NATIONAL Assessment Centre	Services :	white the co			
Date In 30/08/12	Jeb description		Date & Time Completed	Done	by
Kelin NA/FCI23008427/13	SAS e-filing		1		
Vehillo GBJ7585G	E-mail (within 8)	as, APC 2hrs,			
1111: 27/08/22 2210	i-Motor Claim	Form	1		
	i-Motor W/O	(Within: QD 2hr	5, TP 4hrs)		,
(D) Tr ' Reporting Only	i-Photo Uploa	ded			
	Assessment/Sur	vey Report	1		
TP Insurer:	Ass't Report by	Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel: Fax	e:	
TP Particulars: Veh No:	KT9851R	INC () / Non-INC ()		
Owner / Driver: (Tel:)	
Policy No: () Peri	od: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [N	ote-Est. Status (W	O): N: 0-2	0%; P: 21-79%. F: \$0-10	0%]	
Year of Registration: () W	arranty: YES ()/NO()		
Excess: (\$) Loading: \$1,00	0 ()/\$2,000 ()			
General Remarks:-					
1) Apply for Transport Allowance () / Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury : Date/Time Actions	ourtesy Car () () 000] ()				
NADJ02350			paration Checklist	Amt (5)	Amt (3
laimant's Particulars :-		1) AR : Acciden 2) DA : Damage	: Assessment (\$100); INC (\$80		
Driver/Owner:		3) TF : Towing 4) FT : Follow-	Fee 540/	\$45 120	
		ST Follow-	Through Survey (Resurvey)	\$30	
Contact No:		6) TR : Re-insp	cetton	275	
Damaged Portion:	<u> </u>	7) N1 : Idae DA 8) NTUC Addit	+ SMRT Survey	160	
		OD*		\$5	
OC Checked by (Engr-In-Charge):		*N6: Repair	70-Digitalian	510i	1
V 10 10	The state of	*N7: Fost Re	pair Inspection officet Excess Courdination	\$3	
Auditors' Comments :-	H (F U), II = 1		P (Non INC) against INC	520	
20_10		9) N12: Idac N		30	10
at 2/3;		Invoice dated	Fee Charge i	显示证	

SN09228U000A / National Assessment Centre Services [408933] ENTRY DATE & TIME: 30/08/2022 17:34 (SGT) SUBMITTED BY: Roslinda Binte A. Wahab VERSION: 1 (30/08/2022 17:34 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process:

 This Form must be completed by the Policyholder and/or the Actual 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.

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,

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 30/08/2022 17:34 (SGT)

Reported by Driver

Date of Accident 27/08/2022 22:10 (SGT)

Exact Location of Accident Singapore

Additional Location Information EXIT TWDS PIE FROM SIMEI AVE

Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Employment

Yes

Vehicle Registration Number GBJ7585G

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 Nissan Model Nv350

Variant

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?

Vehicle Category Commercial vehicle

Transmission Auto

CC 2488

INSURANCE COMPANY

Name of Insurance Company MS First Capital Insurance Ltd

D-22099203MFCV/72 Policy Number / Cover Note Number

DRIVER

Name of Driver OH HAN KIAT NRIC No SXXXX110I 30/10/1995

Date Of Birth Occupation Outdoor

Date Of Driving Pass 04/06/2018 Driving experience 4 YEARS AND 2 MONTHS Gender Male Mobile Number (Phone) +65-83833703 Alt, Phone Number Email Address car.rental@sianghock.com.sg Address BLK 686A CCK CRESCENT Address complement #16-246 Postcode 681686 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 Collision - Head to Rear Weather Conditions Raining Road Surface Wet 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 SKT9851R Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver LOI WEN YANG, KEVIN NRIC No SXXXX598A



Contact Number	(Phone) +65-97276388
Address	HARMAN ATTAC
Address complement	Harmonidae -
Postcode	
Insurance Company Name	- 17 - 17 - 17 - 17 - 17 - 17 - 17 - 17
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 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.
- 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)

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 deta/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.

A SPANS SPANS

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre

30/08/2

Sketch Plan

A-GBD 7585G SIMELAN B-SKT9851P

escribe Circumstances of the Accident	
On 27 AUG 2022 at around 22:10 I was driving the vehicle GBJ7595G from changi nava	al base
tuas naval base. It was raining Heavily and while travelling on Simei Ave heading towa	rds
IE(TUAS) on the pedestrain crossing, a pedestrain suddenly come out and the vehicle in fine (SKT9851R) Jammed Brake, I Stepped on my brake as well, but due to slippery ro	nfront ad
and the response time i knocked the vehicle infront.	
Made Sure Nobody was injured and we exchange our particulars then we moved.	
	_
	-

Declaration

S01538271R

IWe 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

Syn 30/08/22 Witnessed by Reporting Centre

Personnel

ACCIENT STATEMENT

ACCIDENT DATE: (27 / 08 / 2022)(DD/MM/YYYY), TIME(22 :	10)(HH:MM)
EVIT TOWARDO DIE EDOM CIMELAVENILE	
LOCATION: EXIT TOWARDS PIE FROM SIMETAVENDE	
1.DETAILS OF VEHICLE	
a) VEHICLE NUMBER: GBJ7585G	
IN INSURANCE COMPANY - MS FIRST CAPITAL INSURANCE	LTD
D-22099203MFCV/72	
d) POLICY TYPE: (COMPRENENSIVE/THIRD PATY/THIRD PARTY FIRE & THEF	T)
NISSAN NV350	
6 TYPE (SALOON/COUPE/MPV/VAN/LORRY/MOTORCYCLE/OTHERS)	
	10
AL PLIPPOSE OF LISING AT TIME OF ACCIDENT : RENTAL - LEASIT	NG
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE: (NO)	
IF NO, PLEASE STATE (THIRD PARTY CLAIM/REPORTING ONLY)	
2. INSURED / POLICY HOLDER	
A) NAME : SIANG HOCK CAR RENTAL PTE LTD (MALE/	EMALE)
B) NRIC/FIN/PASSPORT: 201538271R CONTACT: 98	3/92002
C) ADDRESS: 21 JALAN MASJID ,	
SINGAPORE 418946	
*CONTINUE TO 3.D IF DRIVER ALSO POLICY HOLDER	
3. DRIVER	
A) NAME : OH HAN KIAT (MALE/IIII) NRIC/FIN/PASSPORT : S95391101 CONTACT: 83	FEMALE)
B) NRIC/FIN/PASSPORT : S9539110I CONTACT: 83	3833703
C) ADDRESS : BLK686A CHOA CHU KANG CRESCENT #1	0 0 40
	6-246
SINGAPORE 681686	6-246
SINGAPORE 681686 D) DATE OF BIRTH: (30 / 10 / 1995)(DD/MM/YYYY)	6-246
D) DATE OF BIRTH: (30 / 10 / 1995)(DD/MM/YYYY)	6-246
SINGAPORE 681686 D) DATE OF BIRTH: (30 / 10 / 1995)(DD/MM/YYYY) E) OCCUPATION: (INDOOR/OUTOOOR) F) YEARS OF DRIVING EXPERIENCE: 4Y & 2M	6-246
b) DATE OF BIRTH: (30 / 10 / 1995)(DD/MM/YYYY) E) OCCUPATION: (INDOOR/ONTOOOR) F) YEARS OF DRIVING EXPERIENCE: 4Y & 2M	0-240
b) DATE OF BIRTH: (30 / 10 / 1995)(DD/MM/YYYY) E) OCCUPATION: (INDOOR/ONTOOOR) F) YEARS OF DRIVING EXPERIENCE: 4Y & 2M	0-240
D) DATE OF BIRTH: (30 / 10 / 1995)(DD/MM/YYYY) E) OCCUPATION: (INDOOR/OUTOOOR) F) YEARS OF DRIVING EXPERIENCE: 4Y & 2M 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: RENTAL -	LEASING
D) DATE OF BIRTH: (30 / 10 / 1995)(DD/MM/YYYY) E) OCCUPATION: (INDOOR/OUTOOOR) F) YEARS OF DRIVING EXPERIENCE: 4Y & 2M 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: RENTAL - 1 5.A) WEATHER CONDITION: (CLEAR/ RAVING/OTHERS	LEASING
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b) Date of Birth: (30 / 10 / 1995)(DD/MM/YYYY) E) OCCUPATION: (INDOOR/ONTOOOR) F) YEARS OF DRIVING EXPERIENCE: 4Y & 2M 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: RENTAL - 5.A) WEATHER CONDITION: (CLEAR/ RAVING/OTHERS B) ROAD SURFACE: (DRY/WET/OTHERS	LEASING
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b) Date of Birth: (30 / 10 / 1995)(DD/MM/YYYY) E) OCCUPATION: (INDOOR/OUTDOOR) F) YEARS OF DRIVING EXPERIENCE: 4Y & 2M 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: RENTAL - 5.A) WEATHER CONDITION: (CLEAR/ RAVING/OTHERS B) ROAD SURFACE: (DRY/WET/OTHERS 6. WAS ANYBODY INJURED: (YES/NO) 7. REPORTED TO POLICE: (YES/NO)	LEASING
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D) DATE OF BIRTH: (30 / 10 / 1995)(DD/MM/YYYY) E) OCCUPATION: (INDOOR/OUTDOOR) F) YEARS OF DRIVING EXPERIENCE: 4Y & 2M 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: RENTAL - 5.A) WEATHER CONDITION: (CLEAR/ RAVING/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: SKT9851R MODEL: TOYOT/ B) DRIVER'S NAME: LOI WEN YANG, KEVIN	LEASING A ALTIS
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D) DATE OF BIRTH: (30 / 10 / 1995)(DD/MM/YYYY) E) OCCUPATION: (INDOOR/OUTDOOR) F) YEARS OF DRIVING EXPERIENCE: 4Y & 2M 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: RENTAL - 5.A) WEATHER CONDITION: (CLEAR/ RAVING/OTHERS B) ROAD SURFACE: (DRY/NOTHERS 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: SKT9851R MODEL: TOYOT/ B) DRIVER'S NAME: LOI WEN YANG, KEVIN C) NRIC.FIN PASSPORT NO.: S9113598A CONTACT: +6	A ALTIS 55 97276388
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MS First Capital Insurance Limited Co. Reg. No. 195000106C GST Reg. No. M2-0001676-9
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/72

Vehicle No / Chassis No

GBJ7585G / JN1MC2E26Z0031377

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, Jomestic 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:-

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