

NATIONAL Assessment Centre Services

Date In: 27/07/22	Job description	Date & Time Completed	Done by
Ref No: NA/A1620007163/13	SAS e-filing		
Veh No: G8F35274	E-mail (within 3 days, AP 2hrs)		
D.O.A: 12/07/22	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: 50L94T	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

Claimant's Particulars :-	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	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 (N-n 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	27/07/2022 17:05 (SGT)
Reported by	Driver
Date of Accident	12/07/2022 14:30 (SGT)
Exact Location of Accident	16 Shan Rd, Singapore 328107
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF3527Y
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	-

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 - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	0999993602-01/1220003499

DRIVER

Name of Driver	NASIR BIN ALI
NRIC No	SXXXX691E
Date Of Birth	11/12/1955
Occupation	Outdoor

Date Of Driving Pass	20/07/1981
Driving experience	41 YEARS
Gender	Male
Mobile Number	(Phone) +65-90690469
Alt. Phone Number	-
Email Address	kstteam@singnet.com.sg
Address	BLK 818A CCK AVE 1
Address complement	#06-100
Postcode	680818
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	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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Woodlands Division Headquarters
Police Station Phone No	(Phone) +65-18004660000
Police Station Address	1 Woodlands St 12 Singapore 738622
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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDL94T
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

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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.
 - (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.



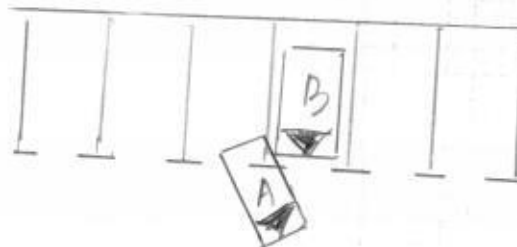
Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel

16 SHAN RD



A - GBF35274

B - SDL94T

Describe Circumstances of the Accident

Pls refer to the police report: L/20220713/7029

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature] 27/7/22

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

[Signature] 27/07/22

Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



L/20220713/7029

1 of 2

Report No. L/20220713/7029

POLICE REPORT (NP299)

Police Station Of Origin
Woodlands Division HQ
1 Woodlands Street 12 SINGAPORE 738622
Tel No:1800-4660000

Date/Time Report Made 13/07/2022 15:20	Vide Report No.	Station Diary No.
Name Of Informant NASIR BIN ALI	Address 818A CHOA CHU KANG AVENUE 1 #06-100 SINGAPORE 681818	
ID Type / ID No. NRIC NO / S1216691E	Contact No. Home/Office:	Mobile: 90690469
Nationality SINGAPORE CITIZEN	Email Address nashali1955@gmail.com	
Occupation delivery driver	Sex Male	Age 66
Institution/School Name	Date of Birth 11/12/1955	Race Malay
Date/Time Of Incident 12/07/2022 14:30	Language English	
Brief details.	Location Of Incident 16 SHAN ROAD PINNACLE 16 SINGAPORE 328107	

On the above mention date and time , i was delivering item to customer house at the said location.After delivering i drove my vehicle (GBF3527Y) out from car park .As i was turning left ,i accidentally hit onto the car SDL94T which was park on my left side.The impact then cause the car to have a dent at the front right bumper and damages on the right front light.No goverment property was damage and no one was injured during the accident.

The vehicle owner was not at the place hence i called the security to come and asked him to provide my

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 13/07/2022 15:20
Officer In-Charge Of Case:	Classification Of Case:

This report is lodged at Yishun North NPC Kiosk 1



SINGAPORE POLICE FORCE

POLICE REPORT (NP299)

CONTINUATION OF REPORT



L/20220713/7029

2 of 2

Report No. L/20220713/7029

phone number to the vehicle owner.

On the same day at around 1728hrs the vehicle owner then contact me .We then agree to settle this through insurance. Therefor i am making this report for insurance purposes .

Subjects Involved			
Victim			
Person Name	NASIR BIN ALI		
ID Type	NRIC NO		
Gender	Male	ID No	S1216691E
Race	Malay	Age	66
Occupation	delivery driver	Language	English
		Address	818A CHOA CHU KANG AVENUE 1 #06-100 SINGAPORE 681818
Mobile No	90690469	Is Informant A Victim?	Yes
Person Name	NASIR BIN ALI (Informant)		

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this
report has been authenticated by Singpass.
No signature is required.

Date/Time:
13/07/2022 15:20

Classification Of Case:

This report is lodged at Yishun North NPC Kiosk 1

ACCIDENT STATEMENT

ACCIDENT DATE: (12/07/22) (DD/MM/YYYY), TIME: (14:30) (HH:MM)

LOCATION: 16 SHAN RD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBF35274
b) INSURANCE COMPANY: AIG
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: TOYOTA VIACE, manual / 2982
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: 200806860W CONTACT: 96255542
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: NASIR BIN ALI (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1216691E CONTACT: 90690469
c) ADDRESS: BLK 818A CCK AVE 1
#06-100 (681818)

* d) DATE OF BIRTH: (11/12/1955) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 20/07/1981

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

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) WOODLANDS DIV
IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SDL94T 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: 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 / 1220003499

Period of Insurance : 12 Apr 2022 To 11 Apr 2023

Engine No. : 1KD2635935

Chassis No. : JTFHT02P800202046

Vehicle No. : GBF3527Y

Endorsement No. :

Issued Date : 06 May 2022 09:48

ABOUT THE COVER

Make/Model : TOYOTA HIACE [Van]

Engine Capacity/Tonnage : 1.06 Tonnage

Driver Restriction : NA

Sum Insured : NA

Off Peak Car : No

First Year of Registration : 2016

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 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.

SSP55X