

NATIONAL Assessment Centre Services

Date In: 11/10/21	Job description	Date & Time Completed	Done by
Ref No: NA/FCI 21010 434/13	SAS e-filing		
Veh No: PC14584	E-mail (within 8 hrs. AIC 2hrs)		
D.O.A: 09/10/21 1400	i-Motor Claim Form		
OD TP: <u>Reporting Only</u>	i-Motor W/O (Within: OE 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: SKR6983L	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

NA2104173

Claimant's Particulars:-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	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:-		
	OH*		
	*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		
Cat. 1:	Invoice dated	Fee Charged	
Cat. 2/3:	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 willful 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	11/10/2021 19:44 (SGT)
Date of Accident	09/10/2021 14:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BKE WOODLANDS AFT EXIT FROM PIE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC1458Y
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	ROBINSON CAR RENTAL PTE LTD
Company Reg No	2XXXXX041W
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 - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	D-21097510MFBP/2
Cover Note Number	-

DRIVER

Name of Driver	MUHAMMAD RIDHWAN BIN AHMAD
NRIC No	SXXXX619B

Date Of Birth	20/05/1986
Occupation	Outdoor
Date Of Driving Pass	01/10/2010
Driving experience	11 YEARS
Gender	Male
Mobile Number	(Phone) +65-91776554
Alt. Phone Number	-
Email Address	car.rental@sianghock.com.sg
Address	BLK 260 JURONG EAST STREET 24
Address complement	#02-541
Postcode	600260
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle 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	SLR6983L
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

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

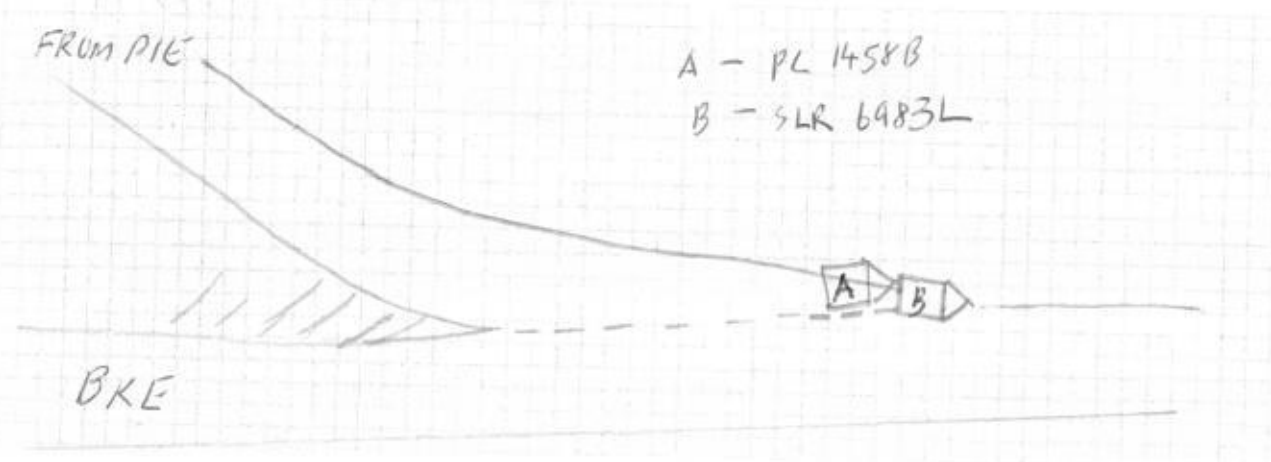


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident


As Attached


Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

 11/10/21
Driver's Signature (if driver is not the policyholder) / Date & Time

 11/10/21
Witnessed by Reporting Centre Personnel

On 09/10/2021 Saturday around 14:00, I was driving along PIE Exiting into BKE Woodlands driving along the bent entering the slip road to BKE. There were two Malaysian registered lorries on the main lane.

I overtook the rear lorry to filter into the expressway, following a taxi Infront of me while keeping a safe following distance. After the taxi had filtered, it was my turn to filter. In front of me, driver of Toyota Harrier SLR6983L slowed down, presumably to leave the lorry pass before accelerating to filter in, I stepped on my brake to slow down but SLR6983L decided to stop abruptly even when the lorry had passes and she had ample space to filter. I floored my brakes but couldn't stop in time and curved in my vehicle to the left hoping to avoid hitting SLR6983L but my actions had failed avoid a collision.



MUHAMMAD RIDWAN BIN AHMAD SUDIN

5XXX 269/13

11/10/21 11:00 am

ACCIDENT STATEMENT

ACCIDENT DATE: (29 / 10 / 2021) (DD/MM/YYYY), TIME (14 : 00) (HH:MM)

LOCATION: BKE Woodlands after Exit from PIE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PL 1458B
b) INSURANCE COMPANY: MS First Capital
c) POLICY NO: D21097510MFBP/4
d) POLICY TYPE: (COMPREHENSIVE/THIRD PARTY/THIRD PARTY FIRE & THEFT)
e) MAKE/MODEL: Toyota Hiace
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: Robinson Car Rental Pte Ltd (MALE/FEMALE)
B) NRIC/FIN/PASSPORT: 200414041W CONTACT:
C) ADDRESS: 21, Jalan Masjid
Singapore 448946
*CONTINUE TO 3.D IF DRIVER ALSO POLICY HOLDER

3. DRIVER

- A) NAME: Muhammed Ridwan Bin Ahmad Sudin (MALE/FEMALE)
B) NRIC/FIN/PASSPORT: S8612619B CONTACT: 91776554
C) ADDRESS: Blk 260 Jurong East Street 24 #02-541
Singapore 600260
D) DATE OF BIRTH: (20 / 05 / 1986) (DD/MM/YYYY)
E) OCCUPATION : (INDOOR/OUTDOOR)
F) YEARS OF DRIVING EXPERIENCE :

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

- 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: SLR 6983L 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:

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: Third Party
Certificate No: D-21097510MFBP/2
Vehicle No / Chassis No: PC1456B / JTFJT02P800001474
Name of Insured: ROBINSON CAR RENTAL PTE LTD
Period Of Insurance: 01.04.2021 To 31.03.2022
Insured Estimated Value: 0.00

Authorised Driver*
ANY AUTHORISED DRIVERS

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 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 (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)

ITHMINAH/D0067/MZ601A17

Issued at Singapore on 01.04.2021

Authorised Signature