NATIONAL Assessment Centr	e Services ports	WOOD MAIA 12010 45	18
Date In: 24/11/20 14:55	Jeb description	Date &Time Comple	oted Done by
Kellin NA/ FCI20012940144	SAS c-filing		
VCD NO GBB 2853H	E-mall (within this, Al	C 2hrs)	
11/1/ 21/11/20 20:00	I-Motor Claim For	171	
	I-Motor W/O (within	i: OD 2hrs, TP 4hrs)	
(H) TP / Reporting Only	I-Photo Uplonded		
70.0	Assessment/Survey P	.epor(
TP Inturer:	Ass't Report by Fax	Hand to Owner/Wksp	
Proformed Wisp / INC Assign Wisp / QW: (-	Tol: f	Fax:
TP Particulars: Veh No: 51	35 6672 Y	INC()/Non-INC(), .
Owner / Driver: (Tel:)
Policy No: () Per	riod: () Cover Type: ()
Confirmed by : (Date	r, Three)
Insured/Driver Liability: (%) [1	Note-Est. Status (WO):	N: 0-20%; P: 21-79%. P:	80-100%]
Year of Registration: () V	Warranty; YES ()/N	0()	
	00()/\$2,000()		
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() Walk-In Customer : Gustomor's Infor	بالمنسبة المقاشلة المسمسية المسمسية المسمسية	بيانية المستحدثة المحا المسالة فينحا للفنا المتنطقة الأناء المستحدث المستحدث	a timely to a part of the same
() Total Loss Case : to e-mail Insure		8 C C C C C C C C C C C C C C C C C C C	
		No market Cold (
Drive-In ()/ Towed-In (); Invoice:); Towing Co: (/ · /	
tionerals property of the market of the Location is		SERVED DESCRIPTION OF THE PARTY	Sign Little ne by
The state of the s	ourtesy Car ()	, , , , ,	
2) QC Check / Post Repair Inspection	.(-).		
3) Upload Resurvey Photo [Repair Cost > \$30	0001 (-)		
Injurje:			
Duterping Section 5 1 200 22 2015 And			The Carry
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			พระพรสมเ สรารณ์ ในเครายางาร ะ
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Churant Particulars 2 1	产品等的基础(基础 2) DA:	Damego Assessment (\$100); In	VC (220)
Driver/Owner:	3) TV:	Follow-Through Survey	\$120 \$120
Contact No:	5) PT t	Follow-Through Survey (Heaurvey)	530
Commit No.		alming againgt INC Only (wef 10 Jan Re-inspection	1 <u>3(193)</u> 573
Damaged Portion:		Idao DA + SMRT Survey	. 2160 -
	a) NTU	C Additional Services:-	
QC Checked by (Engr-In-Charge):	<u>OD:</u>	Courtesy Car / Tpt Allowance	\$5
	• N6:	Repair Co-ordination	510
Anditors Communists	1077日のかけるカプレック N7: 第234日本人・日第65日 N7:	Post Repair Inspection DV / Collect Excess Coordination	272
7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	. 14.0	(11): TP (Non INC) against INC	520
- Caralla	9) N12:	Idno Mobile	arged WMWD 02
1 2/3	lisvala.		PARKEL LANGEL

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 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.
- 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.

aforesaid.	
The State of the S	ACCIDENT STATEMENT
Date Of Report	24/11/2020 14:55
Date Of Accident	21/11/2020 20:00
Exact Location Of Accident	AYE TWDS PIE AT PANDAN FLYOVER
Country/State of Loss	SINGAPORE
The Principle of the Section of the Control of the	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBB2853H
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	SSANGYONG
Model	N=1
Exact Purpose for which vehicle was being used at time of accident	AFTER WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	D-20095528MFCV/71
Cover Note Number	
Driver	
Name of Driver	PHANG WOEI BIN
NRIC No	SXXXX968J
Date Of Birth	20/06/1979
Occupation	OUTDOOR

 Name of Driver
 PHANG WOEI BIN

 NRIC No
 SXXXX968J

 Date Of Birth
 20/06/1979

 Occupation
 OUTDOOR

 Date Of Driving Pass
 05/09/2008

 Driving Experience
 12 YEARS AND 2 MONTHS

 Gender
 MALE

 Mobile Number
 (LOCAL) +65-91063762

Fax Number

Contact Number

EMail Address NOEMAIL

Address

BLK 816B KEAT HONG LINK #08-73

Postcode

682816

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

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

2 NO

Was any body injured in the Accident? 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

Passenger 1

NAME:

: UNKNOWN

GENDER:

: MALE

Passenger 2

NAME:

: UNKNOWN

GENDER:

: MALE

Passenger 3

NAME:

: UNKNOWN

GENDER:

: FEMALE

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

SBS6672Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

BUS

Name of Driver

NRIC/Passport Number

Contact Number

Page 2 of 23

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.
- 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.
- 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.
- 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:
 - (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
 - for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time:

Oriver's Signature (If driver is not the policyholder)

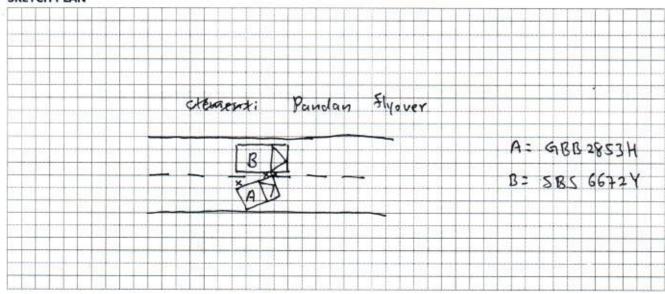
Date & Time:

0

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer	40	Statement	
- 111			
		• /	
			•

DECLARATION

I/We declare the toregoing 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.:

Spm, My pickup drove towards ATE to PIE Flyover of Cluments & exit ramp, pickup skidding while SRS bus along my left hand lane (I am at right lane - 2 way lanes).

Pick up skid away and colide towards SRS bus the right hand right hand was and colide towards.

pickup encontered for left front and left back drawges due to the impact. Front tagre replaced with spore tyre in order to drive. It was done theating outside account scene as the pule up ned to tow away as it was in the expose way as advised & LTA office on site right offer the aleiders.

- SBS Bus enlowlered few scrotches total near front type (left) while doing the initial chek with Bus driver. Information exchange was done and buy drove anay before LTA officer arrival.

phag word Blus
23 /11/2020



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.

: Third Party

Certificate No.

: D-20095528MFCV/71

Vehicle No / Chassis No

GBB2853H / KPADA1EKS8P056088

Name of Insured

SIANG HOCK CAR RENTAL PTE LTD

Period Of Insurance

01.04.2020 To 31.03.2021

Insured Estimated Value

: 0.00

Authorised Driver*

ANY AUTHORISED DRIVER

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 All Claims (for Long Term Lease - 1 year or more)

S\$2,500.00 on All Claims (for Short Term Lease - less than 1 year)

S\$1,000.00 on All Claims (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 All Claims (for Long Term Lease - 1 year or more)

S\$4,500.00 on All Claims (for Short Term Lease - less than 1 year)

S\$2,000.00 on All Claims (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)

ESTHÉRT/A0151/MZ301A10

Issued at Singapore on 01.04.2020

Authorised Signature

A Member of MS&AD INSURANCE GROUP