

NATIONAL Assessment Centre Services. Part 1 (34/03) SN 09211P0000

Date In: 25/1/21 18:12	Job description	Date & Time Completed	Done by
Ref No: NAJ PCZ 21001182164	SAS e-filing		
Veh No: PC 9101C	E-mail (within 3hrs, AIC 2hrs)		
IPDA: 24/1/21 18:45	I-Motor Claim Form		
<input checked="" type="checkbox"/> 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		

Professed Wksp / INC Assign Wksp / QW: ()		Tel: ()	Fax: ()
TP Particulars:	Veh No: Wall / Screw	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 ()			

<input type="checkbox"/> Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of rep/rep.
<input type="checkbox"/> Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

1) AR: Accident Reporting (\$30)	INC (\$30)	
2) DA: Damage Assessment (\$100)	INC (\$100)	
3) TP: Towing Fee	\$40/\$45	
4) FT: Follow-Through Survey	\$120	
5) PT: Follow-Through Survey (Resurvey)	\$30	
For claiming against INC Only (wef 10 Jan 2003)		
6) TR: Re-inspection	\$75	
7) NI: Idao DA + SMRT Survey	\$160	
8) NTUC Additional Services:		

NA2101342	1) AR: Accident Reporting (\$30)	30
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$100)
Contact No:	3) TP: Towing Fee	\$40/\$45
Damaged Portion:	4) FT: Follow-Through Survey	\$120
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$30
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2003)	
Est. 1:	6) TR: Re-inspection	\$75
	7) NI: Idao DA + SMRT Survey	\$160
	8) NTUC Additional Services:	
	9) NI: Idao Mobile	\$0
	*NS: Courtesy Car / Tpt Allowance	\$5
	*NG: Repair Co-ordination	\$10
	*NT: Post Repair Inspection	\$25
	*NI: DV / Collect Excess Coordination	\$5
	TP (NI1): 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 25/01/2021 18:12 (SGT)
 Date of Accident 24/01/2021 18:45 (SGT)
 Exact Location of Accident Sunshine PI, Singapore
 Additional Location Information -
 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number PC9101C

INSURED/POLICYHOLDER

Is company? Yes
 Name Of Registered Owner SIANG HOCK CAR RENTAL PTE LTD
 Company Reg No -
 Email Address car.rental@sianghock.com.sg
 Mobile Phone No (Phone) +65-98811144
 Alternative Phone No +65-98811144

VEHICLE PARTICULARS

Manufacturer Nissan
 Model Nv350
 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? Yes
 Vehicle Category Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company First Capital
 Type of Coverage Comprehensive
 Fleet Policy No
 Policy Number D-20095500MFBP/17
 Cover Note Number -

DRIVER

Name of Driver RUBBEN MOHAN
 NRIC No SXXXX000J
 Date Of Birth 11/10/1988

Date Of Driving Pass	02/08/2017
Driving experience	3 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98811144
Alt. Phone Number	-
Email Address	car.rental@sianghock.com.sg
Address	BLK 819 JURONG WEST ST 81 #07-240
Address complement	-
Postcode	640819
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	Collided into Property
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
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	WALL/SCREW
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Government
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-

Nature Of Damage	-
Details of property damaged in accident	-
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:

A hand-drawn diagram on graph paper showing a curved structure, possibly a dam or a wing. The structure is defined by two curved lines meeting at a point labeled 'A'. A horizontal line extends from point 'A' to the right. A vertical line extends from point 'A' upwards. A small square is drawn at point 'A', with a diagonal line inside it. The letter 'A' is written inside the square. To the right of the diagram, the formula $A = PC 9101C$ is handwritten.

A = PC 9101C

Refer to Statement

I/We declare the foregoing particulars are true in every respect.



every respect.

[Handwritten signature]

STATEMENT,

At 1845 hrs, when I was drove out my vehicle (van) out from the sunshine place multistory carpark while reached the second level I was about turn downwards for the exit. All of sudden. I heard a sound like crashed. I went down inspect the vehicle. It was a big screw stuck in the hole of window grill. There is no way for me to move forward or backward meanwhile there was a few cars waiting for me at behind. I also realised the big screw from the wall hitting my window. I tried my level best to find a way to move my vehicle from the obstruction of the vehicle. In the progress of moving the vehicle unfortunately, the window grill pulled out by the big screw and also break my vehicle side window. No injuries or third parties involve in this scene.



RUBBOW MOHAN.

S9676000 J.

25. 01. 21.

1615 HRS.

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-20095500MFBP/17
Vehicle No / Chassis No : PC9101C / JN1TC2E26Z0062967
Name of Insured : SIANG HOCK CAR RENTAL PTE LTD
Period Of Insurance : 11.07.2020 To 31.03.2021
Insured Estimated Value : Market Value At Time Of Loss
Financial Institution : MOTOR CREDIT PTE LTD
EXCESS : AS INDICATED BELOW

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 23.07.2020



Authorised Signature

ACCIDENT STATEMENT

ACCIDENT DATE: (24 / 01 / 21) (DD/MM/YYYY), TIME (18 : 45) (HH:MM)

LOCATION: SUNSHINE PLACE (CAR PARK)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PC9101C.
 b) INSURANCE COMPANY: MS FIRST CAPITAL.
 c) POLICY NO: _____
 d) POLICY TYPE: (COMPREHENSIVE/THIRD PARTY/THIRD PARTY FIRE & THEFT)
 e) MAKE/MODEL: Nissan NV350
 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: SING HOCK CAR RENTAL PTE LTD. (MALE/FEMALE)
 B) NRIC/FIN/PASSPORT: 201538271R. CONTACT: _____
 C) ADDRESS: 21 JALAN MASJID SINGAPORE 418946.

*CONTINUE TO 3.D IF DRIVER ALSO POLICY HOLDER

3. DRIVER

- A) NAME: RUBBEN MOHAN. (MALE/FEMALE)
 B) NRIC/FIN/PASSPORT: S96760001 CONTACT: 98811144.
 C) ADDRESS: BLK 819, JURONG WEST ST 81 # 07-240
CHAP19. SINGAPORE
 D) DATE OF BIRTH: (14 / 10 / 96) (DD/MM/YYYY)
 E) OCCUPATION: (INDOOR/OUTDOOR) 3 years
 F) YEARS OF DRIVING EXPERIENCE: 3 years

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

- 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: _____ 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: _____