

NATIONAL Assessment Centre Services (wef 1 Jan'06)

Date In: 5/6/23	Job description	Date & Time Completed	Done by
Ref No: NA/FC12300 5639/T	SAS e-filing		
Veh No: 96F 4689Z	E-mail (within 8hrs. AIC 2hrs)		
D.O.A: 3/6/23	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: 9Q2713C	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

NA2301644	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
	2) DA : Damage Assessment (\$100); INC (\$80)		
Driver/Owner:	3) TF : Towing Fee \$40/\$45		
Contact No:	4) FT : Follow-Through Survey \$120		
Damaged Portion:	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
QC Checked by (Engr-In-Charge):	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
Auditors' Comments :-	8) NTUC Additional Services:-		
	ON*		
Cat. 1:	*N5: Courtesy Car / Tpt Allowance \$5		
Cat. 2 / 3:	*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	05/06/2023 16:07 (SGT)
Reported by	Actual Driver
Date of Accident	03/06/2023 17:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	KINTA ROAD CARPARK - K0111
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF9689Z
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SIANG HOCK HOLDING PTE LTD
Company Reg No	1XXXXX681H
Email Address	CLS_SFAIH_CP@CERTISGROUP.COM
Mobile Phone No	(Phone) +65-98792002
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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 - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Policy Number / Cover Note Number	D-23100907MFCV/34

DRIVER

Name of Driver	SUFIAN BIN AB SAMAD
NRIC No	SXXXX271G
Date Of Birth	06/09/1986
Occupation	Outdoor



Date Of Driving Pass	16/07/2009
Driving experience	13 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88173835
Alt. Phone Number	-
Email Address	CLS_SFAIH_CP@CERTISGROUP.COM
Address	527B PASIR RIS ST 51
Address complement	#11-723
Postcode	512527
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	Side Swipe
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO CIRCUMSTANCES OF ACCIDENT.

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	YQ2713C
Vehicle Manufacturer	Mitsubishi
Vehicle Model	Fuso
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	PADIKKASU PANDIAN
Passport No/FIN	GXXXX554N

Contact Number	(Phone) +65-83439648
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.



Policyholder's Signature / Date & Time

lc

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

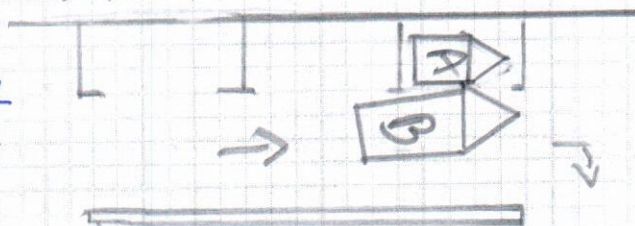
Hyphen

Witnessed by Reporting Centre Personnel

Sketch Plan

A - GBF9689Z
B - YQ 2713C

KINTA ROAD CAR PARK - K0111



Describe Circumstances of the Accident

On 03/06/2023 around 17:25 I Parked my Vehicle in Kinta Road Open Car park. My Vehicle Parked in the last ahead and Stationary. After a while the ~~the~~ Lorry YQ2713C try to turn right came closer to my vehicle and hit my RHS Mirror.

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

ACCIDENT STATEMENT

ACCIDENT DATE: (03/06/2023) (DD/MM/YYYY), TIME (17:25) (HH:MM)

LOCATION: KINTA ROAD CAR PARK - KOLU

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBF9689Z.
b) INSURANCE COMPANY: MS FIRST CAPITAL.
c) POLICY NO: D-2300907MFCV/34.
d) POLICY TYPE: (COMPREHENSIVE/THIRD PARTY/THIRD PARTY FIRE & THEFT)
e) MAKE/MODEL: TOYOTA VAN
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. Employment.
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE: (YES/NO) ☒ YES
IF NO, PLEASE STATE (THIRD PARTY CLAIM/REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: SIANG HOCK HOLDING PTE LTD. (MALE/FEMALE)
B) NRIC/FIN/PASSPORT: 198400681M CONTACT: 98792002
C) ADDRESS: 21 JALAN MASJID
5418966

*CONTINUE TO 3.D IF DRIVER ALSO POLICY HOLDER

email: CLS-SFAIH-CP
@certisgroup.com.

3. DRIVER

- A) NAME: SUFIAN BIN AB SANAD. (MALE/FEMALE)
B) NRIC/FIN/PASSPORT: 88627271G CONTACT: 88173835
C) ADDRESS: BLK 527 B PASIR RIS STREET 51
#11-723 SINGAPORE 512527
D) DATE OF BIRTH: (06/09/1986) (DD/MM/YYYY)
E) OCCUPATION: (INDOOR/OUTDOOR)
F) YEARS OF DRIVING EXPERIENCE: 13Y 8 M.

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) ☒ YES
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Rental - Leasing

- 5.A) WEATHER CONDITION: (CLEAR/ RAINING/OTHERS) ☒ CLEAR
B) ROAD SURFACE: (DRY/WET/OTHERS) ☒ DRY

6. WAS ANYBODY INJURED: (YES/NO) ☒ YES

7. REPORTED TO POLICE: (YES/NO) ☒ YES

IF YES PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE:

- A) VEHICLE NO: VQ 2713C MODEL: Mit - Fuso
B) DRIVER'S NAME: PADIKASU DANDIAN
C) NRIC.FIN PASSPORT NO.: G6987556N CONTACT: 83439648

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. : Comprehensive
Certificate No. : D-23100907MFCV/34
Vehicle No / Chassis No : GBF9689Z / KDH2015022690
Name of Insured : SIANG HOCK HOLDING 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*

- (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 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 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/MZ301A9

Issued at Singapore on 31.03.2023

Authorised Signature