

# NATIONAL Assessment Centre Services

Date In: 23/09/21	Job description	Date & Time Completed	Done by
Ref No: NA/KL21009933/13	SAs e-filing		
Veh No: GBK4077X	E-mail (w/def, Acc, Ad, 2hrs)		
D.O.A: 22/09/21 1820	i-Motor Claim Form		
OD: (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: 5MQ1278R	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

NA2104028	<b>Invoice Preparation Checklist</b>	Ant (\$)	Ant (\$)
		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) TP : Towing Fee \$40/\$45		
<b>Damaged Portion:</b>	4) FT : Follow-Through Survey \$120		
<b>QC Checked by (Engr-In-Charge):</b>	5) RT : Follow-Through Survey (Resurvey) \$30		
<b>Auditors' Comments :-</b>	For claiming against INC Only (wef 10 Jan 2005)		
<b>Cat 1:</b>	6) TR : Re-inspection \$75		
<b>Cat 2 / 3:</b>	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	23/09/2021 17:28 (SGT)
Date of Accident	22/09/2021 18:20 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	FILTER LANE TO JLN EUNOS
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK4077X
-----------------------------	----------

#### 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	Toyota
Model	Hiace
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
Transmission	Auto
CC	2754

#### INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	D-21097524MFCV/119
Cover Note Number	-

#### DRIVER

Name of Driver	RAMASAMY ANANDKUMAR
Passport No/FIN	GXXXX868L

Date Of Birth	24/09/1994
Occupation	Outdoor
Date Of Driving Pass	02/01/2018
Driving experience	3 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98992330
Alt. Phone Number	-
Email Address	regine_yau@hotmail.com
Address	67 UBI AVE 1
Address complement	#02-05
Postcode	408942
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	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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle 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

#### PASSENGER 1

Name	CHINNADURAI RAJA
Gender	Male

#### 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	SMQ1278R
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)	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person	RAMASAMY ANANDKUMAR
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBK4077X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

### INJURED 2

Name of injured person	CHINNADURAI RAJA
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBK4077X
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	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 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' 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.

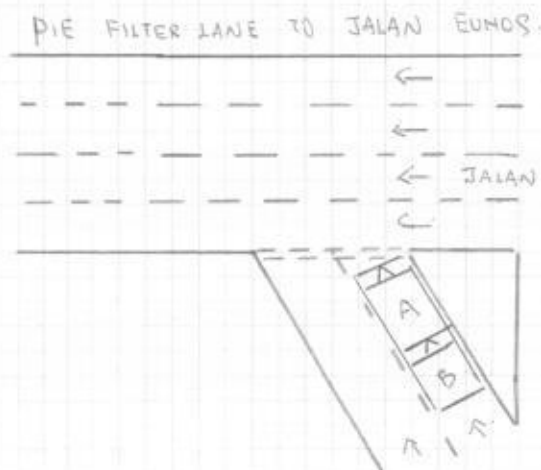


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



VEHICLE A: GBK 4077 X

VEHICLE B: SM Q 1278 R

### Describe Circumstances of the Accident

ON THE STATED DATE & TIME, I'M DRIVING MY VEHICLE ~~TH~~ ON PIE EXITING FILTER  
 LANE TOWARDS JALAN EUNOS. I STOP MY VEHICLE AT THE STOP LINE TO CHECK THE UPCOMING  
 TRAFFIC. THEN I FELT AN IMPACT FROM MY REAR. I ALIGHTED MY VEHICLE & RELEASED  
 VEHICLE B (SMQ 1278R) HAD REAR END OF MY VEHICLE. WE EXCHANGE PARTICULAR & LEFT  
 THE SCENE SHORTLY.  
 AFTER THE ACCIDENT, MY PASSENGER & I FELT UNWELL, WE WENT TO INTERMEDICAL KOUAN  
 SEEK FOR MEDICAL CHECK, ~~WE~~ BOTH OF US WERE ISSUED 7 DAYS MC EACH DUE TO THIS ACCIDENT.

### Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

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

Shyue 23/09/21  
 Witnessed by Reporting Centre Personnel

**INTEMEDICAL KOVAN**

210 Hougang St21 #01-233 530210  
Tel: (65) 6243 3036 Fax: (65) 6243 3103

**INTEMEDICAL**

**MEDICAL CERTIFICATE** MC No: OD-KV0000162758

**NAME: RAMASAMY ANANDKUMAR** NRIC: G2627868L

This is to certify that the above patient name is Unfit for Duty for a period of 2 day

from 22-09-2021 to 23-09-2021 inclusive.

Note: This certificate is not valid for absence from court or other judicial proceedings.

DR TYLER JIE SHENG LIM  
MBBS. (S'pore), GDFM (S'pore)  
MCR 19711D  
INTEMEDICAL KOVAN  
210 HOUGANG ST 21 #01-233  
SINGAPORE 530210  
TEL: (65) 6243 3036 FAX: (65) 6243 3103  
EMAIL: contact.kovan@intemedical.com

Tyler Jie Sheng Lim

MCR: M19711D  
MBBS (SINGAPORE), GDFM  
(SINGAPORE)

Signature

K

22/09/2021

Date

**INTEMEDICAL KOVAN**

210 Hougang St21 #01-233 530210  
Tel: (65) 6243 3036 Fax: (65) 6243 3103

**INTEMEDICAL**

**MEDICAL CERTIFICATE** MC No: OD-KV0000162759

**NAME: CHINNADURAI RAJA** NRIC: G2432183K

This is to certify that the above patient name is Unfit for Duty for a period of 2 day

from 22-09-2021 to 23-09-2021 inclusive.

Note: This certificate is not valid for absence from court or other judicial proceedings.

DR TYLER JIE SHENG LIM  
MBBS. (S'pore), GDFM (S'pore)  
MCR 19711D  
INTEMEDICAL KOVAN  
210 HOUGANG ST 21 #01-233  
SINGAPORE 530210  
TEL: (65) 6243 3036 FAX: (65) 6243 3103  
EMAIL: contact.kovan@intemedical.com

Tyler Jie Sheng Lim

MCR: M19711D  
MBBS (SINGAPORE), GDFM  
(SINGAPORE)

Signature

K

22/09/2021

Date



Date of Accident : 22/11/2021. Accident Time: 12:30 HRS (24-HR-Format)  
 Accident Place : FILTERED LANE FROM PIE TO JALAN FUNDS  
 Vehicle No. (Car Plate No.) : BGK 4077X Make/Model: TOYOTA HIACE  
 Insurance Company : MS FIRST CAPITAL Policy No: D-21097524 MFCV/119  
 Owner or Company Name /IC No. : SIANG HOCK CAR RENTAL PTE LTD (201538271)  
 Owner or Company Contact No. : 6256 8888 Owner's Hp Company Tel  
 DRIVER'S Name / IC No. : RAMASAMY ANAND KUMAR (G2027868L7)  
 DRIVER'S Date Of Birth : 24/9/1994 DRIVER'S License Pass Date 21/1/2018  
 Relationship of Owner & Driver : Spouse\Parent\Children\Sibling\Employee\Others: HIRER  
 DRIVER'S Address : 67 UBI AVENUE 1 #02-05 (408942)  
 DRIVER'S Contact No./ Alt No. : 1) 9899 2330 2) 9826 8590  
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
 Email Address : REGIME\_YAU@HOTMAIL.COM  
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
 Number of Passengers (Including Driver): 02

Was there any video Captured by car camera: YES \ NO

Exact purpose for which vehicle was being used at time of accident: Private use \ Work Purpose

Any Injury (If YES, Pls state): YES - DRIVER & PASSENGER (2 DAYS MC)

#### **Other Party Driver's Particular (if any)**

Vehicle. No: SMG 1278 R

Vehicle. No: \_\_\_\_\_

Vehicle Make \Model: BMW

Vehicle Make \Model: \_\_\_\_\_

Name Driver: \_\_\_\_\_

Name Driver: \_\_\_\_\_

IC No. Driver/Contact: \_\_\_\_\_

IC No. Driver/Contact: \_\_\_\_\_

#### **\* NEW - Passenger's name & gender:**

CHINNADURAI RAJA (M) . G2432183 K



# **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/119  
Vehicle No / Chassis No: GBK4077X / GDH2011042536  
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)

LILIA/D0067/MZ301A9

Issued at Singapore on 01.04.2021

  
Authorised Signature



# 祥福租车私人有限公司

## SIANG HOCK CAR RENTAL PTE LTD

Company Registration No: 201538271 R

Date

### VEHICLE HIRE AGREEMENT

Agreement No. SH

8000212

Vehicle Registration No.	4BK 4072 X	<b>Hirer's Particulars</b>	
Make of Vehicle:	3 UNITS 11.00 L	Name	SECURE PARKING SINGAPORE
Daily Rental Rate:	S\$ 3x125 per day	Address	67 UBI AVENUE 1 #02-05/06 CNOCK WING
Rental Rate:	S\$ 3x1280 per week / month	NRIC No.	
(Other than daily rate)		D.O.B.	
Rental Fee paid by:	Amount S\$ 3840/pm	D/L Type	Local/International
Cash/Cheque	Receipt No: INV	D/L No.	
Additional Rental Fee Payable:	Please see Clause 6 as printed OVERLEAF	Other Document Proofs:	
Deposit paid by:	Amount S\$ 7680/-	<b>Co-Hirer's Particulars</b>	
Cash/Cheque	Receipt No: INV	Name	MOHAMMED ASRI BIN HARUN
Commencement Date of Hire:	01/09/2020	Address	201-633 C SUNDAY ROAD
Date Out (If different from Commencement Date):	27/08/2020	NRIC No.	285251001
Time Out:	13:21 AM/PM	D.O.B.	240885
Hire Period Expires On:	31/08/2022	D/L Type	Local/International
Collision Damage Reduction: (CDR)	Accepted/Declined If accepted, premium Paid S\$ 500	D/L No.	
	S\$ 10000	Other Document Proofs:	
		<b>Extension of Rental</b>	
		Date	
		Amount	
		Expiry	
		Receipt No.	
		Mode of Payment	

The Hirer/Co-Hirer hereby declare that the above particulars given by him/them are true and correct in every respect and he/they have read & understood the Terms & Conditions of this Vehicle Hire Agreement as printed OVERLEAF.

I/We, the Hirer and/or the Co-Hirer agree to take on hire the vehicle on the Terms & Conditions stated OVERLEAF.

我明白及同意这份合同书及背面所定的条件

(Strictly for Singapore Use Only)

Signature of Hirer/Company Stamp

Signature of Co-Hirer

#### NOTE:

Upon signing the above, an Agreement for Hire shall deem to have been made between SIANG HOCK and the Hirer, whereby SIANG HOCK will let and the Hirer will take on the hire of the vehicle based on the Terms & Conditions stated OVERLEAF.

#### IMPORTANT:

- It is essential that the vehicle be returned to SIANG HOCK not later than the end of the hire period stated above. On the expiration date of that period, all third party and other insurance cease to be effective.
- Age Limit and Driving Licence: All drivers must be above 21 years old and hold a valid driving licence for at least one year.
- No returning of vehicles after 1pm on Sat or Holiday Eve.

Return of Vehicle: The Hirer/Driver is required to sign in the column under "Signature of Hirer/Driver", failing which the day and time inserted below shall be deemed to be the day and time the vehicle is officially returned to SIANG HOCK. Similarly, the same shall be accepted as conclusive evidence of the same and shall not be challenged or questioned on any account whatsoever.

Date In	Time In	Checked By	Remarks	Signature Of Hirer/driver



祥福租车私人有限公司  
SIANG HOCK CAR RENTAL PTE LTD

27<sup>th</sup> Aug 2020

Secure Parking Singapore Pte Ltd  
67 Ubi Avenue 1  
#02-05/09(North Wing)  
Singapore 408942  
ATTN: Mr.Vincent Koh – 87999666

Dear Sir/Madam,

**RE: DELIVERY NOTE: GBK4077X**

We hereby forward to you one unit of Brand-New Toyota Hiace Auto Diesel Van bearing the above registration fitted with spare tyres and tools.

Rent Agreement: 8000212  
Rental PO NO :  
Rental Contract: 2 Year

**Please note that industrial diesel cannot be used in the vehicle.**

Kindly acknowledge receipt of the vehicle by signing on the duplicate copy of this letter.

Thank you.

Yours faithfully,

**SIANG HOCK CAR RENTAL PTE LTD**

  
Jiyu Meeran (Mr.)

Received the above in good order and condition. Hereby also confirmed to top up same Level of Diesel upon returning of vehicle.

Name :  
Date :  
Time :  
H/P :  
Sign :

In case of breakdown, please contact:  
Office : 6848 2002  
Mechanic : 9636 2002