

# NATIONAL Assessment Centre Services. (wef 1 Jan'05) SM 09213 B 0000

Date In: 11/3/21 15:23	Job description	Date & Time Completed	Done by
Ref No: NA/FCZ 21003225164	SAS e-filing		
Veh No: GBF 2393 Y	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 9/17/21 12:15	i-Motor Claim Form		
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: JTY 8713	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 ( )	

General Remarks:
( ) Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repairer.
( ) Total Loss Case : to e-mail Insurer URGENTLY.
Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks: (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

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

Date/Time	Actions

NA 2102130	Invoice Preparation Checklist	Am't (\$) Inc Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	30	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
Pat. 1:	6) TR: Re-inspection \$75		
Pat. 2 / 3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*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: Idac Mobile 30		
	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 ..... 11/03/2021 15:23 (SGT)  
Date of Accident ..... 09/03/2021 12:15 (SGT)  
Exact Location of Accident ..... Jurong Island Hwy, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBF2393Y

#### 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) +65-68482002  
Alternative Phone No ..... +65-68482002

#### VEHICLE PARTICULARS

Manufacturer ..... Kia  
Model ..... K2500  
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-20095487MFCV/50  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... HAIRIE BIN JOHAN  
NRIC No ..... SXXXX215J  
Date Of Birth ..... 07/10/1978  
Occupation ..... Outdoor

Date Of Driving Pass .....	09/06/2015
Driving experience .....	5 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97785897
Alt. Phone Number .....	-
Email Address .....	car.rental@sianghock.com.sg
Address .....	BLK 443A BUKIT BATOK WEST AVE 8 #12-835
Address complement .....	-
Postcode .....	651443
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 .....	Side Swipe
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	Yes
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### FOREIGN VEHICLE 1

Vehicle Registration Number .....	JTY8713
Vehicle Category .....	Commercial vehicle

#### PASSENGER 1

Name .....	-
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Jurong East Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18008999999
Alt. Police Station Phone No .....	(Fax) +65-66655791
Police Station Address .....	No. 92 Boon Lay Way Singapore 609962
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210310/2078

#### 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 .....	JTY8713
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
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) .....	-

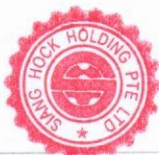
## SKETCH PLAN

### IMPORTANT NOTICE

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.



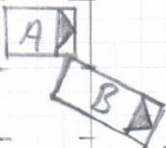
Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN

Jurong Island Hwy



A = GBF 2393Y

B = JTY 8713

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/20210310/2078

## DECLARATION

I/We declare the following 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]*





# SINGAPORE POLICE FORCE



T/20210310/2078

1 of 3

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

Report No. T/20210310/2078

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 10/03/2021 15:32		Vide Report No.: D/20210309/0050		Station Diary No.: 72	
<b>Informant's Particulars</b>					
Name of Informant: HAIRIE BIN JOHAN			Address: APT BLK 443A BUKIT BATOK WEST AVENUE 8 #12-835 SINGAPORE 651443		
ID Type / ID No.: NRIC NO / S7828215J			Contact No.: Home/Office: Mobile: 97785897		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 42	Date of Birth: 07/10/1978	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: DRIVER.			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/03/2021 12:15	Type of Location: Straight Road
Location:  JURONG ISLAND HIGHWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Rear of moving trailer collided with side of stationery vehicle				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF2393Y	Lorry				Seriously Damaged	1
JTY8713 (Not Accurate)	Trailer					0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20210310/2078

2 of 3

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

Report No. T/20210310/2078

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	HAIRIE BIN JOHAN	ID No.	S7828215J
Related Vehicle	GBF2393Y (Lorry)	Contact No.	97785897
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
<b>Driver</b>			
Name	Unknown	ID No.	NIL
Related Vehicle	JTY8713 (Trailer)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 09/03/2021 at about 1215hrs, I was driving my lorry 'GBF2393Y' along Jurong Island Highway before Ayer Merbau Road exit, together with one of my worker in the passenger seat. My vehicle was stopped at the traffic light at that point of time in the third lane of the five lanes high way. Suddenly on my right in the second lane, a trailer bearing a plate number of 'JTY8713' made an illegal U-turn to the opposite direction. I wish to inform that only lane one can make a right turn and there are no U-turn signs as well. Due to the length of the trailer, the rear of the said trailer collided to my vehicle's right door causing it to be seriously damaged.

I wish to inform that due to the impact, I sustained dizziness at that point of time however there were no physical injuries. My passenger on board was not injured as well. Ambulance and Traffic Police were at scene shortly and assessed me to be fine. I wish to inform that the vehicle I was driving do not have any in car camera as it is a rented vehicle. Lastly I wish to inform that the driver of the foreign vehicle was not aware of the collision until I sounded my horn.





SINGAPORE  
POLICE FORCE



T/20210310/2078

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

3 of 3

Report No. T/20210310/2078

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

D /

Sgt 2 JOSEPH KONG ZI LONG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

10/03/2021 15:32

Officer In Charge Of Case:

TP / GIT /

SI MOHAMMAD ABDILLAH BIN PALIL

Contact No.: 65476246

Classification Of Case:

Authentication Stamp

NP168

# 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-20095487MFCV/50  
 Vehicle No / Chassis No : GBF2393Y / KNCSJX76LG7082737  
 Name of Insured : SIANG HOCK HOLDING 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 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:-

- (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

ACCIDENT DATE: 9 / 3 / 2021 (DD/MM/YYYY), TIME: 12 15 (HH:MM)

LOCATION: JURONG ISLAND HIGHWAY

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBF2393Y  
 b) INSURANCE COMPANY: MS FIRST CAPITAL.  
 c) POLICY NO.: \_\_\_\_\_  
 d) POLICY TYPE: (COMPREHENSIVE/THIRD PARTY/THIRD PARTY FIRE & THEFT)  
 e) MAKE/MODEL: Kia K2500  
 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) 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: 6848 2002  
 C) ADDRESS: 21 JALAN MAJID, SINGAPORE 418946.

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

## 3. DRIVER

- A) NAME: HAIRIE JOHAN (MALE/FEMALE)  
 B) NRIC/FIN/PASSPORT: S7828215J CONTACT: 97785897  
 C) ADDRESS: 443A BURIT BATOR AVE 8 #12-225  
 D) DATE OF BIRTH: 7 / 10 / 78 (DD/MM/YYYY)  
 E) OCCUPATION: (INDOOR/OUTDOOR)  
 F) YEARS OF DRIVING EXPERIENCE: 22

## 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/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)

## 7. REPORTED TO POLICE: (YES/NO)

IF YES PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE:

- A) VEHICLE NO: JTY8713 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: \_\_\_\_\_

Camera: No

IC & License.

PASSENGERS.  
+1.  
M