

NATIONAL Assessment Centre Services

Date In: 27/01/2022 16:53	Job description	Date & Time Completed	Done by
Ref No: NA/FCI 22000976/m4	SAS e-filing		
Veh No: G8H 7111 B	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 26/01/2022 09:37	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: SLN G536R	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

NA2200277	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		
	5) FT : 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:-		
	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		
Cat. 1:	Invoice dated	Fee Charged	
Cat. 2 / 3:	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	27/01/2022 16:53 (SGT)
Date of Accident	26/01/2022 09:37 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BOON TAT LINK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH7111B
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) +65-98792002
Alternative Phone No	+65-98792002

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 - Claiming third party
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/35
Cover Note Number	-

DRIVER

Name of Driver	WONG KAH WEI
NRIC No	SXXXX572D

Date Of Birth	21/04/1982
Occupation	Outdoor
Date Of Driving Pass	10/03/2008
Driving experience	13 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94381434
Alt. Phone Number	-
Email Address	car.rental@sianghock.com.sg
Address	BLK 477C UPPER SERANGOON VIEW
Address complement	#10-584
Postcode	533477
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	Side Swipe
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)	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	SLN6536R
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHUA TUA POH
NRIC No	SXXXX124J
Contact Number	(Phone) +65-96493638
Address	-

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' 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.

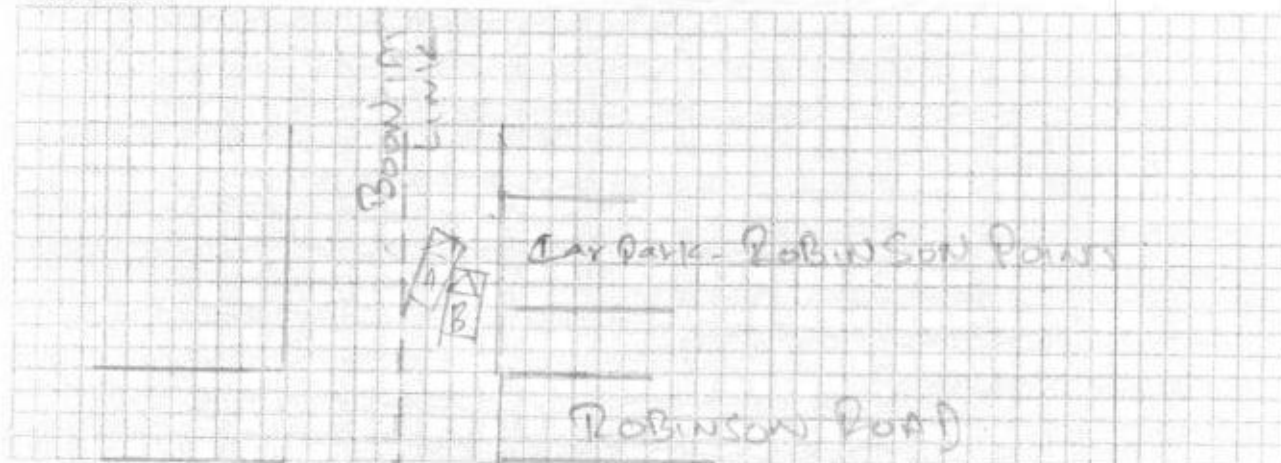


Policyholder's Signature / Date & Time

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

27/01/2022
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Refer to the attached.

Declaration

We declare the foregoing particulars are true in every respect.



[Signature]
Policyholder's Signature / Date & Time

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

[Signature] 27/01/2022
Witnessed by Reporting Centre Personnel

MORNING 9.30AM , 26TH JANUARY 2022, I AM DRIVING ALONG BOON TAT LANE AND SAW IN FRONT WAS A VAN STOPPED AT THE SIDE OF LANE 2. I CHECKED MY SIDE MIRROR AND CONFIRMED THAT THERE IS NO VEHICLE ON MY RIGHT AND SLOWLY CHANGED LANE . I ALSO NOTICED A CAR TRAVELLING BEHIND ME. I HAVE ALL WENT INTO THE LANE AND GOING TO TURN RIGHT INTO THE CARPARK WHEN SUDDENLY I FELT MY VEHICLE HIT BY SOMETHING AT THE SIDE. THE CAR BEHIND ME ALSO CHANGE LANE VERY FAST AND HIT ONTO MY SIDE . THE PASSENGER IN PTE HIRE CAR SLN6536R(A CHINESE MALE) , LEFT IMMEDIATELY. WE EXCHANGE PARTICULARS WITH THE DRIVER AND MADE A PHONE REPORT TO MY OFFICE AND CAR RENTAL COMPANY.

ACCIDENT STATEMENT

ACCIDENT DATE: (26/01/2022) (DD/MM/YYYY), TIME (09:37) (HH:MM)

LOCATION: BOON TAT LINK

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBH711B
b) INSURANCE COMPANY: Ms First CAPITAL (Fleet)
c) POLICY NO: D-21097524MFCV/35
d) POLICY TYPE: (COMPREHENSIVE/THIRD PARTY/THIRD PARTY FIRE & THEFT)
e) MAKE/MODEL: Nissan Nv 350 (A) (2488cc)
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: Siang Hock Car Rental Pte Ltd (MALE/FEMALE)
B) NRIC/FIN/PASSPORT: 201538271R CONTACT: 98792002
C) ADDRESS: 21 Jalan Masjid
SU 18946

*CONTINUE TO 3.D IF DRIVER ALSO POLICY HOLDER

3. DRIVER

- A) NAME: Wong Kah Wei (MALE/FEMALE)
B) NRIC/FIN/PASSPORT: 98281572D CONTACT: 94381436
C) ADDRESS: BLK 477C UPPER SEPANGHORN VILLO
#10-584 (S) 533477
D) DATE OF BIRTH: 21/04/1982 (DD/MM/YYYY)
E) OCCUPATION: (INDOOR/OUTDOOR)
F) YEARS OF DRIVING EXPERIENCE: 13 years 9 months (10/3/2008)

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:

8. THIRD PARTY VEHICLE:

- A) VEHICLE NO: SLN6536R MODEL: TOYOTA
B) DRIVER'S NAME: CHUA TUA BOH
C) NRIC.FIN PASSPORT NO.: S16031247 CONTACT: 96493638

9. THIRD PARTY VEHICLE:

- A) VEHICLE NO: MODEL:
B) DRIVER'S NAME:
C) NRIC.FIN PASSPORT NO.: CONTACT:

email: car-rental@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-21097524MFCV/35
Vehicle No / Chassis No : GBH7111B / JN1MC2E26Z0030470
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