

Date In: 23/7/20 14:51	Job description	Date & Time Completed	Done by
Ref No: NALIP 2000 7608/h4	SAS e-filing		
Veh No: SGX 1704L	E-mail (within 3hrs, AIC 2hrs)		
DOA: 19/6/20 11:20	I-Motor Claim Form		
UD - TP / Repairing Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksn		

Preferred Wksp / INC Assign Wksp / QW: (	Tel: (	Fax: (
TP Particulars:	Veh No: Unknown	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: ()

Repairer: (INC Repair 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	Action

NA 2003827		Invoice Itemisation Checklist	Amount (\$)	Amount (\$)
Client's Particulars:		1) AIR: Accident Reporting (\$30)	30.00	
Driver/Owner:		2) DA: Damage Assessment (\$100); INC (\$10)		
Contact No:		3) TP: Towing Fee \$40/\$45		
Damaged Portion:		4) PT: Follow-Through Survey \$120		
QC Checked by (Bgr-In-Charge):		5) PT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:		For claimant against INC Only (wef 10 Jan 2003)		
Date:		6) TR: Re-inspection \$75		
		7) NI: Idno DA + SMRT Survey \$160		
		8) NTUC Additional Services:		
		QD:		
		*NS: Courtesy Car / Tpt Allowance \$5		
		*NR: Repair Co-ordination \$10		
		*NT: Post Repair Inspection \$25		
		*NS: DV / Collect Excess Coordination \$5		
		TP (N11): TP (Non INC) against INC \$20		
		9) N12: Idno Mobile \$0		
		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 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. 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 Report	23/07/2020 14:51
Date Of Accident	19/06/2020 11:20
Exact Location Of Accident	JUNC OF SEMBAWANG RD & GAMBAS AVE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGX1704L
Insured/Policyholder	
Name Of Registered Owner	WEST WAY CAR RENTAL PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81288789
Vehicle Particulars	
Manufacturer	TOYOTA
Model	ALTIS
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
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	SD20V04708/VPZ/R00
Cover Note Number	
Driver	
Name of Driver	NORSITA BINTI ABDUL GHANI
NRIC No	SXXXX062J
Date Of Birth	27/07/1970
Occupation	INDOOR
Date Of Driving Pass	05/12/1998
Driving Experience	21 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-87121956
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 266 TOH GUAN RD #01-37
Postcode	600266
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO POLICE DIVISIONAL HQ (F DIVISION)
Police Station Address	ROAD: 51 ANG MO KIO AVENUE 9 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2180000 - FAX NO: 64814246
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT F/20200719/7039

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

SKETCH PLAN

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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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Unable

to

Provide

Sketch

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report NO F/20200719/7039

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

GIARMC SketchPlanForm_V3

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



SINGAPORE POLICE FORCE



F/20200719/7039

1 of 2

POLICE REPORT (NP299)

Police Station Of Origin
Ang Mo Kio Division HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No:1800-2180000

Report No. F/20200719/7039

Date/Time Report Made 19/07/2020 22:04	Vide Report No.	Station Diary No.
Name Of Informant CHAN CHEE WEI, FRANKIE	Address 47A EDGEFIELD PLAINS #13-16 SINGAPORE 828714	
ID Type / ID No. NRIC NO / S7539593J	Contact No. Home/Office: Mobile: 81288789	
Nationality SINGAPORE CITIZEN	Email Address DREAMCARRENTALSG@GMAIL.COM	
Occupation MANAGER	Sex Male	Age 44
Institution/School Name	Date of Birth 24/12/1975	Race Chinese
Date/Time Of Incident 19/06/2020 10:00 - 19/06/2020 10:05	Language English	
	Location Of Incident 47A EDGEFIELD PLAINS #13-16 SINGAPORE 828714	

Brief details.

My rental company had rented out our vehicle number SGX 1704L on 16 June 2020 to 23 June 2020 @ \$250 to Mdm Norsita Binti Abdul Ghani Nric No: S7028062J and confirm with the hirer Mdm Norsita that there will be no additional driver.

On 19 June 2020 @ 11.20am i had received a call from Sergeant Ho JieKang Ivan informing me that my rental company vehicle bearing No: SGX 1704L had involved in a Road Traffic Accident and the driver abandon the car and fled. Sergeant Ho JieKang Ivan requested for the hirer details and contact number. On the same day @ 1912 hours Sergeant Ho manage to found the hirer and the driver who drove my vehicle. Sergeant Ho also confirm that the driver who drove my vehicle no: SGX 1704L do not have a

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: 19/07/2020 22:04
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20200719/7039

valid driving licence and also wanted by the police for drug related offence. My vehicle was compound by traffic police on the 19 June 2020 till to date. How did the accident happened we are not sure.

Subjects Involved			
Suspect			
Person Name	NORSITA BINTI ABDUL GHANI		
ID Type	NRIC NO	ID No	S7028062J
Gender	Female	Race	Malay
Address	266 TOH GUAN ROAD #01-37 SINGAPORE 600266	Mobile No	87121956
Relation To Informant	NON RELATED		

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		
Officer In-Charge Of Case:		
Authentication Stamp		Date/Time: 19/07/2020 22:04
		Classification Of Case:

Date of Accident : 19/06/2020 Accident Time: 1120 (24-HR-Format)
Accident Place : Junction of Seimbang Road and Gambas Avenue
Vehicle Reg. No. (Car Plate No.) : SGX 1704L
Vehicle Make/Model : Toyota Ahtis
Insurance Company : Liberty Insurance Policy No. SD24Y04708/YP2/R00
Owner or Company Name / IC No. : Westway Car Rental Pte Ltd
Owner or Company Contact No. :
Owner's Hp : 81268789 Company Tel :
DRIVER'S Name / IC No. : Norsita Binti Abdul Ghanii
DRIVER'S Date Of Birth : 27/07/1970 DRIVER'S License Pass Date : 05 Dec 1998
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others : HUSBAND
DRIVER'S Address : 51K 266 Tan Guan Road #01-37 S(600266)
DRIVER'S Contact No. / Alt No. : 1) 87121956 2)
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address :
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance (NO)
Number of Passengers (Including Driver) : () Anybody injured in the accident Yes/No
Was there any video Captured by car camera: YES (NO) Passenger NAME : CM/F
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

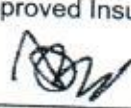
(B)
Vehicle Reg. No.:
Vehicle Make/Model:
Name Driver:
IC No. Driver:
Driver's Contact & Add:

(C)
Vehicle Reg. No.:
Vehicle Make/Model:
Name Driver:
IC No. Driver:
Driver's Contact & Add:

Other Party Driver's Particular (if any)

CERTIFICATE OF INSURANCE

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)

Certificate No	SD20V04708 /MPZ /R00
Form	MZ406C
Date Of Issue	24-APR-2020
1.Index Mark and Registration No. of Vehicle:	SGX1704L
2.Chassis number of Vehicle:	MR053ZEC107146583
3.Name of Policyholder:	WEST WAY CAR RENTAL PTE LTD
4.Effective date of Commencement of Insurance for the purpose of the Act:	18-APR-2020 00:00 AM
5.Date of Expiry of Insurance:	17-APR-2021 23:59 PM
6.Persons or Classes of Persons entitled to drive*:	
Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired.	
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.	
And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.	
7.Limitations as to use*:	
A) Use for carriage of passengers or goods in connection with the Policyholder's business.	
B) Use for social, domestic, pleasure and business purposes of any person to whom the vehicle is hired.	
C) Use for the carriage of passengers for hire or reward under Private Hire Vehicle (PHV) by the person to whom the vehicle is hired.	
8.Policy does not cover:	
A) Use for racing, pace-making, reliability trial or speed-testing.	
B) 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 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.	
For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers  _____ Authorised Signature	
For Information only:	
COVERAGE :	Third Party Only, PHV Extension (Geographical Area: Singapore only)
SUM INSURED:	
EXCESS:	Section II S\$2000, Additional Excess for Young, Elderly & Inexperienced Drivers S\$2000
FINANCE COMPANY:	
PRODUCER NAME:	NEWSTATE STENHOUSE (S) PTE LTD

PLAS-/24-APR-20

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24-APR-20