

# NATIONAL Assessment Centre Services (wef 1 Jan'06)

Date In: 29/05/2023	Job description	Date & Time Completed	Done by
Ref No: NA/FCI23005508/d4	SAS e-filing		
Veh No: PC3146M	E-mail (within 8hrs. AIC 2hrs)		
D.O.A: 22/05/2023 11:28	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: WC 9984M	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

NA2301604	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
Claimant's Particulars :-			1st Bill	Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);			
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TF : Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120			
Auditors' Comments :-	5) FT : Follow-Through Survey (Resurvey) \$30			
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)			
Cat. 2 / 3:	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 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	29/05/2023 17:32 (SGT)
Reported by	Actual Driver
Date of Accident	22/05/2023 11:28 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	80 AIRPORT BOULEVARD CHANGI AIRPORT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC3146M
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SIANGHOCK HOLDING PTE LTD
Company Reg No	1XXXXX681M
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	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	2488

#### INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Policy Number / Cover Note Number	D-23100894MFBP/2

#### DRIVER

Name of Driver	NAVINDAR SINGH GURMUKH SINGH
Passport No/FIN	GXXXX707W
Date Of Birth	19/04/1991
Occupation	Outdoor

Date Of Driving Pass	07/01/2015
Driving experience	8 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94577417
Alt. Phone Number	-
Email Address	car.rental@sianghock.com.sg
Address	BLK 643 PASIR RIS DRIVE 10
Address complement	# 09-32
Postcode	510643
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	Collision - Head to Rear
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	Pasir Ris Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005852999
Alt. Police Station Phone No	(Fax) +65-65855261
Police Station Address	1 Pasir Ris Drive 4 #01-01 Singapore 519457
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT - G/20230524/2125

#### 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	WC9984M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	LI SHIFU
Passport No/FIN	SXXX9535
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

### 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

✓ *Arin*

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

*Amul* 28/5/2023

Witnessed by Reporting Centre Personnel

### Sketch Plan

80 AIRPORT BOULEVARD CHANGI AIRPORT

A-PC 3146M

B-WC9984M

Describe Circumstances of the Accident

AS ATTACHED POLICE REPORT  
G/20230526/2128

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

Kevin

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

28/5/2023

Witnessed by Reporting Centre Personnel

**SINGAPORE  
POLICE FORCE**

G/20230524/2125

1 of 2

**POLICE REPORT (NP299)**

Report No. G/20230524/2125

Police Station Of Origin  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

Date/Time Report Made 24/05/2023 23:31	Vide Report No. P/20230522/0038	Station Diary No. 85
Name Of Informant NAVINDAR SINGH GURMUKH SINGH	Address APT BLK 643 PASIR RIS DRIVE 10 #09-32 SINGAPORE 510643	
ID Type / ID No. FIN NO / G6736707W	Contact No. Home/Office Mobile 94577417	
Nationality MALAYSIAN	Email Address	
Occupation CERTIS CISCO	Sex Male	Age 32
Institution/School Name	Date of Birth 19/04/1991	Race Punjabi
	Language	
Date/Time Of Incident 22/05/2023 11:30 - 22/05/2023 11:40	Location Of Incident 80 AIRPORT BOULEVARD CHANGI AIRPORT TERMINAL 1 BLDG* SINGAPORE 819642 West Tunnel Near Aircraft Bay C23	

**Brief details.**

On 22/05/2023 at 1128 hrs, while SGT 46918 NAVINDAR SINGH (DRIVER) and SGT 110201 LIM BOON PENG (GUARDSMAN) on duty as perimeter patrol sector 3 and was driving vehicle (plate number: PC3146M) toward west underpass, a SATS tractor (plate number: WC9984M) hit the rear part of the vehicle at west tunnel (From West satellite fire station to Stand C23 bay) and cause damage to the rear vehicle (dented). No one was injured during this incident. CAG AMC was informed and acknowledge

Signature Of Officer Recording The Report:  
G / SR STAFF SGT KHAIRIL  
IDZWAN BIN ZAKARIA

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
24/05/2023 23:31

Officer In-Charge Of Case:  
G / Bedok Police Divisional Investigation Branch /  
INSP (1) BENEDICT NEO WEI JUN  
Contact No.: 62447200

Classification Of Case:

**SINGAPORE  
POLICE FORCE**

G/20230524/2125

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20230524/2125

by CAG AMC Andra at 1136 hrs. APD OPS was informed and acknowledge by APD SSS Rizal at 1140 hrs. CIOC was informed and acknowledge by WSGT Ayu at 1146 hrs.

AMC Mario and APD Insp Abdullah arrived at the scene 1203 hrs. AMC Mario ask perimeter patrol sector 3 proceed to AMC office for interview at 1211 hrs. After AMC Johnson take down the statement at 1320 hrs, he release officers and inform that they can resume duty.

Particulars of the SATS tractor driver:

Name: LI SHIFU

Airport pass number: S2729535

Company: SATS

Expiry Date: 27th March 2024

Area Code: 1/2A C Code

Plate Number: WC9984M

**Subjects Involved****Victim**

Person Name	
NAVINDAR SINGH GURMUKH SINGH (Informant)	

**Signature Of Officer Recording The Report:**

G / SR STAFF SGT KHAIRIL  
IDZWAN BIN ZAKARIA

**Signature Of Informant:**

**Signature Of Interpreter:**  
Not applicable

**Date/Time:**  
24/05/2023 23:31

**Officer In-Charge Of Case:**  
G / Bedok Police Divisional Investigation Branch /  
INSP (1) BENEDICT NEO WEI JUN  
Contact No.: 62447200

**Classification Of Case:**

Pending  
vehicle to be taxed in.

## ACCIDENT STATEMENT

ACCIDENT DATE: (22 / 05 / 2023) (DD/MM/YYYY), TIME (11 : 28) (HH:MM)

LOCATION: 80 AIRPORT BOULEVARD CHANGI AIRPORT

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PC3146M  
b) INSURANCE COMPANY: HS FIRST CAPITAL  
c) POLICY NO: D-23100894HFBP/2  
d) POLICY TYPE: (COMPREHENSIVE/THIRD PARTY/THIRD PARTY FIRE & THEFT)  
e) MAKE/MODEL: ~~Toyota~~ Nissan NV350  
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: Sionelock Holding PTE LTD (MALE/FEMALE)  
B) NRIC/FIN/PASSPORT: A8400681M CONTACT: 98792002  
C) ADDRESS: 2c Jalan Masjid  
SL18946

\*CONTINUE TO 3.D IF DRIVER ALSO POLICY HOLDER

### 3. DRIVER

- A) NAME: NAVINDAR SINGH GURMUKH SINGH (MALE/FEMALE)  
B) NRIC/FIN/PASSPORT: G16736707W CONTACT: 94577417  
C) ADDRESS: 15K 813 BLK 643 PASIR RIS DR 10  
#09-32 3510643  
D) DATE OF BIRTH: (19 / 04 / 1991) (DD/MM/YYYY) 510643  
E) OCCUPATION: (INDOOR/OUTDOOR)  
F) YEARS OF DRIVING EXPERIENCE: 8Y 8 3M.

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: PASIR RIS NPC

### 8. THIRD PARTY VEHICLE:

- A) VEHICLE NO: WC9984M MODEL:  
B) DRIVER'S NAME: LI SHIFU  
C) NRIC.FIN PASSPORT NO.: S2729535. 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. : BUSES - FLEET  
Type of Cover. : Comprehensive  
Certificate No. : D-23100894MFBP/2  
Vehicle No / Chassis No : PC3146M / JN1TC2E26Z0001951  
Name of Insured : SIANG HOCK HOLDING PTE LTD  
Period Of Insurance : 09:00:00 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 the insured's permission.

For driver 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 (as specified in the Schedule). The Policy does not cover:-

- (1) Use for racing, pacemaking, 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.


\* 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/MZ601A16

Issued at Singapore on 31.03.2023

  
Authorised Signature