

# NATIONAL Assessment Centre Services

Date In: <b>28/12/2021</b>	Job description:	Date & Time Completed:	Done by:
Ref No: <b>NA / FCI 21013194/r3</b>	SAS e-filing		
Veh No: <b>SLW 8536E</b>	E-mail (within 2hrs 1st 2hrs)		
D.O.A: <b>23/12/2021 15:50</b>	i-Motor Claim Form		
OD: <b>TP</b> Reporting Only	i-Motor W/O (within 1st 2hrs 1st 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: <b>SGX 9938B</b>	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

**NA 2104829**

## Invoice Preparation Checklist

Amr (\$)	Amr (\$)
1st Bill	Add Bill

Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) RT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claimant against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	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 (N-n INC) against INC \$20		
	9) NT2: 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	28/12/2021 09:49 (SGT)
Date of Accident	23/12/2021 15:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	NICOLL HIGHWAY BESIDE SUNTEC CITY
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW8536E
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	SIANG HOCK HOLDING PTE LTD
Company Reg No	1XXXXX681M
Email Address	DESMONDKEE13@GMAIL.COM
Mobile Phone No	(Phone) +65-62568888
Alternative Phone No	(Office) +65-62568888

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
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	Private car
Transmission	Auto
CC	1798

### INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	D-21097513MFZH/6
Cover Note Number	-

### DRIVER

Name of Driver	CHOO MOHAMED JOHARI BIN MOHAMED AMIN
NRIC No	SXXXX661A

Date Of Birth	02/05/1980
Occupation	Outdoor
Date Of Driving Pass	19/04/2004
Driving experience	17 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97681454
Alt. Phone Number	-
Email Address	DESMONDKEE13@GMAIL.COM
Address	BLK 394 TAMPINES AVENUE 7
Address complement	#04-265
Postcode	520394
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	PASSENGER
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

#### 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	SGX9938B
Vehicle Manufacturer	Nissan
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	LIM KIAN SIAH
NRIC No	SXXXX493J
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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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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

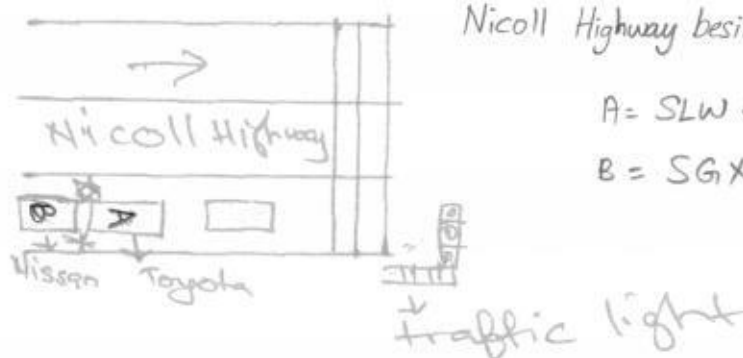


Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 22/12/21  
1645hrs

Reporting Centre Personnel's Signature  
Name: R 28/12/21  
NRIC/FIN No.:

# SKETCH PLAN



Nicoll Highway beside Sinter City

A = SLW 8536E

B = SGX 9938B

traffic light

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While <sup>stationary</sup> waiting for the traffic lights to turn green at the junction on Nicoll Highway just beside Sinter City before Stamford Road junction. At ~~the~~ when suddenly a red Nissan SUV with vehicle plate number SGX 9938B rear ended the Toyota Wish that I was driving in. Checked with the passengers in my vehicle and they informed me that so far they are fine. Proceeded to get the particulars of the rear vehicle driver. Mr Lim Kim Siah, S1735493J came out and apologise to me. Asking me also whether am I making a police report. I told him if my passengers are not injured then insurance will settle and we parted ways. That's all.

## DECLARATION

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

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 23/12/21  
1645 hrs

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Ru 28/12/21

# ACCIDENT STATEMENT

ACCIDENT DATE: (23/12/2021) (DD/MM/YYYY), TIME (15 50) (HH:MM)

LOCATION: Nicoll Highway beside Suncity City

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLW 8536E  
 b) INSURANCE COMPANY: MS First Capital  
 c) POLICY NO: D-21097513MF2H/6  
 d) POLICY TYPE: (COMPREHENSIVE/THIRD PARTY/THIRD PARTY FIRE & THEFT)  
 e) MAKE/MODEL: Toyota wish (A) (1798cc)  
 f) TYPE: (SALOON/COUPE/MPV/VAN/LORRY/MOTORCYCLE/OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE/COMMERCIAL/MOTORCYCLE)  
 h) PURPOSE OF USING AT TIME OF ACCIDENT: Escort  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE: (YES/NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM/REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- SIANG HOCK HOLDING PTE LTD  
 a) NAME: ~~Siang Hock Holding Pte Ltd~~ (MALE/FEMALE)  
 b) NRIC/FIN/PASSPORT: 198400681M CONTACT: 6256 8888 (0)  
 c) ADDRESS: 2

passenger include driver: -

\* CONTINUE TO 3.D IF DRIVER ALSO POLICY HOLDER

1) passenger (m)

## 3. DRIVER

- Choo Mohamed Johari Bin Mohamed Amin  
 a) NAME: Choo Mohd Johari (MALE/FEMALE)  
 b) NRIC/FIN/PASSPORT: 88012661A CONTACT: 97681454  
 c) ADDRESS: 294 TAMPINES AVE 7 #04-265 (520394)  
 d) DATE OF BIRTH: (02/05/1980) (DD/MM/YYYY)  
 e) OCCUPATION: (INDOOR/OUTDOOR)  
 f) YEARS OF DRIVING EXPERIENCE: 19/4/2004

Video = NO

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/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)

7. REPORTED TO POLICE: (YES/NO)

IF YES PLEASE STATE WHICH POLICE STATION:

## 8. THIRD PARTY VEHICLE:

- a) VEHICLE NO: SGX 9938B MODEL: Nissan  
 b) DRIVER'S NAME: LIM KIAN SIAT  
 c) NRIC/FIN PASSPORT NO: S1735493J CONTACT: -

## 9. THIRD PARTY VEHICLE:

- a) VEHICLE NO: MODEL:  
 b) DRIVER'S NAME:  
 c) NRIC/FIN PASSPORT NO: CONTACT:

~~Desmond~~

Desmond KEE 13 @ Gmail. com  
 KEE



**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 : HIRED CARS - HIRER DRIVING - FLEET  
 Type of Cover : Comprehensive  
 Certificate No : D-21097513MFZH/E  
 Vehicle No / Chassis No : SLW8536E / JTDGG20W40J008948  
 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 DRIVERS

Persons or classes of persons entitled to drive\*  
 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 only for the carriage of passengers or goods in connection with the Insured's business. Use for social, domestic and pleasure purposes and business purposes of any person to whom the vehicle is hired. 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 (other than for reward) of any one disabled mechanically propelled vehicle;
- (3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

\* 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/00067/MZ408T

Issued at Singapore on 01.04.2021

Authorised Signature