

NATIONAL Assessment Centre Services, Inc. SUA 21A 70003

Date Rec: 19/10/2021 16:16	Job description: SAS e-Milling	Date & Time Completed:	Done by:
Ref No: NBA/EC220109524	E-mail (by email, A/C email)		
Vehicle: PC 7271H	1-Motor Claim Verin		
D.O.A: 16/10/2021 08:00	1-Motor W/O (W/Inlet 00 sheet, TP 400)		
(1) <input checked="" type="radio"/> Reporting Only	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Asset Report by Fax/Hand to Owner/Supplier		

Preferred Wksp / INO Assgn Wksp / QW:		Tel:	Fax:
TP Hand/Supplier:	Vehicle: FBS 328X	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%, P: 80-100%] Year of Registration: Warranty: YES () / NO ()		
Excess (\$):	Loading: \$1,000 () / \$2,000 ()		

() Walk-In Customer: Customer's information strictly confidential & strictly NO Referral of reputation

() Total Loss Case: To e-mail Insurer URGENTLY

Drive-In () / Towed-In () : Invoice: VHS () / NO () : Towage Cost ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QO Check / Post Repair Inspection ()

3) Upload Resurvey Photo (Repair Cost > \$3,000) ()

Injury:

NBA 2104135

Driver/Owner:	1) All Additional Work ()
Contract No:	2) D.A. Survey Allowance (\$1000) INC ()
Damaged Portion:	3) PT Following Up
QC Checked by (Engr-In-Charge):	4) PT Follow-up with Survey
	5) PT Follow-up with Survey (Resurvey)
	6) PT Follow-up with Survey (W/Inlet 00 sheet)
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	100) PT Follow-up with Survey

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	19/10/2021 16:16 (SGT)
Date of Accident	16/10/2021 08:00 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	TOWARDS TUAS BEFORE CLEMENTI AVENUE 6 EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC7271H
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SIANG HOCK HOLDING PTE LTD
Company Reg No	1XXXXX681M
Email Address	reporting@mycar.sg
Mobile Phone No	(Phone) +65-96640242
Alternative Phone No	+65-96640242

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	Bus
Transmission	Manual
CC	2754

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	D-21097512MFBP/8
Cover Note Number	-

DRIVER

Name of Driver	MOHAMED SIDIK BIN SAWI
NRIC No	SXXXX170D

Date Of Birth	17/01/1951
Occupation	Outdoor
Date Of Driving Pass	03/11/1979
Driving experience	41 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96640242
Alt. Phone Number	-
Email Address	reporting@mycar.sg
Address	BLK 459 TAMPINES STREET 42 #04-106
Address complement	-
Postcode	520459
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)	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	SAW THIEN ZAW
Gender	Male

PASSENGER 2

Name	SOOKKHAMNOI BOONPENG
Gender	Male

PASSENGER 3

Name	MEEPRON THONGSRI
Gender	Male

PASSENGER 4

Name	LALEE SUPRACHAI
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 AND ATTACHMENT

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	FBS3218X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	ABDUL RAHIM BIN SULAIMAN
NRIC No	SXXXX174E
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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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. 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

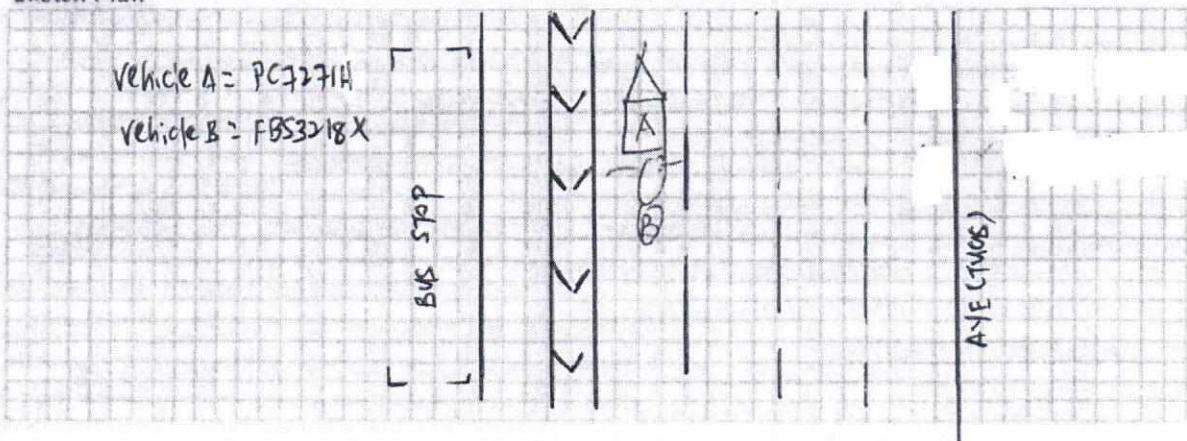
Signature

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

Witnessed by Reporting Centre Personnel

19/10/2021

Sketch Plan



Describe Circumstances of the Accident

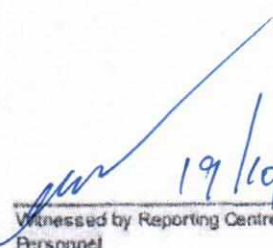
Refer attached statement.

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date &
Time

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

 19/10/2021
Witnessed by Reporting Centre
Personnel



On 16/10/2021 @ 08:00 am I was driving PC7271H along with 4 passenger, on AYE I was in the last lane to take the exit to Clementi ave 6 , in front the traffic is slow as the vehicles taking the exit.

Suddenly I had a jerk that someone hit my vehicle and heard the sound of my rear windscreen shattered I stopped my vehicle and then get down to see that the motorcycle FBS3218X had hit my vehicle from Behind

Mohamed

MOHAMED SIDIK BIN SADI

Y/C 3023117DD

1030 16.10.2021

19/10/2021

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 16 / 10 / 2021 (dd/mm/yy) Time of Accident: 08 : 00 (24-HR-FORMAT)

Vehicle No.: PC7271H Vehicle Make & Model: TOYOTA HIACE

*Transmission : ☒ Manual ☐ Auto *C.c : 2754

Exact location of Accident: AYE TOWARDS TUAS BEFORE CLEMENTI AVENUE 6 EXIT

Policyholder's Name: SIANG HOCK HOLDING PTE LTD NRIC/FIN/REG No.: 198400681M

*Policyholder's email address : REPORTING@MYCAR.SG

Driver's Name: MOHAMED SIDIK BIN SAWI NRIC/FIN/REG No.: S0231170D

*Driver's email address : REPORTING@MYCAR.SG

Driver's Contact No.: 96640242 Company Contact No (If any): _____

Date of birth: 17/01/1951 Driving Pass Date: 03/11/1979

Driver's Address: BLK 459 TAMPINES STREET 42, #04-160, SINGAPORE (520459)

Insurance Company: FIRST CAPITAL

Policy No.: D-21097512MFBP/8 Type of Coverage: Comprehensive / Third Party / Third Party, Fire & Theft

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner /Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please **TICK** one only)

☐ Own Insurance ☒ Other Vehicle (The one you want to claim against)/ ☐ Reporting (For Record Purpose)

Type of Accident

☐ Chain Collision ☒ Head To Rear ☐ Side Swipe ☐ Other _____

Occupation (nature job) ☐ Indoor ☒ Outdoor *No. of Passengers / Including Driver): 5

*Passenger Name: SAW THEIN ZAW ; SOOKKHAMNOI BOONPENG Gender: Male / Female

*Passenger Name: MEEPROM THONGSRI ; LALEE SUPRACHAI Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your car Car camera? O Yes ☒ No

Any Injuries: ☐ Yes ☒ No (If YES) Injured Person' Name: _____

Injuries Sustain : _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes ☒ No (If YES) Which Police Station: _____

The Other Party (S) Details:

1. Driver's Name / IC No: ABDUL RAHIM BIN SULAIMAN S6939174E Vehicle No: FBS3218X

Driver's Contact No: _____ Insurance Company : _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company : _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: MY CAR CONSULTANT PTE LTD Contact No: 83447681

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/8
Vehicle No / Chassis No : PC7271H / GDH2011003538
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 : THINK ONE 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