

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

Date In: <b>26/07/2023</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/FCI23007581/d4</b>	SAS e-filing		
Veh No: <b>8JV6321A</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <b>25/07/2023 18:40</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/Wksn		

Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Fax:
TP Particulars:	Veh No: <b>8ju 2605M</b>	INC ( ) / Non-INC ( )	
Owner / Driver: (		Tel: ( )	
Policy No: (	Period: (	Cover Type: (	
Confirmed by: (		Date:	Time: (
Insured/Driver Liability: ( ) % [Note-Bst. 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:-	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury :

Date/Time	Actions

<b>NA2302232</b>	<b>Invoice Preparation Checklist</b>		Amf (\$)	Amf (\$)
<b>Claimant's Particulars:-</b>	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100); INC (\$30)			
<b>Driver/Owner:</b>	3) TF: Towing Fee \$40/\$45			
	4) FT: Follow-Through Survey \$120			
<b>Contact No:</b>	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
<b>Damaged Portion:</b>	6) TR: Re-inspection \$75			
	7) N1: Idao DA + SMRT Survey \$160			
<b>QC Checked by (Engr-In-Charge):</b>	8) NTUC Additional Services:-			
	OD*			
<b>Auditors' Comments:-</b>	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
<b>Cat. 1:</b>	TP (N11): TP (Non INC) against INC \$20			
<b>Cat. 2 / 3:</b>	9) N12: Idao 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 First Submission	26/07/2023 16:17 (SGT)
Reported by	Actual Driver
Date of Accident	25/07/2023 18:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	NORTH BRIDGE ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV6321A
-----------------------------	----------

#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ROBINSON CAR RENTAL PTE LTD
Company Reg No	2XXXXX041W
Email Address	car.rental@sianghock.com.sg
Mobile Phone No	(Phone) +65-98792002
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
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	Private car
Transmission	Auto
CC	1598

#### INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Policy Number / Cover Note Number	D-23100900MFZH/5

#### DRIVER

Name of Driver	LIM WEILUN , JOHANN
NRIC No	SXXXX631B

Date Of Driving Pass	28/02/2003
Driving experience	20 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90029489
Alt. Phone Number	-
Email Address	car.rental@sianghock.com.sg
Address	68 LORONG MYDIN
Address complement	-
Postcode	416870
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 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	SJU2605M
Vehicle Manufacturer	Suzuki
Vehicle Model	Swift
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	WANG YUANLIN DAYMON

Contact Number	(Phone) +65-82023618
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 willful 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.

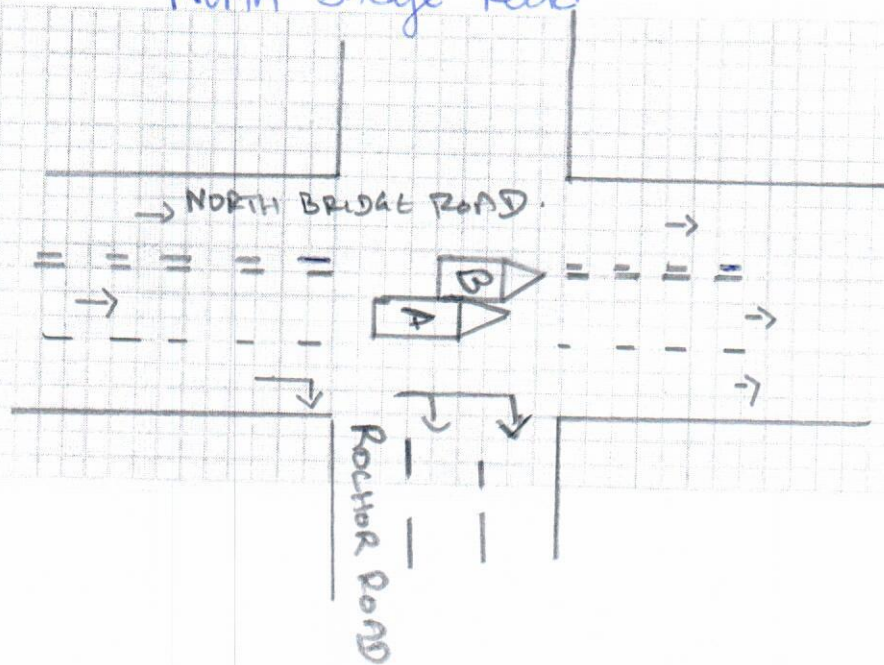
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

North Bridge Road



A-SJY6321A  
B-SJU2605A



### Describe Circumstances of the Accident

On 25/07/2023 @ 06:40 PM I was travelling along North Bridge Road, I stopped the Vehicle on the traffic Light Junction of rochor road, i was on my second lane. Once the traffic light turned green i travelled straight towards the North Bridge road then the Vehicle on My left hand side who is on the bus lane suddenly crossed into my lane and hit my Vehicle.

### 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



*[Handwritten signature]*

*[Handwritten signature]* 28/7/23

# ACCIDENT STATEMENT

ACCIDENT DATE: ( 25 / 07 / 2023 )(DD/MM/YYYY), TIME( 06 : 40 PM )(HH:MM)

LOCATION: North Bridge Road

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJV6321A  
b) INSURANCE COMPANY: MS FIRST CAPITAL INSURANCE LTD  
c) POLICY NO: D-23100900MFZH/5  
d) POLICY TYPE: (COMPREHENSIVE/THIRD PARTY/THIRD PARTY FIRE & THEFT)  
e) MAKE/MODEL: Toyota Corolla Altis  
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: ROBINSON CAR RENTAL PTE LTD (MALE/FEMALE)  
B) NRIC/FIN/PASSPORT: 200414041W CONTACT: 9879 2002  
C) ADDRESS: 21 JALAN MASJID  
SINGAPORE 418946, car.rental@sianghock.com.sg

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

## 3. DRIVER

- A) NAME: Lim Weilun, Johann (MALE/FEMALE)  
B) NRIC/FIN/PASSPORT: S8316631B CONTACT: 90029489  
C) ADDRESS: 68 Lorong Mydin  
Singapore 416870  
D) DATE OF BIRTH: ( 13 / 05 / 1983 )(DD/MM/YYYY)  
E) OCCUPATION: (INDOOR/OUTDOOR)  
F) YEARS OF DRIVING EXPERIENCE: 20 Y & 2 M

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

- 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: SJU2605M MODEL: SUZUKI SWIFT  
B) DRIVER'S NAME: Wang Yuan Lin, Raymon  
C) NRIC.FIN PASSPORT NO.: S90053151 CONTACT: 82023618

## 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. : HIRED CARS - HIRER DRIVING - FLEET  
Type of Cover. : Third Party  
Certificate No. : D-23100900MFZH/5  
Vehicle No / Chassis No : SJV6321A / MR053ZEE106164619  
Name of Insured : ROBINSON 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\***  
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 only for the carriage of passengers or goods in connection with the Insured's business.  
Use for social, domestic and pleasure purposes and business purposes of any person to whom the vehicle is hired.

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 (other than for reward) of any one disabled mechanically propelled vehicle.
- (3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

\* 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/MZ406U

Issued at Singapore on 31.03.2023

Authorised Signature