

NATIONAL Assessment Centre Services

Date: 21/09/22	Job description	Date & Time Completed	Done by
Ref No NA/FCL22009266/13	SAS e-filing		
Veh No GBC 9467M	E-mail (within 3hrs, A/C 2hrs)		
DOA 20/09/22 0710	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: GBA5866E	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

NA2202592	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		
QC Checked by (Engr-In-Charge):	5) RT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	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		
	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 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	21/09/2022 08:58 (SGT)
Reported by	Driver
Date of Accident	20/09/2022 07:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	AYE TWDS TUAS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC9467M
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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 SPORTS D/CAB 2.0AT 2WD D/AB ABS
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?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	1998

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Policy Number / Cover Note Number	D-22099214MFCV/86

DRIVER

Name of Driver	WUNNA HTOON
Passport No/FIN	GXXXX165P
Date Of Birth	01/06/1984
Occupation	Outdoor

Date Of Driving Pass	14/03/2016
Driving experience	6 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91726966
Alt. Phone Number	-
Email Address	car.rental@sianghock.com.sg
Address	BLK 349 BUKIT BATOK ST 34
Address complement	#12-170
Postcode	650349
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	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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	GBF5866E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	LIM ENG BENG
Contact Number	-

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 PD8218B
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Bus
 Name of Driver TAN SOO MENG
 Contact Number -
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person WUNNA HTOON
 Gender Male
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained SLIGHT
 Injured person in which vehicle? GBC9467M
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

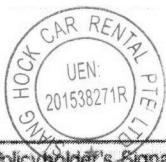
SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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 policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

A - GBC9467M
B - GBF5866E
C - PD8218B

→
AVE TOWARDS TUAS

Describe Circumstances of the Accident

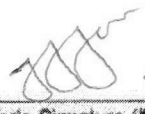
On 20/09/2022 @ 07:10 am I was driving the vehicle GBC9467M along the road AYE towards
uas, I was on the Left most lane(3rd Lane) travelling straight. I was travelling slow due to the
on going traffic, Before Exit 17 I suddenly felt a Huge impact on my vehicle Pushing me forward
I stopped my vehicle and came out i saw the vehicle GBF5866E hit my vehicle from behind and
caused severe damages to my vehicle followed by i saw a bus PD8212B involved.


Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time

 20 Sep 22
Driver's Signature (If driver is not the policyholder) / Date
& Time

 20/09/22
Witnessed by Reporting Centre
Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (20 / 09 / 2022) (DD/MM/YYYY), TIME (07 : 10 am) (HH:MM)

LOCATION: AYE TOWARDS TUAS

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBC9467M
b) INSURANCE COMPANY: MS FIRST CAPITAL INSURANCE LTD
c) POLICY NO: D-22099214MFCV/86
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: WUNNA HTOON (MALE/~~FEMALE~~)
B) NRIC/FIN/PASSPORT: G6246165P CONTACT: 91726966
C) ADDRESS: Blk 349 Bukit Batok Street 34
#12-170, S650349
D) DATE OF BIRTH: (01 / 06 / 1984) (DD/MM/YYYY)
E) OCCUPATION: (INDOOR/~~OUTDOOR~~)
F) YEARS OF DRIVING EXPERIENCE: 6Y & 6M

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: GBF5866E MODEL: TOYOTA DYNA
B) DRIVER'S NAME: LIM ENG BENG
C) NRIC.FIN PASSPORT NO.: _____ CONTACT: _____

9. THIRD PARTY VEHICLE:

- A) VEHICLE NO: PD8218B MODEL: _____
B) DRIVER'S NAME: TAN SOO MENG
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. : Third Party
 Certificate No. : D-22099214MFCV/86
 Vehicle No / Chassis No : GBC9467M / KPADA1ETSEP184349
 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 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 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 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/MZ301A10

Issued at Singapore on 01.04.2022

Authorised Signature