

# NATIONAL Assessment Centre Services

Date In: 16/04/21	Job description	Date & Time Completed	Done by
Ref No: NA/FLI21004628/13	SAS e-filing		
Veh No: 68B66354	E-mail (w/for, 8hrs, APC 2hrs)		
DOA 15/04/21 1850	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:	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 ( )	

**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

119 8102 606	<b>Invoice Preparation Checklist</b>	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
<b>Claimant's Particulars :-</b>	1) AR : Accident Reporting (\$30);		
<b>Driver/Owner:</b>	2) DA : Damage Assessment (\$100); INC (\$80)		
<b>Contact No:</b>	3) TF : Towing Fee \$40/\$45		
<b>Damaged Portion:</b>	4) FT : Follow-Through Survey \$120		
	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : idae 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		
<b>QC Checked by (Engr-In-Charge):</b>	TP (N11) : TP (Non INC) against INC \$20		
<b>Auditors' Comments :-</b>	9) N12: idae Mobile \$0		
<b>Cat. 1:</b>	Invoice dated	Fee Charged	
<b>Cat. 2 / 3:</b>	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	16/04/2021 17:07 (SGT)
Date of Accident	15/04/2021 18:50 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	SLIP RD INTO ECP(MCE)
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB6635U
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### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SIANG HOCK CAR RENTAL PTE. LTD.
Company Reg No	2XXXXXX271R
Email Address	car.rental@sianghock.com.sg
Mobile Phone No	(Phone) +65-62568888
Alternative Phone No	(Office) +65-62568888

### VEHICLE PARTICULARS

Manufacturer	Ssangyong
Model	ACTYON SPORTS D/CAB 2.0 MT AIRBAG 2WD
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
Transmission	Manual
CC	1998

### INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	D-21097531MFCV/100
Cover Note Number	-

### DRIVER

Name of Driver	D JOSHUA JESUDASS SOLOMON
NRIC No	SXXXX860G

Date Of Birth	19/03/1994
Occupation	Outdoor
Date Of Driving Pass	27/12/2013
Driving experience	7 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98218519
Alt. Phone Number	-
Email Address	car.rental@sianghock.com.sg
Address	BLK 451 FAJAR ROAD
Address complement	#02-732
Postcode	670451
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	DRIZZLING
Road Surface	Wet

#### 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?	No
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	AMAER
Gender	Male

#### PASSENGER 2

Name	ANBU
Gender	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bukit Panjang Neighbourhood Police Centre
Police Station Address	No.1 Segar Road #01-05 Singapore 677738
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT: T/20210415/2134

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

## 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.:

ECP towards MCG

A: GBB 66 35 u

The diagram consists of several horizontal lines. At the top is a solid line. Below it is a dashed line. Between these two lines is a left-pointing arrow. Below the dashed line is a curved line that starts from the left and curves upwards and to the right. A small box labeled 'KA' is positioned on this curved line. To the right of the 'KA' box, there is an upward-pointing arrow. Further to the right, there is another curved line that starts from the bottom and curves upwards and to the right, ending near a horizontal line. A left-pointing arrow is positioned above this final horizontal line.

Refer to police report T/20210415/2134

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

GIARMC SketchPlanForm\_V3

Date &amp; Time:

NRIC/FIN No.:



# SINGAPORE POLICE FORCE



T/20210415/2134

1 of 3

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

Report No. T/20210415/2134

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 15/04/2021 23:32	Vide Report No.:	Station Diary No.: 128
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**Informant's Particulars**

Name of Informant: D JOSHUA JESUDASS SOLOMON			Address: APT BLK 451 FAJAR ROAD #02-732 SINGAPORE 670451		
ID Type / ID No.: NRIC NO / S9408860G			Contact No.: Home/Office: Mobile: 98218519		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 27	Date of Birth: 19/03/1994	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: ELECTRICAN			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 15/04/2021 18:50	Type of Location: Straight Road
Location:  EAST COAST PARKWAY				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Road Divider/Kerb/Railings				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB6635U	Pick Up Truck	SSANGYONG	ACTYON SPORTS D/CAB 2.0 MT AIRBAG 2WD	Brown	Seriously Damaged	2





Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

2 of 3

Report No. T/20210415/2134

**CONTINUATION OF REPORT**

**Brief Details.**

On 15th Apr 2021 at about 1850 I was driving long PIE slip road in ECP(MCE) on a rental Pick-Up Truck (Dark Brown SsangYong, GBB6635U). I was driving on the right lane of the two lane road. There were two passengers with me with one passenger (Amaer) sitting beside me and another passenger was sitting behind (Anbu).

As I was approaching a right bend, I felt my vehicle having some issue and I applied emergency brake. As the road was wet, my vehicle skidded and though I tried to steer my vehicle on the opposite direction, my vehicle continue skidding towards the left and hit on the a barricade on the left side near lamp post 33.

There was a dent on the barricade and the front side of my vehicle was damaged. I called for police immediately. Neither me nor the two passengers suffer from any injury.



**SINGAPORE  
POLICE FORCE**



T/20210415/2134

3 of 3

Report No. T/20210415/2134

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

**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:

J /

Sgt 1 PRASANTH S/O ELENGOVAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt SYED MUHAMMAD ISA BIN OMAR  
ALHABSHEE

Contact No.: 65476214

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

15/04/2021 23:32

Classification Of Case:



\*Contact Rental company  
for CI

### ACCIDENT STATEMENT

ACCIDENT DATE: (15 / 04 / 2021) (DD/MM/YYYY), TIME (18 : 50) (HH:MM)

LOCATION: Terminal 4 slip rd into PUL (MCE) Up 38/44

#### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: G8866354  
b) INSURANCE COMPANY: MS FIRST CAPITAL  
c) POLICY NO: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE/THIRD PARTY/THIRD PARTY FIRE & THEFT)  
e) MAKE/MODEL: Ssangyong Actyon sports  
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 CAR RENTAL P/L (MALE/FEMALE)  
B) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 6256 8888  
C) ADDRESS: 21 JALAN MASJID, SINGAPORE 416946

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

#### 3. DRIVER

- A) NAME: D JOSHUA JESUDASS SOLOMON (MALE/FEMALE)  
B) NRIC/FIN/PASSPORT: 894088606 CONTACT: 98218519  
C) ADDRESS: BLK 451 FATAK ROAD #02-732  
SINGAPORE 670451  
D) DATE OF BIRTH: 19/03/1994 (DD/MM/YYYY)  
E) OCCUPATION: (INDOOR/OUTDOOR)  
F) YEARS OF DRIVING EXPERIENCE: 7 yrs +

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)

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: \_\_\_\_\_

Passengers  
2 M

# **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-21097531MFCV/100  
Vehicle No / Chassis No : GBB6635U / KPADA1EKS9P058177  
Name of Insured : SIANG HOCK CAR RENTAL PTE LTD  
Period Of Insurance : 01.04.2021 To 31.03.2022  
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)

LILIA/D0067/MZ301A10

Issued at Singapore on 01.04.2021

Authorised Signature

**Roslinda**

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**From:** Siang Hock <car.rental@sianghock.com.sg>  
**Sent:** Friday, 16 April 2021 4:24 PM  
**To:** LKK Paya Ubi  
**Subject:** GBB6635U CI  
**Attachments:** BRWD89C6730A2A3\_006978.pdf

Hello,

Please find the attached CI for GBB6635U.

REPORTING ONLY

Kindly send us the GIA report. Thank you.

Best Regards

Sanjeet