

NATIONAL Assessment Centre Services

Date In: 24/10/19	Job description	Date & Time Completed	Done by:
Ref No: NA/FCI19018920/13	SAS e-filing		
Veh No: GB437K5Z	E-mail (within 8hrs. AIC 2hrs)		
D.O.A: 23/10/19 0350	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: (SIANG HUCK) Tel: Fax:

TP Particulars:	Veh No:	INC () / Non-INC ()
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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:-	(INC hotline: 6788 6616)	Date & Time Completed	Done by
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1) Apply for Transport Allowance () / Courtesy Car ()		
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2) QC Check / Post Repair Inspection	()		
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3) Upload Resurvey Photo [Repair Cost > \$3000]	()		
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Injury : _____

Date/Time	Action

Date/Time	Actions

[illegible]

Invoice Preparation Checklist	Amt (\$)	Amt (\$)
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7/11/90 8150	INVOICE & Repairation Checklist	1st Bill	Add Bill
Claimant's Particulars:	1) AR : Accident Reporting (\$30):		

2) DA : Damage Assessment (\$100);	INC (\$80)
3) TE : Towing Exp.	\$ 40000.00

4) FT : Follow-Through Survey	\$120	
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Contract No:	5) iT : Follow-Through Survey (Resurvey)	\$30
	For claiming against JNC Only (wef 10 Jan 2005)	

6) TR : Re-inspection	\$75
7) N1 : Idem DA + SMPT Survey	\$160

7) NTUC Basic DA + SMRT Survey	\$100	
8) NTUC Additional Services:-		

Checked by (Engr-In-Charge):	<div style="border: 1px solid black; padding: 2px;"> <u>ON*</u> *N5: Courtesy Car / Tpt Allowance </div>	\$5	
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*N6: Repair Co-ordination	\$10
*N7: Post Repair Inspection	\$25

Auditors' Comments :-		N7: Post repair inspection	34
		*N8: DV / Collect Excess Coordination	35

	TP (N11) : TP (Non INC) against INC	\$20
	9) N12: Idac Mobile	30

2/3	Invoice date:	Fee Charged	
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Author	Year	Country	Sample Size	Study Design
Chen et al.	2010	China	1,000	Case-control
Li et al.	2012	China	2,500	Cohort
Wang et al.	2015	China	1,500	Case-control
Zhang et al.	2018	China	3,000	Cohort

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	24/10/2019 17:37
Date Of Accident	23/10/2019 03:50
Exact Location Of Accident	SLE TWDS TURF CLUB AVENUE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBH3745Z
Insured/Policyholder	
Name Of Registered Owner	SIANG HOCK CAR RENTAL PTE
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67492002
Vehicle Particulars	
Manufacturer	TOYOTA
Model	-
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	YES
Policy Number	D-19093232MFCV/19
Cover Note Number	
Driver	
Name of Driver	RAJENDIRAN KALAIVANAN
Passport No/FIN	G2366386X
Date Of Birth	30/05/1994
Occupation	OUTDOOR
Date Of Driving Pass	06/12/2014
Driving Experience	4 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83118374
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	CDPL TUAS DORMITORY 6 TUAS SOUTH ST 15 BLOCK 5 #03-57
Postcode	636906
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER(COMPANY)
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	NO COLLISION
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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?	NO
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

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:

Qgr. Pongwunig

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

sfm 24/10/19

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

SKETCH PLAN

A - GRH 3745Z

A2

A1

A3

SEE TOWNSHIP CLUB AVENUE

WOODLANDS SOUTH FLYOVER

GO BACK TO
I DRIVE ON SLE TWO'S TRAIL MY DORMITORY. WHILE
TRAVELLING I LOSE CONTROL AND MY UEH HIT
ONTO THE BRIDGE WALL.

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

holder's Signature

Dr. J. J. J.

24/10/19
Supporting Centre Personnel's Signature

ACCIDENT STATEMENT

ACCIDENT DATE: (23 / 10 / 2019) (DD/MM/YYYY), TIME (03 : 50 AM) (HH:MM)

LOCATION: SLE towards bird club avenue

1.DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBH 3745Z
b) INSURANCE COMPANY: MS FIRST CAPITAL.
c) POLICY NO: D-19093232MBCV/19.
d) POLICY TYPE: (COMPREHENSIVE/THIRD PARTY/THIRD PARTY FIRE & THEFT)
e) MAKE/MODEL: TOYOTA TOYOTA
f) TYPE: (SALOON/COUPE/MPV/VAN/LORRY/MOTORCYCLE/OTHERS)
g) VEHICLE CATEGORY: (PRIVATE/COMMERCIAL/MOTORCYCLE)
h) PURPOSE OF USING AT TIME OF ACCIDENT: work only
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 : RAJENDIRAN KALAYANAN (MALE/FEMALE)
B) NRIC/FIN/PASSPORT : G12366366 X CONTACT: 8311 8374
C) ADDRESS : CDPL two dormitory 6 thus south street 15
Singapore 636906 Block 5 - #03-57.
D) DATE OF BIRTH: (30 / 05 / 1994) (DD/MM/YYYY)
E) OCCUPATION : (INDOOR/OUTDOOR)
F) YEARS OF DRIVING EXPERIENCE : 5 years

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

- 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: _____

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-19093232MFCV/19
Vehicle No / Chassis No	: GBH3745Z / KDY2318026922
Name of Insured	: SIANG HOCK CAR RENTAL PTE LTD
Period Of Insurance	: 01.04.2019 To 31.03.2020
Insured Estimated Value	: Market Value At Time Of Loss
Financial Institution	: MV 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\$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 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/MZ301A9

Issued at Singapore on 01.04.2019

Authorised Signature