

NATIONAL Assessment Centre Services (wef. Jan 2005) MNA 120043566

Date In: 25/14/20 10:42	Job description	Date & Time Completed	Done by
Ref No. MAI ECZ 2000 5188/64	SAS e-filing		
Veh No: GRG 97275	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 24/14/20 15:15	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: Tree & Kerb. 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
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: \_\_\_\_\_

Date/Time	Actions

Client's Particulars	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Driver/Owner:		In Bill	Add Bill
MA2002775	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:	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:-		
	OD*		
	*N5: Courtesy Car / Tp. 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 \$0		
	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	25/04/2020 10:42
Date Of Accident	24/04/2020 15:15
Exact Location Of Accident	CTE EXIT CAVENAGH RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG9727S
<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	SSANGYONG
Model	ACTYON SPORTS-2.0 D/CAB 2.0 AT AIRBAG 2WD (A)
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-20095487MFCV/70
Cover Note Number	

### Driver

Name of Driver	JEONG JONG-YEON
NRIC No	GXXXX070Q
Date Of Birth	26/11/1986
Occupation	OUTDOOR
Date Of Driving Pass	23/12/2013
Driving Experience	6 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81689664
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 45 BRIGHT HILL DR #18-20
Postcode	573895
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	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?	
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?	YES
If Yes, Please state which Police Station	
Police Station Name	KAMPONG KEMBANGAN NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 112 LENGKONG TIGA #01-215 , <b>POSTCODE:</b> 410112 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-7489999 - <b>FAX NO:</b> 67454676
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT T/20200424/2069

#### 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	
Vehicle Make/Model/Colour	TREE & KERB
Details Of Properties	
Vehicle Category	NA/UNKNOWN
Name of Driver	
NRIC/Passport Number	
Contact Number	
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.

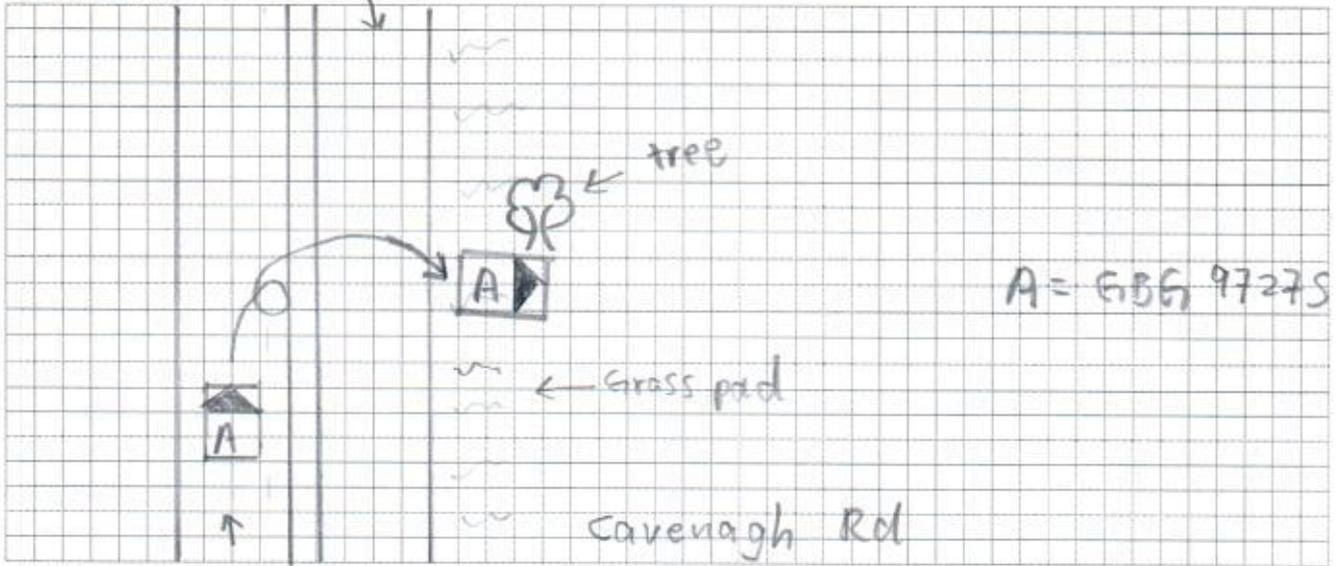


Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/20200424/2069

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: (24 / Apr / 2019) (DD/MM/YYYY), TIME (14 : 55) (HH:MM)

LOCATION: Exit CTE Cavenagh Rd. to Orchard

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GEEX 9729 S
  - b) INSURANCE COMPANY: MS FIRST CAPITAL.
  - c) POLICY NO: \_\_\_\_\_
  - d) POLICY TYPE: (COMPREHENSIVE/THIRD PATY/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: SIDANG HOCK HOLDING PTE LTD. (MALE/FEMALE)
- B) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_
- C) ADDRESS: \_\_\_\_\_

\*CONTINUE TO 3.D IF DRIVER ALSO POLICY HOLDER

3. DRIVER

- A) NAME: Joan Joan Joan (MALE/FEMALE)
- B) NRIC/FIN/PASSPORT: 45380070 @ CONTACT: 8168-8664
- C) ADDRESS: 45 Bright Hill Drive Thomson Three #1820
- D) DATE OF BIRTH: (26 / 1 / 1986) (DD/MM/YYYY)
- E) OCCUPATION: (INDOOR/OUTDOOR)
- F) YEARS OF DRIVING EXPERIENCE: 7 yrs

573895

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

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

6. WAS ANYBODY INJURED: (YES/NO) NO  
7. REPORTED TO POLICE: (YES/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: \_\_\_\_\_



Police Station Of Origin:  
Kampong Kembangan NPP  
112 Lengkong Tiga #01-215 SINGAPORE  
410112  
Tel No: 1800-7489999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 24/04/2020 17:23	Vide Report No.: E/20200424/0122	Station Diary No.: 11
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Informant's Particulars			
Name of Informant: JEONG JONG-YEON		Address: APT BLK 45 BRIGHT HILL DRIVE #18-20 THOMSON THREE SINGAPORE 573895	
ID Type / ID No.: FIN NO / G5380070Q		Contact No.: Home/Office: Mobile: 81689664	
Nationality: KOREAN, SOUTH		Email:	
Sex: Male	Age: 33	Date of Birth: 26/11/1986	Type of Informant: Driver
Race: Others		Language:	Institution / School Name:
Occupation: Construction Manager		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/04/2020 15:15	Type of Location:
Location: Along Road 1 CENTRAL EXPRESSWAY Exit Cavenagh Road				
Weather:		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG9727S	Lorry	SSANGYONG	ACTYON SPORTS D/CAB 2.0 5AT ABS D/AB 2WD	Silver	Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20200424/2069

2 of 3

Report No. T/20200424/2069

Police Station Of Origin:  
Kampong Kembangan NPP  
112 Lengkong Tiga #01-215 SINGAPORE  
410112  
Tel No: 1800-7489999

**CONTINUATION OF REPORT**

Driver			
Name	JEONG JONG-YEON	ID No.	G5380070Q
Related Vehicle	GBG9727S (Lorry)	Contact No.	81689664
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

**Brief Details.**

On 24 April 2020 at about 1515hrs, I was driving my vehicle along CTE exiting Exit 4 towards Cavenagh Road. As I was driving out of the exit, I noticed that there is a traffic light junction ahead. I tried to stop my vehicle but as the road surface was wet, I lost controlled of my vehicle. My vehicle swerved and my vehicle went up the road kerb and hit a tree.

I did not sustain any injuries. No other vehicles were involved in the accident.

That is all.



**SINGAPORE  
POLICE FORCE**



T/20200424/2069

3 of 3

Report No. T/20200424/2069

Police Station Of Origin:  
Kampong Kembangan NPP  
112 Lengkok Tiga #01-215 SINGAPORE  
410112  
Tel No: 1800-7489999

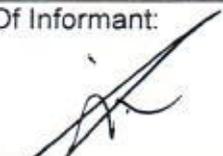
CONTINUATION OF REPORT

**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 /  
SI TAN ZHI QIN, BENJAMIN 

Signature Of Informant: 

Signature Of Interpreter:  
Not applicable

Date/Time:  
24/04/2020 17:23

Officer In Charge Of Case:  
TP / GIT /  
Sgt. MUHAMMAD AFIQ BIN RAHMAT  
Conf No: 65476171 

Classification Of Case:

Authentication Stamp  
NR168   
SIGNATURE

**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-20095487MFCV/70  
Vehicle No / Chassis No : GBG9727S / KPADA1ETSHP313501  
Name of Insured : SIANG HOCK HOLDING PTE LTD  
Period Of Insurance : 01.04.2020 To 31.03.2021  
Insured Estimated Value : Market Value At Time Of Loss  
Financial Institution : MOTOR-WAY CREDIT PTE LTD  
**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 01.04.2020

  
\_\_\_\_\_  
Authorised Signature