$100.00

POLICY NO.

999993604

SUM INSURED

MARKET VALUE

INSURING WITH COE/PARF **GBK7029R**

YES

(The below excess is subject to GST)

1) VEHICLE REGISTRATION NO.

2) NAME OF INSURED

KST AUTO RENTAL PTE LTD

3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF

12 April 2021

4) DATE OF EXPIRY OF INSURANCE

11 April 2022

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*

Any person who is driving on the insured's order or with their permission.

551,000.00 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:

- 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

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

ORIGINAL

SSPOEC