

NATIONAL Assessment Centre Services

Form 1 Jan 2005

MMA 119133618

Date In: 9/10/19 09:02	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MA1 PCZ19017781164	E-mail (within 2hrs, A/C 2hrs)		
Veh No: PC 82917	I-Motor Claim Form		
TP: 6/10/19 11:40	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
<input checked="" type="radio"/> TP / Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Professional Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: Tree	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 repolier.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

Remarks: (INC 10/10/19 06:10)	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	Action

MA1907592	Invoice Preparation Checklist	Amount (\$)
Claimant's Particulars:	1) AIR: Accident Reporting (\$30);	30.00
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)	
Contact No:	3) TP: Towing Fee \$40/\$45	
Damaged Portion:	4) PT: Follow-Through Survey \$120	
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30	
Auditors' Comments:	For claiming status (INC Only) (wef 10 Jan 2005)	
	6) TR: Re-Inspection \$73	
	7) NI: Idac DA + SMRT Survey \$160	
	8) NTUC Additional Services:-	
	9) NI2: Idac Mobile	
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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	09/10/2019 09:02
Date Of Accident	06/10/2019 11:40
Exact Location Of Accident	SEAH IMM CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC8291T
Insured/Policyholder	
Name Of Registered Owner	SIANG HOCK CAR RENTAL 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	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D-19093233MFBP/7
Cover Note Number	

Driver

Name of Driver	ABDUL SHAKUR BIN SARKAWI
NRIC No	S8117655H
Date Of Birth	14/06/1981
Occupation	OUTDOOR
Date Of Driving Pass	22/08/2003
Driving Experience	16 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-83185230
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 536 JURONG WEST ST 52 #03-501
Postcode	640536
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	COLLIDED INTO PROPERTY
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
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)	0

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

REFER TO 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	TREE
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOVERNMENT
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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1. Please report **correctly** the details of the accident to speed up the claims process.
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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.

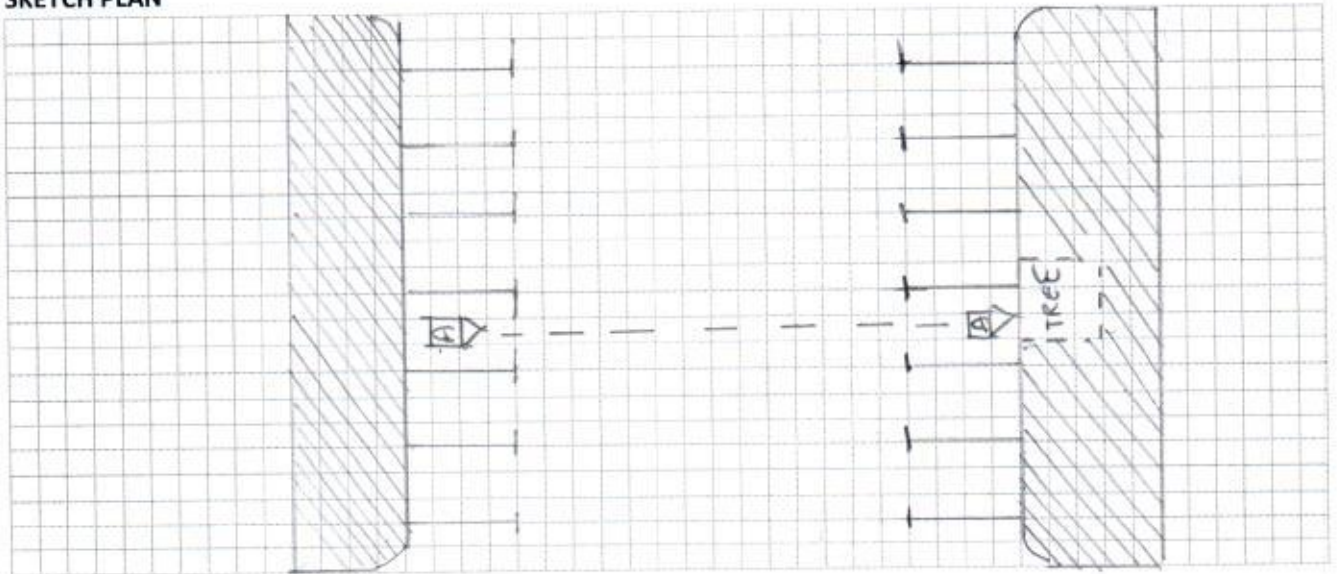


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Statement

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.:

ON 6TH OCTOBER 2019, I PARKED MY VEH AT THE SEAH IMM CARPARK TO TAKE MY LUNCH. AFTER LUNCH I WANTED TO DRIVE THE VEH BUT CAN'T MOVE, WHEN I LOOK MY VEH SUSPENSION STACK AT THE CARPARK KERB, SO I CALLED MY COMPANY STORE AN SHE HELP ME TO CALL THE VENDOR. MY VENDOR CALLED ME AND ASK WHAT HAPPENED, I EXPLAINED TO HIM AND HE ASKED ME TO FIND ANY PERSON CAN HELP ME TO PUSH THE VEH. SO I MANAGE TO FIND 4 MAN TO HELP ME TO PUSH. SO I AND THE 4 MAN PUSH TOGETHER AND THE VEH ABLE TO PUSH BUT THE VEH EARLIER WAS IDLING AND IT STARTED MOVE FORWARD THEN HIT THE TREE.

ACCIDENT STATEMENT

ACCIDENT DATE: (6 / 10 / 2019) (DD/MM/YYYY), TIME (14 : 40) (HH:MM)

LOCATION: SEAH IMM CARPARK

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: P 8291T
b) INSURANCE COMPANY: MS FIRST CAPITAL
c) POLICY NO: _____
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 TIME OF ACCIDENT: work
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE: (YES/NO) NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM/REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: SIDHAI HOCK CAR RENTAL P/L (MALE/FEMALE)
B) NRIC/FIN/PASSPORT: _____ CONTACT: _____
C) ADDRESS: _____

*CONTINUE TO 3.D IF DRIVER ALSO POLICY HOLDER

3. DRIVER

- A) NAME: ABDUL SHAKIL BIN SAKAWI (MALE/FEMALE)
B) NRIC/FIN/PASSPORT: S81176554 CONTACT: 83185220
C) ADDRESS: BLK 536 WONG WEE ST 52 # 02-501
306405361
D) DATE OF BIRTH: (14 / 06 / 1981) (DD/MM/YYYY)
E) OCCUPATION: (INDOOR/OUTDOOR) _____
F) YEARS OF DRIVING EXPERIENCE: 10 years

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

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

6. WAS ANYBODY INJURED: (YES/NO) NO

7. REPORTED TO POLICE: (YES/NO) NO

IF YES PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE:

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

9. THIRD PARTY VEHICLE:

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

83185230

*

C7

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. : BUSES - FLEET
Type of Cover. : Comprehensive
Certificate No. : D-19093233MFBP/7
Vehicle No / Chassis No : PC8291T / VEDA00218
Name of Insured : SIANG HOCK CAR RENTAL PTE LTD
Period Of Insurance : 18.07.2019 To 31.03.2020
Insured Estimated Value : Market Value At Time Of Loss
Financial Institution : MOTOR 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 the insured's permission.

For driver 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 (as specified in the Schedule). The Policy does not cover:-

- (1) Use for racing, pacemaking, 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.


* 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/MZ601A16

Issued at Singapore On 30.07.2019


Authorised Signature