

NATIONAL Assessment Centre Services

Part 1 Jan 2003

SN: 092067000H

Date In: 7/12/20 14:16	Job description	Date & Time Completed	Done by
Ref No: NAJ LIP 20013450164	SAS e-filing		
Veh No: SKS 2555 Y	E-mail (within 2hrs, A/C 2hrs)		
IP: 3112120 19:15	I-Motor Claim Form		
(1) (1) 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/Whan		

Preferred Wksp / INC Assign Wksp / QW: (Tel: *	Fax: *
TP Particulars:	Veh No: SL5 6972M	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 ()	

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repolier.

() 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	AS Action	Done by

NA2100216	Invoice for Insurance Claim	Amount: 30.00
Driver/Owner:	1) AR: Accident Reporting (\$30);	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$10)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Bagr-In-Charge):	4) FT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claimant against INC Only (w/c 10 Jan 2003)	
	6) TR: Re-inspection \$75	
	7) NI: Idea DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpt Allowance \$3	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$3	
	TP (N11): TP (Non INC) against INC \$20	
	9) N12: Idea 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 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 Submission	07/12/2020 14:16 (SGT)
Date of Accident	03/12/2020 19:15 (SGT)
Exact Location of Accident	Ang Mo Kio Ave 1, Singapore
Additional Location Information	AMK AVE 1 T JUNC WITH AMK AVE 2
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS2555Y
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	DREAM CAR LEASING PTE LTD
Company Reg No	-
Email Address	DREAMCARRENTALSG@GMAIL.COM
Mobile Phone No	(Phone) +65-81288789
Alternative Phone No	+65-81288789

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	COROLLA ALTIS
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

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	SD20V11104/VPZ/R00
Cover Note Number	-

DRIVER

Name of Driver	NUR-AKMAR BINTE ALMAHDI
NRIC No	SXXXX192H
Date Of Birth	17/06/1978
Occupation	Indoor

Date Of Driving Pass	28/11/2020
Driving experience	1 MONTH
Gender	Female
Mobile Number	(Phone) +65-93621160
Alt. Phone Number	-
Email Address	NUR_AKMAR@HOTMAIL.COM
Address	BLK 327B SUMANG WALK #03-928
Address complement	-
Postcode	822327
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	Collision - Cross Junction
Weather Conditions	Clear
Road Surface	Wet

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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	AZRYN FIDYAWATI
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20201203/7031

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLS6972M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	KUIK SIN HUA
NRIC No	SXXXX202G
Contact Number	(Phone) +65-97990047
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	NUR-AKMAR BINTE ALMAHDI
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SKS2555Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	AZRYN FIDYAWATI
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SKS2555Y
Were seat belts worn?	Yes
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 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.:

SKETCH PLAN

A: SKS25557
B: 256972M



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report:

Report no: T/20201203/7031

DECLARATION

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

Policyholder's Signature

Date & Time:

4/12/2020
3.30pm

GUAMC SketchPlanForm_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

4/12/2020
3.30pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20201203/7031

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20201203/7031

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/12/2020 21:16		Vide Report No.: F/20201203/0165		Station Diary No.:	
Informant's Particulars					
Name of Informant: NUR-AKMAR BINTE ALMAHDI			Address: 327B SUMANG WALK #03-928 SINGAPORE 822327		
ID Type / ID No.: NRIC NO / S7817192H			Contact No.: Home/Office: Mobile: 93621160		
Nationality: SINGAPORE CITIZEN			Email: NUR_AKMAR@HOTMAIL.COM		
Sex: Female	Age: 42	Date of Birth: 17/06/1978	Type of Informant: Driver		
Race: Malay		Language: English		Institution / School Name:	
Occupation: Teachers' aide		Driving Licence Information: Class: 2B,3		Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 03/12/2020 19:15	Type of Location: T-Junction
Location: ANG MO KIO AVENUE 2				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SKS2555Y	Car					0
SLS6972M	Car					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20201203/7031

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20201203/7031

CONTINUATION OF REPORT

Passenger				
Name	AZRYN FIDYAWATI		ID No.	S7805592H
Related Vehicle	SKS2555Y (Car)		Contact No.	83331669
Hospital/Clinic	24 HOUR WALK-IN CLINIC		Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date	03/12/2020		Date	03/12/2020
No. of Days granted Medical Leave	03	Degree of	Serious	
Driver				
Name	NUR-AKMAR BINTE ALMAHDI		ID No.	S7817192H
Related Vehicle	SKS2555Y (Car)		Contact No.	93621160
Hospital/Clinic	24 HOUR WALK-IN CLINIC		Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date	03/12/2020		Date	03/12/2020
No. of Days granted Medical Leave	03	Degree of	Serious	

Brief Details.

On the stated date and time, i vehicle A was travelling on my designated lane. As I was approaching the junction I noticed that the traffic light was green in my favour as such I continued on. As I crossed the junction I suddenly noticed vehicle B from the other lane turning into mine. To no avail, vehicle B collided into me and I mounted the curb. I then got down to realised that I was involved in a 2 car collision. After the collision, me and my passenger suffered abrasions and aches in my neck and back as such we went to consult a doctor and we're given 3 days MC each.



**SINGAPORE
POLICE FORCE**



T/20201203/7031

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20201203/7031

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
NUR ADELINA BINTE MOHAMMAD FUAT
Contact No.: 65476066

Authentication Stamp
NP168

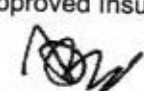
Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
03/12/2020 21:16

Classification Of Case:

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:	* SKS2555Y
2.Chassis number of Vehicle:	MR053ZEC107114060
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*: 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 t	
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 - All Claims - Young, Elderly & Inexperienced Drivers S\$2000 FINANCE COMPANY: PRODUCER NAME: NEWSTATE STENHOUSE (S) PTE LTD	

PLAS/-17-SEP-20

S1_CI_T1_T3_OE_Template2-Ver1.

17-SEP-20

Date of Accident : 3/12/2020 Accident Time: 1934 (24-HR-Format)
Accident Place : Ang Mo Kio Ave 1 (T junction) & Ang Mo Kio Ave 2
Vehicle Reg. No. (Car Plate No.) : SKS 2555Y
Vehicle Make/Model : Toyota Altis
Insurance Company : Liberty Insurance Policy No. SD20V11104/VP2/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. : Nur Akmar Binje Almahdi 578171924
DRIVER'S Date Of Birth : 17061978 DRIVER'S License Pass Date 28 Nov 2020
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Rental
DRIVER'S Address : BIK 327B Sumang Walk #03-928
DRIVER'S Contact No/ Alt No. : 1) 93621160 2)
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : nur-akmar@hotmail.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) : (2) 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: SL56972M
Vehicle Make/Model: Mini Cooper Sedan
Name Driver: KUIK Sin Hua
IC No. Driver: 572392026
Driver's Contact & Add: 97990047

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