

NATIONAL Assessment Centre Services (wef 1 Jan'06)

Date In: 30/06/2023	Job description	Date & Time Completed	Done by
Ref No: NA/FCI23006658/d4	SAS e-filing		
Veh No: GBB 6188T	E-mail (within 8hrs. AIC 2hrs)		
D.O.A: 26/06/2023 18:50	i-Motor Claim Form		
OD / <u>TP</u> / 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: SMK 4644D

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

NA2301967

Invoice Preparation Checklist

Am't (\$)

An

Est. Bill

Ad

Claimant's Particulars:-

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

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:-

on*

*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

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Cat. 1:

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	30/06/2023 16:31 (SGT)
Reported by	Actual Driver
Date of Accident	26/06/2023 18:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	KAKI BUKIT AVENUE 2
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB6188T
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SIANG HOCK CAR RENTAL PTE LTD
Company Reg No	2XXXXX271R
Email Address	car.rental@sianghock.com.sg
Mobile Phone No	(Phone) +65-62568888
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Urvan
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	2953

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Policy Number / Cover Note Number	D-23100913MFCV/57

DRIVER

Name of Driver	WANG ZHONGWEI
Passport No/FIN	GXXXX334L
Date Of Birth	17/11/1973
Occupation	Outdoor

Date Of Driving Pass	12/11/2021
Driving experience	1 YEAR AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-62568888
Alt. Phone Number	-
Email Address	car.rental@sianghock.com.sg
Address	21 JALAN MASJID
Address complement	-
Postcode	418946
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	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?	No
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 THE ATTACHED STATEMENT

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	SMK4644D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	NG WEE BENG
NRIC No	SXXXX140H

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	SKK3224M
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	GY2498U
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	WANG ZHONGWEI
Gender	Male
Phone No	(Phone) +65-62568888
Address	21 JALAN MASJID
Address Complement	-
Post Code	418946
Approximate Age Years Old	-
Injuries Sustained	BACKPAIN
Injured person in which vehicle?	GBB6188T
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' 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

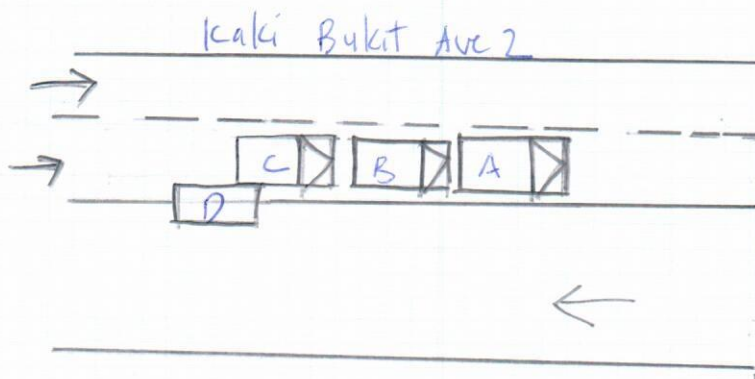
Wang Zhongfeng

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

30/6/2023

Witnessed by Reporting Centre Personnel

Sketch Plan



A : GBB 6188T
B : SMK 4644D
C : SKK 3224M
D : GY2498Y

Kaki Bukit Road 3

Describe Circumstances of the Accident

On 26/06/2023 at 18.53 hr I was driving Veh A (GBB6188T) Kaki Bukit AVE 2 when I stop my veh to wait for the traffic light to turn Green. I feel a huge impact for the Rear of my Veh. after I come down I noticed 1 Veh hit by Veh B (SMK4644D)

Total 4 Car is involve
1st Car myself (GBB6188T)
2nd Car (SMK4644D)
3rd Car (SKK3224M)
4th Car (GY2498U)

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

Witnessed by Reporting Centre Personnel



24

26号晚上18:53 驾驶车辆在佳吉互吉 Ave 上行时
当时正在等信号, 我前面有一辆车, 忽然间后面有车撞
上来, 又有三辆车撞到一起。

ACCIDENT STATEMENT

ACCIDENT DATE: (26/06/23) (DD/MM/YYYY), TIME (18:50) (HH:MM)

LOCATION: Kaki Bukit Ave 2

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBB 6188T
b) INSURANCE COMPANY: MS Capital Insurance Limited
c) POLICY NO: D-23100913 MTCV
d) POLICY TYPE: (COMPREHENSIVE/THIRD PARTY/THIRD PARTY FIRE & THEFT)
e) MAKE/MODEL: Nissan Urvan
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) NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM/REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Siang Hock Car Rental Pte Ltd (MALE/FEMALE)
B) NRIC/FIN/PASSPORT: 201538271K CONTACT:
C) ADDRESS: 21, Jalan Masjid, Singapore 418946

*CONTINUE TO 3.D IF DRIVER ALSO POLICY HOLDER

3. DRIVER

- A) NAME: Wang Zhongwei (MALE/FEMALE)
B) NRIC/FIN/PASSPORT: G8849334L CONTACT:
C) ADDRESS:

- D) DATE OF BIRTH: (17/11/1973) (DD/MM/YYYY)
E) OCCUPATION: (INDOOR/OUTDOOR)
F) YEARS OF DRIVING EXPERIENCE: 1 year 7 months

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

- 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: SMK 4644D MODEL:
B) DRIVER'S NAME: Ng WEE BEN
C) NRIC.FIN PASSPORT NO: S1589140H CONTACT:

9. THIRD PARTY VEHICLE:

- A) VEHICLE NO: SKK 3224M 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. : Third Party
Certificate No. : D-23100913MFCV/57
Vehicle No / Chassis No : GBB6188T / JN1MG4E25Z0792784
Name of Insured : SIANG HOCK CAR RENTAL PTE LTD
Period Of Insurance : 01.04.2023 To 31.03.2024
Insured Estimated Value : 0.00

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 All Claims (for Long Term Lease - 1 year or more)
S\$2,500.00 on All Claims (for Short Term Lease - less than 1 year)
S\$1,000.00 on All Claims (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 All Claims (for Long Term Lease - 1 year or more)
S\$4,500.00 on All Claims (for Short Term Lease - less than 1 year)
S\$2,000.00 on All Claims (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/MZ301A10

Issued at Singapore on 31.03.2023

Authorised Signature