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# SINGAPORE ACCIDENT STATEMENT

# IMPORTANT NOTICE

Contact Number

**EMail Address** 

- Please report <u>correctly</u> 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 witholding 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.

- 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	01/10/2020 11:21
Date Of Accident	28/09/2020 23:50
Exact Location Of Accident	YISHUN MRT CARPARK
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GJ8008R
Insured/Policyholder	
Name Of Registered Owner	SIANG HOCK CAR RENTAL PTE LTD
Co Reg No	Stockholm
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68482002
Vehicle Particulars	
Manufacturer	KIA
Model	₹
Exact Purpose for which vehicle was being used at time of accident	PARKED
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	NO
Policy Number	D-20095497MFCV/51
Cover Note Number	
Driver	
Name of Driver	MOHAMAD ZURAIMIE BIN MOHAMED FAKIH
NRIC No	SXXXX200A
Date Of Birth	02/01/1994
Occupation	OUTDOOR
Date Of Driving Pass	12/05/2014
Driving Experience	6 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92353556
Fax Number	

NOEMAIL

Address

BLK 156 JLN TECK WHYE #04-55

Postcode

680156

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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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?

YES

Was any other material or property damaged? 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 Witness 1**

Name

MUHAMMAD HANAFIAH BIN AZMAN

Phone Number

92276245

Email Address

#### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

YP9407X

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage
No. Of Passenger (Including Driver)
Page 3 of 13

## SKETCH PLAN

## IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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 :
  - 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:
  - 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.

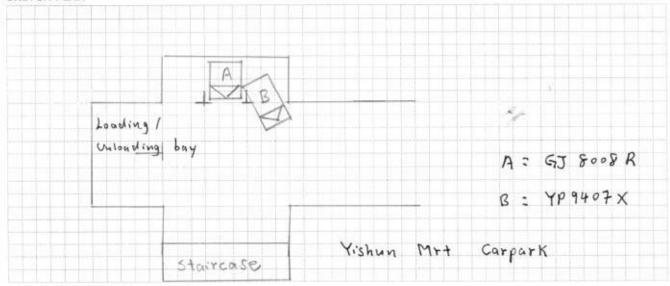
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

SKETCH PLAN



# **DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

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pois	<u>.</u>	turn	and	hit	onto	my	lorry	left	passe	nger	door
DINO	L	break	the	left	w i	rror .					

# 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.:



MS First Capital Insurance Limited Co. Reg. No. 195000106C GST Reg. No. M2-0001676-9 6 Raffles Quay #21-00 Singapore 048580 Tel: (65) 6222 2311 Fax: (65) 6222 3547

Claims & Motor Underwriting Dept: 36 Robinson Road #16-01 City House Singapore 068877 Tel: (65) 6507 3848 Fax: (65) 6507 3849

www.msfirstcapital.com.sg

#### 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-20095497MFCV/51

Vehicle No / Chassis No

: GJ8008R / KNCSJX76LK7311027

Name of Insured

: SIANG HOCK CAR RENTAL PTE LTD

Period Of Insurance

Insured Estimated Value

: 01.04.2020 To 31.03.2021 : Market Value At Time Of Loss

: MOTOR CREDIT PTE LTD

Financial Institution 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:-

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

A Member of MS&AD INSURANCE GROUP

ACC	CIENT STATEMENT	> pm	
28	/MM/YYYY),TIME(I_I	(HH:MM)	
ACCIDENT DATE: (929 / 09 /2020)(DD	/MIVI/TTTI),TIIVILI		
LOCATION: YISHUH MRT			
1.DETAILS OF VEHICLE			
		*1	
a) VEHICLE NUMBER: GJ 8008R.	0.17-64		
b) INSURANCE COMPANY: 115 FIRST CAS	71181.	_	
c) POLICY NO:	THE BARTY CIDE & THE	ET)	
d) POLICY TYPE: (COMPREHENSIVE/THIRD PATY	/ IHIKU PAKTT FIRE & THE		
e) MAKE/MODEL: Kia	OTUEDEL	4	
STYDE IS ALCON/COUPE/MPV/VAN/LORRY/M	OTORCYCLE/OTHERS)		
OWEHICLE CATEGORY: (PRIVATE/COMMERCIAL	MOTORCYCLE	173	
h) PURPOSE OF USING AT TIME OF ACCIDENT :		74	
i) ARE YOU CLAIMING UNDER YOUR OWN INSU IF NO, PLEASE STATE (THIRD PARTY CLAIM/REP	ORTING ONLY)		
IF NO, PLEASE STATE (THIRD PARTY CLAIM) NET	On mo one		
2. INSURED / POLICY HOLDER			
A) NAME: SIANA HOLK CAR PENT	THE OFF INTO IMALE	(FEMALE)	
A) NAME: SIANG HOCK CAR FER	CONTACT:	68482002.	
B) NRIC/FIN/PASSPORT :	O SINGAPOLE 4	18946.	
C) ADDRESS : LI JACON MESSI	N SIMMOTORE A		
TO 3 D IS DOWER ALSO BOLICY HO	UDER		
*CONTINUE TO 3.D IF DRIVER ALSO POLICY HO	/LUL11		A C
3. DRIVER & Witness	*		92353556
		E/CENANIE)	
AI NAME : MUHAMMAD HANA FLAM	CONTACT:	10271245.	2urai mie
B) NRIC/FIN/PASSPORT : 386 22269H	LEDY CHOEST OF	#18-282	
B) NRIC/FIN/PASSPORT: 388 222699 C) ADDRESS: BLK 827 JULONG L SINGAPORE & 400	201 - STACCI OI	11 1/2	
D) DATE OF BIRTH: ( 08/ 08 /1986	VDD/MANA/VVVV		
D) DATE OF BIRTH: ( 08 ) 08 / 17 50	i(DD) MINI ( ( ( ) )		
E) OCCUPATION : (INDOOR/OUTDOOR)	67/2		
F) YEARS OF DRIVING EXPERIENCE : 12 18			
4. WAS DRIVER AN EMPLOYEE OF THE INSURE	D'S COMPANY? (YES/NO	1.	
IF NO, RELATIONSHIP OF THE DRIVER WITH	INSURED .	Hirer.	
IF NO, RELATIONSHIP OF THE DRIVER WITH			
5.A) WEATHER CONDITION: (CLEAR/ RAINING	/OTHERS	)	
B) ROAD SURFACE : (DRY/WET/OTHERS		)	
B) ROAD SORFACE. (DITT) WEY,		7-1	
6. WAS ANYBODY INJURED: (YES/NO)			
7. REPORTED TO POLICE : (YES/NO)			
IF YES PLEASE STATE WHICH POLICE STATIC	ON:		
		-	
8.THIRD PARTY VEHICLE:	MODEL		9
A) VEHICLE NO: YP9407X	MODEL:		
B) DRIVER'S NAME :	CONTACT:		
C) NRIC.FIN PASSPORT NO.:	CONTROL		
- THE DARTY VEHICLE.			
9. THIRD PARTY VEHICLE:  A) VEHICLE NO:	MODEL:		
B) DRIVER'S NAME :			
C) NRIC.FIN PASSPORT NO.:	CONTACT:		
The state of the s			