

NATIONAL Assessment Centre Services

| | | | |
|----------------------------|------------------------------------------|-----------------------|---------|
| Date In: 09/06/22 | Job description | Date & Time Completed | Done by |
| Ref No: NA/AIG/22005477/13 | SAS e-filing | | |
| Veh No: BW52452 | E-mail (w/Intr. 8hrs; AIC 2hrs) | | |
| D.O.A: 08/06/22 1110 | i-Motor Claim Form | | |
| OD: TP (Reporting Only) | i-Motor W/O (Within: OD 2hrs; TP 4hrs) | | |
| TP Insurer: | i-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Wksp | | |

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: SMA785M INC () / Non-INC () Tel: ()

Owner / Driver: ()

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:- | Date & Time Completed | Done by |
|---------------------------------------------------------|-----------------------|---------|
| (INC hotline: 6788 6616) | | |
| 1) Apply for Transport Allowance () / Courtesy Car () | | |
| 2) QC Check / Post Repair Inspection () | | |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] () | | |

Injury: _____

| Date/Time | Actions |
|-----------|---------|
| | |
| | |
| | |
| | |

| Claimant's Particulars :- | Invoice Preparation Checklist | |
|---------------------------------|-------------------------------------------------|----------------------|
| | Ant (\$) 1st Bill | Ant (\$) Add Bill |
| NA 2201614 | | |
| Driver/Owner: | 1) AR: Accident Reporting (\$30); | |
| Contact No: | 2) DA: Damage Assessment (\$100); INC (\$80) | |
| Damaged Portion: | 3) TF: Towing Fee \$40/\$45 | |
| QC Checked by (Engr-In-Charge): | 4) FT: Follow-Through Survey \$120 | |
| Auditors' Comments :- | 5) FT: Follow-Through Survey (Resurvey) \$30 | |
| Cat 1: | For claiming against INC Only (wef 10 Jan 2005) | |
| Cat 2/3: | 6) TR: Re-inspection \$75 | |
| | 7) N1: Idac DA + SMRT Survey \$160 | |
| | 8) NTUC Additional Services:- | |
| | OD: | |
| | *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 (Non INC) against INC \$20 | |
| | 9) N12: Idac Mobile 30 | |
| | 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 09/06/2022 09:12 (SGT)
Date of Accident 08/06/2022 11:10 (SGT)
Exact Location of Accident Singapore
Additional Location Information CTE TWDS PIE(CHANGI)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GW5245Z

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 Liteace
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 Auto
CC 2184

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 0999993602-01/1220003459
Cover Note Number -

DRIVER

Name of Driver SEKAR AATHI
Passport No/FIN GXXXX625N

| | |
|--------------------------------------------------------------|--------------------------|
| Date Of Birth | 21/11/1990 |
| Occupation | Outdoor |
| Date Of Driving Pass | 01/12/2021 |
| Driving experience | 6 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-89217389 |
| Alt. Phone Number | - |
| Email Address | kstteam@singnet.com.sg |
| Address | 21A TANAH MERAH COAST RD |
| Address complement | #02-01 |
| Postcode | 498712 |
| 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 | 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? | 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 | SMA7885H |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | DIONG DIONG EE |
| Passport No/FIN | GXXXX023M |
| 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 willful 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' 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.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

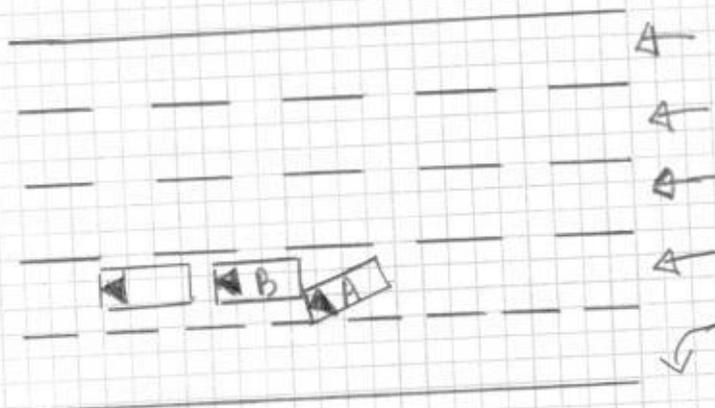
Sketch Plan

G. Loo! 08/JUN/2022
CTE TWAS PIE (CHANGI)

Sym 09/06/22

A-GW5245Z

B-SMA7885H



Describe Circumstances of the Accident

I was travelling straight along CTE towards PIE (CHANNAI)
on the 4th lane of 45-lanes road. While I'm looking
at my rear view mirror, suddenly in front of my veh
stop. I swerved my veh to the left to avoid collision
but my front right portion grazed onto veh B rear
left side portion of veh B.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time

G. Anitha: 08/508/2022
Driver's Signature (If driver is not the policyholder) / Date
& Time

Slym 09/06/22
Witnessed by Reporting Centre
Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (08/06/22) (DD/MM/YYYY), TIME: (11:10) (HH:MM)

LOCATION: CTE TWA3 AIE (CHANGLI)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GW52452
b) INSURANCE COMPANY: AIG
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____ (AUTO / MANUAL)
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
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: _____ CONTACT: 96255542
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: SEKAR AATHI (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: G6536625N CONTACT: 89217389
c) ADDRESS: JIA TANAH MERAH COAST RD
02-01 (498712)

*d) DATE OF BIRTH: (21/11/1990) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 01/12/2021

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

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: SMA7885H MODEL: _____
b) DRIVER'S NAME: DIONG DIONG EE
c) NRIC/FIN/PASSPORT: G2929023M CONTACT: _____

9. THIRD PARTY VEHICLE

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

*No of passenger
(Including driver)
(1)

*No of passenger
(Including driver)
()

*No of passenger
(Including driver)
()

email = kstteam@singnet.com.sg

fax =

VIDEO = no



CERTIFICATE OF INSURANCE

COMMERCIAL AUTO THIRD PARTY ONLY

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

Master Policy No./Policy No. : 0999993602-01 / 1220003459

Period of Insurance : 12 Apr 2022 To 11 Apr 2023

Engine No. : 3C3976467

Chassis No. : CR425006130

Vehicle No. : GW5245Z

Endorsement No. :

Issued Date : 06 May 2022 09:48

ABOUT THE COVER

Make/Model : TOYOTA LITEACE 5DR AUTO

Engine Capacity/Tonnage : 0.95 Tonnage Sum Insured : NA

Driver Restriction : NA Off Peak Car : No

First Year of Registration : 2003

Insuring with COE/PARF : 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.

SSPSSX

10 Sin Ming Drive Singapore 575701
Tel: 1800-CALL LTA (1800-2255 582) Fax: (65) 6553 5329

23 Aug 2008

Our ref 2308080501N002193794

KST AUTO RENTAL PTE. LTD.
3021A UBI ROAD 1
#01-42
SINGAPORE 408715

000989



Dear Sir/Madam

NOTIFICATION ON TRANSFER OF OWNERSHIP FOR VEHICLE NO. GW5245Z

We are pleased to inform you that your application for the transfer of ownership of the above-mentioned vehicle has been approved. You are the current registered owner of the vehicle as at 23 Aug 2008.

2. The owner particulars are as follows:

| | | |
|----|-------------------------|-----------------------------|
| 1. | Name | : KST AUTO RENTAL PTE. LTD. |
| 2. | Identification No. Type | : Company |
| 3. | Identification No. | : 200806860W |
| 4. | Place Of Passport Issue | : - |

3. The information pertaining to your vehicle is as follows:

| | | |
|-----|--------------------------------------|-------------------------------------------------|
| 1. | Vehicle No. | : GW5245Z |
| 2. | Previous Vehicle No. | : - |
| 3. | Effective Date of Ownership | : 23 Aug 2008 |
| 4. | Original Registration Date | : 30 Jul 2003 |
| 5. | First Registration Date | : 30 Jul 2003 |
| 6. | Vehicle Type | : A50 - Goods (Closed) Van/Van Panel (Delivery) |
| 7. | Vehicle Scheme | : Normal |
| 8. | Attachment 1 | : No Attachment |
| 9. | Attachment 2 | : - |
| 10. | Attachment 3 | : - |
| 11. | Vehicle Make | : TOYOTA |
| 12. | Vehicle Model | : LITEACE 5DR |
| 13. | Year of Manufacture | : 2003 |
| 14. | Primary Colour | : White |
| 15. | Secondary Colour | : - |
| 16. | Passenger Capacity | : 1 |
| 17. | Chassis/Trailer Chassis No. | : CR425006130 / - |
| 18. | Propellant | : Diesel |
| 19. | Engine No./Motor No. | : 3C3976467 / - |
| 20. | Engine Capacity(cc)/Power Rating(kw) | : 2184 / - |
| 21. | Unladen Weight(kg) | : 1280 |
| 22. | Maximum Laden Weight(kg) | : 2230 |
| 23. | Open Market Value | : \$18,697.00 |
| 24. | PARF Eligibility | : No |

| | | |
|-----|----------------------------------------|---------------------------------------------------------------------------------|
| 25. | PARF Eligibility Expiry Date | : - |
| 26. | Minimum PARF Benefit | : \$0.00 |
| 27. | No. of Transfers | : 1 |
| 28. | IU Label No. | : 1041842138 |
| 29. | COE No. | : 2003070105000759K |
| 30. | COE Expiry Date | : 29 Jul 2013 |
| 31. | COE Category | : C - Goods Vehicle & Bus |
| 32. | Quota Premium/Prevailing Quota Premium | : \$11,301.00 / - |
| 33. | Actual Quota Premium/PQP Paid | : \$11,301.00 |
| 34. | Actual ARF Paid | : \$935.00 |
| 35. | Vehicle Lifespan Expiry Date | : 29 Jul 2023 |
| 36. | Remarks | : To renew the COE, the Prevailing Quota Premium payable is that of Category C. |

4. You may use your NRIC number and SingPass or User ID and Password (for non-Singaporeans/PRs) to login to <http://www.onemotoring.com.sg> and see the details of the above transaction. For ACRA-registered businesses and companies with EASY accounts, your authorised staff may also access the wide range of vehicle-related services via <http://www.onemotoring.com.sg> using EASY. If you do not have an EASY account, you can apply for it at <http://www.iras.gov.sg>. For non-Singaporeans/PRs who do not have a User Password, please contact us at 1800-CALL LTA (1800-2255 582) to request for a new password. Please note that a separate Transaction PIN is required for the following transactions via the Internet or at our Electronic Service Agents. Before you perform these transactions, please request for your Transaction PIN and the documents needed (such as Board Resolution for companies and businesses, etc) via <http://www.onemotoring.com.sg> > **LTA Information & Guidelines > Transaction PIN & User Account.**

- a. Vehicle PIN - Transfer of Ownership and De-registration of Vehicle
- b. TCOE PIN - Transfer of TCOE (For Category C and E COE bid under individual)
- c. Rebate PIN - Transfer and Splitting of PARF/COE Rebate

5. Please contact our customer service officers at tel: 1800-CALL LTA (1800-2255 582) should you require further assistance.

6. Thank you.

Yours sincerely

NG LAY CHOO (MS)
 DEPUTY DIRECTOR, VRL SERVICE OPERATIONS
 VEHICLE & TRANSIT LICENSING GROUP
 LAND TRANSPORT AUTHORITY

(This is a computer-generated notice that requires no signature.)