

NATIONAL Assessment Centre Services. (wef 1 Jan 2005) **MAN 19113967**

Date In: 29/1/19-1316	Job description	Date & Time Completed	Done by
Ref No: WA / 562 1901 5245/24	SAS e-filing		
Veh No: SM 279876	E-mail (within 4hrs, AIC 2hrs)		
D.O.A: 9/18/19 - 0:00	i-Motor Claim Form		
OD: TP 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: 3269276	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%, 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
(INC hotline: 6788 6616)		
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 (\$) In Bill	Am't (\$) Add Bill
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		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1:		
	*N5: Courtesy Car / Tpl 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 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	29/08/2019 10:16
Date Of Accident	09/08/2019 01:00
Exact Location Of Accident	TUAS LINK 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD7987G
Insured/Policyholder	
Name Of Registered Owner	SIANG HOCK CAR RENTAL PTE LTD
Co Reg No	201538271R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67492002

Vehicle Particulars

Manufacturer	TOYOTA
Model	ESTIMA AERAS 2.4 A
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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-19093227MFZH/38
Cover Note Number	

Driver

Name of Driver	IBRAHIM BIN MALAKAN
NRIC No	S1558582Z
Date Of Birth	08/05/1962
Occupation	INDOOR
Date Of Driving Pass	05/12/1994
Driving Experience	24 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96277531
Fax Number	
Contact Number	OFFICE-96277531
EMail Address	NOEMAIL

Address	BLK 329 TAMPINES STREET 32 #05-358
Postcode	520329
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JQG9276 (PRIVATE CAR)
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	5
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : MALE
Passenger 3	NAME: : - GENDER: : MALE
Passenger 4	NAME: : - GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 6 TAMPINES AVE 4 , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5871999 - FAX NO: 65871699
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190821/2044.

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	JQG9276
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN BOON CHAI
NRIC/Passport Number	A51575984
Contact Number	91749686
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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 Person's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

Handwritten sketch plan on a grid background. The plan shows a vertical line with two boxes labeled 'A' and 'B' stacked vertically. To the left of the line, the text 'Trans Link 1' is written vertically. To the right of the line, the text 'A: JMD 79876' and 'B: JQ69276' is written.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 1/20190821/2019.

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:

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

ACCIDENT STATEMENT

ACCIDENT DATE: (09 / 08 / 2019)(DD/MM/YYYY), TIME (01 : 00)(HH:MM)

LOCATION: ALONG ROAD 1 TUAS LINK 1

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMD7987G
b) INSURANCE COMPANY: MS FIRST CAPITAL PTE LTD
c) POLICY NO: D-19093227MFZH/38
d) POLICY TYPE: (COMPREHENSIVE/THIRD PARTY/THIRD PARTY FIRE & THEFT)
e) MAKE/MODEL: TOYOTA ESTIMA AERAS 2.4 A
f) TYPE: (SALOON/COUPE/MPV/VAN/LORRY/MOTORCYCLE/OTHERS)
g) VEHICLE CATEGORY: (PRIVATE/COMMERCIAL/MOTORCYCLE)
h) PURPOSE OF USING AT TIME OF ACCIDENT: _____
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: SIANG HOCK CAR RENTAL PTE LTD (MALE/FEMALE)
B) NRIC/FIN/PASSPORT: _____ CONTACT: 67492002
C) ADDRESS: 21 JALAN MASJID SINGAPORE 418946

*CONTINUE TO 3.D IF DRIVER ALSO POLICY HOLDER

3. DRIVER

- A) NAME: IBRAHIM BIN MALAKAN (MALE/FEMALE)
B) NRIC/FIN/PASSPORT: S1558582Z CONTACT: 96277531
C) ADDRESS: BLK 329 TAMPINES STREET 32 #05-358 SINGAPORE 520329

- D) DATE OF BIRTH: (08 / 05 / 1962)(DD/MM/YYYY)
E) OCCUPATION: (INDOOR/OUTDOOR)
F) YEARS OF DRIVING EXPERIENCE: 25 YRS

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/☒ NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HIRER

5. A) WEATHER CONDITION: (CLEAR/☒ RAINING/OTHERS)
B) ROAD SURFACE: (DRY/☒ WET/OTHERS)

6. WAS ANYBODY INJURED: (YES/☒ NO)

7. REPORTED TO POLICE: (YES/☒ NO)

IF YES PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE:

- A) VEHICLE NO: JQG9276 MODEL: _____
B) DRIVER'S NAME: TAN BOON CHAI
C) NRIC.FIN PASSPORT NO.: A51575984 CONTACT: +6012788439 / 91749686

9. THIRD PARTY VEHICLE:

- A) VEHICLE NO: _____ MODEL: _____
B) DRIVER'S NAME: _____
C) NRIC.FIN PASSPORT NO.: _____ CONTACT: _____

4 male passenger



**SINGAPORE
POLICE FORCE**



T/20190821/2044

1 of 3

Report No. T/20190821/2044

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/08/2019 11:54	Vide Report No.:	Station Diary No.: 31
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Informant's Particulars

Name of Informant: IBRAHIM BIN MALAKAN	Address: APT BLK 329 TAMPINES STREET 32 #05-358 SINGAPORE 520329
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ID Type / ID No.: NRIC NO / S1558582Z	Contact No.: Home/Office: Mobile: 96277531
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Nationality: SINGAPORE CITIZEN	Email:
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Sex: Male	Age: 57	Date of Birth: 08/05/1962	Type of Informant: Driver
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Race: Malay	Language: Malay	Institution / School Name:
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Occupation: TECHNICIAN	Driving Licence Information: Class: 2B,2A,3,4	Date of Expiry:
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General Information of the Accident

Type of Accident: Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 09/08/2019 01:00	Type of Location: Straight Road
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Location:
Along Road 1
TUAS LINK 1

(not sure of the specific number)

Weather: Clear	Road Surface: Dry	Road Speed Limit:
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Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Heavy
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Type of Collision: Moving Vehicle Against - Others	Anyone conveyed by ambulance: No
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Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JQG9276	Car	LEXUS		Black		0
SMD7987G	Car	TOYOTA		Black	Slightly Damaged	5

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999



T/20190821/2044

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Report No. T/20190821/2044

CONTINUATION OF REPORT

Name	Tan Boon Chai	ID No.	A51575984
Related Vehicle	JQG9276 (Car)	Contact No.	+60127188439
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Name	IBRAHIM BIN MALAKAN	ID No.	S1558582Z
Related Vehicle	SMD7987G (Car)	Contact No.	96277531
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B, 2A, 3, 4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 09/08/2019 at about 0100hrs, I was travelling in SMD7987G, a black Toyota along Tuas Link, going towards Malaysia.

The traffic was heavy at the time and I was queueing up. I suddenly heard a car horn from behind. About five minutes later, I felt an impact from behind my vehicle. I went out of the vehicle, and I realized that a Malaysian vehicle JQG9276, had collided into the rear of my car.

I wish to state that no one is seriously injured. The vehicle I was driving has some damages to the rear of the vehicle.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999



T/20190821/2044

3 of 3

Report No. T/20190821/2044

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

G /

Sr Staff Sgt NURUL HUDA BINTE HASHIM

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

21/08/2019 11:54

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt ONG YONG HOCK

Contact No: 65476436

Classification Of Case:

Authentication Stamp

NP168



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1558582Z



Name

IBRAHIM BIN MALAKAN

ابراهيم بن ملكان

Race

MALAY

Date of birth

08-08-1962

Country/Place of birth

SINGAPORE

Sex

M



For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S1558582Z

Name

IBRAHIM BIN MALAKAN

Birth Date 08 May 1962

Issue Date 11 Jan 2014



002265295F

For LKK/NAC Use Only

5244728



NRIC No. S1558582Z



Date of issue

05-12-2013

Address

APT BLK 329 TAMPINES STREET 32
#05-358
SINGAPORE 520329

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 2B	Motorcycles <= 200 cc	08 Mar 1991
Class 2A	Motorcycles between 201 cc and 400 cc	08 Mar 1991
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg	05 Dec 1994
Class 4	*Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg *Motor vehicles which are not constructed to carry load and the unladen weight < 2250kg	19 Aug 2006

For LKK/NAC Use Only

NP 428A



License No. S1558582Z

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: : HIRED CARS - HIRER DRIVING - FLEET
 Type of Cover: : Comprehensive
 Certificate No. : D-19093227MFZH/38
 Vehicle No / Chassis No : SMD7987G / ACR507079009
 Name of Insured : SIANG HOCK CAR RENTAL PTE LTD
 Period Of Insurance : 04.08.2019 To 31.03.2020
 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*

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\$2,500.00 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\$4,500.00 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 only for the carriage of passengers or goods in connection with the Insured's business. Use for social, domestic and pleasure purposes and business purposes of any person to whom the vehicle is hired. 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 (other than for reward) of any one disabled mechanically propelled vehicle.
- (3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

* 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/MZ406T

Issued at Singapore On 06.08.2019

Authorised Signature