

NATIONAL Assessment Centre Services

Date In: 21/12/21	Job description	Date & Time Completed	Done by
Ref No: NA/FCE21012946/13	SAS e-filing		
Veh No: GB6616LT	E-mail (w/0th, 5th, AP: 2hrs)		
DQA: 12/12/21 0600	i-Motor Claim Form		
OD: TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ()	Tel: ()	Fax: ()
TP Particulars:	Veh No: RAILING	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

NA2104759	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR : Re-inspection \$75		
Cat. 2 / 3:	7) NI : 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	21/12/2021 17:28 (SGT)
Date of Accident	12/12/2021 06:00 (SGT)
Exact Location of Accident	Yishun Ave 2, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG6161T
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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) +65-98712002
Alternative Phone No	+65-98712002

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Vito
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	2143

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	D-21097524MFCV/115
Cover Note Number	-

DRIVER

Name of Driver	SITI ZURAH BINTE ABD GHAFOR
NRIC No	SXXXX269Z

Date Of Birth	21/11/1986
Occupation	Outdoor
Date Of Driving Pass	01/01/2015
Driving experience	6 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-89218224
Alt. Phone Number	-
Email Address	car.rental@sianghock.com.sg
Address	BLK 510A YISHUN ST 51
Address complement	#04-541
Postcode	761510
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	Hit by fallen tree / Other objects
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	MAMAT
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	RAILING
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown

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

IMPORTANT NOTICE

1. This is a sketch plan for the proposed development of the site, which is subject to the approval of the relevant authorities.

2. The sketch plan is not a guarantee of the accuracy of the information contained therein and the developer shall not be liable for any loss or damage caused by the use of the sketch plan.

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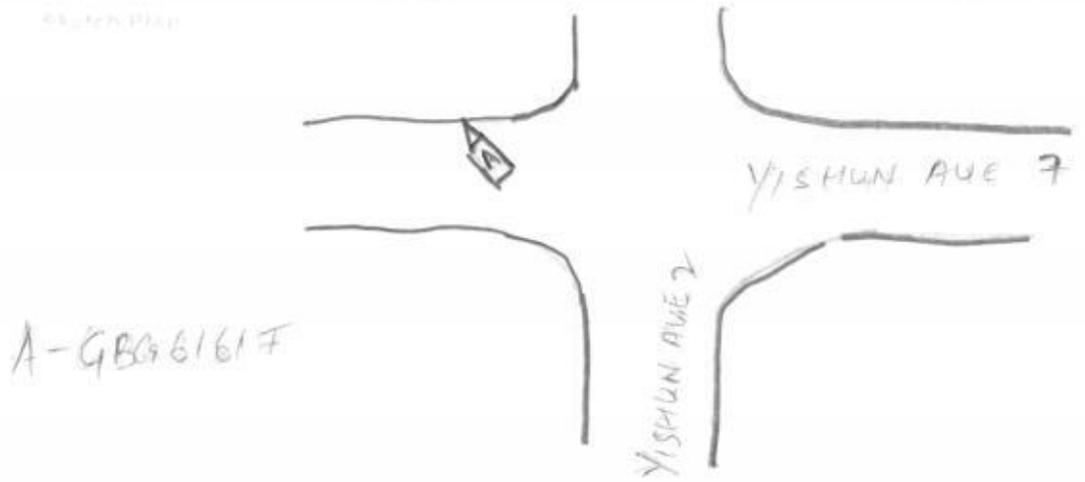
10. The sketch plan is not a guarantee of the accuracy of the information contained therein and the developer shall not be liable for any loss or damage caused by the use of the sketch plan.



Developer's Signature: [Signature]
Date: 17/12/21

Director's Signature of developer (not the policyholder): [Signature]
Date: 17/12/21

Witnessed by Planning Officer: [Signature]
Date: 17/12/21



Explain Circumstances of the Accident

P/s refer to the attached statement

Declaration

We declare the foregoing particulars are true in every respect



Policyholder's Signature / Date & Time

17/12/21

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

shym 21/12/21

Witness's Signature / Date & Time

On the 12/12/21 I was driving at about 6am
back to woodlands. At Ave 2 Yichun, I wanted to
turn left to Yichun Ave 7 and that was when
I lost control of the vehicle and the vehicle made
it to the far right and met with an accident, I
knocked down the said railing there.

Citizen

S86372692



ACCIDENT STATEMENT

ACCIDENT DATE: (12 / 12 / 2021) (DD/MM/YYYY), TIME (06 : am) (HH:MM)

LOCATION: YISHUN AVE 2.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: G1BQ 6161 T
- b) INSURANCE COMPANY: Ms Finest Carpal
- c) POLICY NO: D-21097524MFCV/115
- d) POLICY TYPE: (COMPREHENSIVE/THIRD PARTY/THIRD PARTY FIRE & THEFT)
- e) MAKE/MODEL: MERCEDES BENZ VITO
- f) TYPE: (SALOON/COUPE/MPV/VAN/LOBBY/MOTORCYCLE/OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE/COMMERCIAL/MOTORCYCLE)
- h) PURPOSE OF USING AT TIME OF ACCIDENT: RENTAL
- i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE: (YES/NO) NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM/REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: SHANGHAI CAR RENTAL PTE LTD (MALE/FEMALE) M
- B) NRIC/FIN/PASSPORT: 201538271 R CONTACT: 9871 2002
- C) ADDRESS: 21, JALAN MASJID 8418966

*CONTINUE TO 3.D IF DRIVER ALSO POLICY HOLDER

3. DRIVER

- A) NAME: SITI ZURAH BINTI ABD CHAFOR (MALE/FEMALE) F
- B) NRIC/FIN/PASSPORT: 886372692 CONTACT: 89218224
- C) ADDRESS: BLK 510A YISHUN STR 45 51 #04-541
- D) DATE OF BIRTH: (21 / 11 / 86) (DD/MM/YYYY)
- E) OCCUPATION: (INDOOR/OUTDOOR)
- F) YEARS OF DRIVING EXPERIENCE: 6 years

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) NO
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) NO
7. REPORTED TO POLICE: (YES/NO) NO
IF YES PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE:

- A) VEHICLE NO: RAILING 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: _____

mamat (m)

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/115
 Vehicle No / Chassis No : GBG6161T / WDF44760323340188
 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