

NATIONAL Assessment Centre Services (wef 1 Jan'06)

Date In: 28/06/2023	Job description	Date & Time Completed	Done by
Ref No: NA/FCI2300 6558/04	SAS e-filing		
Veh No: PC 3930 R	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 22/06/2023 22:20	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: SNB 6250 D	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

NA2301933

Claimant's Particulars	Invoice Preparation Checklist	Am't (\$)	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):	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		
Auditors' Comments:	Invoice dated	Fee Charged	
Cat. 1:	Invoice dated	Fee Charged	
Cat. 2 / 3:			

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 17:29 (SGT)
Reported by	Actual Driver
Date of Accident	22/06/2023 22:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TOWARDS TUAS BEFORE CHANGI SOUTH EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC3930R
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	SIANG HOCK HOLDING PTE LTD
Company Reg No	1XXXXX681M
Email Address	car.rental@sianghock.com.sg
Mobile Phone No	(Phone) +65-62568888
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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?	Yes
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	2982

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Policy Number / Cover Note Number	D-23100894MFBP/6

DRIVER

Name of Driver	LEONG MUN FEI , KENNETH
NRIC No	SXXXX325F
Date Of Birth	17/02/1989
Occupation	Outdoor

Date Of Driving Pass	16/12/2009
Driving experience	13 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96708386
Alt. Phone Number	-
Email Address	car.rental@sianghock.com.sg
Address	APT BLK 293D BUKIT BATOK STREET 21
Address complement	# 14-536
Postcode	654293
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	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	Jurong Division Headquarters
Police Station Phone No	(Phone) +65-18007910000
Alt. Police Station Phone No	(Fax) +65-68965647
Police Station Address	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT - J/20230623/7008

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	SNB6250D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
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)	-

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' 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



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

Witnessed by Reporting Centre Personnel:  28/6/2023

Sketch Plan: PIE Towards Tuas Before Changi South Exit
PIE Towards Tuas

A B

A: PC3930R

B: SNB6250D

Describe Circumstances of the Accident

As Attached police Report - J/20230623/7008-

I was driving along PIE on PC 3930R and jam-break into SNB 62500 due to I notice the break lights late and rear-ended into him

Declaration

We declare the foregoing particulars are true in every respect.


Policy holder's Signature / Date & Time




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

 28/6/2023
Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



J/20230623/7008

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Report No. J/20230623/7008

POLICE REPORT (NP299)

Police Station Of Origin
Jurong Division HQ
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No:1800-7910000

Date/Time Report Made 23/06/2023 02:24	Vide Report No.	Station Diary No.
Name Of Informant LEONG MUN FEI, KENNETH	Address 293D BUKIT BATOK STREET 21 #14-536 SINGAPORE 654293	
ID Type / ID No. NRIC NO / S8906325F	Contact No. Home/Office:	Mobile: 96708386
Nationality SINGAPORE CITIZEN	Email Address KENN_170289@HOTMAIL.COM	
Occupation Security manager	Sex Male	Age 34
Institution/School Name	Date of Birth 17/02/1989	Race Chinese
Date/Time Of Incident 22/06/2023 22:20 - 23/06/2023 01:00	Language English	
	Location Of Incident 293D BUKIT BATOK STREET 21 #14-536 SINGAPORE 654293	

Brief details.

Just after exiting from Airport Boulevard Road on PIE. While on a straight road, i was noticed the vehicle in front jam break and I immediately applied the brake but was not in time to avoid the collision. About 2 secs the to impact after applying the brakes

After collision about a minute from recovery from the impact. The driver and myself started to converse.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 23/06/2023 02:24
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



J/20230623/7008

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20230623/7008

He mention he was slowly breaking and noticed I did not stop.

I mention I noticed the break light suddenly and could stop in time.

Driver called TP and agreed to private settlement initially as there were no bodily injury.

Thus we decided to move the vehicle from the the middle lane to road shoulder.

EMAS arrived shortly. Driver called for his rental company for advise but when I understand they did not pick up.

EMAS asked Driver several times if he needs a AB as they notice he was tapping his back constantly and mentioned pain felt.

After much consideration AB and TP was activated.

Subsequently LTA Marshal arrived to gather details for accident.

AB and TP arrived around same time.

AB performs assemenet on me and I signed a waiver form for not wanting to be conveyed to hospital.

TP took my statement. And took possession on vehicle dashcam SD card.

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

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

Date/Time:
23/06/2023 02:24

Classification Of Case:



**SINGAPORE
POLICE FORCE**



J/20230623/7008

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20230623/7008

Driver was conveyed to CGH. I was realised from accident scene.

That's all

Subjects Involved			
Victim			
Person Name	LEONG MUN FEI, KENNETH		
ID Type	NRIC NO	ID No	S8906325F
Gender	Male	Age	34
Race	Chinese	Language	English
Occupation	Security manager	Address	293D BUKIT BATOK STREET 21 #14-536 SINGAPORE 654293
Mobile No	96708386	Is Informant A Victim?	Yes
Person Name	Yazid		
Gender	Male	Age	50
Race	Malay		
Person Name	LEONG MUN FEI, KENNETH (Informant)		

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

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

Date/Time:
23/06/2023 02:24

Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: 22/06/2023 (DD/MM/YYYY), TIME: 22:20 (HH:MM)

LOCATION: O/E Towards Tuen before Changi South exit

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PL3930R
b) INSURANCE COMPANY: MS First Capital
c) POLICY NO: D23100894 MFBP
d) POLICY TYPE: (COMPREHENSIVE/THIRD PARTY/THIRD PARTY FIRE & THEFT)
e) MAKE/MODEL: Toyota Hiace
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)

2. INSURED / POLICY HOLDER

- A) NAME: Siang Hock Holding Pte Ltd (MALE/FEMALE)
B) NRIC/FIN/PASSPORT: 198400681M CONTACT: 62568888
C) ADDRESS: 21, Julian Majid, Singapore 416946

*CONTINUE TO 3.D IF DRIVER ALSO POLICY HOLDER

3. DRIVER

- A) NAME: Leong Mun Fei, Kenneth (MALE/FEMALE)
B) NRIC/FIN/PASSPORT: S2906325F CONTACT: _____
C) ADDRESS: Blk 293 Bukit Batok Street 21 #14-536
D) DATE OF BIRTH: 17/02/89 (DD/MM/YYYY)
E) OCCUPATION: (INDOOR/OUTDOOR)
F) YEARS OF DRIVING EXPERIENCE: 14 years

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

- 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: SNB 6250D MODEL: _____
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. : BUSES - FLEET
Type of Cover. : Comprehensive
Certificate No. : D-23100894MFBP/6
Vehicle No / Chassis No : PC3930R / KDH2230023807
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