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SN0821A80002-01 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 08/10/2021 16:09 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 2 (12/10/2021 12:13 (SGT))



# 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 witholding 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 08/10/2021 16:09 (SGT) Date of Accident 05/10/2021 05:50 (SGT) Exact Location of Accident Bedok North Ave 2, Singapore Additional Location Information NEAR BLOCK 441 Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Nissan

Vehicle Registration Number GBD6884G

#### INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner ROBINSON CAR RENTAL PTE LTD Company Reg No 2XXXXXX041W **Email Address** reporting@mycar.sg Mobile Phone No (Phone) +65-81988357 Alternative Phone No. +65-81988357

#### VEHICLE PARTICULARS

Manufacturer

Model Nv200 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 Manual CC 1461

#### INSURANCE COMPANY

Name of Insurance Company MS First Capital Insurance Ltd Type of Coverage Comprehensive Fleet Policy Yes Policy Number D-21097503MFCV/20 Cover Note Number

#### DRIVER

Name of Driver KHOO AH MONG NRIC No SXXXX254J

Date Of Birth 12/02/1942 Occupation Outdoor Date Of Driving Pass 05/05/1962 Driving experience 59 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-81988357 Alt. Phone Number Email Address reporting@mycar.sg Address BLK 421 BEDOK NORTH ROAD #12-595 Address complement Postcode 460421 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 - Major/Minor Rd Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name LIM MUAY LAN Gender Female PASSENGER 2 Name KHOO YEEK 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 PLEASE REFER TO SKETCH PLAN 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 SJA693B

Vehicle Manufacturer

Vehicle Model	
Vehicle Variant	, <del>s</del>
Vehicle Colour	8.50
Vehicle Colour Vehicle Category	3₹.
Name of Driver	Private car
NPIC No.	WONG TECK PIAW
Contact Number	SXXXX480D
And described the second secon	(Phone) +65-98794195
Address complement	•
Postende	•
Insurance Company Name	-
Insurance Company Name Nature Of Damage	•
Details of property damaged in accident	<u>-</u>
No. Of Passenger (Including Driver)	-

### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Ploase report correctly the details of the accident to spend up the claims process
- 7 The Formmant be completed by the Policyholder andler the Authorised Driver
- 3 information provided must be as truthful and accurate as somethic. Any a flui representation or a trinocong of material facts, repudding policy liability.
- 4. The save and acceptance of the Formby maurance companies is not un extraction of policy leader, or the plant of the meanance companies.
- 5 Any false reporting may be referred to the Police for investigation
- f. The report will be fore protect by the insurers of the CBR Records Management Centre established by the General traurance Association of Singapore. CBA: for archiving and this copies of this report will fine the made available upon accountry. Ly interested use ten.
- by the todgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to crown of the report being made available aforewald.
- 5. Consent under the Personal Data Protection Act (PDPA)

Lunders tand, acknowledge, agree and consient that

(a) My insurer, my workshop and the General haurance Association of Singuiore ( GLA\*), may are permitted to callect, one descreased under processing personal data-personal information set out in the floring and any other personal information provided by my or possessed by my insurer (collectively the "Personal Information") and discuse and transfer such Personal Information to all misurer(s) who have insured vehicles(s) medical this accident (at insurer(s) who have insured vehicles) medical this accident shall be collectively referred to as the "Insurer's"), the travers law yershaw from the Nametary Authority of Segacore and any manager government agency/authority (such as the police, for the purposes) of

16 processing handing and/or dealing with my objects including the settlement of the objects and any necessary. Probatigations 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 nutices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as is all as on the external cover of enunktions mail packages), and/or

(v) complying with applicable law in administering processing hundring undiox dealing with my claims

(collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) rivolved in this accident and the insurers law yers law force may one permitted to collect use, declose and/or process my Personal Information for one or more of the above Purposes, and

(c) my Personal Information may ican be disclosed by any of the Insurers end/or GRA to their third party service providers or agents (including their taw yers/faw firms), which may be sked outside of Singapore. For one or more of the above Purposes.

M CONTROL

Foacyholder's Signature / Date &

Sketch Plan

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

Wereased by Reporting Centre

Vehicle A = 6BD68846 Vehicle B : SJA693B

# Describe Circumstances of the Accident

ON STATED TIME AND DATE, I WAS TRAVELLING ALONG BEDOK NORTH AVENUE 2. AS I WAS APPROACHING	V.C
THE JUNCTION SUPPENDED TO THE SUPPENDED	
THE JUNCTION. SUDDENLY I FELT AN IMPACT ON MY SIDE ON MY VEHICLE. I ALIGHTED FROM MY VEHICLE	
AND REALISED THAT VEHICLE B (SJA693B) THAT WAS EXITING FROM MINOR ROAD HAD COLLIDED WITH I	MY_
VEHICLE.	-
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	-

### Declaration

We declare the foregoing particulars are true in every respec

Policy holder & Signature / Date & Tires Diver's Signature (# driver is not the policyholder) / Date & Time

Warnesed by Reporting Centre

# Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 04 / 10 / 2021 (dd/mm/yy) Time of Acci	dent: _05_:_50_( 24-HR-FORMAT)
Vehicle No.: _GBD6884G	200
*Transmission : Manual o Auto *C.c: 1461	
Exact location of Accident: BEDOK NORTH AVENUE 2 NEAR BLK 441	
Policyholder's Name: ROBINSON CAR RENTAL PTE LTD NRIC/FIN/	REG No.: _200414041W
*Policyholder's email address : REPORTING@MYCAR.SG	
Driver's Name: KHOO AH MONG NRIC/FIN	/REG No.: S2070254J
*Driver's email address : REPORTING@MYCAR.SG	
Driver's Contact No.: 81988357 Company	Contact No (If any):
Date of birth: 12/02/1942 Driving Pass Date:	05/05/1962
Driver's Address: BLK 421 BEDOK NORTH ROAD, #12-595, SINGAPORE (46042	
Insurance Company: FIRST CAPITAL	
Policy No.: D-21097503MFCV/20 Type of Coverage Compreh	nesive/ Third Party /Third Party, Fire & Theft
Relationship between Owner & Driver: (Please <u>CIRCLE</u> one only)	
Owner /Spouse / Children / Friend / Parents / Sibling / Relative / Employee /	(Hirer)or Others specify:
What do you wish to claim? (Please <u>TICK</u> one only)	
o Own Insurance Loother Vehicle (The one you want to claim against )/ o	Reporting (For Record Purpose)
Tyce of Accident	
o Chain Collision o Head To Rear o Side Swipe Other MAJOR/MINOR	ROAD
Occupation (nature job) o Indoor Lo Outdoor *No. of Passenger	s / Including Driver):3
*Passenger Name: LIM MUAY LAN	Gender: Male / Female
*Passenger Name: KHOO YEEK	
Weather condition & Road conditions? (On the day of accident)	
Clear & Dry / o Raining & Wet / o After-Rain & Wet / o Drizzling & Wet /	Others:
Was there any video captured by your car Car camera? O Yes Le No	
Any Injuries: o Yes 🗸 No (If YES) Injured Person' Name:	
Injuries Sustain : Injured Person in Wh	nich Vehicle:
Police Report field: o Yes Lo No (If YES) Which Police Station:	
The Other Party (S) Details:	
1. Driver's Name / IC No: WONG TECK PIAW \$7624480D	
Driver's Contact No: 98794195 Insurance Com	pany :
2. Driver's Name / IC No (If Any):	ehicle No:
Driver's Contact No: Insurance Com	
*Independent Witness (If Any): Con-	tact No:
Preferred Workshop Name: MY CAR CONSULTANT PTE LTD Cor	



MS First Capital Insurance Limited Co. Reg. No. 195000106C GST Reg. No. M2-0001676-9 6 Raffles Quay #21-00 Singapore 048580 Tel: (65) 6222 2311 Fax: (65) 6222 3547

Claims & Motor Underwriting Dept: 36 Robinson Road #16-01 City House Singapore 068877 Tel: (65) 6507 3848 Fax: (65) 6507 3849

www.msfirstcapital.com.sg

### 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-21097503MFCV/20

Vehicle No / Chassis No

GBD6884G / VSKYBAM20Z0092722

Name of Insured

ROBINSON CAR RENTAL PTE LTD

Period Of Insurance

Insured Estimated Value

01.04.2021 To 31.03.2022

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

## 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)

SUSAN/D0067/MZ301A9

Issued at Singapore on 01.04.2021

Authorised Signature

A Member of MS&AD INSURANCE GROUP



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with

# whom you submitted the Original Report. **ADDENDUM** (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: SN0821A80002 Vehicle Registration No: GBD6884G Name (as shown in NRIC): ROBINSON CAR RENTAL PTE LTD\_NRIC/FIN/Passport No: \_\_\_\_\_200414041W (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate Address: Singapore ( ) Contact (Tel):\_\_\_\_\_ Mobile No.:\_\_\_\_ Email Address: \_\_\_\_ Date of Accident: \_\_05/10/2021 \_\_\_\_\_ Time of Accident: Place of Accident: BEDOK NORTH AVENUE 2

# (B) ADDITIONAL INFORMATION / AMENDMENTS:

AMEND DATE OF ACCIDENT TO CS/10/2021

Insurance Company: FIRST CAPITAL

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Policyholder / Driver's Signature

Reporting Centre Personfiel's Signature

NRIC/FIN No.:

Date:

Date: