

# NATIONAL Assessment Centre Services

Date In: 24/01/2022	Job description	Date & Time Completed	Done by
Ref No: NA/FCI 22000849/m4	SAS e-filing		
Veh No: GBG 9841 U	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 20/01/2022 08:05	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: Pedestrian	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

NA2200230		Invoice Preparation Checklist		Amt (\$)	Amt (\$)
Claimant's Particulars:-	Driver/Owner:	Contact No:	Damaged Portion:	1st Bill	Add Bill
QC Checked by (Engr-In-Charge):	Auditors' Comments:-	Cat 1:	Cat 2/3:		
1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); INC (\$80) 3) TF: Towing Fee \$40/\$45 4) FT: Follow-Through Survey \$120 5) RT: Follow-Through Survey (Resurvey) \$30 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:- ON: * *N5: Courtesy Car / Tpt Allowance \$5 *N6: Repair Co-ordination \$10 *N7: Post Repair Inspection \$25 *N8: DV / Collect Excess Coordination \$5 *N9: TP (N11) : TP (Non INC) against INC \$20 *N12: Idac Mobile 30					
Invoice dated _____ Fee Charges _____ Invoice dated _____ Fee Charges _____					

## 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	24/01/2022 15:18 (SGT)
Date of Accident	20/01/2022 08:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CIRCUIT ROAD MARKET & FOOD CENTRE OPEN SPACE CAR PARK
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG9841U
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	SIANG HOCK HOLDING PTE LTD
Company Reg No	1XXXXX681M
Email Address	car.rental@sianghock.com.sg
Mobile Phone No	(Phone) +65-98792002
Alternative Phone No	+65-83757554

### VEHICLE PARTICULARS

Manufacturer	Ssangyong
Model	Actyon
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	1998

### INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	D-21097505MFCV/45
Cover Note Number	-

### DRIVER

Name of Driver	KHAN MD MAMUN
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Passport No/FIN	GXXXX610L
Date Of Birth	12/02/1985
Occupation	Outdoor
Date Of Driving Pass	10/08/2017
Driving experience	4 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83757554
Alt. Phone Number	-
Email Address	car.rental@sianghock.com.sg
Address	JURONG WEST POST OFFICE
Address complement	-
Postcode	PO BOX 1029
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	RENTAL - LEASING
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	Collided into Pedestrian
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)	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?	Yes
Police Station Name	Queenstown Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004719999
Alt. Police Station Phone No	(Fax) +65-64715299
Police Station Address	No. 3 Queensway #01-03 Singapore 149073
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT : T/20220120/2060

#### 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	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-



Vehicle Category	NA / Unknown
Name of Driver	-
Contact Number	(Phone) +65-97576269
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	PEDESTRIAN
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 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. 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' 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 & Time

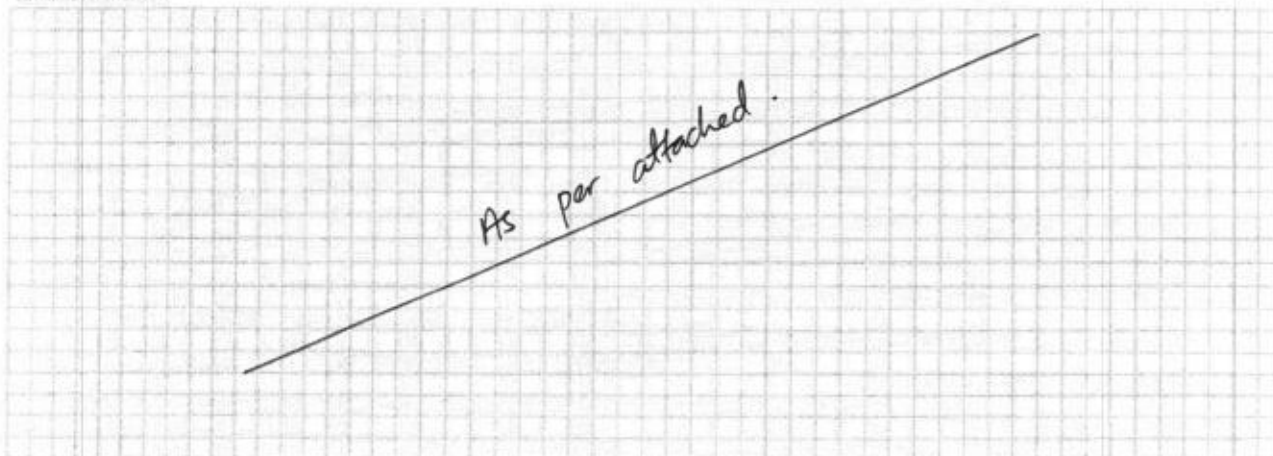
x

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

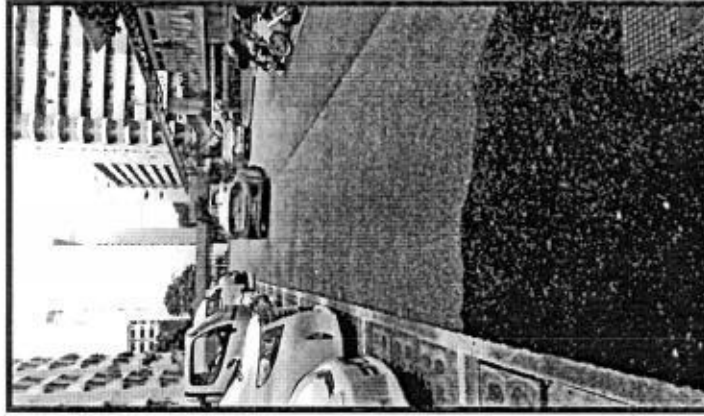
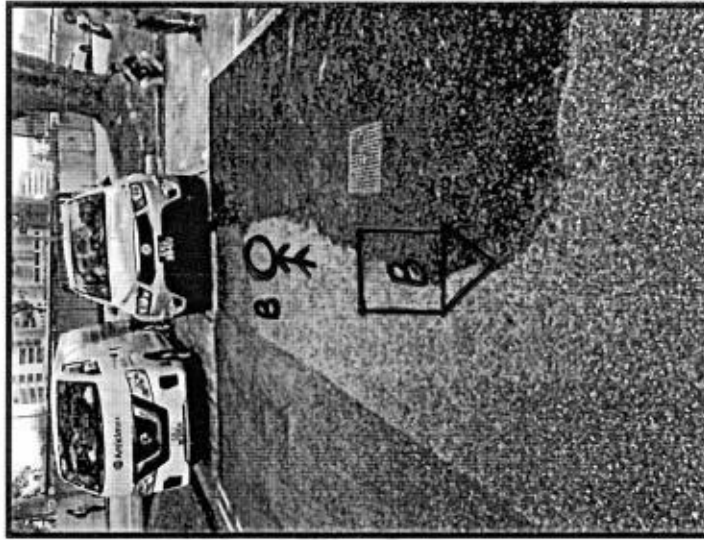
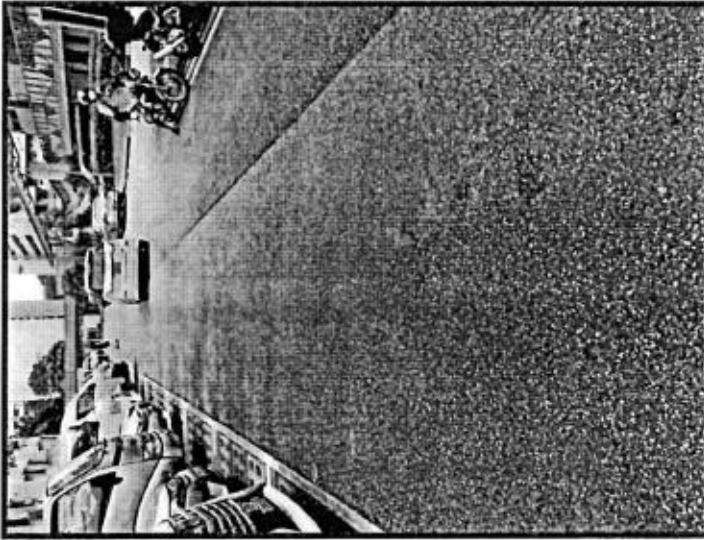
24/01/2022

Witnessed by Reporting Centre Personnel

### Sketch Plan





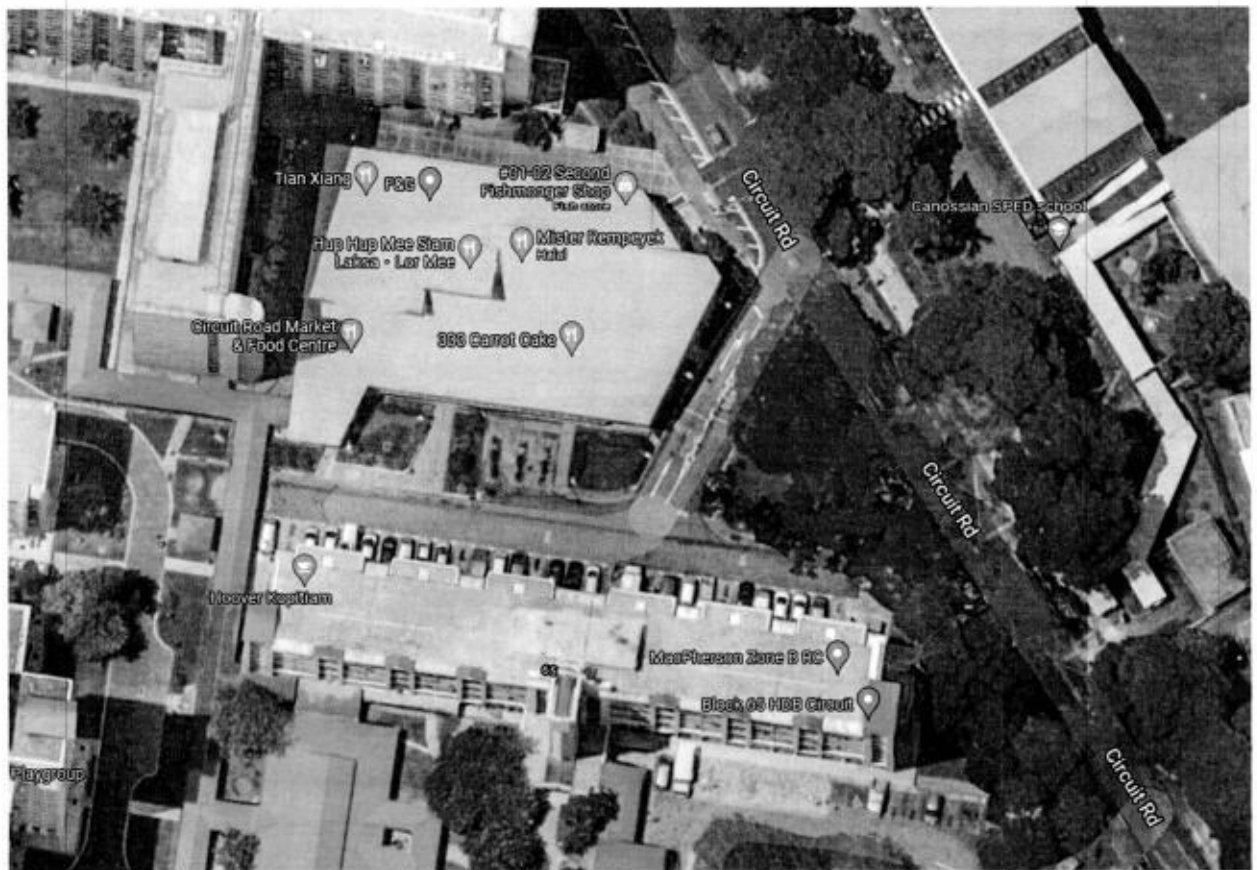


CIRCUIT ROAD MARKET & FOOD CENTRE OPEN SPACE  
CARPARK

A

A = G8G 9841 U  
B = SHY6614 Y  
(pedestrian)

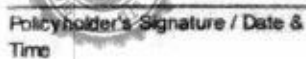






Statement as Attached:  
Police Report as attached.  
T/20220120/2060.

We declare the foregoing particulars are true in every respect.



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

Witnessed by Reporting Centre Personnel	
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On 20/01/2022 at about 08:05 am to 08:10am I was at circuit road market & Food centre open space car park. I was driving the vehicle GBG9841U and was going to drop off a passenger.

When I was at the car park I spotted a free slot, so I switched on the hazard light and looking for blind spots make sure nothing behind then started reversing slowly.

While reversing halfway I heard a reverse sensor alarm, so I stepped the brake immediately and I heard a slight thud sound and I came out and look around my vehicle to check what happened where I spotted a male Chinese uncle in his late 50's behind my vehicle sitting on the floor holding his phone on his hand.

I asked him what happened is he fine, he replied he is fine and no visible injuries and asked me to carefully watch the way I drive. I told him I took reverse once confirming that nothing behind and my vehicle also got reverse sensor which didn't detect anything while I started reversing and asked him why he suddenly came on the road as he replied he was crossing the road to take his taxi which is parked on the other side.

Then After parking my vehicle, I called my boss and told him about the incident and passed the phone over to the uncle, my boss asked him if he needed any medical attention however he says he is ok now that if the pain may come later that he will see his own doctor after that he walked to his taxi SH6614Y and drove Off.

Khan md Mamun

Gt 84086102

83757554

24-01-2022

10:00 am



**Accident details**

Date : 20.01.2022

Time : 08:05am – 08:10am

Location : Circuit Road Market & Food Centre

Carpark no. : GEM20

Vehicle no. : GBG9841U

**Third Party**

Name : Ng Thiam Hee

Nric no. : S1619968J

Contact no. : 97576269



**SINGAPORE  
POLICE FORCE**



T/20220120/2060

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

1 of 3

Report No. T/20220120/2060

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 20/01/2022 15:51		Vide Report No.:		Station Diary No.: 47	
<b>Informant's Particulars</b>					
Name of Informant: KHAN MD MAMUN		Address: 11A Jalan Tukang Westlite Jalan Tukang SINGAPORE 619267			
ID Type / ID No.: FIN NO / G8400610L		Contact No.: Home/Office:		Mobile: 83757554	
Nationality: BANGLADESHI		Email:			
Sex: Male	Age: 36	Date of Birth: 12/02/1985	Type of Informant: Driver		
Race: Bangladeshi		Language:		Institution / School Name:	
Occupation: Driver		Driving Licence Information: Class: 3		Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 20/01/2022 08:05	Type of Location: Car Park
Location:  CIRCUIT ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Moving Vehicle Against - Others			Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG9841U	Double Cab				No Damage	1
SH6614Y	Taxi				No Damage	0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20220120/2060

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

2 of 3

Report No. T/20220120/2060

**CONTINUATION OF REPORT**

<b>Driver</b>				
Name	KHAN MD MAMUN		ID No.	G8400610L
Related Vehicle	GBG9841U (Double Cab)		Contact No.	83757554
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
<b>Driver</b>				
Name	NG THIAM HEE		ID No.	S1619968J
Related Vehicle	SH6614Y (Taxi)		Contact No.	97576269
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

**Brief Details.**

On 20/01/2022 at about 0805hrs to 0810hrs I was at Circuit Road Market & Food Centre open space car park. I was driving a double cab and was going to drop off a passenger. When I was at the car park, I spotted a lot and was started reversing after switching on the hazard light. I checked my blind spots and started reversing after confirming that there is no vehicle or any person walking behind. While I was reversing, I suddenly heard a slight thud sound and I immediately stopped. I went to check and spotted a Male Chinese in his late 50s, sitting down at the roadside just behind my vehicle. I approached him and asked him if he is fine. He replied that he is fine and told me to watch the way I drive. He didn't have any visible injuries at that point of time and he walked to his parked Taxi.

I called my boss and told him about the incident and passed the phone over to the Chinese man. My boss had asked him if he needed any medical attention however he refused saying that the pain will come later and that he will see his own doctor. After which he walked to his parked Comfort Delgro taxi and drove off.





**SINGAPORE  
POLICE FORCE**



T/20220120/2060

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

3 of 3

Report No. T/20220120/2060

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report

D /

Sr Staff Sgt VIGNESWARAN  
MEENATCHI SUNDARAM  
SHANMUGANATHAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /  
DSP (2) YIP YEW SENG NELSON  
Contact No.: 65476182

Authentication Stamp

NP168

Signature Of Informant:

A

Date/Time:

20/01/2022 15:51

Classification Of Case:

### ACCIDENT STATEMENT

ACCIDENT DATE: 20/01/2022 (DD/MM/YYYY), TIME: 08:05 (HH:MM)

LOCATION: Circuit Road Car Park QEM 20

#### 1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: G1B69841U (A) (1998cc)

b) INSURANCE COMPANY: MS FIRST CAR RENTAL (Fleet)

c) POLICY NO: D-71097565HFCV/45

d) POLICY TYPE: (COMPREHENSIVE/THIRD PARTY/THIRD PARTY FIRE & THEFT)

e) MAKE/MODEL: SSANGYONG ACTYON XCB

f) TYPE: (SALOON/COUPE/MPV/VAN/LORRY/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)

IF NO, PLEASE STATE (THIRD PARTY CLAIM/REPORTING ONLY)

#### 2. INSURED / POLICY HOLDER

A) NAME: Sianghock Holding Pte Ltd (MALE/FEMALE)

B) NRIC/FIN/PASSPORT: 198400691H CONTACT: 98792002

C) ADDRESS: 21 Jalan MAS JED

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

#### 3. DRIVER

A) NAME: KHAN MD MAHUN (MALE/FEMALE)

B) NRIC/FIN/PASSPORT: G18400610L CONTACT: 83757554

C) ADDRESS: TURONG WEST (POST OFFICE) POST OFFICE

D) DATE OF BIRTH: 12/02/1985 (DD/MM/YYYY)

E) OCCUPATION: (INDOOR/OUTDOOR)

F) YEARS OF DRIVING EXPERIENCE: 3 years 6 months (10/8/2017) → class 3

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Rental - Leasing

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: QUEENSWAY N.P.C

#### 8. THIRD PARTY VEHICLE:

A) VEHICLE NO: \_\_\_\_\_ 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: \_\_\_\_\_

email: car.rentals@sianghock.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-21097505MFCV/45  
 Vehicle No / Chassis No : GBG9841U / KPADA1ETSHP313495  
 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 : MOTOR-WAY 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)

SUSAN/D0067/MZ301A9

Issued at Singapore on 01.04.2021

Authorised Signature