

NATIONAL Assessment Centre Services

Date In 21/12/2022

Ref No NA/CI22012750/d4

Veh No GBE4952B

DOA 21/11/2022 1700

OD/TP/Reporting Only

TP Insurer:

Job description

SAS e-filing

E-mail (within 8hrs. A/P 2hrs)

i-Motor Claim Form

i-Motor W/O (Within: OD 2hrs. TP 4hrs)

i-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax / Hand to Owner/Wksp

Date & Time Completed

Done by

Preferred Wksp / INC Assign Wksp / QW: (

TP Particulars:

Veh No:

PA 6693R

Tel:

Fax:

Owner / Driver: (

INC () / Non-INC ()

Policy No: (

Period: (

Tel:

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)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury:

Date & Time Completed

Done by

Date/Time Actions

NA 2203532

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

1.

2/3

Invoice Preparation Checklist

Am't (\$)

Am't (\$)

1st Bill

Add Bill

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TP: Towing Fee \$40/\$45

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:-

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 (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 21/12/2022 15:06 (SGT)
Reported by Driver
Date of Accident 27/11/2022 17:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information JURONG PIER ROAD ROUNDABOUT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBE4952B

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SIANG HOCK 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 Ssangyong
Model Actyon
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 Commercial vehicle
Transmission Manual
CC 1998

INSURANCE COMPANY

Name of Insurance Company MS First Capital Insurance Ltd
Policy Number / Cover Note Number D-22099214MFCV/111

DRIVER

Name of Driver TEO RANG CHEONG ALEX
NRIC No SXXXX422J
Date Of Birth 29/10/1988
Occupation Outdoor

Date Of Driving Pass	03/02/2011
Driving experience	11 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82886144
Alt. Phone Number	-
Email Address	car.rental@sianghock.com.sg
Address	APT BLK 104A DEPOT ROAD
Address complement	# 14-549
Postcode	101104
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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 - Roundabout
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?	Yes
Police Station Name	Clementi Division Headquarters
Police Station Phone No	(Phone) +65-18007740000
Alt. Police Station Phone No	(Fax) +65-67741705
Police Station Address	20 Clementi Avenue 5 Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT- D/20221127/7042

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	PA6693R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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.



[Signature]

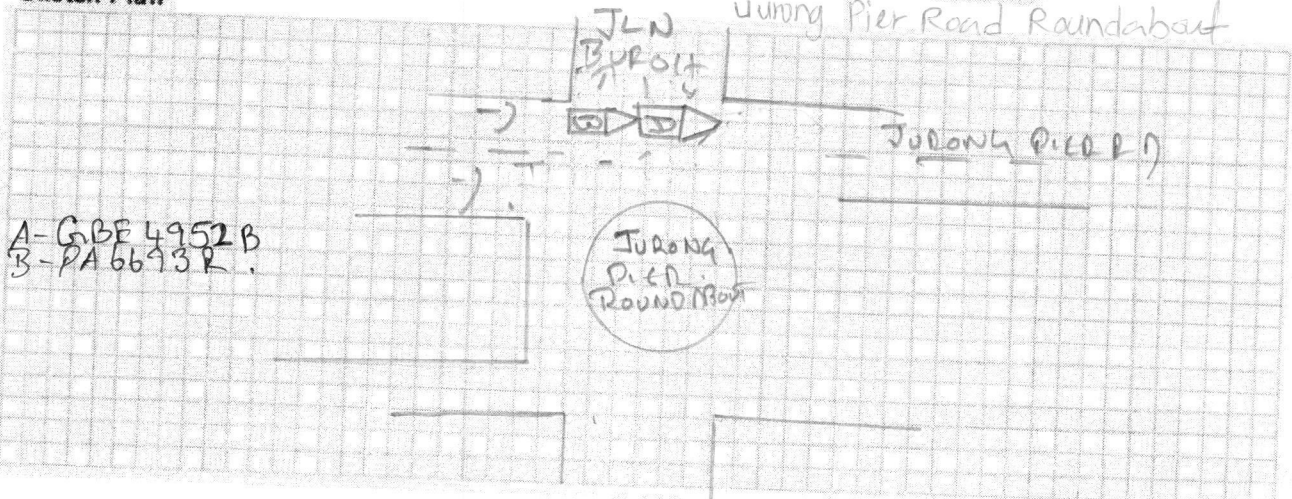
guelo 21/12/2022

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

STATEMENT AS ATTACHED AS POLICE REPORT

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



Report No. D/20221127/7042

POLICE REPORT (NP299)

Police Station Of Origin
Clementi Division HQ
20 Clementi Avenue 5 SINGAPORE 129858
Tel No:1800-7740000

Date/Time Report Made 27/11/2022 21:30		Vide Report No.		Station Diary No.	
Name Of Informant TEO RANG CHEONG, ALEX		Address 104A DEPOT ROAD #14-549 SINGAPORE 101104			
ID Type / ID No. NRIC NO / S8842422J		Contact No. Home/Office: Mobile: 82886144			
Nationality SINGAPORE CITIZEN		Email Address JUST_ALEXTRC@HOTMAIL.COM			
Occupation Instrumentation technician		Sex Male	Age 34	Date of Birth 29/10/1988	Race Chinese
Institution/School Name		Language English			
Date/Time Of Incident 27/11/2022 17:00		Location Of Incident 104A DEPOT ROAD #14-549 SINGAPORE 101104			
Brief details					

Location: Jurong Pier Road roundabout

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: 27/11/2022 21:30
Officer In-Charge Of Case:	Classification Of Case:



SINGAPORE
POLICE FORCE



D/20221127/7042

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20221127/7042

Subjects Involved			
Victim			
Person Name	TEO RANG CHEONG, ALEX		
ID Type	NRIC NO	ID No	S8842422J
Gender	Male	Age	34
Race	Chinese	Language	English
Occupation	Instrumentation technician	Address	104A DEPOT ROAD #14-549 SINGAPORE 101104
Mobile No	82886144	Is Informant A Victim?	Yes
Person Name	TEO RANG CHEONG, ALEX (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:
27/11/2022 21:30

Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: (27 / 11 / 2022) (DD/MM/YYYY), TIME (17 : 00) (HH:MM)

LOCATION: Jurong Pier Road Roundabout

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBE4952B
b) INSURANCE COMPANY: MS FIRST CAPITAL INSURANCE LTD
c) POLICY NO: D-22099214MFCV/111
d) POLICY TYPE: (COMPREHENSIVE/THIRD PARTY/THIRD PARTY FIRE & THEFT)
e) MAKE/MODEL: Ssangyong
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 car.rental@sianghock.com.sg
*CONTINUE TO 3.D IF DRIVER ALSO POLICY HOLDER

3. DRIVER

- A) NAME: Teo Rang Cheong, ALEX (MALE/FEMALE)
B) NRIC/FIN/PASSPORT: S8842422J CONTACT: 82886144
C) ADDRESS: 104A DEPOT, #14-549
SINGAPORE 101104
D) DATE OF BIRTH: (29 / 10 / 1988) (DD/MM/YYYY)
E) OCCUPATION: (INDOOR/OUTDOOR)
F) YEARS OF DRIVING EXPERIENCE: 11 y & 3 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: CLEMENTI DIVISION HQ

8. THIRD PARTY VEHICLE:

- A) VEHICLE NO: PA6693R MODEL: _____
B) DRIVER'S NAME: _____
C) NRIC.FIN PASSPORT NO.: _____ CONTACT: _____

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. : Third Party
Certificate No. : D-22099214MFCV/111
Vehicle No / Chassis No : GBE4952B / KPADA1EKSBP108118
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