NATIONAL Assessment Centre	Services :	et i Servi				
Date In: 01/07/12	Jeb description		Date & Time Com	pleted	Done	þý
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Veh No GBE1370A	E-mail (wides, 8h	rs: AIC 2hrs;				
DOA: 29/06/2012 1170	i-Motor Claim					
	i-Motor W/O (N 11 (1995)	r TP 4hrs)		****	
OD TP (Peporting Only)	i-Photo Upload					
TP Insurer:	Assessment/Surv	ey Report	ļ			
	Ass't Report by	Fax / Hand t	o Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW; (Tel:	Fax:)
TP Particulars: Veh No:	SUHITIOS	. INC ()/Non-INC ()		
Owner / Driver: (Tel:)	
	iod: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
	lote-Est. Status (WC	276:		F: 80-100%	o]	
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General Remarks:-				tan m		
() Walk-In Customer : Customer's inform		dential & Sti	nictly NO rater of re	bairer.		
() Total Loss Case : to e-mail Insurer		· / · · · · · ·				
Drive-In () / Towed-In (); Invoice:	YES () / NO) () ; 1	owing Co. (,
Remarks:- (INC horline: 6788 6616)			Date&Time Comp	leted	Done	by
	ourtesy Car ()					
2) QC Check / Post Repair Inspection	()					
3) Upload Resurvey Photo [Repair Cost > \$30	000] ()					
Injury:					91111	
Date/Time Actions						
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laimant's Particulars :-	1) AR : Accident	Reporting (\$30);		18CDIII	
) DA : Damage) TF : Towing F		INC (\$80) \$40/\$45		
Priver/Owner:	4) FT : Follow-T		\$120) \$30		
ontact No:		For claiming a	gainst INC Only (wef 10	Jan 2005)		
amaged Portion:) TR : Re-inspec) N1 : Idac DA	+ SMRT Survey	\$75 \$160		
	<u></u>) NTUC Addition				
C Checked by (Engr-In-Charge):		The second secon	Car / Tpt Allowance	\$5		
		*N6: Repair C *N7: Post Rep	AND AND ADDRESS OF THE PARTY OF	\$10 \$25		
uditors' Comments :-		*N8: DV / Col	leet Excess Coordination	\$5		
ıt. <u>1:</u>	9	TP (N11): TP) N12; Idae Mol	(N-n INC) against INC bile	\$20 30		
it 2/3:	b	nvoice dated	Fee (Charged		
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SN0922710001 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 01/07/2022 16:15 (SGT) SUBMITTED BY: Roslinda Binte A. Wahab VERSION: 1 (01/07/2022 16:15 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver
 Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.

- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
 Any false reporting may be referred to the Police for investigation.
 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 01/07/2022 16:15 (SGT) Reported by Driver Date of Accident 29/06/2022 11:20 (SGT) Exact Location of Accident 320 Mandai Rd, Singapore 779405 Additional Location Information PARKING LOT Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBE1370A

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) +65-98792002 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Model NV350 URVAN HIGHROOF WIDE S-LONG 2.5 A/T Variant

Employment

Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle?

No - Reporting only Vehicle Category Commercial vehicle Transmission Auto CC 2488

INSURANCE COMPANY

Name of Insurance Company MS First Capital Insurance Ltd D-22099203MFCV/205 Policy Number / Cover Note Number

DRIVER

NOOR NASHRIYAH BINTE JALIL Name of Driver NRIC No SXXXX955B Date Of Birth 18/12/1995 Occupation Outdoor

Date Of Driving Pass 08/07/2014 Driving experience 7 YEARS AND 11 MONTHS Gender Female Mobile Number (Phone) +65-84049521 Alt. Phone Number Email Address car.rental@sianghock.com.sg Address BLK 604 SENJA RD Address complement #05-31 Postcode 670604 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) 4 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 PASSENGER 1 Name Mohammad Irwan Bin Snin Gender Male PASSENGER 2 Name Mohamad Syakir Bin Mohamad Tahir Gender Male PASSENGER 3 Muhamad 'Izzuddin Bin Ma'at Name 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.

Yes

Are accident photos available for attachment?

ATTACHMENT(S)

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJH1710S
Vehicle Manufacturer	2000/00/2016 (2000) 1111 1111 11111
Vehicle Model	EAA 2
Vehicle Variant	
Vehicle Colour	IIIII
Vehicle Category	Private car
Name of Driver	LIM JIA YI
Contact Number	(Phone) +65-96320275
Address	
Address complement	-
Postcode	
Insurance Company Name	100000 ·
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 Formmust 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 fiability.
- 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 forw arded 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)

Lunderstand, 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 clams.
- (ii) investigating the accident and/or my claims;
- (ii) 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 GA 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 &

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

RUSHINDA BINTE A WAMAN

Witnessed by Reporting Centre Personnel 01/07/21

DURK

Sketch Plan

320 MANDALKORD DEPOR VEH A - GBE 1370 A VEH 8 -574 1710S

scribe Circumstances of the Accident	
13 ATTACHED	
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Declaration

We declare the foregoing particulars are true in every respect.



10,-

Witnessed by Reporting Centre
Personnel OI | U7 | 22

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

on 29 June 2022, around 1120hrs, I conducted a Physical check for company van on tyres, side minor, and verified brake at the Mandou Depot Parking Lot Intentionally, van was driven out for lunch with another 3 colleagues. I was aware of the turning radius of the van and able to see the Carpark lot marking from the side mirrors.

I did not check the blind spot the second time and made on early left turn to exit from the parking lot co-driver warned me that I was close to the car on the left but warned me that I was close to the car on the left but by the time he warned, the van has already side swiped the other vehicle (on the left). The van was then stopped to capture other vehicle (on the left). The van was then stopped to capture other vehicle (on the left) war went down and Pictures of the side swipe vehicle owner went down and exchanged particulars vehicle owner went to his authorised exchanged particulars vehicle owner went to his authorised workshop to get quotation for the damages. The weather at that point of time, was partly sunny and cloudy.

Nah

NOOR NASHRIYAH BINTE JALIL 59545955B 30 JUNEJOS 2 1606415

ACCIENT STATEMENT

1887)	(DD/MM/YYYY), TIME(
LOCATION: 320 MANDAI Re	099 DEPOT PARKULLOT
1.DETAILS OF VEHICLE	
a) VEHICLE NUMBER: GBE 1370	A
b) INSURANCE COMPANY: MS FIRST	CARSOT
c) POLICY NO: D-72099203H	The state of the s
d) POLICY TYPE: (COMPREHENSIVE/THIRD PA	
e) MAKE/MODEL: NISSAN NY 35	C THIRD PARTITIONE & THEFT
f) TYPE: (SALOON/COUPE/MPV/VAN/LORRY)	(MOTORCYCLE/OTHERS)
g) VEHICLE CATEGORY: (PRIVATE/COMMERC	
h) PURPOSE OF USING AT TIME OF ACCIDEN	
i) ARE YOU CLAIMING UNDER YOUR OWN IN	
IF NO, PLEASE STATE (THIRD PARTY CLAIM/R	REPORTING ONLY)
2. INSURED / POLICY HOLDER	
0 0 0	WINL PIC LID (MALE/FEMALE)
B) NRIC/FIN/PASSPORT: 2015382	1 R CONTACT: 98792002
	Q JE
S 418946	
*CONTINUE TO 3.D IF DRIVER ALSO POLICY H	HOLDER
3. DRIVER	
A) NAME: NOOR MASHRY ANBU	NT E JALLI (MALE/FEMALE)
B) NRIC/FIN/PASSPORT : 595 45	955 B CONTACT: 8404952
C) ADDRESS: APT BLK 604 9	CAOTA ROAD
\$105-31 SINGA	
D) DATE OF BIRTH: (18/12 / 199	\$ I(DD/MM/YYYY)
E) OCCUPATION : (INDOOR/OUTDOOR)	<u></u>
F) YEARS OF DRIVING EXPERIENCE :	y .
THE THE STATE OF THE	7.
4. WAS DRIVER AN EMPLOYEE OF THE INSUR	RED'S COMPANY? (YES/NO)
IF NO, RELATIONSHIP OF THE DRIVER WIT	
5.A) WEATHER CONDITION: (CLEAR) RAININ	G/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 STATI	ON:
8.THIRD PARTY VEHICLE:	Charles MACH Manager
A) VEHICLE NO: SIH 1710 S	MODEL: HYUNDAL.
B) DRIVER'S NAME : IM JIA YI	
C) NRIC.FIN PASSPORT NO.:	CONTACT: 9632 0275
9. THIRD PARTY VEHICLE:	
	MODEL:
	MODEL:



MS First Capital Insurance Limited Co. Reg. No. 195000106C GST Reg. No. MZ-0001676-9

6 Raffles Quay #21-00 Singapore 048580

Tel: (65) 6222 2311 Fax: (65) 6222 3547

Claims & Motor Underwriting Dept: 36 Robinson Road #16-01 City House Singapore 068877 Tel: (65) 6507 3848 Fax: (65) 6507 3849

www.msfirstcapital.com.sg

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/205

Vehicle No / Chassis No

: GBE1370A / JN1UC4E26Z0002007

Name of Insured

SIANG HOCK CAR RENTAL PTE LTD

Period Of Insurance Insured Estimated Value

: Market Value At Time Of Loss

: 01.04.2022 To 31.03.2023

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)

> MS First Capital Insurance Limited (Approved Insurers)

SUSAN/D0067/MZ301A9

Issued at Singapore on 31.03.2022

Authorised Signature