

# NATIONAL Assessment Centre Services. [Part 1 Jan'03] : SM 0920 CM 0005

Date In: 23/12/20 10:42	Job description	Date & Time Completed	Done by
Ref No: NA/FCZ 200/14345/44	SAS e-filing		
Veh No: GBD 1648 E	E-mail (within 2hrs, A/C 2hrs)		
DDA: 21/11/20 15:00	I-Motor Claim Form		
OT: TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel: 4	Fax: )
TP Particulars:	Veh No: SLH 900T	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 ( )	

( ) Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repolier.

( ) Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Controls	INC/Non-INC/Other	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

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


NA2100760

Driver/Owner:	Invoice Item	Amount	Balance
Contact No:	1) AR: Accident Reporting (\$30)		30
Damaged Portion:	2) DA: Damage Assessment (\$100); INC (\$30)		
QC Checked by (Engr-In-Charge):	3) TP: Towing Fee \$40/\$45		
	4) PT: Follow-Through Survey \$120		
	5) PT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (w/c 10 Jan 2003)		
	6) TR: Re-Inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*NS: Courtesy Car / Tpt Allowance \$5		
	*NG: Repair Co-ordination \$10		
	*NT: Post Repair Inspection \$25		
	*NI: DV / Collect Excess Coordination \$5		
	TP (NI): TP (Non INC) against INC \$20		
	9) NI2: Idao Mobile \$0		
	Invoice dated	Fee Charged	
		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 Submission ..... 23/12/2020 10:42 (SGT)  
Date of Accident ..... 21/11/2020 15:00 (SGT)  
Exact Location of Accident ..... Airport Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBD1648E

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... SIANG HOCK HOLDING PTE LTD  
Company Reg No ..... -  
Email Address ..... CAR.RENTAL@SIANGHOCK.COM.SG  
Mobile Phone No ..... (Phone) +65-67492002  
Alternative Phone No ..... (Office) +65-67492002

#### VEHICLE PARTICULARS

Manufacturer ..... Nissan  
Model ..... Cabstar  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Reporting only  
Vehicle Category ..... Commercial vehicle

#### INSURANCE COMPANY

Name of Insurance Company ..... First Capital  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... No  
Policy Number ..... D-20095519MFCV/71  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... LIM HAUR SONG  
NRIC No ..... SXXXX995F  
Date Of Birth ..... 18/09/1979  
Occupation ..... Outdoor

Date Of Driving Pass .....	21/10/2003
Driving experience .....	17 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-98529988
Alt. Phone Number .....	-
Email Address .....	CAR.RENTAL@SIANGHOCK.COM.SG
Address .....	BLK 210 BUKIT BATOK ST 21 #09-208
Address complement .....	-
Postcode .....	650210
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Collision - Head to Rear
Weather Conditions .....	Raining
Road Surface .....	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
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 .....	SLH900T
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-

Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

## SKETCH PLAN

### IMPORTANT NOTICE

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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

Refer to Sketch

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Statement

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:

*[Handwritten signature]*

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

*[Handwritten signature]*

MacPherson Rd

UBI RD 2

①

B

A

②

③

④

AIRPORT ROAD

- ① I was driving GBD 1648 E ALONG AIRPORT ROAD TO MacPherson Road, SLH 900T in front of my vehicle suddenly jam break. I try to stop my vehicle immediately but ~~my~~ my vehicle collided on to the rear of SLH 900T.
- ② The third party intend to do a private settlement at my local workshop, which they later did not turn up.
- ③ My delay reporting ~~is~~ is because waiting for the private settlement with third party.

||| LIM HANSON



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7981995F**

Name: **LIM HAUR SONG**

Birth Date: **18 Sep 1979**

Issue Date: **18 Oct 2008**

 001665959C



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7981995F**

Name: **LIM HAUR SONG**

林 豪 嵩

Race: **CHINESE**

Date of birth: **18-09-1979**

Sex: **M**

Country/Place of birth: **MALAYSIA**





Class 2B Motorcycles  $\leq 200$  cc  
Class 3 Motor Cars  $\leq 2000$  kg with  $\leq 7$  passengers, exclusive of the driver, and other motor vehicles  $\leq 2000$  kg

Class 2B Motorcycles  $\leq 200$  cc  
Class 3 Motorcycles  $> 200$  cc

Class 3

Motor Cars  $\leq 3000\text{kg}$  with  $\leq 7$  passengers, exclusive of the driver, and other motor vehicles  $\leq 2000\text{kg}$

21 Oct 2003  
21 Oct 2003

NP 428A

Licence No. 57981995F

9472676



NPIC No. S7981995F

Mathuramathy

MALAYSIAN

Date of issue

23-01-2018

Address

APT BLK 210 BUKIT BATOK STREET 21  
#09-208  
SINGAPORE 650210

CERTIFICATE OF INSURANCE

ORIGINAL

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1980  
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-20095519MFCV/71
Vehicle No / Chassis No	: GBD1648E / JN1SC2F24Z0855835
Name of Insured	: SIANG HOCK HOLDING PTE LTD
Period Of Insurance	: 01.04.2020 To 31.03.2021
Insured Estimated Value	: 0.00
<b>Authorised Driver*</b>	
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 : \$S1,000.00 on All Claims (for Long Term Lease - 1 year or more)  
 \$S2,500.00 on All Claims (for Short Term Lease - less than 1 year)  
 \$S1,000.00 on All Claims (for Staff)

For drivers with less than 1 year driving experience and/or less than 21 years of age

Excess : \$S3,000.00 on All Claims (for Long Term Lease - 1 year or more)  
\$S4,500.00 on All Claims (for Short Term Lease - less than 1 year)  
\$S2,000.00 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

# ACCIDENT STATEMENT

ACCIDENT DATE: (21 / 11 / 2020) (DD/MM/YYYY), TIME (15:00) (HH:MM)

LOCATION: AIRPORT RD TOWARD MACPHERSON

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBD1648E  
 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: work  
 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 HOLDING PTE LTD. (MALE/FEMALE)  
 B) NRIC/FIN/PASSPORT: CONTACT: 6749 2002  
 C) ADDRESS:

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

## 3. DRIVER

- A) NAME: LIM HAU SONG (MALE/FEMALE)  
 B) NRIC/FIN/PASSPORT: S7981995F CONTACT: 98529988  
 C) ADDRESS: 210 BUKIT BATOK ST 21 #09-208 SINGAPORE 650210  
 D) DATE OF BIRTH: (18 / 09 / 1979) (DD/MM/YYYY)  
 E) OCCUPATION: (INDOOR/OUTDOOR)  
 F) YEARS OF DRIVING EXPERIENCE: 17 YEARS

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

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: SLH 900T 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:

car.rental@sianghook.com.sg.

\* IC

\* License

\* photo.

No cameras.