

NATIONAL Assessment Centre Services

Date In 29/08/22	Job description	Date & Time Completed	Done by
Ref No NA/FCI00008359/13	SAS e-filing		
Veh No SM079874	E-mail (w/ob, 8hrs, AP, 2hrs)		
DOA 28/08/22 1800	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: FB027568	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

NA2202332	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	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		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
Cal 1:	6) TR: Re-inspection \$75		
Cal 2/3:	7) N1: 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 (N-n 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 Actual 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	29/08/2022 17:13 (SGT)
Reported by	Driver
Date of Accident	28/08/2022 18:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TWDS CHANGI
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD7987G
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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	Toyota
Model	Estima
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	2362

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Policy Number / Cover Note Number	D-22099211MFZH/7

DRIVER

Name of Driver	BOHA'ARE BIN ZAIDI
NRIC No	SXXXX711C
Date Of Birth	15/12/1962
Occupation	Outdoor

Date Of Driving Pass	22/04/2000
Driving experience	22 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97893071
Alt. Phone Number	-
Email Address	car.rental@sianghock.com.sg
Address	BLK 132 BEDOK NORTH ST 2
Address complement	#15-83
Postcode	460132
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
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)	6
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	-

FOREIGN VEHICLE 1

Vehicle Registration Number	MCR8131
Vehicle Category	Private car

PASSENGER 1

Name	PASSENGER
Gender	Male

PASSENGER 2

Name	PASSENGER
Gender	Female

PASSENGER 3

Name	PASSENGER
Gender	Female

PASSENGER 4

Name	PASSENGER
Gender	Female

PASSENGER 5

Name	PASSENGER
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
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	FBQ2756B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	MOHAMED IQBAL BIN ABDUL KAABA
NRIC No	SXXXX730J
Contact Number	(Phone) +65-94571047
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	MCR8131
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	HENRY NG SWEE THIAM
Contact Number	(Phone) +65-93979170
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.

[Signature]

Policyholder's Signature / Date & Time



[Signature]

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

[Signature] 29/08/12

Witnessed by Reporting Centre Personnel

Sketch Plan

PIE TOWARDS CHANGI →

A - SMD 7987 G

B - FBQ 2756 B

C - MCR 8131


→ [Diagram showing three vehicles (A, B, C) moving towards the right, with arrows indicating direction.]

Describe Circumstances of the Accident

On 28 AUG 2022 @ 06:00 pm I was driving the Vehicle SMD7987G along PIE towards Changi,
I was on my second lane and travelling straight, in front the traffic was slow due to the road works, so I slow down
my vehicle and suddenly I felt a huge impact on my vehicle from behind.
I stopped and came down behind, then I realized the motorcycle FBQ2756B hit behind my vehicle and behind
him there was a foreign car MCR8131.
Later the Police, LTA and ambulance came, the motorcycle rider got minor injuries.

Declaration

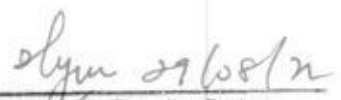
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time



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


Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



G/20220829/7029

1 of 3

POLICE REPORT (NP299)

Report No. G/20220829/7029

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Date/Time Report Made 29/08/2022 11:49	Vide Report No.	Station Diary No.
Name Of Informant BOHA'ARE BIN ZAIDI	Address APT BLK 132 BEDOK NORTH STREET 2 #15-83 SINGAPORE 460132	
ID Type / ID No. NRIC NO / S1558711C	Contact No. Home/Office: Mobile: 97893071	
Nationality SINGAPORE CITIZEN	Email Address Boh-Zai@hotmail.com	
Occupation Operation assistant	Sex Male	Age 59
Institution/School Name	Date of Birth 15/12/1962	Race Malay
Date/Time Of Incident 28/08/2022 18:00 - 28/08/2022 19:00	Location Of Incident APT BLK 132 BEDOK NORTH STREET 2 #15-83 SINGAPORE 460132	

Brief details.

On 28 August 2022 at 6:00pm I was driving the Vehicle SMD7987G along PIE towards Changi, I was on my second lane and travelling straight, in front the traffic was slow due to road works, so I slow down my vehicle and suddenly I felt a huge impact on my vehicle from behind. I stopped my car and came down behind, then I realized the motorcycle FBQ2756B hit behind my vehicle and behind him there was a foreign car MCR8131. Later the police, LTA and ambulance came, the motorcycle rider got minor inquiries.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 29/08/2022 11:49
Officer In-Charge Of Case:	Classification Of Case:



POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20220829/7029

Subjects Involved			
Suspect			
Person Name	MOHAMED IQBAL BIN ABDUL KAABA		
ID Type	NRIC NO	ID No	S9147730J
Gender	Male	Age	31
Race	Indian	Language	Malay
Mobile No	94571047	Complexion	Dark
Build	Medium	Height About	175cm
Attire Last Worn	Black dri-fit t-shirt with black jogger pants	Hair Colour	Black
Hair Style	Short-Straight		
Victim			
Person Name	BOHA'ARE BIN ZAIDI		
ID Type	NRIC NO	ID No	S1558711C
Gender	Male	Age	59
Race	Malay	Language	English
Occupation	Operation assistant	Address Type	
Address	APT BLK 132 BEDOK NORTH STREET 2 #15-83 SINGAPORE 460132	Mobile No	97893071
Is Informant A Victim?	Yes		
Person Name	BOHA'ARE BIN ZAIDI (Informant)		

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:
29/08/2022 11:49

Classification Of Case:



**SINGAPORE
POLICE FORCE**



G/20220829/7029

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20220829/7029

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Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this
report has been authenticated by Singpass.
No signature is required.

Date/Time:
29/08/2022 11:49

Classification Of Case:

ACCIDENT STATEMENTACCIDENT DATE: (28 / 08 / 2022) (DD/MM/YYYY), TIME (06 : 00) (HH:MM) PMLOCATION: PIE TOWARDS CHANGI**1. DETAILS OF VEHICLE**

- a) VEHICLE NUMBER: SMD7987G
b) INSURANCE COMPANY: MS FIRST CAPITAL INSURANCE LTD
c) POLICY NO: D-22099211MFZH/7
d) POLICY TYPE: (COMPREHENSIVE/THIRD PARTY/THIRD PARTY FIRE & THEFT)
e) MAKE/MODEL: TOYOTA ESTIMA
f) TYPE: (SALOON/COUPE/☒ 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: SIANGHOCK 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: BOHA'ARE BIN ZAIDI (MALE/☒ FEMALE)
B) NRIC/FIN/PASSPORT: S1558711C CONTACT: 9789 3071
C) ADDRESS: BLK 132 BEDOK NORTH STREET
#15-83
D) DATE OF BIRTH: (15 / 12 / 1962) (DD/MM/YYYY)
E) OCCUPATION: (INDOOR/☒ OUTDOOR)
F) YEARS OF DRIVING EXPERIENCE: 22 Y & 4 M

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/☒ NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

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: ONLINE**8. THIRD PARTY VEHICLE:**

- A) VEHICLE NO: FBQ2756B MODEL: _____
B) DRIVER'S NAME: MOHAMED IQBAL BIN ABDUL KAABA
C) NRIC.FIN PASSPORT NO.: S9147730J CONTACT: 94571047

9. THIRD PARTY VEHICLE:

- A) VEHICLE NO: MCR8131 MODEL: HONDA CITY
B) DRIVER'S NAME: HENRY NG SWEE THIAM
C) NRIC.FIN PASSPORT NO.: K0782797 CONTACT: 93979170

6 pax inc driver

1 m

4 f

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-22099211MFZH/7
Vehicle No / Chassis No : SMD7987G / ACR507079009
Name of Insured : SIANG HOCK CAR RENTAL PTE LTD
Period Of Insurance : 01.04.2022 To 31.03.2023
Insured Estimated Value : 0.00

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

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.

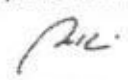
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

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)

JORDINE/D0067/MZ406U

Issued at Singapore on 01.04.2022


Authorised Signature