

# NATIONAL Assessment Centre Services. (Part 1 Jan 2021) SN 09 21-21 00 10

Date Inc: 1/2/21 18:49	Job description	Date & Time Completed	Done by
Ref No: MA/ECI 21001513/44	SAS e-illing		
Veh No: 6BH 3707J	E-mail (within 2hrs, ASC 2hrs)		
ICIA: 30/1/21 10:15	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'l Report by Fax / Hand to Owner/Wkan		
Preferred Wksp / INC Assign Wksp / QW: (	Tel: (	Fax: (	)
TP Particulars:	Veh No: SKB 9218 P	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%; F: 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: ( )			
1) Apply for Transport Allowance ( ) / Courtesy Car ( )			
2) QC Check / Post Repair Inspection ( )			
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )			
Injury: ( )			
Driver/Owner:			
Contact No:			
Damaged Portion:			
QC Checked by (Engi-In-Charge):			
Auditors Comments:			
Tel. 1:			
Tel. 2:			
Tel. 3:			

NA 210 1283

1) AR: Accident Reporting (\$30);	30
2) DA: Damage Assessment (\$100); INC (\$10)	
3) TF: Towing Fee \$40/\$45	
4) PT: Follow-Through Survey \$120	
5) FT: Follow-Through Survey (Resurvey) \$30	
For claiming against INC Only (wef 10 Jan 2021)	
6) TR: Re-inspection \$75	
7) N1: Idao DA + SMRT Survey \$160	
8) NTUC Additional Services:	
ON:	
*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	\$0
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 Submission ..... 01/02/2021 18:49 (SGT)  
Date of Accident ..... 30/01/2021 10:15 (SGT)  
Exact Location of Accident ..... PIE, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBH3707J

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... SIANG HOCK CAR RENTAL PTE LTD  
Company Reg No ..... 2XXXXX271R  
Email Address ..... RICO60AUTOSERVICES@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-98268590  
Alternative Phone No ..... +65-98268590

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Dyna  
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 - Claiming third party  
Vehicle Category ..... Commercial vehicle

### INSURANCE COMPANY

Name of Insurance Company ..... First Capital  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... D-20095497MFCV/17  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... RAMASAMY ANANDKUMAR  
Work Permit No ..... GXXXX868L  
Date Of Birth ..... 24/09/1994  
Occupation ..... Outdoor

Date Of Driving Pass	02/01/2018
Driving experience	3 YEARS
Gender	Male
Mobile Number	(Phone) +65-98268590
Alt. Phone Number	-
Email Address	RICO60AUTOSERVICES@GMAIL.COM
Address	25 KAKI BUKIT ROAD 3 #06-21
Address complement	-
Postcode	415815
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	BALASUBRAMANIYAN SOUNDA RESWARAN
Gender	Male

#### 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	SKB9218P
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)	-

### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SGK8570C
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)	-

### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SMQ6904J
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)	-

### INJURED PERSONS DETAILS

#### INJURED 1

Name of injured person	RAMASAMY ANANDKUMAR
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	GBH3707J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

#### INJURED 2

Name of injured person	BALASUBRAMANIYAN SOUNDA RESWARAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY

Injured person in which vehicle? .....  
Were seat belts worn? .....  
Was this injured conveyed to hospital by ambulance? .....

GBH3707J  
Yes  
No

## 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:

*R. And...*

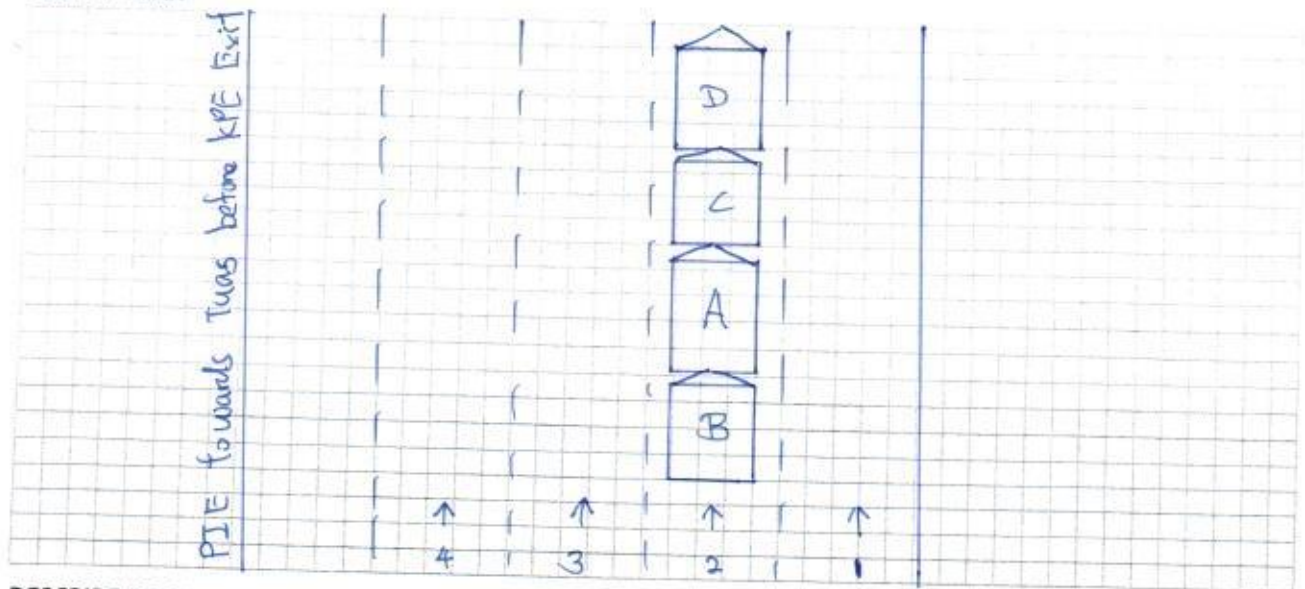


Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

*A*



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle A was travelling along PTE towards Tuas before KPE Exit, in front of me the vehicle C slow down and came to a stop, so I also follow to slow down and came to a stop without any contact with the front vehicle C. Suddenly vehicle B from behind bang on to my rear portion of my vehicle A. The impact was so great and pushes my vehicle A to hit on to the front vehicle C. I came out of my vehicle A then I realise that there are 4 vehicle involved.

## DECLARATION

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

Policyholder's Signature  
Date & Time:



R. And Kung.  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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



**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/17**  
Vehicle No / Chassis No : **GBH3707J / KDY2318026908**  
Name of Insured : **SIANG HOCK CAR RENTAL PTE LTD**  
Period Of Insurance : **01.04.2020 To 31.03.2021**  
Insured Estimated Value : **Market Value At Time Of Loss**  
Financial Institution : **MV CREDIT PTE LTD**  
Authorised Driver\*  
**ANY AUTHORIZED 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:-**

- (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.

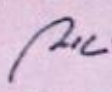
\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

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)

SUSAN/A0151/MZ301A9

Issued at Singapore on 01.04.2020

  
\_\_\_\_\_  
Authorised Signature



# ACCIDENT STATEMENT

2021

ACCIDENT DATE: (30 / 01 / 2021) (DD/MM/YYYY), TIME: (10 : 15) (HH:MM)

LOCATION: PJB towards Tuas before KPE Exit.

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBH 3707J  
 b) INSURANCE COMPANY: First Capital  
 c) POLICY NUMBER: D-26095497MFCV/17  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Byola Dyma  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: work purpose  
 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 (Car Rental Pte Ltd) (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 201538271R CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

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

## DRIVER

- a) NAME: RAMASAMY ANANDKUMAR (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: A2627868L CONTACT: 98268590  
 c) ADDRESS: 25 kaki bakti Road 3, s (415815) #06-21

\* d) DATE OF BIRTH: (24 / Sep / 1994) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 3 years

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
 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) Driver & Passenger

7. a) REPORTED TO POLICE (YES / NO)  
 IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKB 9218P MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SGK 8570 C MODEL: \_\_\_\_\_  
 e) DRIVER'S NAME: \_\_\_\_\_  
 f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

D 10) Vehicle Number: SMQ 6904 J

Email = ric06044toservices@gmail.com

fax = 6286 7060

\* No of passenger  
 (including driver)  
(02)

① Bala Subramaniam  
 Sounda resuwan (in)

\* No of passenger  
 (including driver)  
( )

\* No of passenger  
 (including driver)  
( )