

Date In: 09/02/2021 17:38	Job description	Date & Time Completed	Done by
Ref No NA/LIP21001977/HT	SAS e-Ming		
Veh No 683 1681B	E-mail (within 3hrs, AIC 2hrs)		
DDA: 06/02/2021 14:46	I-Motor Claim Form		
OT - TP Reporting, Only	I-Motor W/O (within 6D 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass'l Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: SVV 7762 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 repolrer.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: ( )

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

Injury: \_\_\_\_\_

Defective: \_\_\_\_\_

Item	Description	Amount	Notes
1) AR: Accident Reporting (\$30)		30	
2) DA: Damage Assessment (\$100)	INC (\$40)		
3) TP: Towing Fee	\$40/\$45		
4) FT: Follow-Through Survey	\$120		
5) PT: Follow-Through Survey (Resurvey)	\$30		
6) TR: Re-inspection	\$75		For claiming against INC Only (waif 10 Jan 2003)
7) NI: Idao DA + SMRT Survey	\$160		
8) NTUC Additional Services:			
OT:			
*NS: Courtesy Car / Tpt Allowance	\$5		
*NG: Repair Co-ordination	\$10		
*NI: Post Repair Inspection	\$25		
*NB: DV / Collect Excess Coordination	\$5		
TP (NI): TP (Inc-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 Submission .....	09/02/2021 17:38 (SGT)
Date of Accident .....	06/02/2021 14:46 (SGT)
Exact Location of Accident .....	7 Jln Kubor, Singapore 199205
Additional Location Information .....	BETWEEN PATH 18 AND 20
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBJ1681B
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	DREAM CAR LEASING PTE LTD
Company Reg No .....	2XXXXX013Z
Email Address .....	DREAMCARRENTALSG@GMAIL.COM
Mobile Phone No .....	(Phone) +65-81288789
Alternative Phone No .....	+65-81288789

#### VEHICLE PARTICULARS

Manufacturer .....	Nissan
Model .....	Nv200
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 .....	Commercial vehicle

#### INSURANCE COMPANY

Name of Insurance Company .....	Liberty Insurance
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	SD20V14809/VCZ/R00
Cover Note Number .....	-

#### DRIVER

Name of Driver .....	DALIAH BINTE MOHAMED
NRIC No .....	SXXXX106J
Date Of Birth .....	22/05/1974
Occupation .....	Outdoor

Date Of Driving Pass .....	25/07/2014
Driving experience .....	6 YEARS AND 7 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-87504701
Alt. Phone Number .....	-
Email Address .....	DREAMCARRENTALSG@GMAIL.COM
Address .....	BLK 462 SEMBAWANG DRIVE #11-205
Address complement .....	-
Postcode .....	750462
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 - Change/cross lane
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

PASSENGER 1

Name .....	DIAN KAISARE
Gender .....	Female

PASSENGER 2

Name .....	KHAIRI DANIAL
Gender .....	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Sembawang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005549999
Police Station Address .....	4 Sembawang Crescent Singapore 757633
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210208/2040

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 .....	SJV7762D
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Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	MD SHAH BIN SHARIFF
NRIC No .....	SXXXX921E
Contact Number .....	-
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 .....	DALIAH BINTE MOHAMED
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	PAIN AT LEFT HAND, SHOULDER AND NECK
Injured person in which vehicle? .....	GBJ1681B
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:

9/2/21  
1630pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

9/2/21  
1630pm

Reporting Centre Personnel's Signature

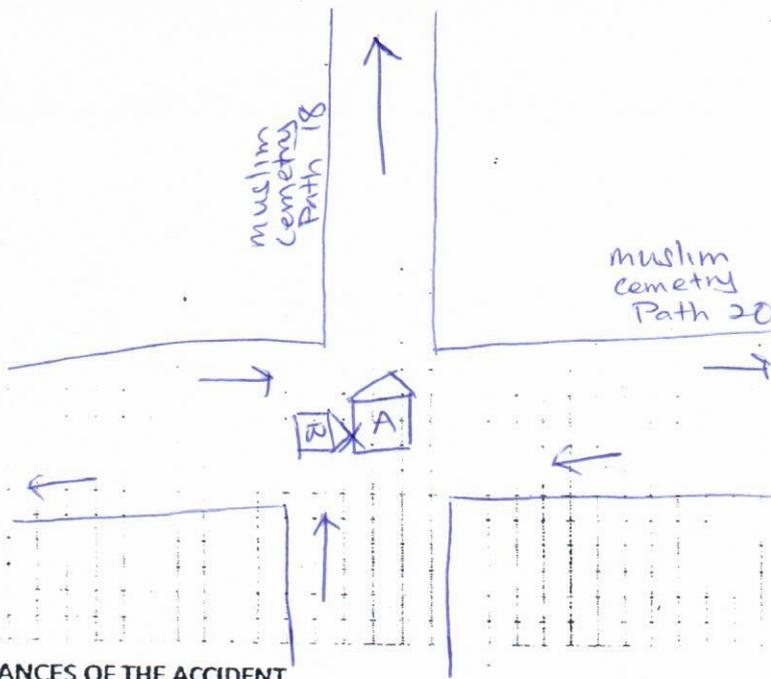
Name:

NRIC/FIN No.:

SKETCH PLAN

A: GBJ1681B

B: SJV7762D



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

DECLARATION

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



*[Signature]*

*[Signature]*

*[Signature]*

Policyholder's Signature

Driver's Signature

Reporting Centre Personnel's Signature

Date & Time:

(If driver is not the policyholder)

Name:

9/2/21 1630pm

Date & Time:

NRIC/FIN No.:

9/2/21 1630pm



**SINGAPORE  
POLICE FORCE**



T/20210208/2040

1 of 3

Report No. T/20210208/2040

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 08/02/2021 11:43	Vide Report No.:	Station Diary No.: 34
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Informant's Particulars			
Name of Informant: DALIAH BINTE MOHAMED		Address: APT BLK 462 SEMBAWANG DRIVE #11-205 SINGAPORE 750462	
ID Type / ID No.: NRIC NO / S7417106J		Contact No.: Home/Office: Mobile: 87504701	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 46	Date of Birth: 22/05/1974	Type of Informant: Driver
Race: Indonesian		Language: English	Institution / School Name:
Occupation: GRAVEYARD CLEANER		Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/02/2021 13:00	Type of Location: X-Junction
Location:  MUSLIM CEMETERY PATH 18				
Weather: Sunny		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBJ1681B	Van	NISSAN	NV200	Silver	Seriously Damaged	0
SJV7762D	Car	TOYOTA		White	Seriously Damaged	4

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



Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

Report No. T/20210208/2040

**CONTINUATION OF REPORT**

Driver			
Name	DALIAH BINTE MOHAMED	ID No.	S7417106J
Related Vehicle	GBJ1681B (Van)	Contact No.	87504701
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	07/02/2021	Date Discharge	07/02/2021
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	MD SHAH BIN SHARIFF	ID No.	S6803921E
Related Vehicle	SJV7762D (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 06/02/2021 at about 3pm, I was driving my silver coloured Nissan NV200 van bearing the registration number GBJ1681B along Muslim Cemetery Path 18 towards the Surau Pusara Aman mosque. As I was about to pass the cross junction of Muslim Cemetery 18 and Muslim Cemetery Path 20, I made a check on both side of the junction to ensure that the roads were clear before proceeding forward. My left side view was blocked by a tree and I could not have a clear view of any oncoming vehicle. As such, I moved forward slowly.

Subsequently, a white coloured Toyota car bearing the registration number SJV7762D which came for the left side of my van collided with the left side of my van. Due to the collision, my van wobbled slightly before coming to a stop. We both got down to make a check on our vehicles. Nobody was injured at the scene due to the accident. As such, we exchanged particulars and decided to proceed with insurance claims.

I also informed my van's rental company namely Dream Car Leasing Pte Ltd about the accident.

On 07/02/2021, I realised that I felt pain at my left hand, shoulder and neck areas. As such, I went to see a doctor at Mount Alvernia Hospital. I was treated for my sprains and given 5 days MC. Therefore, my van rental company advised me to lodge a police report regarding the matter.



**SINGAPORE  
POLICE FORCE**



T/20210208/2040

3 of 3

Report No. T/20210208/2040

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

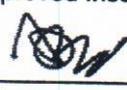
Signature Of Officer Recording The Report: L / Sgt 3 DINESH S/O CHAN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 08/02/2021 11:43
Officer In Charge Of Case: TP / AEIT / Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN Contact No.: 65476185	Classification Of Case:  
Authentication Stamp NP168	SN 085 Singapore Police Force



**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)

<b>Certificate No</b>	SD20V14803-VGZ/IR00
<b>Form</b>	MZ407
<b>Date Of Issue</b>	18-NOV-2020
<b>1.Index Mark and Registration No. of Vehicle:</b>	GBJ1681B
<b>2.Chassis number of Vehicle:</b>	VSKYBAM20Z0173537
<b>3.Name of Policyholder:</b>	DREAM CAR LEASING PTE LTD
<b>4.Effective date of Commencement of Insurance for the purpose of the Act:</b>	17-NOV-2020 00:00 AM
<b>5.Date of Expiry of Insurance:</b>	16-NOV-2021 23:59 PM
<b>6.Persons or Classes of Persons entitled to drive*:</b>	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.
<b>7.Limitations as to use*:</b>	A) Use for carriage of passengers or goods in connection with the Policyholder's business. B) Use for social, domestic and pleasure purposes and business purposes of any person to whom the vehicle is hired.
<b>8.Policy does not cover:</b>	A) Use for racing, pace-making, reliability trials or speed-testing. B) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle. C) 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 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 <b>LIBERTY INSURANCE PTE LTD</b> Approved Insurers  _____ Authorised Signature	
<b>For Information only:</b>	
<b>COVERAGE :</b>	Comprehensive, Unlimited Windscreen
<b>SUM INSURED:</b>	MARKET VALUE AT THE TIME OF LOSS
<b>EXCESS:</b>	All Claims S\$2000, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers S \$3000, Windscreen Excess S\$100
<b>FINANCE COMPANY:</b>	
<b>PRODUCER NAME:</b>	NEWSTATE STENHOUSE (S) PTE LTD

PLAS/-18-NOV-20

S1\_CI\_T1\_T3\_OE\_Template2-Ver1.

18-NOV-20

Date of Accident : 6/2/2021 Accident Time: 1446 (24-HR-Format)

Accident Place : Muslim Cemetery Path 18 3 20 inbetween

Vehicle Reg. No. (Car Plate No.) : GBJ 1681B

Vehicle Make/Model : NV 200

Insurance Company : Liberty Insurance Policy No. SD20V14809/VUZ/P00

Owner or Company Name / IC No. : Dream Car Leasing PTE LTD 201420013Z

Owner or Company Contact No. : 8128 8789 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_

DRIVER'S Name / IC No. : Daliah Binte Mohamed (S7417106J)

DRIVER'S Date Of Birth : 22/5/1974 DRIVER'S License Pass Date 25/7/2014

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

DRIVER'S Address : BIK 462 Sembawang Drive #11-205 S(750462)

DRIVER'S Contact No./ Alt No. : 1) 87504701 2) \_\_\_\_\_

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

Email Address : dreamcarrentalsg@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) : (3) 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)

(B)  
 Vehicle Reg. No: SJV 7762D  
 Vehicle Make/Model: Toyota  
 Name Driver: MD SHAH BIN SHARIFF  
 IC No. Driver: S68039216  
 Driver's Contact & Add: \_\_\_\_\_

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