

# NATIONAL Assessment Centre Services

Date In: <b>15/06/22</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/ATN22005655/r3</b>	SAS e-filing		
Veh No: <b>G8A 24365</b>	E-mail (within 8hrs. AIC 2hrs)		
D.O.A: <b>11/06/22</b>	i-Motor Claim Form		
OD: <b>TP</b> 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: <b>SmQ 3190X</b>	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

<b>NA2201651</b>	<b>Invoice Preparation Checklist</b>	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) iT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
QC Checked by (Engr-In-Charge):	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		
Auditors' Comments:-	Invoice dated	Fee Charged	
Cat. 1:	Invoice dated	Fee Charged	
Cat. 2 / 3:			



## 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 ..... 15/06/2022 09:13 (SGT)  
Date of Accident ..... 11/06/2022 12:00 (SGT)  
Exact Location of Accident ..... 101 Upper Cross St, Singapore 058357  
Additional Location Information ..... PEOPLE PARK CENTRE CARPARK @LEVEL 7  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBA2436J

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... KST LEASING & SERVICING  
Company Reg No ..... 4XXXX700W  
Email Address ..... KSTTEAM@SINGNET.COM.SG  
Mobile Phone No ..... (Phone) +65-96355542  
Alternative Phone No ..... +65-96355542

#### 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 - Claiming third party  
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 ..... 1220003419  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... RASU SEKAR  
NRIC No ..... GXXXX274X



Date Of Birth	09/04/1988
Occupation	Outdoor
Date Of Driving Pass	10/07/2018
Driving experience	3 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91362143
Alt. Phone Number	-
Email Address	KSTTEAM@SINGNET.COM.SG
Address	23 KAKI BUKIT RD LEO DORMITORY #03-03
Address complement	-
Postcode	415812
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	Collided into Parked Vehicle
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

#### REFER TO REPORT

#### 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	SMQ3190X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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 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' 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

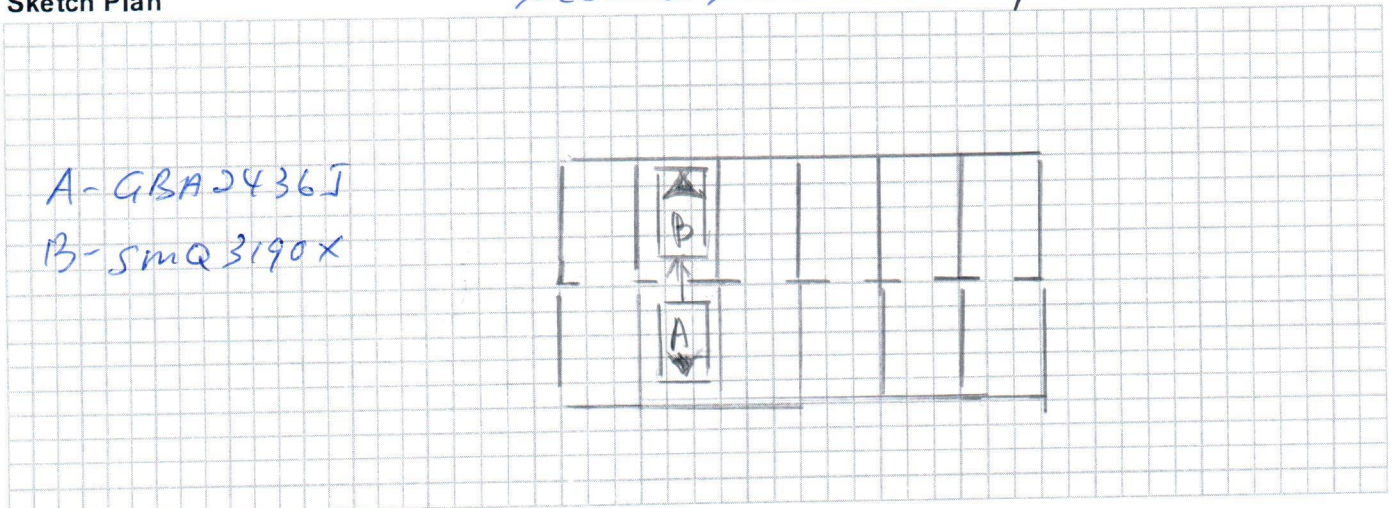
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

### **Sketch Plan**

DEODCE'S PARK CENTER

CARPARK LVL 7



**Describe Circumstances of the Accident**

I was reversing my veh inside the parking lot at People's Park Center. While reversing my veh hit onto the rear portion of veh B.

**Declaration**

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

R. Sanyal 14/06/2022  
Driver's Signature (If driver is not the policyholder) / Date & Time

15/06/22  
Witnessed by Reporting Centre Personnel



# ACCIDENT STATEMENT

ACCIDENT DATE: (11 / 06 / 22) (DD/MM/YYYY), TIME: (12 : 00) (HH:MM)

LOCATION: PEOPLE PARK CENTER CARPARK A LVL 7

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBA2436J  
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 LEASING & SERVICING (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 96355542  
c) ADDRESS: \_\_\_\_\_

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

## DRIVER

- a) NAME: RASU SECAR (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: G6599274X CONTACT: 9369 91362143  
c) ADDRESS: #03-03 (415812) 403 KARU BUKIT RD BOT LEO SOKMITORY

\*d) DATE OF BIRTH: (09 / 04 / 1988) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 10/07/2018

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO) NO

7. a) REPORTED TO POLICE (YES / NO) NO

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: 8MQ3190X 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 = kstteam@singnet.com.sg

Fax = \_\_\_\_\_

VIDEO = N/A





# CERTIFICATE OF INSURANCE

## COMMERCIAL AUTO THIRD PARTY ONLY

Name of Individual Policyholder : KST LEASING & SERVICING

Master Policy No./Policy No. : 0999993601-01 / 1220003419

Period of Insurance : 12 Apr 2022 To 11 Apr 2023

Engine No. : 1KD1617727

Chassis No. : JTFHT02P500003424

Vehicle No. : GBA2436J

Endorsement No. :

Issued Date : 06 May 2022 09:44

### ABOUT THE COVER

Make/Model : TOYOTA HIACE VAN 1 ton [Van]

Engine Capacity/Tonnage : 0.98 Tonnage

Driver Restriction : NA

Sum Insured : NA

Off Peak Car : No

First Year of Registration : 2007

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

Limitation as to use\* :

Mileage Condition :

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](http://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 under 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.

SSCAN4



10 Sin Ming Drive Singapore 575701  
Tel: 300-CALL LTA (1800-2255 582) Fax: (65) 6553 5329

25 Apr 2007

Our ref 2504070101N004143724

KST LEASING & SERVICING  
3021A UBI ROAD 1  
#01-42  
SINGAPORE 408715

000049/1



Dear Sir/Madam

**NOTIFICATION ON REGISTRATION OF VEHICLE AND ROAD TAX**

We wish to inform you that you have successfully registered vehicle GBA2436J on 25 Apr 2007. The details of the registration are as follows:

**A) Owner Particulars**

- |    |                         |  |
|----|-------------------------|--|
| 1. | Name                    | : KST LEASING & SERVICING                        |
| 2. | Identification No. Type | : Business                                       |
| 3. | Identification No.      | : 49392700W                                      |
| 4. | Place Of Passport Issue | : -  |
| 5. | Registered Address      | : 3021A UBI ROAD 1<br>#01-42<br>SINGAPORE 408715 |
| 6. | Mailing Address         | : -  |

**B) Vehicle Particulars**

- |     |                                      |  |
|-----|--------------------------------------|--|
| 1.  | Vehicle No.                          | : GBA2436J   |
| 2.  | Previous Vehicle No.                 | : -  |
| 3.  | Effective Date of Ownership          | : 25 Apr 2007                                      |
| 4.  | Original Registration Date           | : 25 Apr 2007                                      |
| 5.  | First Registration Date              | : 25 Apr 2007                                      |
| 6.  | Vehicle Type                         | : A50 - Goods (Closed) Van/Van Panel<br>(Delivery) |
| 7.  | Vehicle Scheme                       | : Normal   |
| 8.  | Attachment 1                         | : No Attachment                                    |
| 9.  | Attachment 2                         | : -  |
| 10. | Attachment 3                         | : -  |
| 11. | Vehicle Make                         | : TOYOTA   |
| 12. | Vehicle Model                        | : HIACE MANUAL                                     |
| 13. | Year of Manufacture                  | : 2007   |
| 14. | Primary Colour                       | : White  |
| 15. | Secondary Colour                     | : -  |
| 16. | Passenger Capacity                   | : 2  |
| 17. | Chassis/Trailer Chassis No.          | : JTFHT02P500003424 / -                            |
| 18. | Propellant                           | : Diesel   |
| 19. | Engine No./Motor No.                 | : 1KD1617727 / -                                   |
| 20. | Engine Capacity(cc)/Power Rating(kw) | : 2982 / -   |
| 21. | Unladen Weight(kg)                   | : 1820   |

22.	Maximum Laden Weight(kg)	: 2800
23.	Open Market Value	: \$24,590.00
24.	PARF Eligibility	: No
25.	PARF Eligibility Expiry Date	: -
26.	Minimum PARF Benefit	: \$0.00
27.	No. of Transfers	: 0
28.	IU Label No.	: -
29.	COE No.	: 2007030105000066H
30.	COE Expiry Date	: 24 Apr 2017
31.	COE Category	: C - Goods Vehicle & Bus
32.	Quota Premium/Prevailing Quota Premium	: \$1.00
33.	Actual Quota Premium/PQP Paid	: \$1.00
34.	Actual ARF Paid	: \$0.00
35.	Vehicle Lifespan Expiry Date	: 24 Apr 2027
36.	Road Tax Amount	: \$250.00
37.	Road Tax Start Date	: 25 Apr 2007
38.	Road Tax End Date	: 24 Oct 2007
39.	Remarks	: This vehicle requires side marking. To renew the COE, the Prevailing Quota Premium payable is that of Category C.

2. Enclosed is the validated road tax disc for your use.

3. You may use your NRIC 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 non-Singaporeans/PRs who do not have a User Password, please visit our office at 10 Sin Ming Drive, Singapore 575701, Vehicle Registration & Licensing Division to request for one. 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. You may find out more information on how to obtain your Transaction PIN 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