

NATIONAL Assessment Centre Services

[wef 1 Jan'06]

Date In: 10/05/21	Job description	Date & Time Completed	Done by
Ref No: NA/PCI21005641/13	SAS e-filing		
Veh No: 5JJ7150H	E-mail (within 8hrs; AIC 2hrs)		
D.O.A : 09/05/21 1615	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: 54J3098M 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

NA2102885 Invoice Preparation Checklist Amt (\$) Amt (\$) 1st Bill Add Bill

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

- AR : Accident Reporting (\$30);
- DA : Damage Assessment (\$100); INC (\$80)
- TF : Towing Fee \$40/\$45
- FT : Follow-Through Survey \$120
- FT : Follow-Through Survey (Resurvey) \$30
- TR : Re-inspection \$75
- N1 : Idac DA + SMRT Survey \$160
- 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
- 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	10/05/2021 14:56 (SGT)
Date of Accident	09/05/2021 16:15 (SGT)
Exact Location of Accident	Marymount Ln, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ7150H
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	SIANG HOCK CARRENTAL PTE LTD
Company Reg No	2XXXXX271R
Email Address	car.rental@sianghock.com.sg
Mobile Phone No	(Phone) +65-62568888
Alternative Phone No	(Office) +65-62568888

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	LANCER 2.0L MIVEC GT 6-CV
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1998

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	D-21097526MFZH/6
Cover Note Number	-

DRIVER

Name of Driver	KANG SWEE LIN
NRIC No	SXXXX613D

Date Of Birth	04/04/1966
Occupation	Outdoor
Date Of Driving Pass	05/09/1985
Driving experience	35 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96825191
Alt. Phone Number	-
Email Address	RICHARD_KANG@ME.COM
Address	BLK 22 SIN MING RD
Address complement	#10-218
Postcode	570022
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	3
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

PLS REFER TO THE ATTACHED 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	SGJ3098M
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	SLH8477X
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

MARYMOUNT LANE

A-5JJ57150H
B-5GJ3098M
C-5LH8477X



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the attached 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:

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

On 09.05.2021 04.15pm, I was driving SJJ7150H along Marymount Lane Junction.

While travelling SGJ3098M in front of me, had collided onto SLH8477X and suddenly stopped.

I also tried to stop my vehicle immediately but could not stop in time and collided onto SGJ3098M rear portion.

On checking, SGJ3098M had collided onto SLH8477X which had stopped behind SLF7658H.

Nobody was injured. We shared details and proceed.



Kong Swee Lin
91733613 D

ACCIDENT STATEMENT

ACCIDENT DATE: 09 May 2021 (DD/MM/YYYY), TIME: 4:15 pm (HH:MM)

LOCATION: Marymount Lane.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJJ7150H
 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: _____
 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: SIONG HOCK CAR RENTAL P/L. (MALE/FEMALE)
 B) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 C) ADDRESS: 21 JALAN MASJID SINGAPORE 418946.

*CONTINUE TO 3.0 IF DRIVER ALSO POLICY HOLDER

3. DRIVER

- A) NAME: Kang Swee Lin (MALE/FEMALE)
 B) NRIC/FIN/PASSPORT: S1733613D CONTACT: 96825191
 C) ADDRESS: BLK 22 Sin Ming Rd #10-218 (570022)
 D) DATE OF BIRTH: 04/04/1966 (DD/MM/YYYY)
 E) OCCUPATION: (INDOOR/OUTDOOR)
 F) YEARS OF DRIVING EXPERIENCE: 30 yrs + 05/09/1985

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: SGJ3098M. MODEL: _____
 B) DRIVER'S NAME: _____
 C) NRIC/FIN PASSPORT NO.: _____ CONTACT: _____

9. THIRD PARTY VEHICLE:

- A) VEHICLE NO: SLH8477X MODEL: _____
 B) DRIVER'S NAME: _____
 C) NRIC/FIN PASSPORT NO.: _____ CONTACT: _____

richard_kang@me.com

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: HIRED CARS - HIRER DRIVING - FLEET
Type of Cover: Third Party
Certificate No: D-21097526MFZH/6
Vehicle No / Chassis No: SJJ7150H / JMYSTCY4A8U004630
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*

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 only for the carriage of passengers or goods in connection with the Insured's business.

Use for social, domestic and pleasure purposes and business purposes of any person to whom the vehicle is hired.

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 (other than for reward) of any one disabled mechanically propelled vehicle.
- (3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

* 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)

ESTHERT/D0067/MZ406U

Issued at Singapore on 01.04.2021

Authorised Signature