

**NATIONAL Assessment Centre Services**

Date In: 09/05/22	Job description	Date & Time Completed	Done by
Ref No: NA/FCI22004283/13	SAS e-filing		
Veh No: GBH224E	E-mail (within 8hrs. A/C 2hrs)		
D.O.A: 06/05/22 2150	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: SJP9873K 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)**

Remarks:-	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
<b>Claimant's Particulars :-</b>		
Driver/Owner:		
Contact No:		
Damaged Portion:		
QC Checked by (Engr-In-Charge):		
<b>Auditors' Comments :-</b>		
Cat. 1:		
Cat. 2 / 3:		

- 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) NI: 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 date / 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 ..... 09/05/2022 17:19 (SGT)  
Date of Accident ..... 06/05/2022 21:50 (SGT)  
Exact Location of Accident ..... Tampines Ave 1, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBH224E

#### INSURED/POLICYHOLDER

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

#### VEHICLE PARTICULARS

Manufacturer ..... Nissan  
Model ..... Nv350  
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 ..... Auto  
CC ..... 2488

#### INSURANCE COMPANY

Name of Insurance Company ..... MS First Capital Insurance Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... Yes  
Policy Number ..... D-22099203MFCV/175  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... ANEL BIN KAMALUDIN  
NRIC No ..... SXXXX723C

Date Of Birth	16/07/1979
Occupation	Outdoor
Date Of Driving Pass	14/03/2009
Driving experience	13 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93848748
Alt. Phone Number	-
Email Address	car.rental@sianghock.com.sg
Address	BLK 832 WOODLANDS ST 83
Address complement	#02-65
Postcode	730832
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	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?	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	SJP9873K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ROYSTON GUO ZHENHAO
NRIC No	SXXXX407Z
Contact Number	(Phone) +65-97229378
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 ..... SND2937Y  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Private car  
Name of Driver ..... TAN KAI PIEW  
NRIC No ..... SXXXX204E  
Contact Number ..... (Phone) +65-91805583  
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 willful 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' 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.

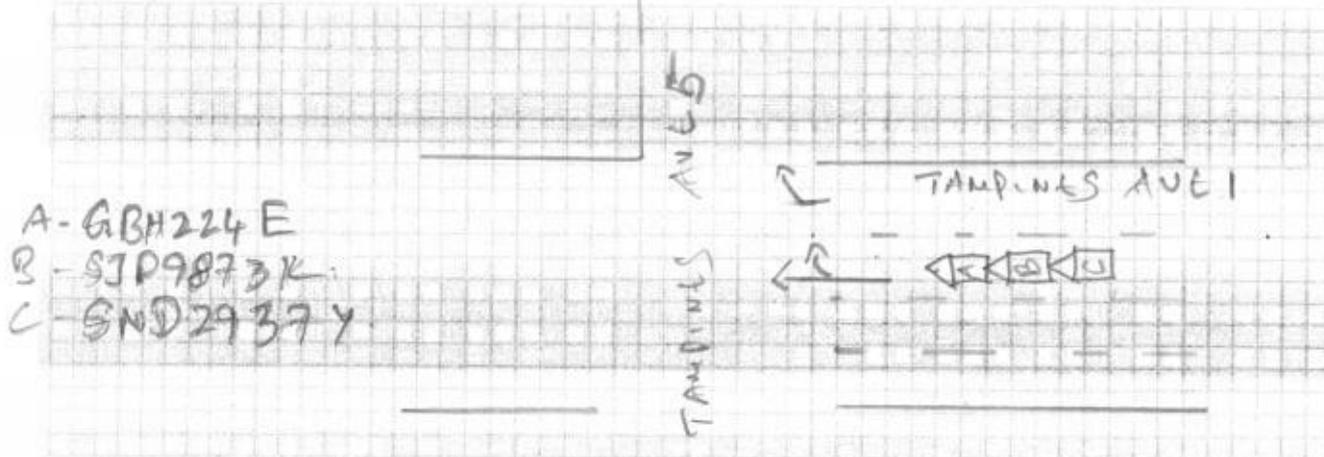


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



**Describe Circumstances of the Accident**

On 6 MAY 2022 @ 21:50 i was driving the vehicle GBH224E along tampines ave 1 going towards Tampines Ave 5. on the traffic light junction the light turns red so i stopped the vehicle I heard a Bang sound then i felt an impact in my vehicle , then i came down and saw the vehicle SJP9873K hit my vehicle where it was hit by another vehicle SND2937Y chain collision.

**Declaration**

We declare the foregoing particulars are true in every respect.



\_\_\_\_\_  
Policyholder's Signature / Date & Time

*[Signature]*  
\_\_\_\_\_  
Driver's Signature (if driver is not the policyholder) / Date & Time

*[Signature]* 09/05/22  
\_\_\_\_\_  
Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (06 / 05 / 2022)(DD/MM/YYYY), TIME( 21 : 50 )(HH:MM)

LOCATION: Tampines Avenue 1

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBH224E
- b) INSURANCE COMPANY: MS FIRST CAPITAL INSURANCE LTD
- c) POLICY NO: D-22099203MFCV/175
- d) POLICY TYPE: (COMPREHENSIVE/THIRD PARTY/THIRD PARTY FIRE & THEFT)
- e) MAKE/MODEL: NISSAN NV350
- 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)
- 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: 201538271R CONTACT: 98792002
- C) ADDRESS: 21 JALAN MASJID  
SINGAPORE 418946

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

3. DRIVER

- A) NAME: ANEL BIN KAMALUDIN (MALE/FEMALE)
- B) NRIC/FIN/PASSPORT: S7920723C CONTACT: 93848748
- C) ADDRESS: BLK 832 WOODLANDS STREET 83 #02-65  
SINGAPORE 730832
- D) DATE OF BIRTH: (16 / 07 / 1979)(DD/MM/YYYY)
- E) OCCUPATION: (INDOOR/OUTDOOR)
- F) YEARS OF DRIVING EXPERIENCE: 13 years 1 month

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: \_\_\_\_\_

8. THIRD PARTY VEHICLE:

- A) VEHICLE NO: SJP9873K MODEL: TOYOTA VIOS
- B) DRIVER'S NAME: ROYSTON GUO ZHENHAO
- C) NRIC.FIN PASSPORT NO.: S9624407Z CONTACT: 97229378

9. THIRD PARTY VEHICLE:

- A) VEHICLE NO: SND2937Y MODEL: KIA
- B) DRIVER'S NAME: TAN KAI PIEW
- C) NRIC.FIN PASSPORT NO.: S8361204E CONTACT: 91805583

**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-22099203MFCV/175  
Vehicle No / Chassis No : GBH224E / JN1MC2E26Z0009768  
Name of Insured : SIANG HOCK CAR RENTAL PTE LTD  
Period Of Insurance : 01.04.2022 To 31.03.2023  
Insured Estimated Value : Market Value At Time Of Loss  
Financial Institution : MOTOR CREDIT PTE LTD

EXCESS : AS INDICATED BELOW - ALL EXCESS AMOUNTS ARE SUBJECT TO GST

**Authorised Driver\***  
ANY AUTHORISED DRIVER

**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)

SUSAN/D0067/MZ301A9

MS First Capital Insurance Limited  
(Approved Insurers)

Authorised Signature

Issued at Singapore on 31.03.2022