

NATIONAL Assessment Centre Services

Date In: 08/02/22	Job description	Date & Time Completed	Done by
Ref No: NA/FCI22001197/13	SAS e-filing		
Veh No: GBF6597A	E-mail (within Max. APC 2hrs)		
D.O.A: 03/02/22 2250	i-Motor Claim Form		
OD (IP) Reporting Only	i-Motor W/O (Within: OLY 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: UNKNOWN	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

NA2200365	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
	2) DA : Damage Assessment (\$100); INC (\$80)		
Driver/Owner:	3) TF : Towing Fee \$40/\$45		
Contact No:	4) FT : Follow-Through Survey \$120		
Damaged Portion:	5) FT : Follow-Through Survey (Resurvey) \$30		
QC Checked by (Engr-In-Charge):	For claiming against INC Only (wef 10 Jan 2005)		
Auditors' Comments :-	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
Cat. 1:	8) NTUC Additional Services:-		
Cat. 2 / 3:	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	08/02/2022 17:26 (SGT)
Date of Accident	03/02/2022 22:50 (SGT)
Exact Location of Accident	7A Jln Punai, Singapore 418777
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF6597A
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	SIANG HOCK HOLDING PTE LTD
Company Reg No	1XXXXX681M
Email Address	sianghockholding@yahoo.com.sg
Mobile Phone No	(Phone) +65-98792002
Alternative Phone No	+65-98792002

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
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	Manual
CC	1461

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	D-21097505MFCV/28
Cover Note Number	-

DRIVER

Name of Driver	SNG WEE MENG
NRIC No	SXXXX407A

Date Of Birth	28/01/1983
Occupation	Outdoor
Date Of Driving Pass	24/03/2003
Driving experience	18 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90038088
Alt. Phone Number	-
Email Address	sianghockholding@yahoo.com.sg
Address	BLK 652 JALAN TENAGA
Address complement	#08-50
Postcode	410652
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 and run / Vandalism / Damaged whilst parked
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?	Yes
Police Station Name	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLIE REPORT:G/20220204/7014

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	Private car

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

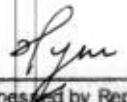
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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' 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.

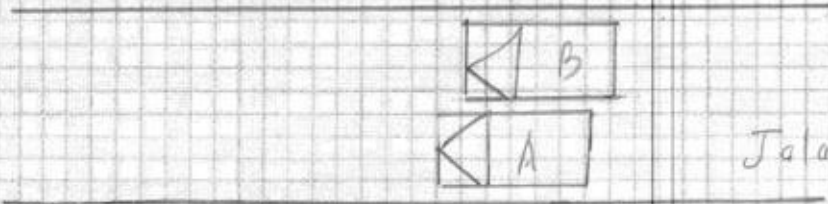

Policyholder's Signature / Date & Time


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

 08/02/22
Witnessed by Reporting Centre Personnel

Sketch Plan

A - GBF 6597A
B - UNKNOWN



Jalan Pura

TA



SINGAPORE POLICE FORCE



G/20220204/7014

1 of 2

POLICE REPORT (NP299)

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Report No. G/20220204/7014

Date/Time Report Made 04/02/2022 10:36	Vide Report No.	Station Diary No.
Name Of Informant SNG WEE MENG	Address 652 JALAN TENAGA #08-50 SINGAPORE 410652	
ID Type / ID No. NRIC NO / S8304407A	Contact No. Home/Office: Mobile: 90038088	
Nationality SINGAPORE CITIZEN	Email Address RAVE_SNG@HOTMAIL.COM	
Occupation Other associate professionals nec	Sex Male	Age 39
Institution/School Name	Date of Birth 28/01/1983	Race Chinese
Date/Time Of Incident 03/02/2022 22:50 - 03/02/2022 22:55	Location Of Incident 7A JALAN PUNAI TATIANA TERRACE SINGAPORE 418777	

Brief details.

The above date and time, my vehicle GBF 6597 A was parking out Unit 7A along Jalan Punai when a vehicle drove pass my vehicle at an extremely high and smash my right car mirror. Instead of stopping to check on my vehicle damage, the car speed off. I immediately start my car hopping to catch a glimpse of the car's number plate however the car was too fast and i lost it. I immediately lodge a police report after that.

Subjects Involved

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:
The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:
04/02/2022 10:36

Classification Of Case:

This report is lodged at Geylang Serai NPP Kiosk 1



**SINGAPORE
POLICE FORCE**



G/20220204/7014

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20220204/7014

Victim			
Person Name	SNG WEE MENG		
ID Type	NRIC NO	ID No	S8304407A
Gender	Male	Age	39
Race	Chinese	Language	English
Occupation	Other associate professionals nec	Address	652 JALAN TENAGA #08-50 SINGAPORE 410652
Mobile No	90038088	Is Informant A Victim?	Yes
Person Name	SNG WEE MENG (Informant)		

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this
report has been authenticated by Singpass.
No signature is required.

Date/Time:
04/02/2022 10:36

Classification Of Case:

This report is lodged at Geylang Serai NPP Kiosk 1

ACCIDENT STATEMENT

ACCIDENT DATE: (03 / 02 / 2022) (DD/MM/YYYY), TIME (22 : 50) (HH:MM)

LOCATION: 7A Jalan Pynai

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBF 6597 A
b) INSURANCE COMPANY: MS First Capital
c) POLICY NO: D 21097505 MPCV
d) POLICY TYPE: (COMPREHENSIVE/THIRD PARTY/THIRD PARTY FIRE & THEFT)
e) MAKE/MODEL: NISSAN NV200
f) TYPE: (SALOON/COUPE/MPV/VAN/LORRY/MOTORCYCLE/OTHERS)
g) VEHICLE CATEGORY: (PRIVATE/COMMERCIAL/MOTORCYCLE)
h) PURPOSE OF USING AT TIME OF ACCIDENT: COMMERCIAL
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: Siany Hock Holding Pte Ltd (MALE/FEMALE)
B) NRIC/FIN/PASSPORT: 198400681M CONTACT: 98792052
C) ADDRESS:

*CONTINUE TO 3.D IF DRIVER ALSO POLICY HOLDER

3. DRIVER

- A) NAME: Sng Wee Meng (MALE/FEMALE)
B) NRIC/FIN/PASSPORT: S8304407A CONTACT: 90038058
C) ADDRESS:

- D) DATE OF BIRTH: (28 / 01 / 1983) (DD/MM/YYYY)
E) OCCUPATION : (INDOOR/OUTDOOR)
F) YEARS OF DRIVING EXPERIENCE : 19 years

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED : HIRER

- 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: Bedok Division

8. THIRD PARTY VEHICLE:

- A) VEHICLE NO: UNKNOWN MODEL: private car
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:

gru-unsubmt - SN0922280008
can't key in police station name
Handling insurance

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/28
 Vehicle No / Chassis No: GBF6597A / VSKYBAM20Z0135641
 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: MV 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 : \$S1,000.00 on Section I & II separately (for Long Term Lease - 1 year or more)
 \$S2,500.00 on Section I & II separately (for Short Term Lease - less than 1 year)
 \$S1,000.00 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 : \$S3,000.00 on Section I & II separately (for Long Term Lease - 1 year or more)
 \$S4,500.00 on Section I & II separately (for Short Term Lease - less than 1 year)
 \$S2,000.00 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