

NATIONAL Assessment Centre Services

Date Inc: 26/07/21	Job description	Date & Time Completed	Done by
Ref No: NA/FCI21007947/13	SAS e-filing		
Veh No: PC4664C	E-mail (within 2hrs: 2hrs)		
D.O.A: 23/07/21 144C	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

NA2103516

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat 1:

Cat 2 / 3:

Invoice Preparation Checklist

	Ant (\$)	Ant (\$)
1st Bill	Add Bill	
1) AR : Accident Reporting (\$30);		
2) DA : Damage Assessment (\$100); INC (\$80)		
3) TF : Towing Fee \$40/\$45		
4) FT : Follow-Through Survey \$120		
5) RT : Follow-Through Survey (Resurvey) \$30		
For claiming against INC Only (wef 10 Jan 2005)		
6) TR : Re-inspection \$75		
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 \$0		

Invoice dated

Invoice dated

Fee Charged

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	26/07/2021 19:01 (SGT)
Date of Accident	23/07/2021 14:46 (SGT)
Exact Location of Accident	1 Yishun Street 11, Singapore 760123
Additional Location Information	SHELL STATION EXIT OPP AVE 5
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC4664C
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	SIANG HOCK HOLDING PTE LTD
Company Reg No	1XXXXX681M
Email Address	sianghockholding@yahoo.com.sg
Mobile Phone No	(Phone) +65-68482002
Alternative Phone No	(Office) +65-68482002

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	NV350 MICROBUS 2.5 4DR 5AT ABS
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	Auto
CC	2488

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	D-21097512MFBP/3
Cover Note Number	-

DRIVER

Name of Driver	GOH WEI HUN, WILSON
NRIC No	SXXXX404I

Date Of Birth	07/03/1992
Occupation	Outdoor
Date Of Driving Pass	30/06/2011
Driving experience	10 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-96681739
Alt. Phone Number	-
Email Address	sianghockholding@yahoo.com.sg
Address	BLK 146 RIVERVALE DRIVE
Address complement	#16-503
Postcode	540146
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	Clear
Road Surface	Dry

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 vehicle or property damaged?	No
Number of Passengers (Including Driver)	9
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PASSENGER
Gender	Male

PASSENGER 2

Name	PASSENGER
Gender	Male

PASSENGER 3

Name	PASSENGER
Gender	Male

PASSENGER 4

Name	PASSENGER
Gender	Male

PASSENGER 5

Name	PASSENGER
Gender	Male

PASSENGER 6

Name	PASSENGER
Gender	Male

PASSENGER 7

Name	PASSENGER
Gender	Male

PASSENGER 8

Name	PASSENGER
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Gender

Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Yes

Police Station Name

Ang Mo Kio Division Headquarters

Police Station Phone No

(Phone) +65-18002180000

Alt. Police Station Phone No

(Fax) +65-64814246

Police Station Address

51 Ang Mo Kio Avenue 9 Singapore 569784

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

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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 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.

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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

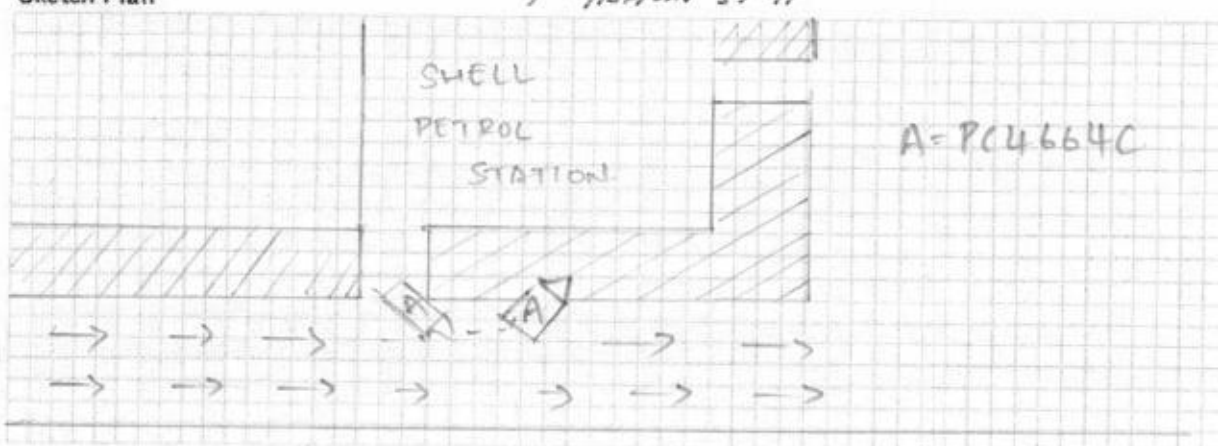


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

P/s refer to the attached statement.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

Ed

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

shym 26/07/21

Witnessed by Reporting Centre Personnel

On 23rd July 2021 at 14:46 hrs, I was driving PC4664C along 1 Yishun Street 11.

We were on a Coffee break at the Shell Petrol station on 1 Yishun Street 11.

While exiting the petrol station, I checked the oncoming traffic from my right side and later proceed further once the traffic was cleared.

While making a left turn onto the main road, I felt an impact on the LHS center door of my vehicle which had collided onto the kerb.

In the event I tried to control my vehicle, but it further collided onto the side barricades causing the damages on the Front & Front LHS portion.

Nobody was injured.

Traffic Police arrived on site for investigation.

Goh

Wilson Goh weikun

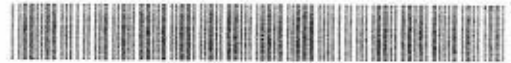
S92090015

24/7/21

10:47am



**SINGAPORE
POLICE FORCE**



F/20210723/7059

1 of 2

POLICE REPORT (NP299)

Report No. F/20210723/7059

Police Station Of Origin
Ang Mo Kio Division HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No:1800-2180000

Date/Time Report Made 23/07/2021 21:46	Vide Report No.	Station Diary No.
Name Of Informant GOH WEI HUN, WILSON	Address 146 RIVERVALE DRIVE #16-503 SINGAPORE 540146	
ID Type / ID No. NRIC NO / S9209404I	Contact No. Home/Office: Mobile: 96681739	
Nationality SINGAPORE CITIZEN	Email Address wilsongoh_92@hotmail.com	
Occupation Auxiliary police officer	Sex Male	Age 29
Institution/School Name	Date of Birth 07/03/1992	Race Chinese
	Language English	
Date/Time Of Incident 23/07/2021 14:45 - 23/07/2021 14:50	Location Of Incident 146 RIVERVALE DRIVE #16-503 SINGAPORE 540146	

Brief details.

I am the driver for this accident. Was driving my colleagues, going for our next deployment. While exiting the petrol kiosk and was looking at the right blindspot when turning. I did not realise that the left was too near to the fencing. Van crashed into the fence once turned left onto the main road.

Subjects Involved			
Victim			
Person Name	GOH WEI HUN, WILSON		
ID Type	NRIC NO	ID No	S9209404I

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 23/07/2021 21:46
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



F/20210723/7059

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20210723/7059

Gender	Male	Age	29
Race	Chinese	Language	English
Occupation	Auxiliary police officer	Address	146 RIVERVALE DRIVE #16-503 SINGAPORE 540146
Mobile No	96681739	Is Informant A Victim?	Yes
Person Name	Chong jin jie		
ID Type	FIN NO	ID No	G2826267T
Gender	Male	Age	29
Race	Chinese	Language	Chinese
Occupation	Auxiliary police officer	Mobile No	90377884
Relation To Informant	Colleague		
Person Name	GOH WEI HUN, WILSON (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 23/07/2021 21:46
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

ACCIDENT STATEMENT

ACCIDENT DATE: 23 / 7 / 21 (DD/MM/YYYY), TIME: 14 : 46 (HH:MM)

LOCATION: 1 Yishun Street 11, Shell station exit
(opposite Avenue 5)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 8C4664C
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: SIANG HOCK HOLDING PTE LTD. (MALE/FEMALE)
B) NRIC/FIN/PASSPORT: _____ CONTACT: 68482002
C) ADDRESS: 21 JALAN MAJID 3 (418946)

*CONTINUE TO 3.D IF DRIVER ALSO POLICY HOLDER

3. DRIVER

- A) NAME: Goh wei hui Wilson (MALE/FEMALE)
B) NRIC/FIN/PASSPORT: S92094041 CONTACT: 96681739
C) ADDRESS: 81K 146 Rivervale Drive #16.503
D) DATE OF BIRTH: 7 / 3 / 1992 (DD/MM/YYYY)
E) OCCUPATION: (INDOOR/OUTDOOR)
F) YEARS OF DRIVING EXPERIENCE: 10 YRS.

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HIRE

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: _____

PAX-9

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. : BUSES - FLEET
Type of Cover. : Comprehensive
Certificate No. : D-21097512MFBP/3
Vehicle No / Chassis No : PC4664C / JN1TC2E26Z0002752
Name of Insured : SIANG HOCK HOLDING PTE LTD
Period Of Insurance : 01.04.2021 To 31.03.2022
Insured Estimated Value : Market Value At Time Of Loss
Financial Institution : MV CREDIT PTE LTD

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 the insured's permission.

For driver 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 only for the carriage of passengers or goods in connection with the Insured's business (as specified in the Schedule). The Policy does not cover:-

- (1) Use for racing, pacemaking, 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.

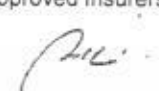
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

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)

KARENS/D0067/MZ601A16

Issued at Singapore on 01.04.2021


Authorised Signature