


NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 03/11/2018 16:51	Job description	Date & Time Completed	Done by
Ref No: NA/FCI 18019995/K4	SAS e-filing		
Veh No: GBA 8774T	E-mail (within 8hrs, AIC 2hrs)		
DOA: 02/11/2018 17:30	i-Motor Claim Form		
OD:  Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: GBC 4973B 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%; P: 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

NA1807154	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Claimant's Particulars:- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditor's Comments:- Page 1: Page 2/3:	1) AR: Accident Reporting (\$30);		
	2) DA: Damage Assessment (\$100); INC (\$80)		
	3) TP: Towing Fee \$40/\$43		
	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
*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: Idao Mobile 30			
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 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 Report	03/11/2018 16:51
Date Of Accident	02/11/2018 17:30
Exact Location Of Accident	TUAS TWDS PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA8774T
Insured/Policyholder	
Name Of Registered Owner	SIANG HOCK CAR RENTAL PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87498235
Alternative Phone No	OFFICE-87498235

Vehicle Particulars

Manufacturer	KIA
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORK
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	THIRD PARTY
Fleet Policy	NO
Policy Number	D-18090574MFCV/74
Cover Note Number	

Driver

Name of Driver	HO CHOON CHYE
NRIC No	S1663501D
Date Of Birth	23/06/1964
Occupation	INDOOR
Date Of Driving Pass	30/09/1982
Driving Experience	36 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87498235
Fax Number	
Contact Number	OTHERS-87498235
Email Address	NOEMAIL

Address	BLK 608 SENJA ROAD #06-20
Postcode	670608
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	DRIZZLING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
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	GBC4973B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	CHAI JIE WEN
NRIC/Passport Number	S9203451H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBG306H
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

HO CHOONCHYE

Approximate Age

Injuries Sustain

NECK PAIN

Injured person in which vehicle?

GBA8774T

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SKETCH PLAN

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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.:

3/11/2018

SKETCH PLAN



A - GBA 8774T
 B - GBC 4973B
 C - GBG 306M

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A was driving along Tuas towards PIE.
 There was a jam at the road. Vehicle A stop
 than Vehicle B hit rear of Vehicle A and
 the impact was so great and hit the
 Vehicle C rear portion.

DECLARATION

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



Policyholder's Signature
 Date & Time:

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

[Signature] 3/11/2018
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:



Robinson Rent-a-Car LLP

Business Cert. No: T14LL1187 B
21, Jalan Masjid, Singapore 418946
Tel: 6749-2002 Fax: 6547-2002

OFFICIAL RECEIPT

No: 1015450

Date: 02/11/18

Received from: LSK Ptko

H/P No: 84083763

Payment for rental extension / damages / deposit

VHA No: 17012

Rented Vehicle to be returned on 03/11/18

at

~~08:00~~ 09:00 am/pm

Booking deposit paid will be forfeitted if the vehicle is not collected on

at

am/pm

Vehicle booked: Van 10-8x

Rate agreed: \$ 908

Total amount paid: \$ 908

Cash/Cheque No.

Robinson Rent-a-Car LLP

IMPORTANT NOTES:

- 1) All vehicles are for Singapore Use Only.
- 2) Latest Check-in time is 1pm on Saturday and eve of Public Holiday.
- 3) Emergency Assistance nos: 6848 2002 (office hour), 96362002 (between 6pm to 12 midnight, 7am to 9am)

John



ROBINSON Rent-a-Car LLP

Business Registration No. T14LL1187B

VEHICLE HIRE AGREEMENT

No. 0017012

Dated

Vehicle Registration No.		Hirer's Particulars									
Make of Vehicle:		Name									
Daily Rental Rate:	S\$ _____ per day	Address									
Rental Rate: (Other than daily rate)	S\$ _____ per week / month	NRIC No.							Postal		
		D.O.B.							Tel. No.		
		D/L Type	Local/International						HP No.		
		D/L No.							D/L Expiry:		
Rental Fee paid by: Cash/Cheque	Amount S\$ _____ Receipt No: _____	Other Document Proofs:									
		Co-Hirer's Particulars									
Additional Rental Fee Payable:	Please see Clause 6 as printed OVERLEAF	Name									
		Address									
Deposit paid by: Cash/Cheque/	Amount S\$ _____ Receipt No: _____	NRIC No.							Postal		
		D.O.B.							Tel. No.		
		D/L Type	Local/International						HP No.		
		D/L No.							D/L Expiry:		
Commencement Date of Hire:		Other Document Proofs:									
Date Out (If different from Commencement Date):											
Time Out:	_____ AM/PM	Extension of Rental									
Hire Period Expires On:		Date									
		Amount									
		Expiry									
Collision Damage Reduction: (CDR)	Accepted/Declined If accepted, premium Paid S\$ _____	Receipt No.									
		Mode of Payment									

The Hirer/Co-Hirer hereby declare that the above particulars given by him/them are true and correct in every respect and he/they have read & understood the Terms & Conditions of this Vehicle Hire Agreement as printed OVERLEAF.

I/We, the Hirer and/or the Co-Hirer agree to take on hire the vehicle on the Terms & Conditions stated OVERLEAF.

我明白及同意这份合同书及背面所定的条件

(Strictly for Singapore Use Only)

Signature of Hirer/Company Stamp

Signature of Co-Hirer

NOTE:

Upon signing the above, an Agreement for Hire shall deem to have been made between ROBINSON and the Hirer, whereby ROBINSON will let and the Hirer will take on the hire of the vehicle based on the Terms & Conditions stated OVERLEAF.

IMPORTANT:

- It is essential that the vehicle be returned to ROBINSON not later than the end of the hire period stated above. On the expiration date of that period, all third party and other insurance cease to be effective.
- Age Limit and Driving Licence: All drivers must be above 21 years old and hold a valid driving licence for at least one year.
- No returning of vehicles after 2pm on Sat or Holiday Eve.

Return of Vehicle: The Hirer/Driver is required to sign in the column under "Signature of Hirer/Driver", failing which the day and time inserted below shall be deemed to be the day and time the vehicle is officially returned to ROBINSON. Similarly, the same shall be accepted as conclusive evidence of the same and shall not be challenged or questioned on any account whatsoever.

Date In	Time In	Checked By	Remarks	Signature Of Hirer/driver

Reported on 3/11/2018
@ 1005 AM

ACCIDENT STATEMENT

ACCIDENT DATE: (2 / 11 / 2018) (DD/MM/YYYY), TIME: (17 : 30) (HH:MM)

LOCATION: Tuas towards PIE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBA 8774T
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
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: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 8749 8235
c) ADDRESS: _____

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

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) Drizzling
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO) Neck Pain

7. a) REPORTED TO POLICE (YES / NO)
IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GBC4973R MODEL: _____
b) DRIVER'S NAME: CHAI JIE WEN
c) NRIC/FIN/PASSPORT: S9203451H CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: ABG 306H MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email =

fax = 6547 2002

VIDEO =

Waiting for FCI
Certificate?

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: : Third Party
Certificate No. : D-18090574MFCV/74
Vehicle No / Chassis No : GBA8774T / KNCSE014287295033
Name of Insured : SIANG HOCK CAR RENTAL PTE LTD
Period Of Insurance : 01.04.2018 To 31.03.2019
Insured Estimated Value : 0.00

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 All Claims (for Long Term Lease - 1 year or more)
S\$2,500.00 on All Claims (for Short Term Lease - less than 1 year)
S\$1,000.00 on All Claims (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 All Claims (for Long Term Lease - 1 year or more)
S\$4,500.00 on All Claims (for Short Term Lease - less than 1 year)
S\$2,000.00 on All Claims (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)

MS First Capital Insurance Limited
(Approved Insurers)

SUSAN/A0151/MZ301A10

Issued at Singapore on 31.03.2018


Authorised Signature