

NATIONAL Assessment Centre Services

Date In: 26/11/21
 Ref No: NA/ACI 21012020/13
 Veh No: GBH6960Z
 DGA: 24/1/21 1648
 OD: TP Reporting Only
 TP Insurer: _____

Job description: SAS e-filing
 Done & Time Completed: _____ Done by: _____
 E-mail (Within 8hrs. MP: 2hrs): _____
 i-Motor Claim Form: _____
 i-Motor W/O (Within: OI 2hrs. TP 4hrs): _____
 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: SLNS439U 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)

Remarks	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

NA2104554

Claimant's Particulars :-	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
Driver/Owner:			1st Bill	Add Bill
Contact No:	1) AR: Accident Reporting (\$30);			
Damaged Portion:	2) DA: Damage Assessment (\$100); INC (\$80)			
QC Checked by (Engr-In-Charge):	3) TF: Towing Fee \$40/\$45			
Auditors' Comments :-	4) FT: Follow-Through Survey \$120			
Cat. 1:	5) RT: Follow-Through Survey (Resurvey) \$30			
Cat. 2/3:	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:-			
	OI*			
	*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 date /	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	26/11/2021 14:38 (SGT)
Date of Accident	24/11/2021 16:48 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	GAMBAS AVE TWDS WOODLANDS AVE 12
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH6960Z
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	Nissan
Model	Nv350
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	Auto
CC	2488

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	D-21097524MFCV/37
Cover Note Number	-

DRIVER

Name of Driver	MUHAMMAD SYAZANI BIN AB JAMIL
NRIC No	SXXXX452B

Date Of Birth	03/09/1988
Occupation	Outdoor
Date Of Driving Pass	29/05/2012
Driving experience	9 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97620580
Alt. Phone Number	-
Email Address	-
Address	car.rental@sianghock.com.sg
Address complement	BLK 527 BEDOK NORTH STREET 3
Postcode	#03-504
Is the driver the policyholder?	460527
If No, Relationship of the Driver with the Insured	No
Does Driver Own Other Vehicles?	Hirer
Vehicle Registration Number of Other Vehicle Owned by Driver	No
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	Wet

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	SLN5439U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Private car
NRIC No	CHIA WEI HSIONG,DEREK
Contact Number	SXXXX982J
Address	(Phone) +65-96654285

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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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.

[Signature]


25/11/21 @ 1602 hrs

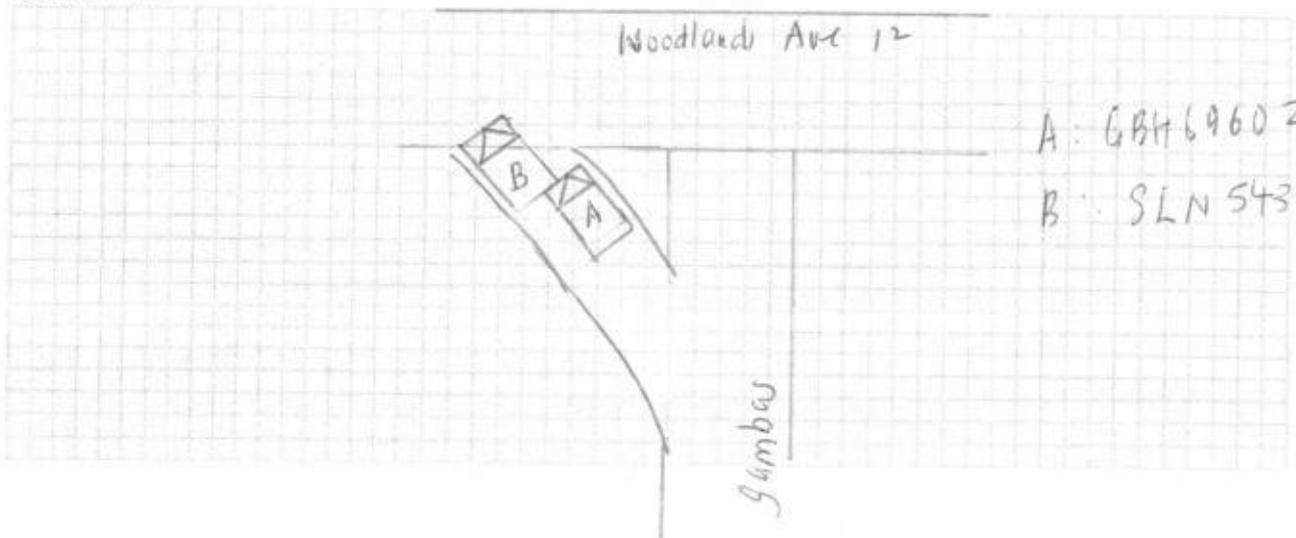
Rev 26/11/2021

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



ON 24TH NOV 2021 @ 1648HRS, I WAS DRIVING FROM GAMBRAS AVE,
EXIT FILTERING TO WOODLANDS AVE 12,

I WAS ABOUT TO MOVE OFF, AFTER CHECKING BLINDSPOT CLEAR, AND SEEING
VEHICLE IN FRONT OF ME SLN 5439 U MOVING OFF. AFTER THE SECOND BLIND
SPOT CHECK I BEGAN TO MOVE OFF, AND I HIT AT THE BACK OF THE
MENTIONED VEHICLE

MENTIONED VEHICLE SLN 5439 U SEEN TO HAVE A DENT AT RIGHT SIDE OF
REAR VEHICLE, AND A DAMAGED REAR WINDOW.

BOTH DRIVERS ARE NOT INJURED. BOTH DRIVERS REPORTED TO LEASING X
INSURANCE COMPANY.

 25/11/21 @ 1602HRS

car photo in 25-11-2021

GBH 6960

* haven't email CI!

ACCIDENT STATEMENT

ACCIDENT DATE: 24/11/2021 (DD/MM/YYYY), TIME: 16:48 (HH:MM)

LOCATION: GAMBAS AVE TOWARDS WOODLANDS AVE 12.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBH 6960 Z
b) INSURANCE COMPANY: MS FINEST CASUAL.
c) POLICY NO: D-2697524 MECV/37
d) POLICY TYPE: (COMPREHENSIVE/THIRD PARTY/THIRD PARTY FIRE & THEFT)
e) MAKE/MODEL: NISSAN
f) TYPE: (SALOON/COUPE/MPV/VAN/LORRY/MOTORCYCLE/OTHERS)
g) VEHICLE CATEGORY: (PRIVATE/COMMERCIAL/MOTORCYCLE)
h) PURPOSE OF USING AT TIME OF ACCIDENT: RENTING.
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: [Signature] (MALE/FEMALE)
B) NRIC/FIN/PASSPORT: _____ CONTACT: 9082 3869
C) ADDRESS: _____

*CONTINUE TO 3.D IF DRIVER ALSO POLICY HOLDER

3. DRIVER

- A) NAME: MOHAMMAD SYAZANI BIN AB JAMAL (MALE/FEMALE)
B) NRIC/FIN/PASSPORT: S8831452B CONTACT: 97620580
C) ADDRESS: BLK 527 BLOK NORTH STREET 3
#03-504 546057
D) DATE OF BIRTH: 03/09/1988 (DD/MM/YYYY)
E) OCCUPATION: (INDOOR/OUTDOOR)
F) YEARS OF DRIVING EXPERIENCE: 9y 29/5/2012

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

- 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: SLN 5439 U MODEL: Honda
B) DRIVER'S NAME: CHIA WAI HSIUNG, DEPERK.
C) NRIC.FIN PASSPORT NO.: S7804982J CONTACT: 96654285

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 : COMMERCIAL VEHICLE - FLEET
 Type of Cover : Comprehensive
 Certificate No. : D-21097524MFCV/37
 Vehicle No / Chassis No : GBH6960Z / JN1MC2E26Z0030488
 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 : MOTOR 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