

# NATIONAL Assessment Centre Services

Date In: 29/03/2022	Job description	Date & Time Completed	Done by
Ref No: NA/FCI 22002877/m4	SAS e-filing		
Veh No: SGY 8540R	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 27/03/2022 09:45	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: SMD 6423Z	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 2200828	<b>Invoice Preparation Checklist</b>		Am't (\$) 1st Bill	Am't (\$) 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			
	4) FT : Follow-Through Survey \$120			
Contact No:	5) FT : Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
Damaged Portion:	6) TR : Re-inspection \$75			
	7) N1 : Idac DA + SMRT Survey \$160			
QC Checked by (Engr-In-Charge):	8) NTUC Additional Services:-			
	OD:			
Auditors' Comments :-	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
Cat. 1:	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
Cat. 2 / 3:	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	29/03/2022 15:46 (SGT)
Date of Accident	27/03/2022 09:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SELEGIE ROAD TO SUNGEI ROAD
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGY8540R
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### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ROBINSON CAR RENTAL PTE LTD
Company Reg No	2XXXXX041W
Email Address	car.rental@sianghock.com.sg
Mobile Phone No	(Phone) +65-98792002
Alternative Phone No	+65-98792002

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1598

### INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	D-21097521MFZH/1
Cover Note Number	-

### DRIVER

Name of Driver	MADURAPPERUMA ARACHCHIGE CHAMPIKA UDAYA K M
Passport No/FIN	FXXXX853Q

Date Of Birth	27/12/1970
Occupation	Outdoor
Date Of Driving Pass	18/03/2021
Driving experience	1 YEAR
Gender	Male
Mobile Number	(Phone) +65-88724214
Alt. Phone Number	-
Email Address	car.rental@sianghock.com.sg
Address	98 FLORA ROAD
Address complement	#08-55 EDELWEISS PARK
Postcode	507008
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	RENTAL
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	SMD6423Z
Vehicle Manufacturer	Honda
Vehicle Model	Shuttle
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-97646794
Address	-
Address complement	-



## SKETCH PLAN

### IMPORTANT NOTICE

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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' 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.

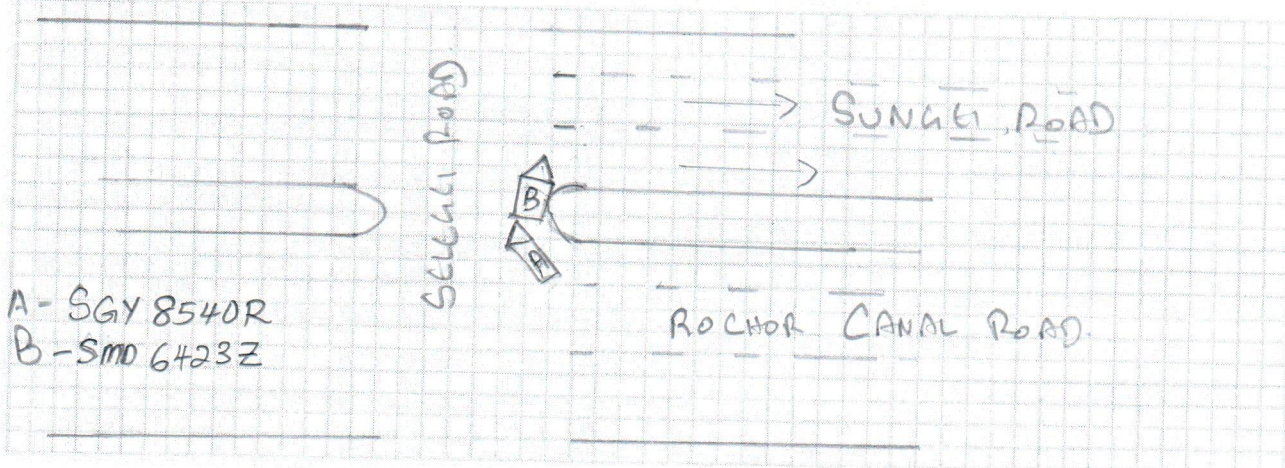


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan





Describe Circumstances of the Accident

AS per attached

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

Witnessed by Reporting Centre Personnel

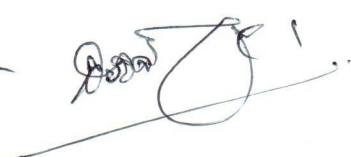
Dr 29/3/22

Time - 9.45 to 10.00 clock

Date 27 March 2022 I was driving Rochon rd to Sungei.  
- Rd vehicle no SGY 8540 R stop and waiting traffic  
light on traffic light on start make to vehicle  
infront vehicle suddenly stop I can't stop vehicle  
and hit infront vehicle (SMJ 6423 Z)

Name Madunapperuma ACUKRI

IC NO - F7367853Q

Signature - 

Mobile no - 88724214

DATE - 28/03/2022



### ACCIDENT STATEMENT

ACCIDENT DATE: ( 27 / 03 / 2022 ) (DD/MM/YYYY), TIME ( 09 : 45 ) (HH:MM)

LOCATION: SELEGIE ROAD TO SUNGEI ROAD

#### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGY8540R  
b) INSURANCE COMPANY: MS FIRST CAPITAL INSURANCE LTD (Fleet)  
c) POLICY NO: D-21097521MFZH/01  
d) POLICY TYPE: (COMPREHENSIVE/THIRD PARTY/THIRD PARTY FIRE & THEFT)  
e) MAKE/MODEL: TOYOTA/COROLLA ALTIS 1.6 AUTO (1598cc)  
f) TYPE: (SALOON/COUPE/MPV/VAN/LORRY/MOTORCYCLE/OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE/COMMERCIAL/MOTORCYCLE)  
h) PURPOSE OF USING AT TIME OF ACCIDENT: RENTAL (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: ROBINSON CAR RENTAL PTE LTD (MALE/FEMALE)  
B) NRIC/FIN/PASSPORT: 200414041W CONTACT: 9879 2002  
C) ADDRESS: 21 JALAN MASJID  
SINGAPORE 418946

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

#### 3. DRIVER

- A) NAME: MADURAPPERUMA ARACHCHIGE CHAMPIKA UDAYA K M (MALE/FEMALE)  
B) NRIC/FIN/PASSPORT: F7367853Q CONTACT: 88724214  
C) ADDRESS: 98 FLORA ROAD  
#08-55 EDELWEISS PARK (S) 507008  
D) DATE OF BIRTH: ( 27 / 12 / 1970 ) (DD/MM/YYYY)  
E) OCCUPATION: (INDOOR/OUTDOOR)  
F) YEARS OF DRIVING EXPERIENCE: 1 Y (18/3/2021)

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

passenger including driver

- 5.A) WEATHER CONDITION: (CLEAR/RAINING/OTHERS)  
B) ROAD SURFACE: (DRY/WET/OTHERS)

: 1

6. WAS ANYBODY INJURED: (YES/NO)

7. REPORTED TO POLICE: (YES/NO)

video: NO

IF YES PLEASE STATE WHICH POLICE STATION:

#### 8. THIRD PARTY VEHICLE:

- A) VEHICLE NO: SMD6423Z MODEL: HONDA SHUTTLE  
B) DRIVER'S NAME: \_\_\_\_\_  
C) NRIC.FIN PASSPORT NO.: \_\_\_\_\_ CONTACT: 97666796

#### 9. THIRD PARTY VEHICLE:

- A) VEHICLE NO: \_\_\_\_\_ MODEL: \_\_\_\_\_  
B) DRIVER'S NAME: \_\_\_\_\_  
C) NRIC.FIN PASSPORT NO.: \_\_\_\_\_ 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. : HIRED CARS - HIRER DRIVING - FLEET  
Type of Cover. : Third Party  
Certificate No. : D-21097521MFZH/1  
Vehicle No / Chassis No : SGY8540R / MR053ZEC107157024  
Name of Insured : ROBINSON CAR RENTAL PTE LTD  
Period Of Insurance : 01.04.2021 To 31.03.2022  
Insured Estimated Value : 0.00

**Authorised Driver\***  
ANY AUTHORISED DRIVERS

**Persons or classes of persons entitled to drive\***  
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 All Claims (for Long Term Lease - 1 year or more)  
S\$2,500.00 on All Claims (for Short Term Lease - less than 1 year)  
S\$1,000.00 on All Claims (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 All Claims (for Long Term Lease - 1 year or more)  
S\$4,500.00 on All Claims (for Short Term Lease - less than 1 year)  
S\$2,000.00 on All Claims (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.  
Use for social, domestic and pleasure purposes and business purposes of any person to whom the vehicle is hired.

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 (other than for reward) of any one disabled mechanically propelled vehicle.
- (3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

\* 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)

ESTHERT/D0067/MZ406U

Issued at Singapore on 01.04.2021

  
Authorised Signature