					No. of Concession, Name of Street, or other Persons, Name of Street, or ot
					- Carrent -
ITIF JKAL ASSESSMENT COME		to the term of the		and the second s	
HE IN 17/02/2023			Printer the Springer of a Springer of the Spri	-	
NAIPCI 2300 1786/d4	Joh deserip	The same of the sa	Thre &Time Completes	Done by	
GBK 30SIB	S:15 e-1111			The state of the s	
10 001		dun Blas. Alf Dins,			
increases a state of the state	i-Nipior (	Claim Form		1	
TP Reporting Only	i-Motor V	V/O (Within: UB 2hrs	J'P 4hrst		
The second secon	i-Photo U	ploaded			
insurer:	The state of the s	I/Survey Report		The state of the s	to the same and the same of the same
		ri by Pax / Hand to	Ostonowski Alexandra	Committee on many	
rred Wksp / INC Assign Wksp / QW: (	A Commission of the process of the same of	and the second s	The second secon	and purpose, many first state should be proposed to the proposed and a second and a	The format property of the court of the cour
urticulus: Volumo: "Yo	Q 8932Y	INC (		Fax:	
ner/Driver: (		The first the second se	)/Non-TNC( )	Sorphism and principles in the south one company to security be assessed.	
ay No: ( ) Perio	od: (				The second second second
Confirmed by : ( pred/Driver Liability: ( 2/2 5)	The same of the Administration of the same	Date:	Cover Type: ( Time:	)	
Loading: \$1,000 al Remarks;  Walk-In Costonur: Customer's informational Loss Case: to e-mail insurer to the costonur of the co	ation strictly ( URGENTLY ES ( ) /	00 ( ) Confidential & Stric	wing Co. (	Done b	)
ic Actions					
NA23005   s Particulars ner: crtion:		2) DA: Damage Assa 3) TF: Towing Fee 4) FT: Follow-Throu 5) FT: Follow-Throu For claiming again	ation Checklist  orting (\$30);  assment (\$100); INC (  gh Survey  gh Survey (Resurvey)  sting Only (well to Law 200)	S80) 40/S45 \$120 \$30 25)	Ami (\$)
NA23005   s: Particulars		2) DA: Damage Assa 3) TP: Towing Fee 4) FT: Follow-Throu 5) FT: Follow-Throu	ation Gircklist  orting (\$30);  essment (\$100); INC (  \$ gh Survey gh Survey (Resurvey) stINC Only (wef 10 Jan 200)  GRT Survey	Anif (S) - 1st Bill	

SN09232H0008 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 17/02/2023 18:02 (SGT) SUBMITTED BY: NIVITHA VERSION: 1 (17/02/2023 18:02 (SGT))

# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
  2. This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>
  3. 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.

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	17/02/2023 18:02 (SGT)
Reported by	Driver
Date of Accident	13/02/2023 20:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	GEYLANG ROAD TURNING INTO LORONG 32 GEYLANG
Country/State of Loss	Singapore

# **DETAILS OF OWN VEHICLE**

**GBK3051B** 

Ssangyong

INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner	Yes SIANG HOCK CAR RENTAL PTE, LTD
Company Reg No	2XXXXX271B

**Email Address** car.rental@sianghock.com.sg Mobile Phone No (Phone) +65-62568888 Alternative Phone No

#### VEHICLE PARTICULARS

Manufacturer

Model

Vehicle Registration Number

Wiodel	Actyon
Variant	
Exact purpose for which vehicle was being used at time of	
accident	Employment
Are you claiming under your own insurance policy for repair to	
your vehicle?	No - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	1000

#### INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Policy Number / Cover Note Number	D-22099214MFCV/115

#### DRIVER

Name of Driver	<b>GUO JIANJIA</b>
Passport No/FIN	GXXXX183W
Date Of Birth	13/10/1988
Occupation	Outdoor

Date Of Driving Pass	06/07/2017
Driving experience	5 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96210120
Alt. Phone Number	
Email Address	car.rental@sianghock.com.sg
Address	34 LORONG GEYLANG APARTMENTS
Address complement	
Postcode	398231
Is the driver the policyholder?	
	No
If No, Relationship of the Driver with the Insured	RENTAL 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	
Towns (Audden)	Cida Cuina
Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry
OTHER INFORMATION	
	V.
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
	y
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s)	N.
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?	8-
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO THE ATTACHED STATEMENT	
ATTACHMENT(S)	
900000 /4-1 100000	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
DETAILS OF OTHE	R VEHICLE PROPERTY 1
Vehicle Registration Number	YQ8932Y
venicle registration Number	1 (03021
Vehicle Manufacturer	•
Vehicle Model	
Vehicle Variant	<u> </u>
Vehicle Colour	
Vehicle Category	Commercial vehicle
Name of Driver	BALASUNDARAM KUMAR
Passport No/FIN	GXXXX275W
rassport No/FIN	G////Z/JVV

Contact Number	(Phone) +65-84377581
Address	-
Address complement	-
Postcode	_
Insurance Company Name	_
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

# SKETCH PLAN

# IMPORTALT NOTICE

- Pleas export sorrectly the details of the assident to speed up the claims process.
- 2. This Firm 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 withholding of material facts may allow insursace companies to repudiate policy liability.
- 4. The Is se and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any also reporting may be referred to the Traffic Police Department for investigation.
- 6. This report will be forwarded by the insurers to 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 adgement 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.
- 3. Consert under the Personal Data Protection Act (PDPA)

I understant, atknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, displace 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 seriain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail
- (v), complying with applicable law in edministering, 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

17/2/2023

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

Witnessed by Reporting Centre Personnel

Describe cumstance of the Accident
I was twelling on Geyling Road. it was a five lone Road.
Tuned into topica 22 Contains
and paul of my
front fight side portion of the vehicle.
The second secon

Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

Actual Driver's Signature (If driver is not the policyholder)

Witnessoc by Reporting Centre Personnel (Name es in NRIGAD card)

# ACCIDENT STATEMENT

ACCIDENT DATE 13 02	2023 (DD/MM/YYYY), TIME 20:00 (HH:MM)
LOCATION: Gentano	Road turning into Lorong 32 acyland
and the second	Listo Jaming into Forong 32 Gentlera
7. DETAILS OF VEHICLE	
D) VEHICLE NUMBER:	GBK 3051B
D)INSURANCE COMPAI	MS FIRST Coupital.
C)POLICY NUMBER	)=2200001/1005
	KEELING TUIDS IN THE
BIMAKE & MODEL SC	anyma / Act.
WITE CALDON / COUR	The Course of the State of the
DIPURPOSE OF USING	PRIVATE / COMMERCIA / MOTORCYCLE)
h) PURPOSE OF USING AT	The second secon
IF NO, PLEASE STATE (TH	IRD PARTY CLAIM / REPORTING ONLY)
A) NAME: SIAM HOLDS	RIC POLL N LL
DINRIC/FIN/AASSPORT:	ER CER RENTED Ptc. Itd [MALE / FEMALE]
c.ADDRESS:	CONTACT 6256 8888
* COMMUNICA	
	VER ALSO POLICY HOLDER
[ Including clients] SINAME GUO II an	MALE FEMALE
(1) DINRIC/FIN/PASSPORT: CLADDRESS: 34 John	7500116311
1 510.	g Geyleng Apartments, 5398231
. ° d) DATE OF BIRTHE ( 13 /	16 / 1988   17th 196 / 18   1 th 196 / 18   18   18   18   18   18   18   18
GOCCUPATION: (INDOOF	
TO DECIVER AN EMPLOY	THE OF THE WAR
DIROND SURFACE (DRY ()	MET / OTHERS
- VAS ANTRU IN THE TOTAL	The state of the s
7. DIREPORTED TO POLICE (YE  IF YES, PLEASE STATE WHICH	
B. THIRD PARTY VEHICLE  OF VEHICLE NUMBER:	YQ 8932Y MODEL:
( ) DRIVER'S NAME Ball ( ) DRIVER'S NAME Ball ( ) O NRIC/FIN/PASSPORT: 6	
9. THIRD PARTY VEHICLE	1736627500 CONTACT 84377581
O PROTEGIES O VEHICLE NUMBER:	MODEL:
IN THE PARTY OF BRIVER & NAME	The state of the s
WRIC/FIN/PASSPORT:	CONTAGT:

Ginail = car. rental @ sianghock.com.sg

More - No



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 gept: 36 Robinson Road #16-01 City House Singapore 068877 Tel: (65) 6507 3849 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.

: Third Party

Certificate No.

: D-22099214MFCV/115

Vehicle No / Chassis No

: GBK3051B / KPADA1EKSBP103903

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: \$\$1,000.00 on All Claims (for Long Term Lease - 1 year or more) \$\$2,500.00 on All Claims (for Short Term Lease - less than 1 year) \$\$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) \$\$4,500.00 on All Claims (for Short Term Lease - less than 1 year) \$\$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.

imitations 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 Molor 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-Perty 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** 

A Hember of MSSAD INSURANCE GROUP