

NATIONAL Assessment Centre Services

[wef 1 Jan'05]

MHA 120054763

Date In: 21/6/05-10:01	Job description	Date & Time Completed	Done by
Ref No: NA / PC2200666074	SAS e-filing		
Veh No: PC8365P	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 22/6/05-17:35	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: 68F6304D	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

<p>NA 03388</p> <p>Claimant's Particulars:-</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:-</p> <p>Ref. 1:</p> <p>Ref. 2 / 3:</p>	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
	1) AR: Accident Reporting (\$30);		Inc Bill	Add Bill
	2) DA: Damage Assessment (\$100); INC (\$80)			
	3) TF: Towing Fee \$40/\$45			
	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:-			
QD:				
*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		
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	25/06/2020 10:01
Date Of Accident	22/06/2020 17:35
Exact Location Of Accident	LOR 24 GEYLANG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC8365P
Insured/Policyholder	
Name Of Registered Owner	SIANG HOCK HOLDING PTE LTD
Co Reg No	1XXXXX681M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-899999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	REGIUS ACE DX 2.8 AUTO
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	BUS

Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	D-20095486MFBP/13
Cover Note Number	

Driver

Name of Driver	NUR HURUL AIN BINTE KAMSANI
NRIC No	SXXXX011H
Date Of Birth	01/01/1995
Occupation	OUTDOOR
Date Of Driving Pass	10/07/2018
Driving Experience	1 YEAR AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96978286
Fax Number	
Contact Number	OFFICE-96978286
Email Address	NOEMAIL

Address	BLK 364 BUKIT BATOK STREET 31 #05-251
Postcode	650364
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	SIDE SWIPE
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)	4

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	GBF6304D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	91069149
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

A: PC8365P
B: 18F6304D

moving for 24.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statements.

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.:

STATEMENT: PC8365P & GBF6304D ACCIDENT dated 22.06.2020 17:37hrs.

On 22nd June 2020 @17:37hrs, PC8365P had a collision with the lorry GBF6304D.

My team and I went for toilet break at ESSO GEYLANG PETROL STATION LOR 24.

While exiting the petrol station we were waiting at the stop junction waiting for the on coming traffic to clear. Suddenly we felt an impact on LHS of our vehicle.

On checking we noticed GBF6304D had collided into our vehicle while reversing.

Our vehicle was stationary at the time of collision.

We shared details and proceed.



Nur Husein An

24/6/2020

1205hrs

ACCIDENT STATEMENT

ACCIDENT DATE: 23/06/2020 (DD/MM/YYYY), TIME: 17:37 (HH:MM)

LOCATION: ESSO PETROL STATION @ GEYLANG LOR 24

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: P18365P
 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: Working
 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 HOOK HOLDING PT LTD (MALE/FEMALE)
 B) NRIC/FIN/PASSPORT: S9500011H CONTACT: 96978286
 C) ADDRESS: _____

*CONTINUE TO 3.D IF DRIVER ALSO POLICY HOLDER

3. DRIVER

- A) NAME: NUR HURUM AIN BINTE KAWAN (MALE/FEMALE)
 B) NRIC/FIN/PASSPORT: S9500011H CONTACT: 96978286
 C) ADDRESS: 364 BUKIT BATOK ST 31 #05-251 S(650364)
 D) DATE OF BIRTH: 01/01/1995 (DD/MM/YYYY)
 E) OCCUPATION: (INDOOR/OUTDOOR)
 F) YEARS OF DRIVING EXPERIENCE: 1 year 11 months

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

- 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: 7BF 6304D MODEL: _____
 B) DRIVER'S NAME: _____ CONTACT: 9106 9149
 C) NRIC.FIN PASSPORT NO.: _____

9. THIRD PARTY VEHICLE:

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

4 person including of driver

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-20095486MFBP/13
Vehicle No / Chassis No : PC8365P / GDH2011019681
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 CREDIT PTE LTD

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 31.03.2020



Authorised Signature