

**NATIONAL Assessment Centre Services** (wef: 10 Jan 2005)

Date In: 25/01/18	Job description	Date & Time Completed	Done by
Ref No: NA/FCI18001538/13	SAS e-filing		
Veh No: G43098E	E-mail (within 8hrs, A/C 2hrs)		
D.O.A 24/01/18 1745	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: EQ5766S INC ( ) / Non-INC ( ) Tel: ( )

Owner / Driver: ( ) Cover Type: ( )

Policy No: ( ) Period: ( ) Date: ( ) Time: ( )

Confirmed by: ( )

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:-	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	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
NA1800572	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR: Re-inspection \$75		
Cat. 2/3:	7) NI: 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 Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
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 Report	25/01/2018 15:34
Date Of Accident	24/01/2018 17:45
Exact Location Of Accident	JALAN PUNAI
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GU3098E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SIANG HOCK HOLDING PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68482002

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	D-1787631MFCV/10
Cover Note Number	

### Driver

Name of Driver	RAIZUL RIZZAL NOORRIZZAL BIN HAMID
NRIC No	S8400052C
Date Of Birth	05/01/1984
Occupation	OUTDOOR
Date Of Driving Pass	13/04/2009
Driving Experience	8 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91800484
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	NO 21 JALAN MASJID
Postcode	418946
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
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
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	EQ5766S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

## 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 lodgment 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.
- (d) my Personal information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

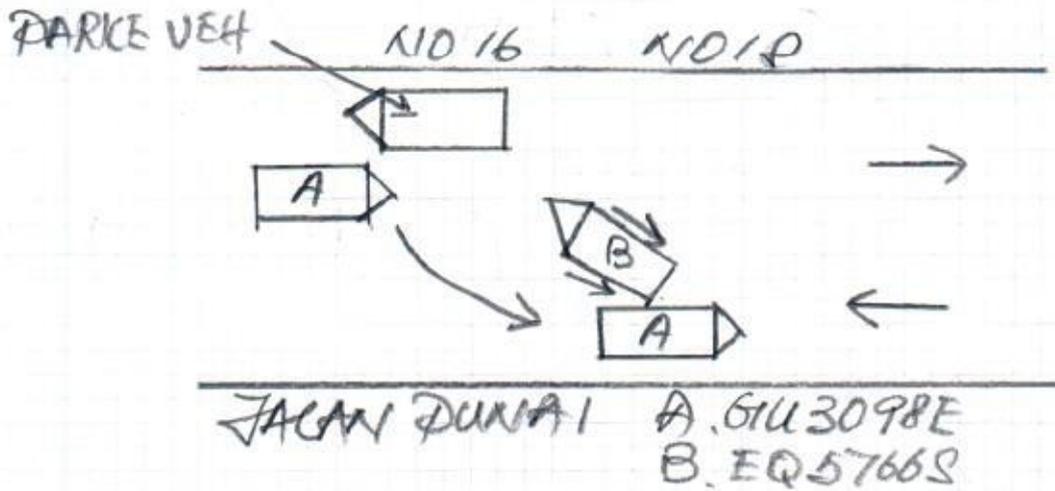


Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 24.1.2018 AT ABOUT 17:30 HOURS, I WAS DRIVING GU3098E ALONG JALAN PUNAI. WHEN I WAS NEAR TO HOUSE NO. 18, I OBSERVED THAT THERE WAS A CAR PARKED NEAR TO THE SAID HOUSE. I ALSO OBSERVED THAT THERE WAS A WHITE BMW EQ 5766S (CAR B) DOING A 3-POINT TURN BEFORE THE SAID STATIONARY CAR. HENCE I STOPPED MY VEHICLE BEFORE THE SAID STATIONARY CAR TO ALLOW CAR B TO COMPLETE HER 3-POINT TURN. AFTER ASSURING CAR B HAS COMPLETED ITS 3-POINT TURN, I DROVE PASS THE SAID STATIONARY CAR. WHEN MY VEHICLE WAS COMPLETELY DROVE PASS THE SAID STATIONARY VEHICLE, OUT OF SUDDEN, I FELT AN IMPACT FROM THE LEFT SIDE OF MY VEHICLE. AFTER ALIGHTING FROM MY VEHICLE AND MADE A CHECK, I REALISED THAT CAR B HAS REVERSED AND COLLIDED ONTO MY VEHICLE LEFT SLIDING DOOR.

CAR B'S DRIVER IS A YOUNG CHINESE FEMALE WITH A YOUNG FEMALE PASSENGER WITH HER. THE DRIVER'S MOTHER WAS AT THE SCENE LATER AND ASKED FOR MY PARTICULARS AND I GAVE IT TO HER. BUT SHE TOLD HER DAUGHTER NOT TO GIVE IT TO ME. THAT'S ALL.

DECLARATION

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



Policyholder's Signature  
Date & Time:

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

Report Centre Personnel's Signature  
Name:  
NRIC/FIN No:

# HS HS AUTOMOTIVE SERVICES

Blk 2 KAKI BUKIT AVE 2 @ KAKI BUKIT AUTOHUB #02-25 SINGAPORE 417921.  
 TEL: 6538 1368 FAX: 6538 1367 Email add: hsautomotives@yahoo.com

VEHICLE NO: 6U2098E MAKE/MODEL: TOYOTA HAZE

DATE OF ACCIDENT: 25/01/2018 TIME: 17 HR 45 MIN AM/PM: PM

LOCATION OF ACCIDENT: JALAN DUKAI

EXACT PURPOSE USE DURING ACCIDENT: WORKING

**CAR OWNER**

NAME OF CAR OWNER: SIMON HOCK HOE DINH PTE LTD

CONTACT NO: 68482000

NRIC: \_\_\_\_\_

CLAIM TYPE:  OD  THIRD PARTY  REPORTING ONLY

INSURANCE COMPANY: FIRST CAP

TYPE OF COVERAGE:  COMPREHENSIVE  THIRD PARTY  THIRD PARTY FIRE & THEFT

POLICY NO: D-17087631M7EV/10

ACCIDENT DRIVER:  AS ABOVE  IF NOT- KINDLY FILL IN BELOW

NAME OF DRIVER: RAIZAL RIZAL MOORRI

NRIC: S84000520 NO OF PASSENGER/S: 0

DATE OF BIRTH: 05-01-1984

OCCUPATION: \_\_\_\_\_  OUTDOOR  INDOOR

DATE OF DRIVING PASS: 13 APR 2009

GENDER: \_\_\_\_\_  MALE  FEMALE

CONTACT NO: 91800484

ADDRESS: NO. 21 JALAN MARIJID

DRIVER OWN ANY VEHIC: NO/ IF YES- REGISTRATION NO: \_\_\_\_\_

RELATIONSHIP: EMPLOYEE/ IF NOT: HOST

WEATHER CONDITION:  CLEAR  RAINING OTHER: \_\_\_\_\_

ROAD SURFACE:  DRY  WET OTHER: \_\_\_\_\_

ANY INJURIES: NO/ IF YES- NAME: \_\_\_\_\_

CONTACT NO: \_\_\_\_\_

POLICE REPORT: NO/ IF YES- LOCATION: \_\_\_\_\_

VIDEO FOOTAGE: NO/ YES

**3RD PARTY INFO**

VEHICLE B NO: EQ5766S NO OF PASSENGER/S: 0

NAME: \_\_\_\_\_

CONTACT NO: \_\_\_\_\_

VEHICLE C NO: \_\_\_\_\_ NO OF PASSENGER/S: \_\_\_\_\_

VEHICLE D NO: \_\_\_\_\_ NO OF PASSENGER/S: \_\_\_\_\_

VEHICLE E NO: \_\_\_\_\_ NO OF PASSENGER/S: \_\_\_\_\_

VEHICLE F NO: \_\_\_\_\_ NO OF PASSENGER/S: \_\_\_\_\_

ANY WITNESS: \_\_\_\_\_

WITNESS CONTACT NO: \_\_\_\_\_

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S8400052C**

Name: **RAIZUL RIZZAL NOORRIZZAL BIN HAMID**

Birth Date: **05 Jan 1984**

Issue Date: **13 Apr 2009**

001730702A



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S8400052C**



Name: **RAIZUL RIZZAL NOORRIZZAL BIN HAMID**

Race: **MALAY**

Date of Birth: **05-01-1984** Sex: **M**

Country of Birth: **SINGAPORE**



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

Class 2 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 1500kg

PASS DATE: **13 Apr 2009**



**S8400052C**

RAIZUL RIZZAL NOORRIZZAL BIN HAMID

05-01-1984

28-02-1996

11 ROSELANDS STREET #02-81

SINGAPORE 730153

S8400052C

08-06-2010

**CERTIFICATE OF INSURANCE**

ORIGINAL

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
 Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960  
 Road Transport Act, 1987 (Malaysia)  
 Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Type of Policy. : COMMERCIAL VEHICLE - FLEET  
 Type of Cover. : Comprehensive  
 Certificate No. : D-17087631MFCV/10  
 Vehicle No / Chassis No : GU3098E / JT121JK1100050256  
 Name of Insured : SIANG HOCK HOLDING PTE LTD  
 Period Of Insurance : 01.04.2017 To 31.03.2018  
 Insured Estimated Value : Market Value At Time Of Loss  
 Financial Institution : THINK ONE CREDIT PTE LTD

EXCESS: AS INDICATED BELOW

**Authorised Driver\***

ANY AUTHORISED DRIVERS

**Persons or classes of persons entitled to drive\***

- (1) Whilst the vehicle is being used in connection with the Insured's business:-  
 (a) Any person provided he is in the Insured's employ and is driving on their order or with their permission.  
 (2) Whilst the vehicle is being used for social, domestic or pleasure purposes:-  
 (a) Any person who is driving on the Insured's order or with their permission.

For drivers with more than 1 year driving experience and/or not less than 21 years of age

Excess : S\$1,000.00 on Section I & II separately (for Long Term Lease - 1 year or more)  
 S\$4,000.00 on Section I & II separately (for Short Term Lease - less than 1 year)  
 S\$1,000.00 on Section I & II separately (for Staff)

For drivers with less than 1 year driving experience and/or less than 21 years of age

Excess : S\$3,000.00 on Section I & II separately (for Long Term Lease - 1 year or more)  
 S\$8,000.00 on Section I & II separately (for Short Term Lease - less than 1 year)  
 S\$2,000.00 on Section I & II separately (for Staff)

\* Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

**Limitations as to use\***

Use in connection with the Insured's business.  
 Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business.  
 Use for social, domestic and pleasure purposes.

The Policy does not cover:-

- (1) Use for racing, pace-making, reliability trial or speed-testing.  
 (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.  
 (3) Use for the carriage of passengers for hire or reward.

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I/We HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

First Capital Insurance Limited  
 (Approved Insurers)

SUSAN/A0151/MZ301A1

Issued at Singapore on 05.04.2017

  
 Authorised Signature