

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 23/05/2022	Job description	Date & Time Completed	Done by
Ref No: NA / AIG 2200 4848 / m4	SAS e-filing		
Veh No: G8F 9833 Z	E-mail (within 8hrs. AIC 2hrs)		
D.O.A: 21/05/2022 16:40	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: UNKNOWN (Lorry)	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%; F: 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

NA 2201398	Invoice Preparation Checklist		Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);			
	2) DA : Damage Assessment (\$100); INC (\$80)			
Driver/Owner:	3) TF : Towing Fee \$40/\$45			
	4) FT : Follow-Through Survey \$120			
Contact No:	5) FT : Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
Damaged Portion:	6) TR : Re-inspection \$75			
	7) N1 : Idac DA + SMRT Survey \$160			
QC Checked by (Engr-In-Charge):	8) NTUC Additional Services:-			
	OD*			
Auditors' Comments :-	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
Cat. 1:	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
Cat. 2 / 3:	TP (N11) : TP (Non INC) against INC \$20			
	9) N12: Idac Mobile 30			
	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	23/05/2022 18:42 (SGT)
Date of Accident	21/05/2022 16:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TANJONG KATONG ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF9833Z
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	KST AUTO RENTAL PTE. LTD.
Company Reg No	2XXXXX860W
Email Address	kstteam@singnet.com.sg
Mobile Phone No	(Phone) +65-96355542
Alternative Phone No	+65-96355542

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	1220003435
Cover Note Number	-

DRIVER

Name of Driver	KARUPPAIAH MURUGAN
Passport No/FIN	GXXXX378P

Date Of Birth	15/06/1988
Occupation	Outdoor
Date Of Driving Pass	05/11/2021
Driving experience	6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86512984
Alt. Phone Number	-
Email Address	kstteam@singnet.com.sg
Address	2 FAN YOONG ROAD
Address complement	#C3-03
Postcode	629780
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	BORROWING FROM FRIEND (FRIEND IS AN EMPLOYEE OF THE INSURED'S COMPANY)
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 vehicle 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?	Yes
Police Station Name	Clementi Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18007759999
Alt. Police Station Phone No	(Fax) +65-67764246
Police Station Address	Blk 427 Clementi Avenue 3 #01-456 Singapore 120427
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT : T/20220521/2078.

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	UNKNOWN
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	LORRY
No. Of Passenger (Including Driver)	3

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	BARRICADE GANTRY
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.**
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, 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

K.A.

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

R 23/05/2022

Witnessed by Reporting Centre Personnel

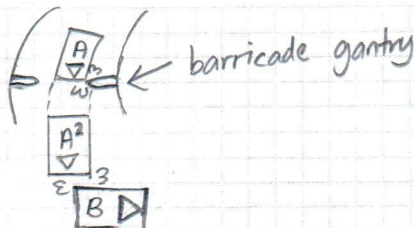
Sketch Plan

A = GBF 9833Z

B = unknown

C = Barricade gantry

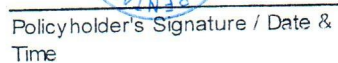
Tanjong Katong Road.



Describe Circumstances of the Accident

— Please refer to the police report : T/20220521/2078. —

We declare the foregoing particulars are true in every respect.



KAD

R 23/05/2022



SINGAPORE POLICE FORCE



T/20220521/2078

Police Station Of Origin:
Clementi NPP
427 Clementi Avenue 3 #01-456
SINGAPORE 120427
Tel No: 1800-7759999

1 of 3

Report No. T/20220521/2078

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/05/2022 21:03	Vide Report No.: G/20220521/0162	Station Diary No.: 16
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Informant's Particulars

Name of Informant: KARUPPAIAH MURUGAN			Address: 2 FAN YOONG ROAD #C3-03 SINGAPORE 629780	
ID Type / ID No.: FIN NO / G6865378P			Contact No.: Home/Office: Mobile: 86512984	
Nationality: INDIAN			Email:	
Sex: Male	Age: 33	Date of Birth: 15/06/1988	Type of Informant: Driver	
Race: Indian			Language: English	Institution / School Name:
Occupation: Construction worker			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/05/2022 16:40	Type of Location: Straight Road
Location: TANJONG KATONG ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF9833Z	Lorry				Slightly Damaged	0
	Lorry				Slightly Damaged	2

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20220521/2078

Police Station Of Origin:
Clementi NPP
427 Clementi Avenue 3 #01-456
SINGAPORE 120427
Tel No: 1800-7759999

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Report No. T/20220521/2078

CONTINUATION OF REPORT

Driver			
Name	KARUPPAIAH MURUGAN	ID No.	G6865378P
Related Vehicle	GBF9833Z (Lorry)	Contact No.	86512984
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 21/5/2022 I borrowed a lorry GBF9833Z from my friend for my personal usage as I wanted to go to Kinex Mall. The lorry belong's to my friend's company as he is working as a driver in the said company. At about 4.40pm, I was driving the lorry and exiting. I was from the basement and going upwards on a slope and in front of me was the barricade gantry.

I was not able to have a proper control of my accelerator and drove through the barricade gantry. My lorry also moved forward to hit a lorry, on the left side, that was driving pass the exit on the main road of Tanjong Katong Rd.

Both police and ambulance came to the accident scene.

There were 3 people inside the other lorry, one driver and two other passenger. All four of us were check by the paramedic but nobody was conveyed to hospital. Both my lorry and the other lorry were damaged. There is a camera inside my lorry and the police thad taken SD memory card. The police also told me to make a police report regarding the accident.

In my panic and confuse state, I did not take down the other lorry registration number and particulars of the other driver.

The front portion of my lorry was damage while the other lorry was damage on the left side.



**SINGAPORE
POLICE FORCE**



T/20220521/2078

Police Station Of Origin:
Clementi NPP
427 Clementi Avenue 3 #01-456
SINGAPORE 120427
Tel No: 1800-7759999

3 of 3

Report No. T/20220521/2078

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature of Officer Recording The Report:

D /

SI SUHAIMI BIN NGAPI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

21/05/2022 21:03

Officer In Charge Of Case:

TP / GIT /

SR STAFF SGT ABDUL RAHIM BIN SALIM

Contact No.: 65476433

Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: (21 / 05 / 22) (DD/MM/YYYY), TIME: (16 : 40) (HH:MM)

LOCATION: Tanjong Katong Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GTF98337
 b) INSURANCE COMPANY: AIG
 c) POLICY NUMBER: 1220003435
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: MANUAL Toyota Dyna AUTO (MANUAL) (2982cc)
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: 16:40 PM private use
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: KST Auto Rental Pte Ltd. (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 200806860W CONTACT: 9635 5542 (Wandy)
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Karuppaiah Murugan (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: G686528P CONTACT: 86512984
 c) ADDRESS: 2 Tanjong Road, C3-#03
Singapore 629780

*d) DATE OF BIRTH: (15 / 06 / 1988) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 05/11/2021

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: borrowing (friend is the employee)

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: Clementi NPP, 427 Clementi Ave-3 #01-456
Singapore-120427

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: unknown MODEL: lorry
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: unknown (barricade gantry) MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
 (including driver)
(1)

* No of passenger
 (including driver)
(3)

* No of passenger
 (including driver)
()

Email = kstteam@singnet.com.sg

fax = NO.

VIDEO =



CERTIFICATE OF INSURANCE

COMMERCIAL AUTO THIRD PARTY ONLY

Name of Individual Policyholder : KST AUTO RENTAL PTE. LTD.

Master Policy No./Policy No. : 0999993602-01 / 1220003435

Period of Insurance : 12 Apr 2022 To 11 Apr 2023

Engine No. : 1KD2699558

Chassis No. : JTFAT35Y40K208003

Vehicle No. : GBF9833Z

Endorsement No. :

Issued Date : 06 May 2022 09:48

ABOUT THE COVER

Make/Model : TOYOTA DYNA 150 1.8 ton [Lorry]

Engine Capacity/Tonnage : 1.72 Tonnage

Sum Insured : NA

First Year of Registration : 2017

Driver Restriction : NA

Off Peak Car : No

Insuring with COE/PAF : NA

Person or Classes of Persons Entitled to Drive* :

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

This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

Age Condition : Driver Restriction applies-Refer to T&C

Mileage Condition :

Limitation as to use* :

Use for social, domestic, pleasure purposes and business purposes of the Policyholders

Use for social, domestic, pleasure purposes and business purposes of any person to whom the Vehicle is hired.

Use for the carriage of passengers or goods (other than for reward) by any person to whom the Vehicle is hired.

This Policy does not cover

1) use for driving tuition, driving test, racing, pace-making, reliability trial or speed-testing;

2) use whilst drawing a trailer

3) use for the towing of any one disabled mechanically propelled vehicle;

4) use for the carriage of passengers for hire or reward by any person to whom the Vehicle is hired; and

5) use for any purpose in connection with Motor Trade.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

EXCESS

Section 1

Section 2

Property Damage - \$1000

Windscreen : NA

Named Driver and Excess (where applicable)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

For Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website www.aig.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Endt 140 applies:

Authorised Driver has to be at least 21 years old to 70 years old with minimum 1 year driving experience.

This applicable for commercial vehicle where vehicle tonnage fall below 3 tons.

Hire Purchase Company/Employer's Loan: NA

I/We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles(Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0155005000

KOH TONG POH

AIG BUILDING, 78 SHENTON WAY #01-K1 GEM ROOM

SINGAPORE 079120

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.