

NATIONAL Assessment Centre Services

Date In <u>09/12/2022</u>	Job description	Date & Time Completed	Done by
Ref No <u>NA/1622012333/r3</u>	SAS e-filing		
Veh No <u>GBF3050E</u>	E-mail (within 2hrs. A/C 2hrs)		
D O A <u>14/11/2022 1030</u>	i-Motor Claim Form		
OD / TP / <u>Reporting Only</u>	i-Motor W/O (Within: QD 2hrs. TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: <u>G-BIKE</u>	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 2203414	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		1st Bill	Add Bil
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TP: Towing Fee \$40/\$45			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	5) iT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:-	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:-			
	OT:			
	*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			
Call 1:	Invoice dated	Fee Charged		
Call 2/3:	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 Actual 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	09/12/2022 14:32 (SGT)
Reported by	Driver
Date of Accident	14/11/2022 10:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SENGKANG WEST AVENUE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF3050E
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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) +65-67415520
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

DRIVER

Name of Driver	ARUNACHALAM SURESH
NRIC No	GXXXX922X
Date Of Birth	02/07/1983
Occupation	Outdoor

Date Of Driving Pass	03/07/2009
Driving experience	13 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85221760
Alt. Phone Number	-
Email Address	kstteam@singnet.com.sg
Address	BLOK 88 WOODLANDS DRIVE 50
Address complement	# 02-517
Postcode	731886
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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 - Opening Door of 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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
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	-

PASSENGER 1

Name	SHANMUGA VADIVEL MUTHUKUMAR
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bukit Panjang Neighbourhood Police Centre
Police Station Address	No.1 Segar Road #01-05 Singapore 677738
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE POLICE REPORT

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	UNKNOWN
Vehicle Manufacturer	Electric Bicycle

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	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MUHAMMAD BISMIL REZQITA BIN ABDUL RAUB
Gender	Male
Phone No	(Phone) +65-87937176
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	HE WAS HIT BY THE DOOR AND FELL.
Injured person in which vehicle?	UNKNOWN
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

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 Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

Sengkang West Avenue



Describe Circumstance of the Accident

— Please refer to the Police Report — J/2022/1114/2136

Declaration

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



Policyholder's Signature / Date & Time

[Signature] 9/12/22
Actual Driver's Signature (if driver is not the policyholder)
/ Date & Time

[Signature] 09/12/2022
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



POLICE REPORT (NP299)

Report No. J/20221114/2136

Police Station Of Origin
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

Date/Time Report Made 14/11/2022 23:47	Vide Report No.	Station Diary No. 93		
Name Of Informant SHANMUGA VADIVEL MUTHUKUMAR	Address 11A TANAH MERAH COAST ROAD SINGAPORE 498718			
ID Type / ID No. FIN NO / G2388192L	Contact No. Home/Office	Mobile 82609903		
Nationality INDIAN	Email Address			
Occupation CONSTRUCTION WORKER	Sex Male	Age 29	Date of Birth 22/04/1993	Race Indian
Institution/School Name	Language			
Date/Time Of Incident 14/11/2022 10:30 - 14/11/2022 10:30	Location Of Incident SENGKANG WEST AVENUE SINGAPORE Near to block 443A HDB Fernvale Vista			

Brief details.

On 14/11/2022 at about 1030hrs, my supervisor (Arunachalam Suresh G6058922X Hp:85221760) parked the van at a Junction located at SengKang West Ave near Fernvale Road because at that point of time it was a red light. My wallet was protruding out from my Jeans, and I did not notice as a result it came out and dropped to the door gap. When I want to retrieve it, I accidentally pull the lever of the door handle and opened the front passenger door. However, there is one E-bike user (Muhammad Bismil Rezqita Bin Abdul Raub S9725675F H/p:87937176) rode by and as a result, he was hit by the door and fell.

Signature Of Officer Recording The Report:
J / SGT 2 Teo Jie Hui

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
14/11/2022 23:47

Officer In-Charge Of Case:
J / Jurong Police Divisional Investigation Branch /
INSP (2) Khaw Faye
Contact No.: 67910000

Classification Of Case:

I notice he fell therefore I go and help him, but he punched me at the right side of my cheek as he was angry. My supervisor also saw it from his driver seat, come and help me but he was also being punched by the E-bike user at his right side of the cheek.

After that the E-bike user asked for my, and I gave him my work permit.

At about 330pm I received a whatsapp from this number (87937176) with a picture of my driving license front and back, and a medical certificate from this clinic The ClinIQ@Hougang. The E-bike user asked me transferred \$60 to this POSB account (117-12306-5); therefore, I transferred him the \$60 as I felt I was wrong.


At about 6.27pm the e-bike user whatsapp me again, asked me to pay half the damage of his helmet. I told him to call my senior supervisor (Mr Ridzwan Cak H/P:8700 1760).

I am lodging this report because I was advised my senior supervisor.

Signature Of Officer Recording The Report:
J / SGT 2 Teo Jie Hui



Signature Of Informant:



Signature Of Interpreter:
Not applicable

Date/Time:
14/11/2022 23:47

Officer In-Charge Of Case:
J / Jurong Police Divisional Investigation Branch /
INSP (2) Khaw Faye
Contact No.: 67910000

Classification Of Case:

the ClinIQ@Hougang

423 HOUGANG AVENUE 6, #01-K1, SINGAPORE 530423

+65 9424 6397

TAX INVOICE

Muhammad Bismil Rezqita Bin Abdul Raub

Invoice No:

IV2211-00533

Singapore

Clinic Reference:

000446

Date:

14/11/2022

Patient: Muhammad Bismil Rezqita Bin Abdul Raub - NRIC: s9725675f

Medication	QTY	SUB TOTAL(\$)	DISCOUNT(\$)	NET TOTAL FEE(\$)
DICLOFENAC POT 50 MG TABLET	30	\$30.00		\$30.00
ANAREX (ORPHENDAMINE CITRATE 35MG)				
MUPROCON 2 % OINTMENT (5 G)				

Services	QTY	SUB TOTAL(\$)	DISCOUNT(\$)	NET TOTAL FEE(\$)
CONSULTATION GENERAL SERVICE	1	\$30.00		\$30.00

Sub Total: \$60.00

Adjust: \$0.00

Grand Total: \$60.00

[Patient] Cash (14/11/2022) - RC2211-00418: \$60.00

Outstanding: \$0.00

2:39 PM

My doctor \$60. 2:39 PM

My account number:

POSB savings (117-12306-5) 2:39 PM



Missed voice call at 2:41 PM



Missed voice call at 2:49 PM

Medication	QTY	SUB TOTAL(\$)	DISCOUNT(\$)	NET TOTAL FEE(\$)
DICLOFENAC POT 50 MG TABLET	10	\$30.00		\$30.00
ANABEX (ISPHENADRINE CITRATE 35MG)				
MUPROICIN 2 % OINTMENT (5 GR)				

Services	QTY	SUB TOTAL(\$)	DISCOUNT(\$)	NET TOTAL FEE(\$)
CONSULTATION GENERAL SERVICE	1	\$30.00		\$30.00

Sub Total: \$60.00
Adjust: \$0.00
Grand Total: \$60.00
[Patient] Cash (14/11/2023 - RC22TR-00411): \$60.00
Outstanding: \$0.00

My doctor \$60.

2:39 PM

My account number:

PNCR savings (117-12306-5)

2:39 PM

ACCIDENT STATEMENT

ACCIDENT DATE: (14 / 11 / 2022) (DD/MM/YYYY), TIME: (10 : 30) (HH:MM)

LOCATION: Sengkang West Avenue Singapore

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBF 3050E
 b) INSURANCE COMPANY: AIG
 c) POLICY NUMBER: 0999993602-01
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: TOYOTA HTACE 1.06 AUTO / MANUAL
 f) TYPE: (SEDAN / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: WORK PURPOSE
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/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: 6741 5520
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: ARUNACHALAM SURESH (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 9605 8922X CONTACT: 8522 1760
 c) ADDRESS: BLK 88, GA #02-517 WOODLANDS DRIVE SD SC731886

* d) DATE OF BIRTH: (02 / 07 / 1983) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 03/07/2009

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

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: BUKIT PANJANG

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: G-BIKE 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 / 1220003495

Period of Insurance : 12 Apr 2022 To 11 Apr 2023

Engine No. : 1KD2635541

Chassis No. : JTFHT02P500201954

Vehicle No. : GBF3050E

Endorsement No. :

Issued Date : 06 May 2022 09:48

ABOUT THE COVER

Make/Model : TOYOTA HIACE [Van]

Engine Capacity/Tonnage : 1.06 Tonnage

Sum Insured : NA

First Year of Registration : 2016

Driver Restriction : NA

Off Peak Car : No

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