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Owner / Driver (	Preferred Wksp / INC Assi	gn Wksp / QW: (			Tel: F	ax:	
Policy No. (	TP Particulars:	Veh No: S	JF 797 J	. INC(	)/Non-INC( )	WH-00-1111	
Insured/Driver Liability   ( %6   Note-Est. Status (WO): N: 0-20%; P: 21-79%. F: 50-160%]     Year of Registration: ( ) Warranty: YES ( ) / NO ( )     Excess: (\$ ) Loading: \$1,000 ( ) /\$2,000 ( )     General Remarks: ( ) Walk-In Chatomar: Customer's information strictly Confidential & Strictly NO rater of repairer. ( ) Total Lass Case : to e-mail Insurer URGENTLY.     Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co. ( )     Remarks: (INC horline: 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   Actions	Owner / Driver: (				Tel:	)	
Insured/Driver Liability   (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. F: 50-11-0%]   Year of Registration: ( ) Warranty YES ( ) / NO ( )   Excess: (\$ ) Loading: \$1,000 ( ) /\$2,000 ( )   General Remarks: ( ) Walk-In Cristomer's information strictly Confidential & Strictly NO rater of repairer. ( ) Total Lass Case : to e-mail Insurer URGENTLY.   Drive-In ( ) / Towel-In ( ); Invoice: YES ( ) / NO ( ); Towing Co. ( )   Patewish ( ) / Towel-In ( ); Invoice: YES ( ) / NO ( ); Towing Co. ( )   Japply for Transport Allowance ( ) / Courtesy Car ( )   2) QC Check / Post Repair Inspection ( )   DatewTime Completed   Done by     Date/Time   Actions	Policy No: (	) Perio	od: (	)	Cover Type: (	)	
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Invoice Preparation Checklist   Lat Bill   Add E	Injury:	[Repair Cost > \$300	00] (	)			
2 DA : Damage Assessment (\$100); INC (\$80)     3) TF : Towing Fee	The state of the second	0006 Y		A-000 C-3200	MACRO STATE OF THE	ACRES TO SERVICE	Amt (3
Driver/Owner:   4) FT : Follow-Through Survey   \$120	laimant's Particulars :-			2) DA : Damage	Assessment (\$100); INC (\$3	Marie Control	
For claiming against INC Only (wef to Jun 2005)     For claiming aga	Priver/Owner:			4) FT : Follow-T	hrough Survey	\$120	
Temperature	Contact No:		VIII. 100-100-100-100-100-100-100-100-100-100	5) FT : Follow-T For claiming a	hrough Survey (Resurvey) gainst JNC Only (wof 10 Jan 2005	5)	
C Checked by (Engr-In-Charge):   *NS: Courtesy Car / Tpt Allowance   \$5	Damaged Portion:			7) N1 : Idac DA	+ SMRT Survey	Company of the last of the las	
### 12   ### 1   ### 2	C Checked by (Engr-In-	Charge):		* N5: Courtesy * N6: Repair C	o-ordination	\$10	
TP (N11) : TP (N11 INC) against INC   S20	Auditors' Comments :-	A THE RESERVE OF THE PARTY OF T					
nt. 2 / 3: Invoice dated Fee Charged	at. L:			TP (N11): TF	(Non INC) against INC	ALCOHOL OF THE PARTY OF THE PAR	
Invision dated Fee Charged	at. 2 / 3;				Fee Charged		



# SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

Please report correctly the details of the accident to speed up the claims process.

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 witholding 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

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 Date of Accident Exact Location of Accident Additional Location Information

Country/State of Loss

07/01/2022 17:58 (SGT) 28/12/2021 17:40 (SGT)

Singapore

EAST COAST PARK SERVICE ROAD NEAR PEOPLES

ASSOCIATION

Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

GBK7846Z

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No Email Address Mobile Phone No

Alternative Phone No.

Yes

SIANG HOCK CAR RENTAL PTE LTD

2XXXXXX271R

bernardseow@hotmail.com (Phone) +65-98792002

+65-98792002

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category

Transmission

CC

Nissan NV250

Private hire

No - Reporting only Commercial vehicle

Manual 1461

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy Policy Number Cover Note Number MS First Capital Insurance Ltd

Comprehensive

Yes

D-21097524MFCV/144

DRIVER

Name of Driver

SEOW YEW CHYE

NRIC No. Date Of Birth Occupation Date Of Driving Pass

Driving experience Gender

Mobile Number Alt. Phone Number Email Address Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

PASSENGER 1

Name Gender

PASSENGER 2

Name Gender

PASSENGER 3

Name Gender

DETAILS OF POLICE ACTION

Was the accident reported to the police? Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?

No

SXXXX886G 23/12/1950 Outdoor

21/06/1969

52 YEARS AND 6 MONTHS

Male

(Phone) +65-93366810

bernardseow@hotmail.com

APT BLK 602 HOUGANG AVENUE 4

#09-235 530602 No

RENTAL No

Side Swipe

Clear Dry

No

2 No

Yes

4

No

COLLEAGUE

Male

COLLEAGUE

Male

COLLEAGUE

Male

No

No

No

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SJF797J Vehicle Manufacturer BMW Vehicle Model Vehicle Variant

Vehicle Colour Vehicle Category Private car Name of Driver JOE

Contact Number (Phone) +65-97106888 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. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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. 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)

Lunderstand, acknowledge, agree and consent that

- (a) My insurer , my w orkshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal deta/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 yers/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 yers/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 yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Terre

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Topst parking service 1000

B - SJF197J East Coast Park Service Road near Peoples Association

0	Circumstances of the Accident		
ill	Attached		_
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# Declaration

UEN: 2015382718

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

# Accident Report Between GBK7846Z and SJF797J

On the 28th Dec 2021 at 1740Hrs, we were travelling along East Coast Park Service Road between PAssion Wave @ East Coast and Bus Stop (94099). There were numerous vehicles parked along the side of our direction towards Town.

We check for oncoming traffic and when clear ,we proceed to drive cautiously pass 2 parked vehicles upon safe distance judgement however, when passing the second parked vehicle, vehicle(SJF797J) on the opposite direction driving towards us showed no signs of slowing down and we immediately slowed down and came to a stopped parallel to the 2nd parked vehicle to allow him to drive pass.

The driver of SJF797J did not slow down nor keep more to the left hand side of the road and thus hit onto our side mirror. We proceed to drive forward to the side of the road and got off to assess the situation. The impact had caused both our mirrors to crack and hung out of their casement, there were no other visual damages on both our vehicles' body. Photos of both vehicle's side mirror attached for evaluation.

On the spot the driver was willing to go into private settlement. He produced a receipt on 29.12.2021 for amount of \$1080.97 of which we were suppose to settle with Performance Auto. A copy of the mentioned receipt is attached .

I went to Performance motor on 30.12.21 at 9am to settle but he changed his mind.

As we were trying to still reach a settlement , we did not lodge a report immediately.

Sean Yew Chye 1/c S02358866. 7/c/2022 Permeter

Registration No. Chassis No.	SJF797J WBAUJ72020LG74377	VSA No. Cust Order No.	Quotation No. :	
Payment	Description		Date	Amount
Ушех				1,080.97
GST @ 7.90% SGD Note : This recept w This is a computer ge	GST @ 7.80% SGDS 70.72 (Taxable Supplies SGDS 1,010.25) Note: This receipt will only be valid subject to cheque clearance. This is a computer generated receipt. No signature is required.	orazs) arance red	RECEIPT TOTAL : SGDS	1,080.97 Original



# OFFICIAL RECEIPT

280 Kampong Atang Road, East Coast Centre, Singapore 438180 Tel: 63190800 (Sales) 63190888 (AfrecSales)

Performance Motors Limited
Amenber of the Sine Darby Group
Co. Reg. No. 197401539W GST Reg. No. M2-0020081-X

Txn: 674056	
	1 9-23-31 am
1 Jo 1 :	: 29 Dec 2021
Page No.	Print Date
W3	
1000 大学の	
095026	29 Dec 2021
Receipt No.	Receipt Date

# **ACCIENT STATEMENT**

ACCIENT STATEMENT	
ACCIDENT DATE: (28) 12 / 2021 ((DD/MM/YYYY), TIME( 17 : 40 )(HH:MM)	VI _ X
LOCATION: East lost Park Service Road near Peoples Assoc	
1.DETAILS OF VEHICLE	-
a) VEHICLE NUMBER: GBK 7846Z	
b) INSURANCE COMPANY: HS FIRST CARITAL.	
c) POLICY NO: D-21097524HFCV/144	
e) MAKE/MODEL: N. S. A. N. N. V. 25 0 (1461 cc) (M)	
f) TYPE: (SALOON/COUPE/MPV/VAN/LORRY/MOTORCYCLE/OTHERS)	
g)VEHICLE CATEGORY: (PRIVATE/COMMERCIAL/MOTORCYCLE)	
h) PURPOSE OF USING AT TIME OF ACCIDENT: RESERVE	muners including driver
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE : (YES AND)	passe gos mores
IF NO, PLEASE STATE (THIRD PARTY CLAIM/REPORTING ONLY)	(4)
	(a) colleague
2. INSURED / POLICY HOLDER	passengers including driver (4)  3 pax (m) colleague
0 . 0 0 0 1	
A) NAME: SIANGHOCK CAR KENTAL FIE (SD. (MALE/FEMALE)	
B) NRIC/FIN/PASSPORT: 2015 38271 2 CONTACT: 98792002	22
C) ADDRESS: 71 JALAN MAS JID	
*CONTINUE TO 3.D IF DRIVER ALSO POLICY HOLDER	21
3. DRIVER	
3. DRIVER	
A) NAME: SEOW YEW CHYE (MALE/FEMALE)	
B) NRIC/FIN/PASSPORT : 50235 8866 CONTACT: 9336 6810	
C) ADDRESS: ADT BLK 602 HOUGANG AVE LA	
\$ C9-235 SNUAPOLE 530602	
D) DATE OF BIRTH: (23/17/1950)(DD/MM/YYYY)	
하나 (2018년 1918년	
F) YEARS OF DRIVING EXPERIENCE: 52 years - MONTHS (21/6/1969)	
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)   rantal .	
E ALWEATHER CONDITION (C. CAR)	
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: STF 7977 MODEL: BMW	
B) DRIVER'S NAME : JD 4	
C) NRIC.FIN PASSPORT NO.: CONTACT: 97106880	
9. THIRD PARTY VEHICLE:  A) VEHICLE NO: MODEL:	
A) VEHICLE NO: MODEL: B) DRIVER'S NAME :	
C) NING WITH DATE OF THE COLUMN TO THE COLUM	
C) NRIC.FIN PASSPORT NO.:CONTACT:	
.797	

video: No-

email: bernard seow @ hotmail. com



MS First Capital Insurance Limited Co Reg No 195000106C GST Reg No M2 0001576-9 6 Raffles Quay #21-00 Singapore 048580 Tel: (65) 6222 2311 Fax: (65) 6222 3547

Claims & Motor Underwriting Dept: 36 Robinson Road #16-01 City House Singapore 068877 Tel: (65) 6507 3848 Fax: (65) 6507 3849

www.msfirstcapital.com.sg

# 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/144

Vehicle No / Chassis No

GBK7846Z / VF1WF000264302107

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

THINK ONE 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

# 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

A Member of MS&AD INSURANCE GROUP