

# NATIONAL Assessment Centre Services

Date In: 11/02/2022 15:22	Job description	Date & Time Completed	Done by
Ref No: NA/FCI 22001348/m4	SAS e-filing		
Veh No: G8G 9727S	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 10/02/2022 09:05	i-Motor Claim Form		
<input checked="" type="radio"/> 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: Unknown (Lamp Post)	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 2200360	<b>Invoice Preparation Checklist</b>		Am't (\$) 1st Bill	Am't (\$) 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			
QC Checked by (Engr-In-Charge):	5) i-T: 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 \$0			
Auditors' Comments :-	Invoice dated	Fee Charged		
Cat. 1:	Invoice dated	Fee Charged		
Cat. 2 / 3:				

## 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	11/02/2022 15:22 (SGT)
Date of Accident	10/02/2022 09:05 (SGT)
Exact Location of Accident	South Buona Vista Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG9727S
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	+65-96498990

### VEHICLE PARTICULARS

Manufacturer	Ssangyong
Model	Actyon
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?	Yes
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/43
Cover Note Number	-

### DRIVER

Name of Driver	RANKIN EDWARD SAMUEL
NRIC No	SXXXX783C



Date Of Birth	29/11/1981
Occupation	Indoor
Date Of Driving Pass	14/08/2004
Driving experience	17 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96498990
Alt. Phone Number	-
Email Address	car.rental@sianghock.com.sg
Address	BLK 416 CLEMENTI AVENUE 1
Address complement	#40-285
Postcode	120416
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 Property
Weather Conditions	Raining
Road Surface	Wet

#### 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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT : T/20220210/7026

#### 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	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	LAMP POST
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

Witnessed by Reporting Centre Personnel

### Sketch Plan



**Describe Circumstances of the Accident**

STATEMENT AS ATTACHED AS POLICE REPORT : T/20220210/7026 .

**Declaration**

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

11/02/2022

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

R 11/02/2022

Witnessed by Reporting Centre Personnel





# SINGAPORE POLICE FORCE



T/20220210/7026

1 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No: T/20220210/7026

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 10/02/2022 14:07	Vide Report No.: E/20220210/0059	Station Diary No.:
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<b>Informant's Particulars</b>			
Name of Informant: RANKIN EDWARD SAMUEL		Address: 416 CLEMENTI AVENUE 1 #40-285 SINGAPORE 120416	
ID Type / ID No.: NRIC NO / S8136783C		Contact No.: Home/Office: Mobile: 96498990	
Nationality: SINGAPORE CITIZEN		Email: ERANKIN@GMAIL.COM	
Sex: Male	Age: 40	Date of Birth: 29/11/1981	Type of Informant: Driver
Race: Caucasian		Language: English	Institution / School Name:
Occupation: Research officer (non-statistical)		Driving Licence Information: Class:	Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/02/2022 09:05	Type of Location: slip road
Location:  SOUTH BUONA VISTA ROAD				
Weather: Raining		Road Surface: Wet		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Lamp Post				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBG9727S	Lorry					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/20220210/7026

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20220210/7026

## CONTINUATION OF REPORT

Driver			
Name	RANKIN EDWARD SAMUEL		ID No. S8136783C
Related Vehicle	GBG9727S (Lorry)		Contact No. 96498990
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL		Degree of NIL

### Brief Details.

i skidded when driving and lost control, hitting the lamp post. There was no other traffic and no pedestrian.





**SINGAPORE  
POLICE FORCE**



T/20220210/7026

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20220210/7026

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 10/02/2022 14:07
Officer In Charge Of Case: TP / TPIB / MARIAH BINTE ZAKARIA Contact No.: 65476433	Classification Of Case:

ACCIDENT STATEMENT 09 05

ACCIDENT DATE: (10 / 02 / 2022) (DD/MM/YYYY), TIME: (14 : 07) (HH:MM)

LOCATION: SOUTH BUONA VISTA ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBG9727S  
 b) INSURANCE COMPANY: MS FIRST CAPITAL INSURANCE LTD (Fleet)  
 c) POLICY NO: D-21097505MFCV/43  
 d) POLICY TYPE: (COMPREHENSIVE/THIRD PARTY/THIRD PARTY FIRE & THEFT)  
 e) MAKE/MODEL: Ssangyong Actyon (A) (1998cc)  
 f) TYPE: (SALOON/COUPE/MPV/VAN/LORRY/MOTORCYCLE/OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE/COMMERCIAL/MOTORCYCLE)  
 h) PURPOSE OF USING AT TIME OF ACCIDENT: Rental - Leasing  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE: (YES/NO) (own damage claim)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM/REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: SIANG HOCK HOLDING PTE LTD (MALE/FEMALE)  
 B) NRIC/FIN/PASSPORT: 198400681M CONTACT: 98792002  
 C) ADDRESS: 21 JALAN MASJID  
 SINGAPORE 418946

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

3. DRIVER

- A) NAME: RANKIN EDWARD SAMUEL (MALE/FEMALE)  
 B) NRIC/FIN/PASSPORT: S8136783C CONTACT: 96498990  
 C) ADDRESS: APT BLK 416 CLEMENTI AVENUE 1  
 #40-285, SINGAPORE 120416  
 D) DATE OF BIRTH: (29 / 11 / 1981) (DD/MM/YYYY)  
 E) OCCUPATION: (INDOOR/OUTDOOR)  
 F) YEARS OF DRIVING EXPERIENCE: 17 Y & 6 M (14/08/2004)

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: TRAFFIC POLICE - UBI

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.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-21097505MFCV/43
Vehicle No / Chassis No	: GBG9727S / KPADA1ETSHP313501
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
<b>Authorised Driver*</b>	
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.

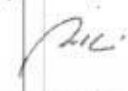
\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

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