

NATIONAL Assessment Centre Services

Date In: 15/02/22	Job description	Date & Time Completed	Done by
Ref No: NA/FC22001450/13	SAS e-filing		
Veh No: GBK6046Y	E-mail (within 3hrs: AD: 2hrs)		
D.O.A: 14/02/22 1920	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: Vch No: **SMR6567T** 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

Invoice Preparation Checklist

Amt (\$) Amt (\$) 1st Bill Add Bill

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) 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	

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	15/02/2022 15:12 (SGT)
Date of Accident	14/02/2022 19:20 (SGT)
Exact Location of Accident	Tuas South Ave 1, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK6046Y
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SIANG HOCK CAR RENTAL PTE LTD
Company Reg No	2XXXXXX271R
Email Address	car.rental@sianghock.com.sg
Mobile Phone No	(Phone) +65-62568888
Alternative Phone No	+65-62568888

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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	2982

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	D-21097524MFCV/125
Cover Note Number	-

DRIVER

Name of Driver	RAMIAH RAJAMANI
Passport No/FIN	GXXXX645P

Date Of Birth	12/06/1974
Occupation	Outdoor
Date Of Driving Pass	08/05/2002
Driving experience	19 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82070249
Alt. Phone Number	-
Email Address	car.rental@sianghock.com.sg
Address	BLK 221 JURONG EAST ST 21
Address complement	#11-701
Postcode	600221
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	8
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PASSENGER
Gender	Male

PASSENGER 2

Name	PASSENGER
Gender	Male

PASSENGER 3

Name	PASSENGER
Gender	Male

PASSENGER 4

Name	PASSENGER
Gender	Male

PASSENGER 5

Name	PASSENGER
Gender	Male

PASSENGER 6

Name	PASSENGER
Gender	Male

PASSENGER 7

Name	PASSENGER
Gender	Male

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	SMR6567T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	NEO ENG YONG
NRIC No	SXXXX879E
Contact Number	(Phone) +65-97800338
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBC78L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Passport No/FIN	FXXXX199L
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	RAMIAH RAJAMANI
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-

Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBK6046Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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

15/02/22

Witnessed by Reporting Centre Personnel

Sketch Plan



Veh A : GPK 6046Y

Veh B : SMR 6567T

Veh C : GBC 78L

Describe Circumstances of the Accident

On 14/02/2022 I was driving my Vehicle A (G8K6046Y) along
Twas South Ave I due to heavy traffic Vehicle C (GB(78L) STOP
as I follow Suit and Come to a Complete STOP. After I Stop my
Vehicle Suddenly I feel a huge Impact from the Rear of my Vehicle,
~~After~~ when I Come down of my Vehicle I notice that Vehicle B
(SME6567T) have hit on my Vehicle and push me forward and hit
onto Vehicle C. I Got Total of 8 person include myself

Declaration


We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time



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

 15/02/22

Witnessed by Reporting Centre
Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (14 / 02 / 2022) (DD/MM/YYYY), TIME (07 : 20 pm) (HH:MM)

LOCATION: Jaya Teks South AVE 1

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBK6046 Y
b) INSURANCE COMPANY: MS First Capital
c) POLICY NO: D-21092524MFCV/125
d) POLICY TYPE: (COMPREHENSIVE/THIRD PARTY/THIRD PARTY FIRE & THEFT)
e) MAKE/MODEL: TOYOTA DYNA
f) TYPE: (SALOON/COUPE/MPV/VAN/LORRY/MOTORCYCLE/OTHERS)
g) VEHICLE CATEGORY: (PRIVATE/COMMERCIAL/MOTORCYCLE)
h) PURPOSE OF USING AT TIME OF ACCIDENT: Work
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: CEN: 201538271 R CONTACT:
C) ADDRESS: Blk 229 Jurong east St 21 # 11-701
21 JIN Masjid, (418946)

*CONTINUE TO 3.D IF DRIVER ALSO POLICY HOLDER

3. DRIVER

- A) NAME: RAMIAN RAJAMANI (MALE/FEMALE)
B) NRIC/FIN/PASSPORT: G7072645 P CONTACT: 82070249
C) ADDRESS: Blk 229 Jurong east St 21 # 11-701

D) DATE OF BIRTH: (12 / 06 / 1974) (DD/MM/YYYY)

E) OCCUPATION: (INDOOR/OUTDOOR)

F) YEARS OF DRIVING EXPERIENCE: 10 YRS

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Rental

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: B

- A) VEHICLE NO: SMR 6567 T MODEL: RENAULT SCENIC
B) DRIVER'S NAME: NG ENG YONG
C) NRIC.FIN PASSPORT NO.: 317788774 CONTACT: 97800338

9. THIRD PARTY VEHICLE: C

- A) VEHICLE NO: GBC 782 MODEL: NISSAN CABSTAR
B) DRIVER'S NAME: RAJ PARAMA SIVAM KALYANA RAMAH
C) NRIC.FIN PASSPORT NO.: F84581971 CONTACT:

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/125
 Vehicle No / Chassis No : GBK6046Y / JTFAT35Y80K215584
 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