

Date In: 2/10/20 09:25	Job description	Date & Time Completed	Done by
Ref No: NA/120010571/64	SAS e-filing		
Veh No: SGS 8241K	E-mail (within 2hrs, AIC 2hrs)		
IP: 1/10/20 14:00	1-Motor Claim Form		
IP: (IP) Reporting Only	1-Motor W/O (within: OD 2hrs, TP 4hrs)		
	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Work		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
IP Particulars:	Veh No: GBD 5486 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% 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 () / Non-INC ()	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: _____

NA2005226		Invoice/Registration Charge/Incident		Amc (50% AMI (3)	
Continental Particulars:		1) AR: Accident Reporting (\$30)		30.00	
Driver/Owner:		2) DA: Damage Assessment (\$100); INC (\$88)			
Contact No:		3) TP: Towing Fee \$40/\$45			
Damaged Portion:		4) PT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):		5) FT: Follow-Through Survey (Resurvey) \$30			
Amc's Comments:		6) TR: Re-inspection \$75			
Tel: _____		7) NI: Idao DA + SMRT Survey \$160			
Fax: _____		8) NTUC Additional Services:			
		ON:			
		*NS: Courtesy Car / Tpl Allowance \$5			
		*NG: Repair Co-ordination \$10			
		*NP: Post Repair Inspection \$25			
		*NB: DV / Collect Excess Coordination \$5			
		TP (Nil); TP (Non INC) against INC \$20			
		9) NI: Idao 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	02/10/2020 09:25
Date Of Accident	01/10/2020 14:00
Exact Location Of Accident	COMMONWEALTH DR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGS8241K
Insured/Policyholder	
Name Of Registered Owner	DREAM CAR LEASING PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81288789

Vehicle Particulars

Manufacturer	TOYOTA
Model	AXIO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	SD20V11104/VPZ/R00
Cover Note Number	

Driver

Name of Driver	SUA SING SUAN
NRIC No	SXXXX210Z
Date Of Birth	01/07/1949
Occupation	OUTDOOR
Date Of Driving Pass	13/10/1976
Driving Experience	43 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87540749
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 92 COMMONWEALTH DR #06-728
Postcode	140092
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 - MAJOR/MINOR RD
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	2
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO STATEMENT.

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	GBD5486D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	QUEK BONG LENG
NRIC/Passport Number	SXXXX584A
Contact Number	91547372
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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 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:

11/10/2020

3.24pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

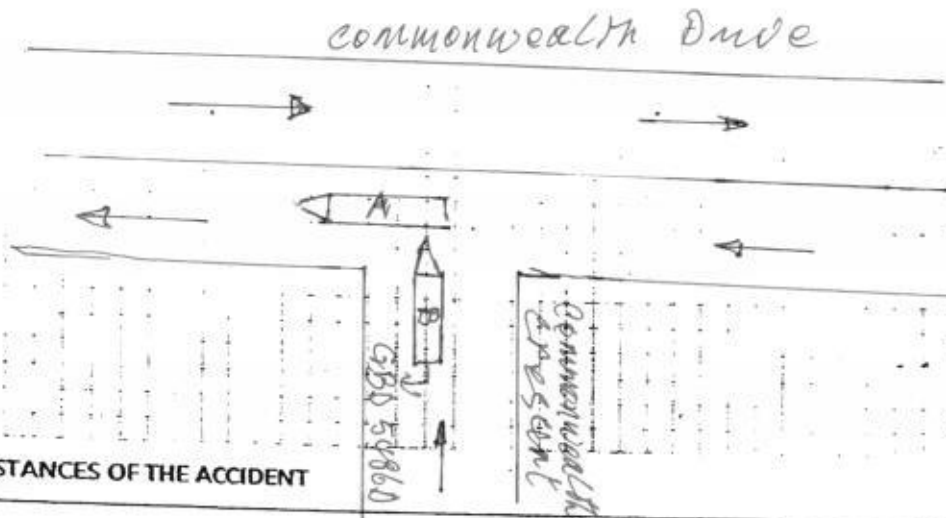
11/10/2020

3.24pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 1st of October 2020 roughly around 1400 hrs on my lane driving straight road to Commonwealth Drive and suddenly the vehicle GBD 5486D did not stop and turn hit my vehicle on left side of rear door

DECLARATION

I/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:

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



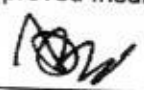
**Liberty
Insurance.**



Liberty Insurance Pte Ltd
Registration no. 199002791D
51 Club Street
#03-00 Liberty House
Singapore 069428
Tel: (65) 6221 8611 Fax: (65) 6225 6890
Website: <http://www.libertyinsurance.com.sg>

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	SD20V11104 /VPZ /R00
Form	MZ406D
Date Of Issue	17-SEP-2020
1.Index Mark and Registration No. of Vehicle:	SGS8241K
2.Chassis number of Vehicle:	NZE1416016605
3.Name of Policyholder:	DREAM CAR LEASING PTE LTD
4.Effective date of Commencement of Insurance for the purpose of the Act:	20-SEP-2020 00:00 AM
5.Date of Expiry of Insurance:	19-SEP-2021 23:59 PM
6.Persons or Classes of Persons entitled to drive*:	
<p>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.</p> <p>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</p>	
7.Limitations as to use*:	
<p>A) Use for carriage of passengers or goods in connection with the Policyholder's business.</p> <p>B) Use for social, domestic, pleasure and business purposes of any person to whom the vehicle is hired.</p> <p>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.</p>	
8.Policy does not cover:	
<p>A) Use for racing, pace-making, reliability trial or speed-testing.</p> <p>B) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.</p>	
<p>*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.</p>	
<p>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.</p>	
<p>For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers</p> <p></p> <p>_____ Authorised Signature</p>	
For Information only:	
COVERAGE :	Third Party Only, PHV Extension (Geographical Area: Singapore only)
SUM INSURED:	
EXCESS:	Section II S\$2000, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers S\$2000
FINANCE COMPANY:	
PRODUCER NAME:	NESTATE STENHOUSE (S) PTE LTD

PLAS/17-SEP-20

S1_CI_T1_T3_OE_Template2-Ver1.

17-SEP-20

Date of Accident : 8/10/2020 Accident Time: 1400 (24-HR-Format)

Accident Place : Commonwealth Drive

Vehicle Reg. No. (Car Plate No.) : SAS 8241K

Vehicle Make/Model : Toyota Axio

Insurance Company : Liberty Insurance Pte Ltd Policy No. SD20V11104/VPZ/ROO

Owner or Company Name / IC No. : Dream car Leasing Pte Ltd

Owner or Company Contact No. : _____ Owner's Hp 81288789 Company Tel _____

DRIVER'S Name / IC No. : Sua Sing Swan - S0535210Z

DRIVER'S Date Of Birth : 01/07/1949 DRIVER'S License Pass Date 15/10/1976

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Driver

DRIVER'S Address : Blk 97, #06-728, C'wealth Drive

DRIVER'S Contact No / Alt No. : 1) 87540749 2) _____

DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)

Email Address : Suasingswan@gmail.com

Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET

Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance

Number of Passengers (Including Driver) : (1) Anybody injured in the accident Yes / No

Was there any video Captured by car camera: YES \ NO

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: GBD 5486D

Vehicle Make/Model: _____

Name Driver: Sua Sing Swan

IC No. Driver: S0535210Z

Driver's Contact & Add: 87540749

Vehicle Reg. No: _____

Vehicle Make/Model: _____

Name Driver: _____

IC No. Driver: _____

Driver's Contact & Add: _____

Sua Quek Bong Leng
S1386584A

91547372