

NATIONAL Assessment Centre Services

Date In 19/05/2023	Job description	Date & Time Completed	Done by
Ref No NA/PCI23005138/d4	SAS e-filing		
Veh No SGT 37964	E-mail (within 2hrs, A/C 2hrs)		
DOA 18/05/2023 13:15	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: GBH 2673D	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% P: 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

NA2301493	Invoice Preparation Checklist	Amc (\$)	Adc
Claimant's Particulars	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TP: Towing Fee \$40/\$43		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engi-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)		
Call 1:	6) TR: Re-inspection \$75		
Call 2/3:	7) NI: Idao 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 Licence Coordination \$5		
	TP (N11): TP (N7n INC) against INC \$20		
	9) N12: Idao 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	19/05/2023 17:44 (SGT)
Reported by	Actual Driver
Date of Accident	18/05/2023 13:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	KJE TOWARDS BKE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGT3790U
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ROBINSON CAR RENTAL PTE LTD
Company Reg No	2XXXXX041W
Email Address	car.rental@sianghock.com.sg
Mobile Phone No	(Phone) +65-98792002
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
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	Auto
CC	1797

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Policy Number / Cover Note Number	D-23100890MFZH/10

DRIVER

Name of Driver	QUAH YI SHEN
NRIC No	SXXXX804B
Date Of Birth	08/12/1984
Occupation	Outdoor

Date Of Driving Pass	18/01/2008
Driving experience	15 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92959064
Alt. Phone Number	-
Email Address	car.rental@sianghock.com.sg
Address	APT BLK 608 WOODLANDS RING ROAD
Address complement	# 05-247
Postcode	730608
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

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	4
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
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	-

PASSENGER 1

Name	UNKNOWN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT - T/20230519/7018

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH WORKSHOP

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBH2673D
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBD1391U
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	GBA7187U
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	QUAH YI SHEN
Gender	Male
Phone No	(Phone) +65-92959064
Address	APT BLK 608 WOODLANDS RING ROAD
Address Complement	# 05-247
Post Code	730608
Approximate Age Years Old	-
Injuries Sustained	NECK , BACK , DIZZINESS

Injured person in which vehicle?	SGT3790U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

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 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. 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.



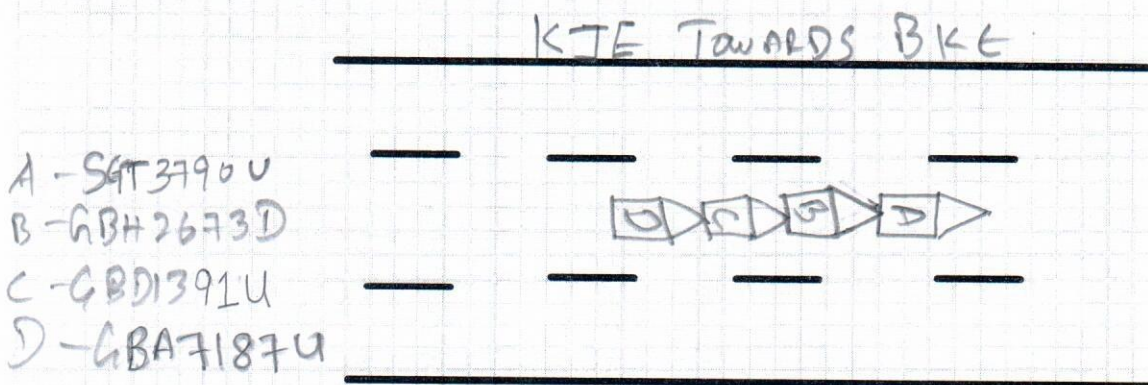
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

19/05/2023

Sketch Plan



Describe Circumstances of the Accident

On 18/05/2023 @ 13:15 I was driving the vehicle SGT3790U On KJE towards BKE, while driving a motorbike in front suddenly jammed braked immediately and trying to change lane, to avoid the collision with the motorbike I braked and stop the vehicle in time but unfortunately vehicle behind me couldn't stop on time and crashed onto my vehicle and the vehicle behind also hit. In total 4 Vehicles got collided and involved in this accident. My passenger Ong De Ying Called the Ambulance, ambulance came and I have been brought to hospital, During this accident a traffic police came and investigated and gave us a Case reference No : J/20230518/0059.

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



[Signature] 19/05/2023



**SINGAPORE
POLICE FORCE**



T/20230519/7018

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20230519/7018

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/05/2023 14:00	Vide Report No.:	Station Diary No.:
--	------------------	--------------------

Informant's Particulars

Name of Informant: QUAH YI SHEN			Address: 608 WOODLANDS RING ROAD #05-247 SINGAPORE 730608		
ID Type / ID No.: NRIC NO / S8440804B			Contact No.: Home/Office: Mobile: 92959064		
Nationality: SINGAPORE CITIZEN			Email: yishen84@gmail.com		
Sex: Male	Age: 38	Date of Birth: 08/12/1984	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Electronics engineer			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 18/05/2023 13:15	Type of Location: Straight Road
Location: KRANJI EXPRESSWAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBA7187U	Lorry					0
GBD1391U	Van					0
GBH2673D	Lorry					0
SGT3790U	Car					0



**SINGAPORE
POLICE FORCE**



T/20230519/7018

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20230519/7018

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	ONG DE YING	ID No.	NIL
Related Vehicle	SGT3790U (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	QUAH YI SHEN	ID No.	S8440804B
Related Vehicle	SGT3790U (Car)	Contact No.	92959064
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

On 18/05/2023 @ 13:15, i was driving the vehicle SGT3790U on KJE towards BKE, while driving, a motorbike in front suddenly jammed braked immediately and trying to change lane, to avoid the collision with motorbike i braked and stop the vehicle in time. But unfortunately vehicle behind me couldn't stop on time and crashed onto my vehicle and the behind vehicle also hit. Total there is a chain collision of 4 vehicles. I suffered injury on my neck and lower back area. And there is dissyness as well.



**SINGAPORE
POLICE FORCE**



T/20230519/7018

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20230519/7018

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MUHAMMAD NORSIDDIQ BIN IBRAHIM
Contact No.: 65476138

Signature Of Informant:

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

Date/Time:
19/05/2023 14:00

Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: (18 / 05 / 2023)(DD/MM/YYYY), TIME (13 : 15)(HH:MM)

LOCATION: KJE TOWARDS BKE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGT3790U
b) INSURANCE COMPANY: MS FIRST CAPITAL INSURANCE LTD
c) POLICY NO: D-23100890MFZH/10
d) POLICY TYPE: (COMPREHENSIVE/THIRD PARTY/THIRD PARTY FIRE & THEFT)
e) MAKE/MODEL: TOYOTA WISH
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: ROBINSON CAR RENTAL PTE LTD (MALE/FEMALE)
B) NRIC/FIN/PASSPORT: 200414041W CONTACT: 9879 2002
C) ADDRESS: 21 JALAN MASJID, SINGAPORE 418946
car.rental@sianghock.com.sg / yishen84@gmail.com
*CONTINUE TO 3.D IF DRIVER ALSO POLICY HOLDER

3. DRIVER

- A) NAME: QUAH YI SHEN (MALE/FEMALE)
B) NRIC/FIN/PASSPORT: S8440804B CONTACT: 9295 9064
C) ADDRESS: APT BLK 608 WOODLANDS RING ROAD
#05-247, SINGAPORE 730608
D) DATE OF BIRTH: (08 / 12 / 1984)(DD/MM/YYYY)
E) OCCUPATION: (INDOOR/OUTDOOR)
F) YEARS OF DRIVING EXPERIENCE: 15 Y & 4 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:

8. THIRD PARTY VEHICLE:

- A) VEHICLE NO: GBH2673D MODEL:
B) DRIVER'S NAME:
C) NRIC.FIN PASSPORT NO.: CONTACT:

9. THIRD PARTY VEHICLE:

- A) VEHICLE NO: GBD1391U 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. : HIRED CARS - HIRER DRIVING - FLEET
Type of Cover. : Comprehensive
Certificate No. : D-23100890MFZH/10
Vehicle No / Chassis No : SGT3790U / ZGE206032122
Name of Insured : ROBINSON CAR RENTAL PTE LTD
Period Of Insurance : 01.04.2023 To 31.03.2024
Insured Estimated Value : Market Value At Time Of Loss
Financial Institution : THINK ONE 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*
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 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)

SUSAN/D0067/MZ406T

Issued at Singapore on 31.03.2023



Authorised Signature