

NATIONAL Assessment Centre Services

| | | | |
|--------------------------|--|-----------------------|---------|
| Date In: 30/06/22 | Job description | Date & Time Completed | Done by |
| Ref No: NA/FC/2006073/13 | SAS e-filing | | |
| Veh No: GAH2988X | E-mail (within 8hrs. AIC 2hrs) | | |
| D.O.A 29/06/22 0550 | i-Motor Claim Form | | |
| OD: (TP) Reporting Only | i-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| TP Insurer: | i-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Wksp | | |

| | | | |
|--|--|-----------------------|------|
| Preferred Wksp / INC Assign Wksp / QW: (| | Tel: | Fax: |
| TP Particulars: | Veh No: YQ135J | 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 2201792 | Invoice Preparation Checklist | | Amt (\$) 1st Bill | Amt (\$) 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 | | | |
| | 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 | | | |
| QC Checked by (Engr-In-Charge): | Invoice dated | Fee Charged | | |
| Auditors' Comments :- | Invoice dated | Fee Charged | | |
| Cat. 1: | | | | |
| 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 | 30/06/2022 18:02 (SGT) |
| Reported by | Driver |
| Date of Accident | 29/06/2022 05:50 (SGT) |
| Exact Location of Accident | Boon Keng Rd, Singapore |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | GBH2988X |
|-----------------------------|----------|

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 | - |

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? | No - Claiming third party |
| Vehicle Category | Commercial vehicle |
| Transmission | Auto |
| CC | 2157 |

INSURANCE COMPANY

| | |
|-----------------------------------|--------------------------------|
| Name of Insurance Company | MS First Capital Insurance Ltd |
| Policy Number / Cover Note Number | D-22099203MFCV/7 |

DRIVER

| | |
|----------------|----------------|
| Name of Driver | WONG JUN XIANG |
| NRIC No | SXXXX589Z |
| Date Of Birth | 26/11/1992 |
| Occupation | Indoor |

| | |
|--|-----------------------------|
| Date Of Driving Pass | 27/05/2019 |
| Driving experience | 3 YEARS AND 1 MONTH |
| Gender | Male |
| Mobile Number | (Phone) +65-87992456 |
| Alt. Phone Number | - |
| Email Address | car.rental@sianghock.com.sg |
| Address | 22 WOODLANDS DR 16 |
| Address complement | #09-05 |
| Postcode | 737880 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | 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 | 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 |
| Translator's name | - |
| Translator's ID | - |
| Translator's phone number | - |
| Translator's email | - |
| Original language used in the statement | - |

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 |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|----------------------------------|
| Vehicle Registration Number | YQ135J |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| Name of Driver | MD AULAD HOSSAIN MD NOBI HOSSAIN |
| Passport No/FIN | GXXXX083W |

| | |
|---|----------------------|
| Contact Number | (Phone) +65-82351147 |
| 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' 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.

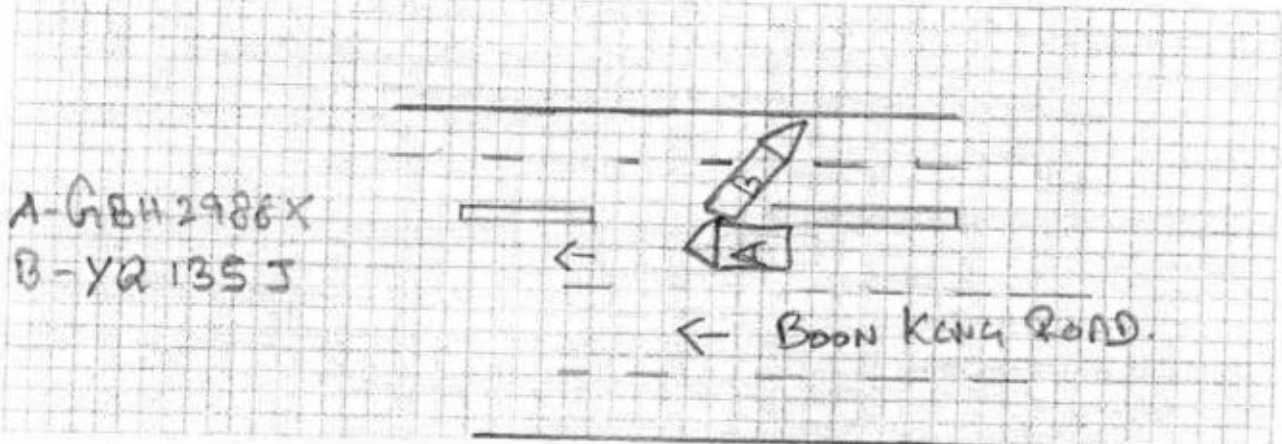


Policyholder's Signature / Date & Time

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

ROLLINDA AINTE A. WAHAB
Witnessed by Reporting Centre
Personnel 30/06/22

Sketch Plan



Describe Circumstances of the Accident

on 29 th June Around 05:55 Pm i was driving the vehicle GBH2988X along the Boon Keng Road towards serangoon road, Before the Traffic Junction the Lorry (YQ135J) infront made an illegal U-Turn. Once i started to move the lorry Suddenly make a reverse and hit my Right hand side of the Vehicle

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

ROSLINDA BINTE A. WAHAB

Witnessed by Reporting Centre Personnel 30/06/22

30/06/22

CI & company
Stamp

ACCIDENT STATEMENT

ACCIDENT DATE: (29 / 06 / 2022) (DD/MM/YYYY), TIME (05 : 50) (HH:MM)

LOCATION: Boon Keng Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBH2988X
 b) INSURANCE COMPANY: MS FIRST CAPITAL INSURANCE LTD
 c) POLICY NO: D-22099203MFCV7
 d) POLICY TYPE: (COMPREHENSIVE/THIRD PARTY/THIRD PARTY FIRE & THEFT)
 e) MAKE/MODEL: SSANGYONG ACTYON SPORTS D CAB
 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: 9879 2002
 C) ADDRESS: 21 JALAN MASJID
SINGAPORE 418946

*CONTINUE TO 3.D IF DRIVER ALSO POLICY HOLDER

3. DRIVER

- A) NAME: WONG JUN XIANG (MALE/FEMALE)
 B) NRIC/FIN/PASSPORT: S9276598Z CONTACT: 8799 2456
 C) ADDRESS: 22 WOODLANDS DRIVE 16
#09-05 SINGAPORE 737880
 D) DATE OF BIRTH: (26 / 11 / 1992) (DD/MM/YYYY)
 E) OCCUPATION: (INDOOR/OUTDOOR)
 F) YEARS OF DRIVING EXPERIENCE: 3 Y & 1 M

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: YQ135J MODEL: HINO 300
 B) DRIVER'S NAME: MD AULAD HOSSAIN MD NOBI HOSSAIN
 C) NRIC.FIN PASSPORT NO.: G8330083W CONTACT: 82351147

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. : COMMERCIAL VEHICLE - FLEET
 Type of Cover. : Comprehensive
 Certificate No. : D-22099203MFCV/7
 Vehicle No / Chassis No : GBH2988X / KPADA1EESJP328002
 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-WAY CREDIT PTE LTD

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

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)

SUSAN/D0067/MZ301A9

Issued at Singapore on 31.03.2022

Authorised Signature