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SN092329000C / National Assessment Centre Services [408933] ENTRY DATE & TIME: 09/02/2023 19:16 (SGT) SUBMITTED BY: NIVITHA VERSION: 1 (09/02/2023 19:16 (SGT))

SINGAPORE ACCIDENT STATEMENT

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

2. This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>

3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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 Reported by Date of Accident Exact Location of Accident Additional Location Information	09/02/2023 19:16 (SGT) Driver 20/01/2023 18:50 (SGT) Singapore ALONG KEPPEL RAD HEADING TO WEST COAST HIGHWAY NEAR LAMP POST 30
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF635M
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner Company Reg No Email Address Mobile Phone No Alternative Phone No	Yes KST AUTO RENTAL PTE LTD 2XXXXX860W kstteam@singnet.com.sg (Phone) +65-93710692

VEHICLE PARTICULARS

Manufacturer	Toyota Hiace
Model	Hacc
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 Commercial vehicle
Vehicle Category	
Transmission	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
	0999993602-01/1220003429
Policy Number / Cover Note Number	0999993002-01/1220003423

DRIVER

Name of Driver	AHMAD FAHEEN BIN MOHAMED RAZALI
NRIC No	SXXXX554A
Date Of Rirth	18/09/1993

Outdoor Occupation Date Of Driving Pass 31/03/2016 Driving experience 6 YEARS AND 10 MONTHS Gender (Phone) +65-93710692 Mobile Number Alt. Phone Number Email Address kstteam@singnet.com.sg APT BLK 214 CHOA CHU KANG CENTRAL Address # 02-226 Address complement 680214 Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured RENTAL LEASING Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Chain Collision Type of Accident DRIZZLING Weather Conditions Wet Road Surface OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? 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? No Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO THE ATTACHED STATEMENT ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes WITH OWNER FILE TOO BIG Reasons for not uploading a video of the accident **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SJP226M Vehicle Manufacturer Vehicle Model Vehicle Variant

Private car

Vehicle Colour

Vehicle Category

Name of Driver	CHRIS VOO HONG PING
NRIC No	SXXXX225J
Contact Number	•
Address	-
Address complement	-
Postcode	-
Insurance Company Name	•
Nature Of Damage	-
Details of property damaged in accident	·
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	YP6723C
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	•
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

- Pleas ereport correctly the details of the accident to speed up the claims process.
- This Firm must be completed by the Policyholder and/or the Actual Driver.
- 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.

Any lalse reporting may be referred to the Traffic Police Department for investigation.

- 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 reportbeing made available aforesaid.
- 8. Consert 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 protess 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

Keppel Road o west coast highway (near lamp

Describe Circumstance of the Accident
Which is Along Keppel Road heading to wast coast highway Chear
The state of the s
B Volaide B Change land to any the miles
and sold a sold of the sold of
the state of the s
In a chain collision. No one is injured in this accident.
E. Office Commission of the 15 miles of the death .

Declaration

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

Policyholder's Signature / Date & Time

Actual Priver's Signature (if driver is not the policyholder)

Actual Priver's Signature (if driver is not the policyholder)

(a ame as in NRIC/ID card)

ACCIDENT STATEMENT

ACCIDENT DATE (20 101) 2023 (DD/MM/YYYY), TIME: (18 . 50) (HH:MM)
LOCATION: Along At Keppel Road heading to west court highway
(Near Jamp part 30)
1. DETAILS OF VEHICLE
ONEHICLE NUMBER: GBF G35M
b)INSURANCE COMPANY: 'AIG
CIPOLICY NUMBER: 0999993602 - 01/1220003429
d)POLICY TYPE (COMPREHENSIVE) THIRD PARTY / THIRD PARTY FIRE & THEE)
B)MAKE & MODEL: Toyota Hiace Auto MANUAL
FITTYPE (SALOON / COUPE / MTV (VAN) I DRRY / MOTOR CYCLE / OTHERS
STEETINGE CATEGORY (PRIVATE) COMMERCIALLY MOTORCYCLE)
THE OSE OF USING AT ACCIDENT TIME (LIOPKING)
I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE THIRD PARTY CLAIM (REPORTING ONLY)
A) NAME - KST Auto Rental Pte. Itd [MALE / FEMALE]
DINRIC/FIN/RASSPORT: 200806860W CONTACT:
CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER
(Including chinas) DINDIE Ahmad Faheen Bin Mohamed Rocali MALE FEMALED
DINRIC/FIN/PASSPORT: S9334554A CONTACT 03710692
CIADDRESS: APT BIK 214 Choa chu Kang Central # 02-226
d) DATE OF BIRTH: [18 / 09 / 1993] (DD/MM/YYYY)
E)OCCUPATION: (INDOOR FOUTDOOR)
MYELDENOED BUILD ENDER THE STATE OF THE STAT
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: PENFOI LOOSING
5. O WEATHER CONDITION: (CLEAR / RAINING / OTHERS) . 1 M22/10
6. WAS ANYBODY INJURED (YES / NO)
7. a) REPORTED TO POLICE (YES (NO))
IF YES, PLEASE STATE WHICH POLICE STATION:
No of passager of VEHICLE NUMBER: SIP 226M MODEL:
Including driver) b) DRIVER'S NAME Chris VOO HONG PING
C) NRIC/FIN/PASSPORT: S743322SJ CONTACT:
9. THIRD PARTY VEHICLE 11. 1 PROPERTY VEHICLE NUMBER: YP 6723 C MODEL:
PEN OF PRISERIGE . EL DRIVER'S NAME
Including driver) f) NRIC/FIN/PASSPORT: CONTACT:
email = kstteam @singret.com.sg

Email = kstteam @singnet.com.sg

Fax = Yurwith owner and file toobig

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

Master Policy No./Policy No.

: 0999993602-01 / 1220003429

Period of Insurance

Engine No.

Chassis No.

: 12 Apr 2022 To 11 Apr 2023

: 1KD2619760

: JTFHT02P000197960

: GBF635M Vehicle No.

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

: NA

Off Peak Car : No

Insuring with COE/PARF : NA

Driver Restriction

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

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.
Use for driving tuttion, driving test, racing, pace-making, reliability trial or speed-testing:

1) use whilst drawing a trailer

use for driving dution, disting the state of the sta

* 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

Emit 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.

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 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

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Pte.