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DOA 28 05 2023 19:17	I-Motor Claim Porm
OD/ TP/ Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)
	I-Photo Uplonded :
TP Insurer:	Assessment/Survey Report
Professional	Ass't Report by Pax / Hand to Owner/Wksp
Preferred Wksp / INC Assign Wksp / QW; ( TP Particulars: Vch No. Vo.	Tol: Fax:
Owner / Driver: (	93 INC( . )/Non-INC( )
Policy No. (	Tel:
Confirmed by : (	d: ( ) Cover Type: (
In an also de	Dates Times
Venr of Danish	le-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-160%]
Power (2) Wall	rranty: YES( )/NO( )
Community : 51,000	
General Remarks;	S. Conselled the St.
Costomer's informa	tion strictly Confidential & Strictly NO Const
D	RGENTLY
Drive-In ( ) / Towed-In ( ); Invoice: Y	ES( ) / NO( ); Towing Co. (
Activation of the state of the	77.00.00.(
2) QC Check / Post Repair Inspection	csy Car ( )
3) Upload Resurvey Photo [Repair Cost>\$3000]	( )
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•	Antest Adequation Glicolatis Charles
Jaiman (Sparticulars of the Alexander)	A Accident Reporting (230);
river/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)  3) TP: Towing Fee \$40,743
onlact No:	4) FT: Follow-Through Survey 5120
	S) FT: Fellow-Through Survey (Resurvey) 530 For claiming against ING Only (wef 10 Jan 2005)
amaged Portion:	6) TR; Re-inspection
	7) N1 : Idao DA + SMRT Survey \$160  8) NTUC Additional Services;-
C Checked by (Engr-In-Charge):	OD.
	*N5: Courtesy Car / Tpl Allowance '25 *N6: Repair Co-ordination 510
uditors Comments :	N7: Post Repair Inspection
	2P (N11): Tr (Non INC) against INC
1.2/3:	9) N12: Idas Klobils 30
	lavoice dated Fee Charges
**	



# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 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
- 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 29/05/2023 13:30 (SGT) Reported by **Actual Driver** Date of Accident 28/05/2023 19:17 (SGT) Exact Location of Accident Singapore Additional Location Information WEST GATE BUKIT BATOK LOADING BAY Country/State of Loss

Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number GBG6037U

#### 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 Hiace 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 2982

#### INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 0999993602-02/1230001028

#### DRIVER

Name of Driver HALIL BIN AB BAKAR NRIC No SXXXX608B Date Of Birth 06/07/1973 Occupation Outdoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	02/05/2001 22 YEARS Male (Phone) +65-88344369 - kstteam@singnet.com.sg APT BLK 373 JURONG EAST STREET 32 # 06-422 600373 No RENTAL-LEASING No
Type of Assidua	
Type of Accident Weather Conditions	Side Swipe
Road Surface	Clear Dry
The state of the s	
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement	No 2 No - Yes 1 No
Was the accident reported to the police?	
Was the accident reported to the police? Was notice of intended Prosecution given?	No No
If yes, against whom?	-
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO THE ATTACHED STATEMENT	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver Contact Number	YP9331E Commercial vehicle -

Address	
Address complement	-
Postcode	-
Insurance Company Namo	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-
140. Of assenger (including Driver)	-

### SKETCH PLAN

## **IMPORTANT NOTICE**

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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:

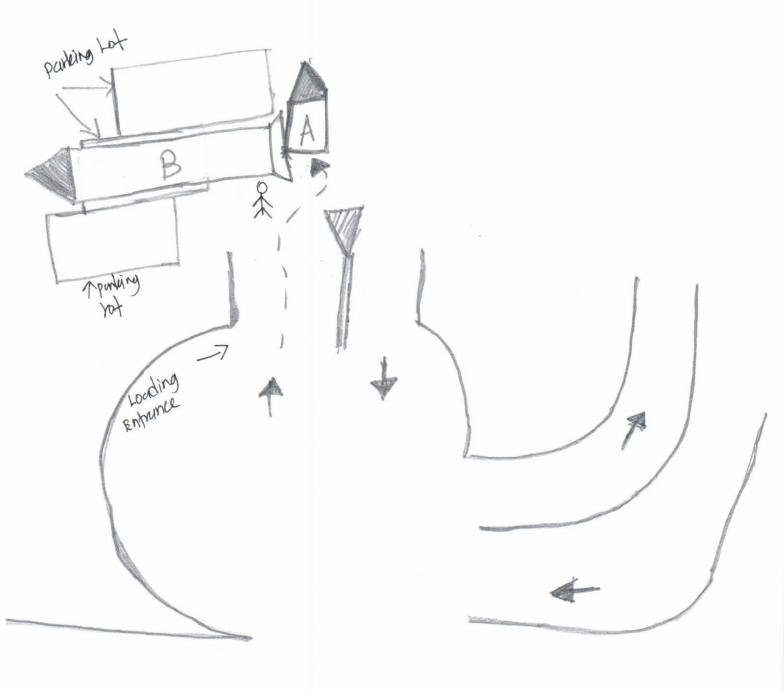
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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
- (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
- (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

Sketch Plan

With Care Bulin Barok Journe Bulin Buring Buling Bulin

A-GBG 6037 4 B-YP 9331E West Gate Buleit Batok Loading Bay





29/5/2023

hibe Circumstance of the Accident	j
on the above started data and time 1,000	
at west gate Bukit Batok Loading Bay. As lune	-
entering the loading entunes which Bay. As I were	-
on my left side. it was a big and huge lown.	-
JI J	ther one Insi
Wolls they wented to unload things, as I approach	
1 IN I	of the lor
tail board lift up and collided with the rear reft purious	312 101
of my vehicle, upon impact when I move forward I saw	
he tip of the tail board move futher up somemore.	
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Novotio -	
claration declare the foregoing particulars are true in every respect.	

Policyholder's Signature / Date & Time

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

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

vJun2022

# **IDAC ACCIDENT STATEMENT**

DATE OF ACCIDENT: 28 05 2023	TIME OF ACCIDENT: 19:17 PM
VEHICLE NO: GBG 60374	TRANSMISION: AUTO (MANUAL)
MAKE & MODEL: Tuyota Hicee	LOCATION: West Gate Bukit Batak Locating Bay
/ PRIVATE USE / PRIVATE HIRE	CLAIM TYPE: OD / THIRD PARTY REPORTING ONLY
INSURANCE COMPANY: ALG	POLICY NO: 099999 3602-02 123000/028
TYPE OF COVERAGE:  COMPREHENSIVE / THIRD PARTY / THIRD PARTY & THEFT	VEHICLE TYPE : ( SALOON / COUPE/MPV/VAN/LORRY/MOTORCYCLE )
NAME OF OWNER: KST Auto Rental Pte. Ltd	NRIC: 2008 06860W
ADDRESS:	CONTACT NO: 6741 5520
EMAIL ADDRESS: KStteam @ Singht - com . sg	VIDEO RECORDING : YES / NO
NAME OF DRIVER: AS ABOVE / IF NO: Halil Bin AB Bakar	NRIC: S7322608B CONTACT NO: 88344 369
DRIVER OWNER RELATIONSHIOP: Penter - eusing	PASSENGER: [ MALE( ) FEMALE ( )
DATE OF BIRTH: 06 / 07 / 1973	DRIVING PASSING DATE: 02 / 05 / 2001
OCCUPATION: INDOOR OUTDOOR	# 06-422 \$ 6 00373
ANY INJURIES (NO, IF YES :	POLICE REPORT : NO/ IF YES WHERE ?
WEATHER CONDITION: CLEARY RAINING / OTHERS	ROAD SURFACE: DRY / WET / OTHERS
VEHICLE B REG NO: YP 9331E	VEHICLE C REG NO :
DRIVER NAME:	DRIVER NAME :
NRIC:	NRIC:
CONTACT:	CONTACT:
VEHICLE D REG NO :	ANY WITNESS NO, IF YES:
DRIVER NAME :	NAME:
NRIC:	CONTACT:
CONTACT:	
WAS NOTICE OF PROSECUTION GIVEN? (YES/NO) IF YES, AGAINST WHOM:	WERE SEAT BELTS WORN ? YES / NO WERE INJURY CONVEYED BY AMBULANCE : YES / NO



# CERTIFICATE OF INSURANCE

# COMMERCIAL AUTO THIRD PARTY ONLY

Name of Individual Policyholder: KST AUTO RENTAL PTE. LTD. Master Policy No./Policy No. : 0999993602-02 / 1230001028

Period of Insurance

: 12 Apr 2023 To 11 Apr 2024

Engine No.

: 1KD2751422

Chassis No.

: JTFHT02P300233656

Vehicle No.

: GBG6037U

Endorsement No.

**Issued Date** 

: 17 Apr 2023 09:49

## **ABOUT THE COVER**

Make/Model

: TOYOTA HIACE [Van]

Engine Capacity/Tonnage: 1.1 Tonnage

Sum Insured : NA

First Year of Registration : 2017

**Driver Restriction** 

: NA

Off Peak Car : No

Insuring with COE/PARF

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.

Ose in the certage of passing the state of t

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 1960, 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 Apple App Store or Google Play Store.

#### **IMPORTANT NOTES**

Authorised Driver has to be at least 21 years old to 70 years old with minimum 1 year driving experience This is applicable for commercial vehicle where vehicle tonnage fall below 3 tons unless otherwise stated.

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 1960, Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504709000

PJ INSURANCE AGENCIES PTE LTD

6 PETIR ROAD #19-10 MAYSPRINGS

SINGAPORE 678267

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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