

NATIONAL Assessment Centre Services. [ver 1 Jan'09] MMA 120099036

| | | | |
|--------------------------------|------------------------------------------|-----------------------|---------|
| Date In: 9/11/20 16:30 | Job description | Date & Time Completed | Done by |
| Ref No: NA/ LIP 200 12262 / h4 | SAS e-filing | | |
| Veh No: SGT 4605 R | E-mail (within 2hrs, A/C 2hrs) | | |
| IPDA: 7/11/20 14:15 | I-Motor Claim Form | | |
| OD: TP: Reporting 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/Wksp | | |

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

| | | |
|---------------------------------|---------------------------------------------------------|-----------------------|
| TP Particulars: | Veh No: SMJ 1186 J. | 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: () |

| | | |
|---------------------------------------------------------|--|--|
| 1) Apply for Transport Allowance () / Courtesy Car () | | |
| 2) QC Check / Post Repair Inspection () | | |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] () | | |

Injury: ()

| Date/Time | Action |
|-----------|--------|
| | |
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| | |

MA 2005910

| | | | |
|---------------------------------|-------------------------------------------------|-------------|---------|
| Customer Particulars: | Invoice Description | Amount | Balance |
| Driver/Owner: | 1) AR: Accident Reporting (\$30); | 30.00 | |
| Contact No: | 2) DA: Damage Assessment (\$100); INC (\$30) | | |
| Damaged Portion: | 3) TP: Towing Fee \$40/\$45 | | |
| QC Checked by (Engr-In-Charge): | 4) FT: Follow-Through Survey \$120 | | |
| | 5) FT: Follow-Through Survey (Resurvey) \$30 | | |
| | For claiming against INC Only (w/c 10 Jan 2009) | | |
| | 6) TR: Re-inspection \$75 | | |
| | 7) N1: Idao DA + EMRT Survey \$160 | | |
| | 8) NTUC Additional Services:- | | |
| | • NS: Courtesy Car / Tpt Allowance \$3 | | |
| | • NG: Repair Co-ordination \$10 | | |
| | • NJ: Post Repair Inspection \$25 | | |
| | • NH: DV / Collect Excess Coordination \$3 | | |
| | • TE (N11): TP (Non INC) against INC \$20 | | |
| | • N12: 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 | 09/11/2020 16:30 |
| Date Of Accident | 07/11/2020 14:15 |
| Exact Location Of Accident | BEDOK LINK TO TAMPINES |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------------------------|
| Vehicle Registration Number | SGT4605R |
| 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 | COROLLA 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 | SD20V11104/VPZ/R00 |
| Cover Note Number | |

Driver

| | |
|----------------------|------------------------------|
| Name of Driver | NAIF SYAHIRAN BIN NOREFFENDY |
| NRIC No | SXXXX896F |
| Date Of Birth | 31/05/1998 |
| Occupation | INDOOR |
| Date Of Driving Pass | 12/03/2020 |
| Driving Experience | 0 YEAR AND 7 MONTH |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-87556517 |
| Fax Number | |
| Contact Number | |
| EMail Address | NOEMAIL |

| | |
|-----------------------------------------------------|------------------------------|
| Address | BLK 36 CHAI CHEE AVE #07-163 |
| Postcode | 461036 |
| 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 - HEAD TO REAR |
| Weather Conditions | RAINING |
| Road Surface | WET |

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) | 2 |
| Passenger 1 | NAME: : DANNY WONG GENDER: : MALE |

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 | SMJ1186J |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | GON YONG HOCK |
| NRIC/Passport Number | SXXXX282C |
| Contact Number | 97708118 |
| 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.
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 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:

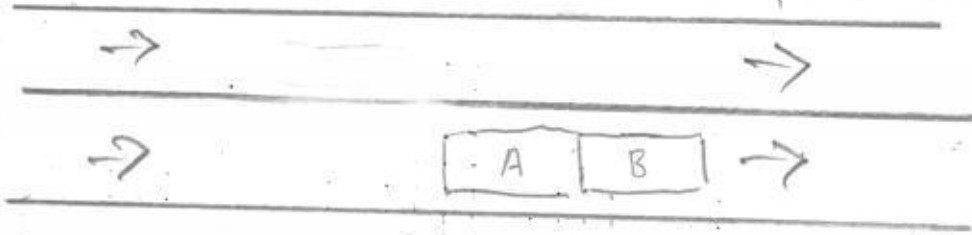
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.:

Bedok Res Toward Tampines Ave 1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving towards Tampines Ave 1 and it was raining very heavily. In front of me was a white Mercedes car. Along Bedok Reservoir Road, the white Mercedes car suddenly jam break suddenly, I was quite far from the car, I tried to jam break, but I skid as the road is slippery. I knocked the back of the Mercedes. I reacted slow and hit its rear bumper.

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

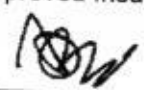
Website: <http://www.libertyinsurance.com.sg>

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: | *SGT4605R |
| 2.Chassis number of Vehicle: | MR053ZEC107142083 |
| 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 t</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> | |
| <p>For Information only:</p> <p>COVERAGE : Third Party Only, PHV Extension (Geographical Area: Singapore only)</p> <p>SUM INSURED:</p> <p>EXCESS: Section II S\$2000, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers S\$2000</p> <p>FINANCE COMPANY:</p> <p>PRODUCER NAME: NEWSTATE STENHOUSE (S) PTE LTD</p> | |

PLAS/-17-SEP-20

S1_CI_T1_T3_OE_Template2-Ver1.

17-SEP-20

Date of Accident : 7/11/2020 Accident Time: 1415 (24-HR-Format)
Accident Place : Bedok link to Tampines
Vehicle Reg. No. (Car Plate No.) : S4T 4605 R 1-6 A
Vehicle Make/Model : Toyota Altis
Insurance Company : Liberty Policy No. SD 20Y11104 / VP2 / 00
Owner or Company Name / IC No. : Dream Car Leasing Pte Ltd
Owner or Company Contact No. : _____ Owner's Hp A1258789 Company Tel _____
DRIVER'S Name / IC No. : Naif Syahiran Bin Noreffendy 59816896F
DRIVER'S Date Of Birth : 31/05/1998 DRIVER'S License Pass Date 12/03/2020
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Hiree
DRIVER'S Address : Bk 36 Chai chee Avenue #07-163 S: 461036
DRIVER'S Contact No./ Alt No. : (1) 8755 6517 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : naifsyahiran@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/N
Was there any video Captured by car camera: YES (NO) Passenger NAME : Danny Wong (M/F)
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

(B) Other Party Driver's Particular (if any)
Vehicle Reg. No: SMJ 1186J
Vehicle Make/Model: Merc
Name Driver: Gon Yong Hock
IC No. Driver: S9037282 C
Driver's Contact & Add: 97708118

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