

NATIONAL Assessment-Centre Services (wef 1 Jan 05)

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 15/06/2023 | Job description | Date & Time Completed | Done by |
| Ref No: NA1A1923006184/d4 | SAS e-filing | | |
| Veh No: GBF9833Z | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A: 14/06/2023 12:43 | i-Motor Claim Form | | |
| OD (TP) Reporting Only | i-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| TP Insurer: | i-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Wksp | | |

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: XB 8626Y INC () / Non-INC () Tel: ()

Owner / Driver: () Cover Type: ()

Policy No: () Period: ()

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 (\$) | Am't |
|---------------------------------|---|-------------|-----------|------|
| | | | Est. Bill | Add |
| Driver/Owner: | 1) AR : Accident Reporting (\$30); | | | |
| Contact No: | 2) DA : Damage Assessment (\$100); | INC (\$80) | | |
| Damaged Portion: | 3) TF : Towing Fee | \$40/\$45 | | |
| QC Checked by (Engr-In-Charge): | 4) FT : Follow-Through Survey | \$120 | | |
| Auditors' Comments :- | 5) FT : Follow-Through Survey (Resurvey) | \$30 | | |
| Cat. 1: | For claiming against INC Only (wef 10 Jan 2005) | | | |
| Cat. 2 / 3: | 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 | | |
| | 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 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 | 15/06/2023 16:50 (SGT) |
| Reported by | Actual Driver |
| Date of Accident | 14/06/2023 12:43 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | BENOI ROAD |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | GBF9833Z |
|-----------------------------|----------|

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 | Dyna |
| 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. |
| Policy Number / Cover Note Number | 0999993602-02 / 1230000935 |

DRIVER

| | |
|-----------------|-----------------|
| Name of Driver | NAGU MANIKANDAN |
| Passport No/FIN | GXXXX707N |
| Date Of Birth | 01/05/1994 |
| Occupation | Outdoor |

| | |
|--|--|
| Date Of Driving Pass | 13/01/2020 |
| Driving experience | 3 YEARS AND 5 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-98602657 |
| Alt. Phone Number | - |
| Email Address | kstteam@singnet.com.sg |
| Address | APT BLK 519 WEST COAST ROAD , WEST COAST PRIDE |
| Address complement | # 04-623 |
| Postcode | 120519 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | RENTAL-LEASING |
| 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 - Head to Rear |
| Weather Conditions | AFTER RAINING |
| Road Surface | Wet |

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) | 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? | 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? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------------|------------------------|
| Vehicle Registration Number | XB8626Y |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| Name of Driver | ZULKIFLI BIN BADARUDIN |
| NRIC No | SXXXX503J |

| | |
|---|----------------------|
| Contact Number | (Phone) +65-96566589 |
| 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 | NAGU MANIKANDAN |
| Gender | Male |
| Phone No | (Phone) +65-98602657 |
| Address | APT BLK 519 WEST COAST ROAD , WEST COAST PRIDE |
| Address Complement | # 04-623 |
| Post Code | 120519 |
| Approximate Age Years Old | - |
| Injuries Sustained | HEAD, NECK AND BACK PAIN AND LEFT ELBOW SLIGHTLY INJURED |
| Injured person in which vehicle? | GBF9833Z |
| Were seat belts worn? | Yes |
| 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 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. 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

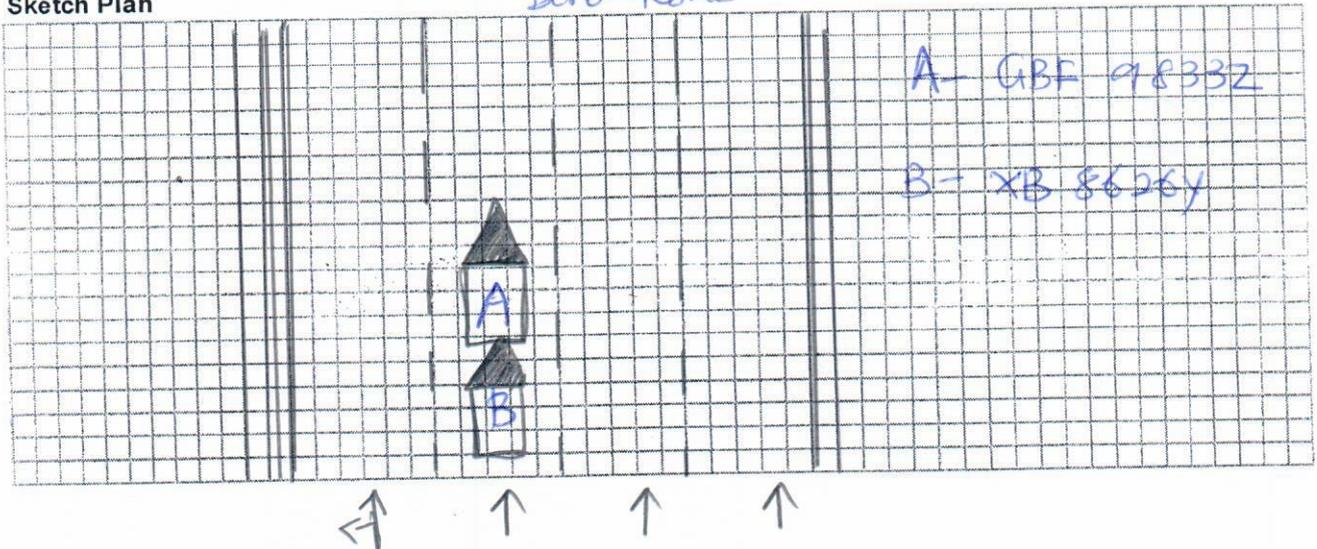
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

[Handwritten Signature]
15/6/23
Deroi Road

[Handwritten Signature] 15/6/2023

Sketch Plan



Describe Circumstance of the Accident

on the above stated date and time, I was driving along Benoi. I was on the third lane and I was waiting for the traffic signal to turn green. Upon the traffic signal turns green, I moved off and when I was shifting my gear to the third gear, vehicle B hit the rear portion of my vehicle. This collision happened when my vehicle was still moving, about 50-100 metres away from the traffic light, upon moving. I was slightly injured. I had my head, neck and back pain and also my left elbow is slightly injured.

Declaration

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



Policyholder's Signature / Date & Time

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

[Signature]
15/06/23

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

[Signature] 15/6/2023

IDAC ACCIDENT STATEMENT

| | |
|---|--|
| DATE OF ACCIDENT : 14/06/2023 | TIME OF ACCIDENT : 12:43pm |
| VEHICLE NO : GBF 9833Z | TRANSMISSION : AUTO / MANUAL |
| MAKE & MODEL : Toyota Dyna | LOCATION : Benoi Road |
| EXACT PURPOSE USE DURING ACCIDENT : EMPLOYMENT / PRIVATE USE / PRIVATE HIRE | CLAIM TYPE : OD / THIRD PARTY / REPORTING ONLY |
| INSURANCE COMPANY : AIG | POLICY NO : 0999993602-02 / 1230000935 |
| 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 : 200806860W |
| ADDRESS : | CONTACT NO : 6741 5520 |
| EMAIL ADDRESS : kstteam@singnet.com.sg | VIDEO RECORDING : YES / NO |
| NAME OF DRIVER : AS ABOVE / IF NO : Nagu Manikendan | NRIC : 91792707N CONTACT NO : 98602657 |
| DRIVER OWNER RELATIONSHIP : Rental-leasing | PASSENGER : 0 MALE () FEMALE () |
| DATE OF BIRTH : 01/05/1994 | DRIVING PASSING DATE : 13/01/2020 |
| OCCUPATION : INDOOR / OUTDOOR | ADDRESS : Blok 519 West Coast Road # 04-623 West Coast Pride, S 120519 |
| ANY INJURIES : NO, IF YES : Head-Neck, left elbow, back pain | POLICE REPORT : NO / IF YES WHERE ? |
| WEATHER CONDITION : CLEAR / RAINING / OTHERS After Rain | ROAD SURFACE : DRY / WET / OTHERS |
| VEHICLE B REG NO : XB 8626Y | VEHICLE C REG NO : _____ |
| DRIVER NAME : Zulkifli Bin Badarudin | DRIVER NAME : _____ |
| NRIC : 81668503J | NRIC : _____ |
| CONTACT : 96566589 | CONTACT : _____ |
| VEHICLE D REG NO : _____ | ANY WITNESS ? NO, IF YES : |
| DRIVER NAME : _____ | NAME : _____ |
| NRIC : _____ | CONTACT : _____ |
| CONTACT : _____ | WERE SEAT BELTS WORN ? : YES / NO |
| WAS NOTICE OF PROSECUTION GIVEN ? (YES / NO) IF YES, AGAINST WHOM : _____ | 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 / 1230000935

Period of Insurance : 12 Apr 2023 To 11 Apr 2024

Engine No. : 1KD2699558

Chassis No. : JTFAT35Y40K208003

Vehicle No. : GBF9833Z

Endorsement No. :

Issued Date : 17 Apr 2023 09:49

ABOUT THE COVER

Make/Model : TOYOTA DYNA 150 1.8 ton [Lorry]

Engine Capacity/Tonnage : 1.72 Tonnage

Sum Insured : NA

First Year of Registration : 2017

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 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

Endt 140 applies:

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 MAYS SPRINGS

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.