

NATIONAL Assessment Centre Services

Date In: 20/05/21	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/FCJ21006019/13	E-mail (within 8hrs. MO 2hrs)		
Veh No: GBK78462	i-Motor Claim Form		
D.O.A: 19/05/21 1135	i-Motor W/O (Within OD 2hrs TP 4hrs)		
OD: TP Reporting Only	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: FBP603C	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

NA2102953	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);	1st Bill	Add Bill
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)		
Cat 1:	6) TR: Re-inspection \$75		
Cat 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 \$10		
	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	20/05/2021 16:45 (SGT)
Date of Accident	19/05/2021 11:55 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIONEER SECTOR ROUNDABOUT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK7846Z
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	SIANG HOCK CAR RENTAL 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	Nissan
Model	NV250 ACENTA 1.5 DCI MANUAL
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
Transmission	Manual
CC	1461

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	D-21097524MFCV/144
Cover Note Number	-

DRIVER

Name of Driver	YAP FANG CHENG
NRIC No	SXXXX055Z



Date Of Birth	29/12/1990
Occupation	Outdoor
Date Of Driving Pass	01/01/2014
Driving experience	7 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94653221
Alt. Phone Number	-
Email Address	car.rental@sianghock.com.sg
Address	BLK 301 TAMPINES ST 32
Address complement	#05-28
Postcode	520301
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?	No
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)	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	FBP603C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-

Postcode	<input type="text"/>
Insurance Company Name	<input type="text"/>
Nature Of Damage	<input type="text"/>
Details of property damaged in accident	<input type="text"/>
No. Of Passenger (Including Driver)	<input type="text"/>

SKETCH PLAN

IMPORTANT NOTICE

1. Please do not instructly fill in this form if you are not a policyholder.

2. This Form shall be completed by the Policyholder and/or the Authorized Driver.

3. Information made known is truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow the insurer to void the policy liability.

4. The insurer will acceptance of the claim by insurance company is not a warranty of policy liability on the part of the insurance company.

5. Any false report may be referred to the Police for investigation.

6. The report will be forwarded to the insurers of this accident and the Management Centre established by the General Insurance Association of Singapore (GIAS) for claims and settlement of the claim. A fee may be made available upon application by interested parties.

By the signing of this report to the insurers, the policyholder consents to the archiving of this report at the centre and to copies of the report being made available aforesaid.

5. 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 be 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 insurers) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers", the Insurers' law firms/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police) for the purposes 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 insurers who have insured vehicle(s) involved in this accident and the Insurers' law firms/law firms may be 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 be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

[Signature]

Driver's Signature (if driver is not the policyholder) / Date & Time

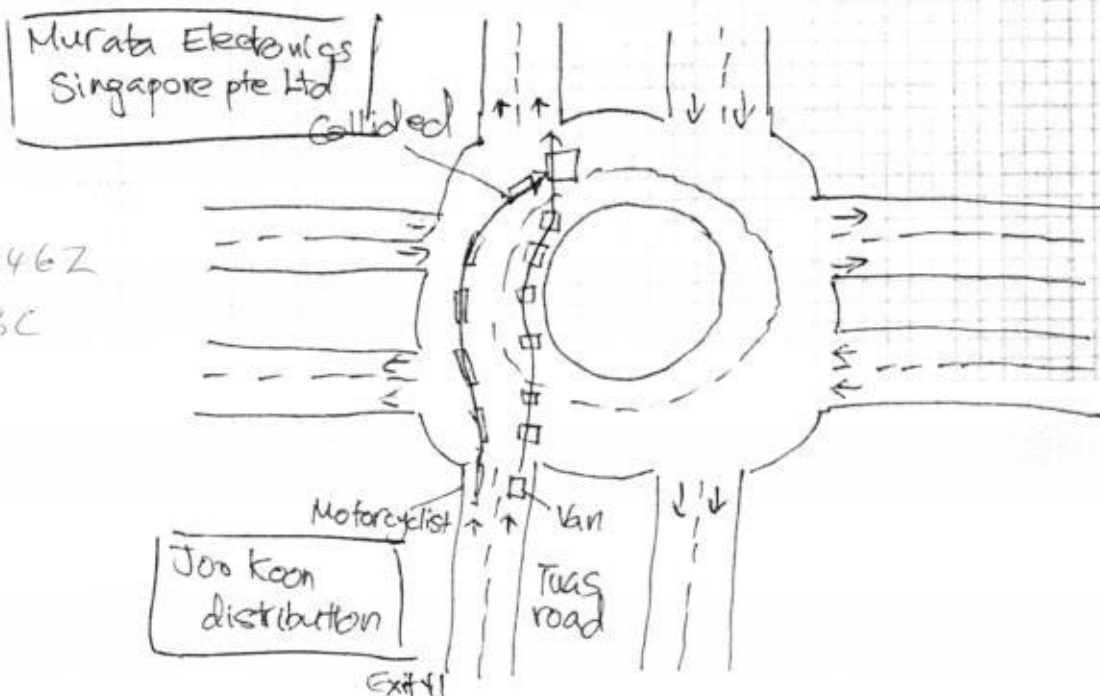
[Signature] 20/05/21

Witnessed by Reporting Centre Personnel

Sketch Plan

2 lane roundabout Accident Tuas Road

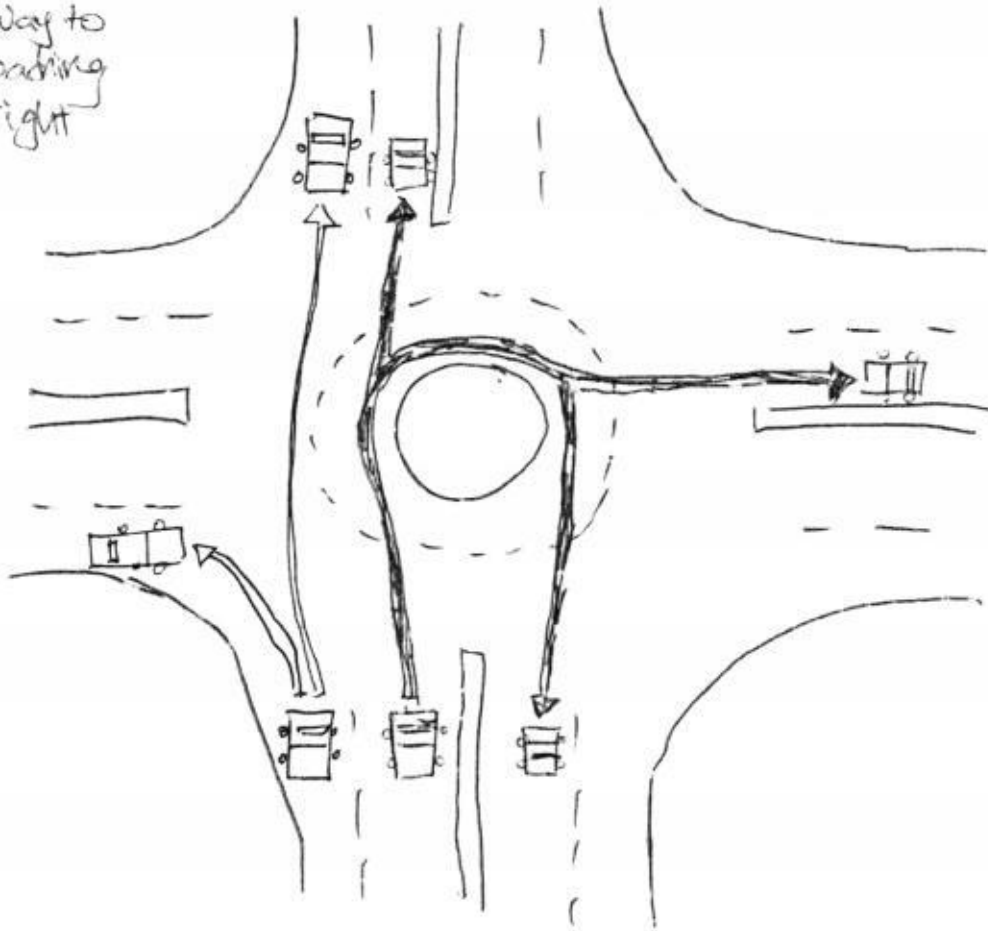
A - GBK7846Z
B - FBP603C



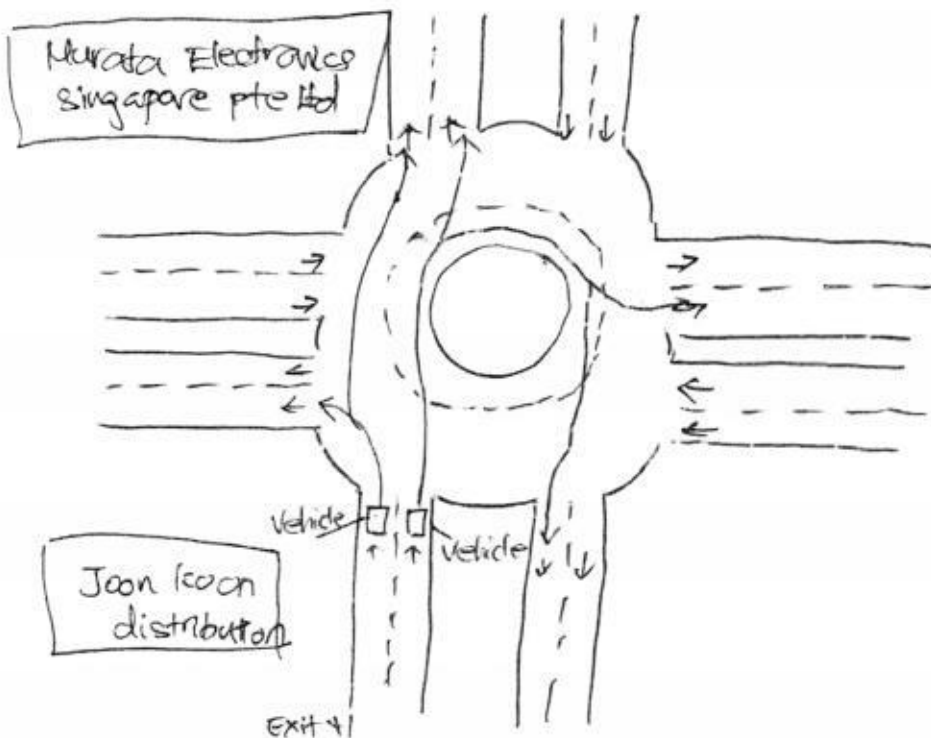
→ Based on Basic theory of driving new highway code book 1.
for reference. pg 70.

→ According to
highway code
as well. You
must give way to
traffic approaching
from your right

Diagram 3-18 (2 lane roundabout)



Tuas Road Roundabout (2 lane)



Yap
Yap Eng Cheng
20/5/21
2pm


Describe Circumstances of the Accident


On Wednesday 19 May 2024 at around 9:30am, I was coming from direction of exit H1. And was at the inner lane of the roundabout. While I was exiting the roundabout towards Murata Electronics Singapore direction. Motorcyclist on the outer lane of my left did not exit the roundabout after the 2nd exit and continue on his route and collided on the left of the vehicle.

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

 20/05/24
Witnessed by Reporting Centre Personnel

20/05/21
on my table

ACCIDENT STATEMENT

✓ ACCIDENT DATE: (19 / 05 / 2021) (DD/MM/YYYY), TIME: (11 : 58) (HH:MM)

✓ LOCATION: Pioneer sector roundabout

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBK 7846Z
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) ☒ YES
IF NO, PLEASE STATE (THIRD PARTY CLAIM/REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: SIAN HOCK CAR RENTAL P.L. (MALE/FEMALE)
B) NRIC/FIN/PASSPORT: CONTACT: 94653221
C) ADDRESS: 21 JALAN MASJID S (48946)

*CONTINUE TO 3.D IF DRIVER ALSO POLICY HOLDER

✓ 3. DRIVER

- A) NAME: Yap Fang Cheng (MALE/FEMALE)
B) NRIC/FIN/PASSPORT: 890510552 CONTACT: 94653221
C) ADDRESS: Blk 201 Tampines Street 32 #05-28 S'pore 52030/
D) DATE OF BIRTH: (29 / 12 / 1990) (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) ☒ 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) ☒ NO

7. REPORTED TO POLICE: (YES/NO) ☒ NO

IF YES PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE:

- A) VEHICLE NO: FBP 603C MODEL: Honda bike
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: _____

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-21097524MFCV/144
Vehicle No / Chassis No: : GBK7846Z / VF1WF000264302107
Name of Insured: : SIANG HOCK CAR RENTAL PTE LTD
Period Of Insurance: : 01.04.2021 To 31.03.2022
Insured Estimated Value: : Market Value At Time Of Loss
Financial Institution: : THINK ONE 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*

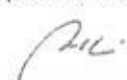
Use in connection with the Insured's business.
Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business.
Use for social, domestic and pleasure purposes.

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)

Authorised Signature

LILIA/D0067/MZ301A9

Issued at Singapore on 01.04.2021