

# NATIONAL Assessment Centre Services (wef 1 Jan 06)

Date In: <b>28/06/2023</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/FC123006503/04</b>	SAS e-filing		
Veh No: <b>YQ 5254R</b>	E-mail (within 8hrs. AIC 2hrs)		
D.O.A: <b>22/06/2023 06:40</b>	i-Motor Claim Form		
<b>OD / TP / Reporting Only</b>	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: <b>QBD 5100S</b>	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

**NA2301901**

Claimant's Particulars :-	Invoice Preparation Checklist	Amf (\$)	Ac
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:	3) TF: 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:-		
QC Checked by (Engr-In-Charge):	ON:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors Comments :-	TP (N11): TP (Non INC) against INC \$20		
Cat. 1:	9) N12: Idac Mobile \$30		
Cat. 2 / 3:	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	28/06/2023 08:46 (SGT)
Reported by	Actual Driver
Date of Accident	22/06/2023 06:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	T-JUNCTION OF OLD CHOA CHU KANG ROAD & SUNGEI TENGAH ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YQ5254R
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### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SIANG HOCK CAR RENTAL PTE LTD
Company Reg No	2XXXXXX271R
Email Address	car.rental@sianghock.com.sg
Mobile Phone No	(Phone) +65-98956928
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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	2755

### INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Policy Number / Cover Note Number	D23100891MFCV

### DRIVER

Name of Driver	SATTAR ABDUS
Passport No/FIN	GXXXX943N
Date Of Birth	20/05/1975

Occupation	Outdoor
Date Of Driving Pass	23/04/2008
Driving experience	15 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98956928
Alt. Phone Number	-
Email Address	car.rental@sianghock.com.sg
Address	APT BLK 28 TOH GUAN ROAD EAST
Address complement	# 06-09
Postcode	608591
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	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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	5
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

#### PASSENGER 2

Name	UNKNOWN
Gender	Male

#### PASSENGER 3

Name	UNKNOWN
Gender	Male

#### PASSENGER 4

Name	GOVINDHARAJ ASHOKRAJ
Gender	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007659999
Alt. Police Station Phone No	(Fax) +65-67644104
Police Station Address	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given?	No
If yes, against whom?	-

## CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT - T/20230622/2060

## 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 DRIVER

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... GBD5100S  
 Vehicle Manufacturer ..... Toyota  
 Vehicle Model ..... Dyna  
 Vehicle Variant ..... -  
 Vehicle Colour ..... White  
 Vehicle Category ..... Commercial vehicle  
 Name of Driver ..... -  
 Contact Number ..... (Phone) +65-92254763  
 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 ..... GOVINDHARAJ ASHOKRAJ  
 Gender ..... Male  
 Phone No ..... (Phone) +65-89353707  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... LACERATIONS ON THE HEAD  
 Injured person in which vehicle? ..... YQ5254R  
 Were seat belts worn? ..... -  
 Was this injured conveyed to hospital by ambulance? ..... No

## 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.

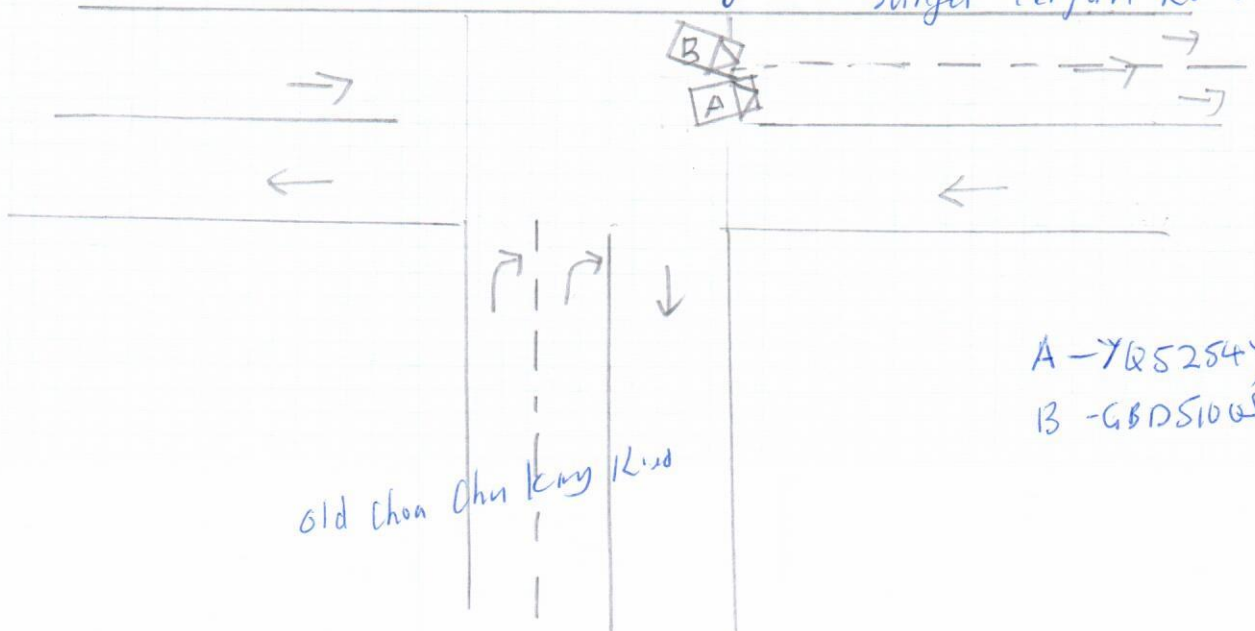


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan Junction of old chon chu kang Road / Angai Tengah Road  
Sungai Tengah Road



### Describe Circumstances of the Accident

As per report.

Note: lorry did not stop after the impact.


Please Refer to the attached police  
Report - T/2023 0622/2060 -

### 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

28/6/2023



**SINGAPORE  
POLICE FORCE**



T/20230622/2060

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

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Report No. T/20230622/2060

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 22/06/2023 14:50	Vide Report No.:	Station Diary No.: 82
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**Informant's Particulars**

Name of Informant: SATTAR ABDUS			Address: 28 TOH GUAN ROAD EAST #06-09 WESTLITE TOH GUAN DORMITORY SINGAPORE 608596	
ID Type / ID No.: FIN NO / G7465943N			Contact No.: Home/Office: Mobile: 98956928	
Nationality: BANGLADESHI			Email:	
Sex: Male	Age: 48	Date of Birth: 20/05/1975	Type of Informant: Driver	
Race: Bengali			Language:	
Occupation: Lorry driver			Driving Licence Information: Class: 3 Date of Expiry: 22/04/2028	

**General Information of the Accident**

Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 22/06/2023 06:40	Type of Location: T-Junction
Location:  OLD CHOACHU KANG ROAD				
Weather: Clear	Road Surface: Dry			
Traffic Flow:	Traffic Control: Traffic Light - Working	Traffic Volume: Light		
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction	Anyone conveyed by ambulance: No			

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD5100S	Lorry	TOYOTA	TOYOTA DYNA 150 MANUAL	Silver		0
YQ5254R	Lorry	TOYOTA	DYNA 150 6AT	White	No Damage	4

**Details of Person Involved**

Any Pedestrian Involved: No		
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA	



SINGAPORE  
POLICE FORCE



T/20230622/2060

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Report No. T/20230622/2060

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

CONTINUATION OF REPORT

<b>Driver</b>			
Name	UNKNOWN		ID No. NIL
Related Vehicle	GBD5100S (Lorry)		Contact No. 92254763
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL
<b>Driver</b>			
Name	SATTAR ABDUS		ID No. G7465943N
Related Vehicle	YQ5254R (Lorry)		Contact No. 98956928
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: 22/04/2028
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL
<b>Passenger</b>			
Name	GOVINDHARAJ ASHOKRAJ		ID No. M3021730J
Related Vehicle	YQ5254R (Lorry)		Contact No. 89353707
Hospital/Clinic	DR+ Medical Paincare Clinic		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	22/06/2023		Date Discharge 22/06/2023
No. of Days granted Medical Leave	NIL		Degree of Injury Slight

**Brief Details.**

On the 22/06/2023 at about 0640hrs, I was driving my lorry bearing registration number YQ5254R at the T-junction of Old Choa Chu Kang Rd and Sungei Tengah Rd.

I was making a right turn on Lane 1. As I was turning right, I realized that a lorry bearing registration number GBD5100S which was on Lane 2, was coming closer to my lorry. I could not react in time, and he subsequently side-swiped into my lorry's front left side mirror. He did not stop his lorry and left the scene. As a result, the side mirror was shifted from its original position, but not damaged. From the decal at the side of the lorry, the lorry belongs to Nanyan Construction Pte Ltd, and was tagged with a handphone number, HP: 92254763.

My lorry's front left side mirror was bent. Due to the sudden braking of my lorry, my worker who was



SINGAPORE  
POLICE FORCE



T/20230622/2060

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

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Report No. T/20230622/2060

**CONTINUATION OF REPORT**

sitting at the back, suffered from lacerations on the head. He had already sought treatment at a clinic. I wish to state that I have the vehicle footage, and it captured the incident.



SINGAPORE  
POLICE FORCE

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999



T/20230622/2060

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Report No. T/20230622/2060

CONTINUATION OF REPORT

Signature of Officer Recording The Report:  
J /  
SGT 2 CAI XIN YU

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / HRT /  
STAFF SGT SUFIYAN BIN KHAIRI  
Contact No.: 65476148

NP168

Signature Of Informant:

Date/Time:  
22/06/2023 14:50

Classification Of Case:

### ACCIDENT STATEMENT

ACCIDENT DATE: (22/06/2023) (DD/MM/YYYY), TIME (06:40) (HH:MM)

LOCATION: Junction of Old Choa Chu Kang Road / Sungai Tengah Road

#### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 7Q5254R  
b) INSURANCE COMPANY: ms First Capital  
c) POLICY NO: D23100891MFCV  
d) POLICY TYPE: (COMPREHENSIVE/THIRD PARTY/THIRD PARTY FIRE & THEFT)  
e) MAKE/MODEL: Toyota Dyna  
f) TYPE: (SALOON/COUPE/MPV/VAN/LORRY/MOTORCYCLE/OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE/COMMERCIAL/MOTORCYCLE)  
h) PURPOSE OF USING AT TIME OF ACCIDENT:   
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE: (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM/REPORTING ONLY) Third Party Claim

#### 2. INSURED / POLICY HOLDER

- A) NAME: Sing Hock Car Rental Pte Ltd (MALE/FEMALE)  
B) NRIC/FIN/PASSPORT: 20538271R CONTACT:   
C) ADDRESS: 21, Jalan Masjid Singapore 410941

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

#### 3. DRIVER

- A) NAME: Sattar Abdur (MALE/FEMALE)  
B) NRIC/FIN/PASSPORT: S G 7465943N CONTACT:   
C) ADDRESS: Blk 28, Toh Guan Road East. #06-09. Singapore 608591  
D) DATE OF BIRTH: (20/05/1975) (DD/MM/YYYY)  
E) OCCUPATION: (INDOOR/OUTDOOR)  
F) YEARS OF DRIVING EXPERIENCE: 15 years

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

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

6. WAS ANYBODY INJURED: (YES/NO)

7. REPORTED TO POLICE (YES/NO)

IF YES PLEASE STATE WHICH POLICE STATION: Choa Chu Kang Police Station

#### 8. THIRD PARTY VEHICLE:

- A) VEHICLE NO: GBD51005 MODEL: Toyota  
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. : Comprehensive  
Certificate No. : D-23100891MFCV/229  
Vehicle No / Chassis No : YQ5254R / JHHAGV4680K001278  
Name of Insured : SIANG HOCK 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 : TOYOTA FINANCIAL SERVICES SINGAPORE 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