

# NATIONAL Assessment Centre Services

(Ref: 1/2/2005)

Date In: 15/03/22	Job description	Date & Time Completed	Done by
Ref No: NA/FCI22000391/13	SAS e-filing		
Veh No: PC 7835G	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 14/03/22 1320	i-Motor Claim Form		
OD: (IP) 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: PD41X	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

NA2200695		Invoice Preparation Checklist		Amt (\$)	Amt (\$)
Claimant's Particulars :-				1st Bill	Add Bill
Driver/Owner:		1) AR : Accident Reporting (\$30),			
Contact No:		2) DA : Damage Assessment (\$100); INC (\$80)			
Damaged Portion:		3) TF : Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):		4) FT : Follow-Through Survey \$120			
Auditors' Comments :-		5) FT : Follow-Through Survey (Resurvey) \$30			
Cat. 1:		For claiming against INC Only (wef 10 Jan 2005)			
Cat. 2/3:		6) TR : Re-inspection \$75			
		7) NI : 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			
		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	15/03/2022 16:50 (SGT)
Date of Accident	14/03/2022 13:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SIN MING AUTO CARE #05-04
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC7835G
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SIANG HOCK CAR RENTAL PTE LTD
Company Reg No	2XXXXX271R
Email Address	desmondkee13@gmail.com
Mobile Phone No	(Phone) +65-98792002
Alternative Phone No	+65-98792002

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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	Bus
Transmission	Auto
CC	2754

#### INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D-21097519MFBP/21
Cover Note Number	-

#### DRIVER

Name of Driver	JONG SENAGGA JUYANG
Passport No/FIN	GXXXX342Q

Date Of Birth	17/04/1977
Occupation	Outdoor
Date Of Driving Pass	03/02/2009
Driving experience	13 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-98792002
Alt. Phone Number	-
Email Address	desmondkee13@gmail.com
Address	21 JALAN MASJID
Address complement	-
Postcode	418946
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	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)	0
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	PD41X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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

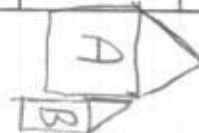
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

### Sketch Plan

Veh A: PC7835G

Veh B: PD41X



SIN MIN L AUTO CARE

#05-04

### Describe Circumstances of the Accident

On the Stated date and time my Vehicle was park at  
Sim Ming auto care 03-04 as I was waiting for my turn to  
Service my Vehicle A (PC7835G) Vehicle B (PD41X) Saw my Car  
is Stop and Park there but he still tried to Squeeze thru ended  
up hit my right driver door and hit onto my side mirror and  
also my 360° Camera is all damage.

### 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

 15/03/22

Witnessed by Reporting Centre  
Personnel



Date of Accident : 14/03/2022 Accident Time: 13:20 (24-HR-Format)  
 Accident Place : Siri Mung auto care #05-04  
 Vehicle No. (Car Plate No.) : PC 7835G Make/Model: Toyota Hiace  
 Insurance Company : MS First Capital Policy No: D-21097519MFBP/21  
 Owner or Company Name /IC No. : SIANG HOCK CAR Rental (201538712)  
 Owner or Company Contact No. : \_\_\_\_\_ Owner's Hp 98792002 Company Tel \_\_\_\_\_  
 DRIVER'S Name / IC No. : JONG SENAGGA JUYANG (980533420)  
 DRIVER'S Date Of Birth : 17/04/1977 DRIVER'S License Pass Date 03/02/2009  
 Relationship of Owner & Driver : Spouse \ Parent \ Children \ Sibling \ Employee \ Others: Rental  
 DRIVER'S Address : 21 JIN MASJID S(48946)  
 DRIVER'S Contact No./ Alt No. : 1) 98792002 2) \_\_\_\_\_  
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
 Email Address : DESMONDKEE13@gmail.com (DESMONDKEE13@GMAIL.COM)  
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
 Number of Passengers (Including Driver): 1, 1  
 Was there any video Captured by car camera: YES \ NO  
 Exact purpose for which vehicle was being used at time of accident: Private use \ Work Purpose  
 Any Injury (If YES, Pls state): NO

**Other Party Driver's Particular (if any)**

Vehicle. No: <u>PD 41X</u>	Vehicle. No: _____
Vehicle Make \Model: <u>Toyota Hiace</u>	Vehicle Make \Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

\* **NEW – Passenger's name & gender:**

**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. : BUSES - FLEET  
Type of Cover. : Comprehensive  
Certificate No. : D-21097519MFBP/21  
Vehicle No / Chassis No : PC7835G / GDH2011018242  
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 : THINK ONE CREDIT PTE LTD  
**Authorised Driver\***  
ANY AUTHORISED DRIVER

**Persons or classes of persons entitled to drive\***

Any person who is driving on the insured's order or with the insured's permission.

For driver 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 only for the carriage of passengers or goods in connection with the Insured's business (as specified in the Schedule). The Policy does not cover:-

- (1) Use for racing, pacemaking, reliability trial or speed-testing.
- (2) Use whilst drawing a trailer, except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

\* 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)

KARENS/D0067/MZ601A16

Issued at Singapore on 01.04.2021

  
\_\_\_\_\_  
Authorised Signature