	re Services (2001) James				
Date In: 10/02/2022 10:38	Jeb description	Date & Time Cor	npleted	Done	by
Ref No. NA JAIG 22001262 /m4	SAS e-filing				
Veh No GBH 9079 Z	E-mail (within 8tirs, AIC 2hrs)				
D.O.A 09/02/2022 11:52	i-Motor Claim Form				
	i-Motor W/O (Within: OD 2h	rs, TP 4hrs)			
OD (IP) Reporting Only	i-Photo Uploaded	1			
TRI	Assessment/Survey Report	1			
TP Insurer:	Ass't Report by Fax / Hand				
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:		
TP Particulars: Veh No: 6	ABG 1657m . INC ()/Non-INC()		
Owner / Driver: (THE STANDARD	Tel:)	
Policy No: () Po	eriod: (Cover Type: ()	
Confirmed by : (Date:	Timer)	
	[Note-Est. Status (WO): N: 0-2	20%; P: 21-79%.	F: \$0-100%	6]	
——————————————————————————————————————	Warranty: YES () / NO ()			
Excess: (\$) Loading: \$1,	000 () / \$2,000 ()				
General Remarks:-				- 3	
() Walk-In Customer: Customer's info	ormation strictly Confidential & S	trictly NO rafer of a	epairer.		
() Total Loss Case : to e-mail Insur	er URGENTLY.				
Drive-In ()/ Towed-In (); Invoice		Towing Co. ()
The second secon	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Remarks:- (INC horline: 6788 6616)		Date&Time Com	ple*ed	Done	by
Apply for Transport Allowance ()/	Courtesy Car ()				
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2) QC Check / Post Repair Inspection	()				
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SUBMITTED BY: Renee

VERSION: 1 (10/02/2022 10:38 (SGT))



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 witholding 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 Date of Accident

Exact Location of Accident

Additional Location Information

Country/State of Loss

10/02/2022 10:38 (SGT) 09/02/2022 11:52 (SGT)

Clementi Rd, Singapore

TOWARDS UPPER BUKIT TIMAH

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

GBH9079Z

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No

Email Address

Mobile Phone No

Alternative Phone No.

KST AUTO RENTAL PTE LTD

2XXXXX860W

kstteam@singnet.com.sg

(Phone) +65-96355542

+65-92392644

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

your vehicle?

Vehicle Category

Transmission

CC

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

999993603

DRIVER

Name of Driver

NRIC No

GOH KENG LENG (WU QINGLONG) SXXXX628C

Accident report SN09222A0002

Page 1 of 25

Date Of Birth 07/10/1978 Occupation Outdoor Date Of Driving Pass 15/01/1999 Driving experience 23 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-92392644 Alt. Phone Number Email Address kstteam@singnet.com.sg Address BLK 491B TAMPINES AVENUE 9 Address complement #10-400 Postcode 521491 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 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 GBG1657M Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Commercial vehicle Name of Driver RABEL ANCHALO FERNANDEZ Passport No/FIN GXXXX035Q Contact Number (Phone) +65-83716832

Address

Ŗ.

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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 in surance 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
- 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)

Lundersland, 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 posses sed 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;

& Time

- (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.

Policyholder's Signature / Date & Time

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

А

B

Witnessed by Reporting Centre Personnel

Sketch Plan

A= GBH 9079 Z

B = GBG 1657m

Along Clementi Road towards Upper Bukit Timah.

Describe Circumstances of the Accident	0 11 1	
My vehicle was stationary along Clementi Road due to red traffic light. impact from behind and realise It was vehicle B that had accorded onto my rear position of my vehicle.	Suddenly	i felt an
impact from behind and realise It was vehicle B that had was realise	my with	interested bang
onto my rear potion of my vehicle.	0	0

Declaration

I/We declare the foregoing particulars are true in every respect.

* AUTO RENT

Va

10/02/2022

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

D 10/02/22

Witnessed by Reporting Centre Personnel

Policyholder's Signature / Date & Time

ACCIDENT STATEMENT

	ACCIDENT DATE: 09 02 20	22) (DD/MM/YYYY	TIME: 11 . 5	2)/HH·MM)
9.1	OCATION: Along	Clementi Road 7	towards Upper i	Bukit Timah
81	DETAILS OF VEHICLE a) VEHICLE NUMBER:	GBH 9079Z		
	b)INSURANCE COMPANY: c)POUCY NUMBER: 9	99993603	1G	20
	e)MAKE & MODEL: 70	yora Hiace	The manual	7 (2007-
	f)TYPE:(SALOON / COUPE g) VEHICLE CATEGORY: (PR h) PURPOSE OF USING AT A	CCIDENT TIME	ADV MOTORCYCL	利
	IF NO, PLEASE STATE PHIRI 2. INSURED / POLICY HOLDER	ER YOUR OWN INSUF D PARTY CLAIM / RE	PORTING ONLY)	
	A) NAME: KST AUTO b) NRIC/FIN/PASSPORT: 200 c) ADDRESS:	ROUTAL PTE LI 806860W	(MALE / CONTACT:96	FEMALE 35 5542
8 27				+
Allo of beizzon	* CONTINUE TO 3.d IF DRIVE			* .
(1) adulting diriv	b) NRIC/FIN/PASSPORT: S C) ADDRESS: BIK 4918 7	78296286		728 7/44
×	*d)DATE OF BIRTH: (07) /			
15	f) YEARS OF DRIVING EXPRER	ENCE 15/01	/1999	
	 WAS DRIVER AN EMPLOYE 	FOF THE INCLINE	מיל בטאומאאמים ו	YES (NO)
3	IF NO, RELATIONSHIP OF	FART RAINING / OT	INSURED:	intal
	DINUMU SUKFACET (DRY DW	ET / OTHERS	· · ·	
3	WAS ANYBODY INJURED (YES	NOI		
	IF YES, PLEASE STATE WHICH	POLICE STATION:		
He of passenger	a) VEHICLE NUMBER.	G KEIM		
Including driver	b) DRIVER'S NAME: Rabel	Anchalo Femande	MODEL: Conner	Jeh.
(_) 9.	b) DRIVER'S NAME: Rabel c) NRIC/FIN/PASSPORT: G THIRD PARTY VEHICLE	72480350	CONTACT: 83	71 6832
No of passenger	d) VEHICLE NUMBER:		MODEL:	
Including driver	e) DRIVER'S NAME:			
()	f) DRIVER'S NAME:		_CONTACT: <u>:</u>	
· · · · ·		¥		
	38	•		il .

email = kstteam @ singnet.com.sg

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.

GBH9079Z

WINDSCREEN EXCESS

KST AUTO RENTAL PTE LTD

S\$100.00

999993603

SUM INSURED

MARKET VALUE

INSURING WITH COE/PARF

GBH9079Z

YES

2) NAME OF INSURED

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

THE ACT

12 April 2021 11 April 2022

4) DATE OF EXPIRY OF INSURANCE

1) VEHICLE REGISTRATION NO.

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*

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

\$\$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*

- 1) Use for social, domestic, pleasure purposes and business purposes of insured
- Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.
- 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