

NATIONAL Assessment Centre Services. (wef 1 Jan'05) SN 09.214K 0008

Date In: 20/1/21 16:37	Job description	Date & Time Completed	Done by
Ref No: M NA/1IP21004966/h4	SAS e-filing		
Veh No: SLL 7997Y	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 15/1/21 18:13	i-Motor Claim Form		
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: ()	Fax: ()
TP Particulars: Vch No: Railing	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%; IP: 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 repaler.

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

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

Remarks: (INC hotline: 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	Actions
	Mobile Reporting (Adrian)

NA 2102642	Invoice Preparation Checklist		Am't (\$) Inc Bill	Am't (\$) Add Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30);			
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF: Towing Fee \$40/\$45			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) NI: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:			
	OD*			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	TP (N11): TP (Non INC) against INC \$20			
	9) N12: Idac 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 GlA Records Management Centre established by the General Insurance Association of Singapore (GlA) 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	20/04/2021 16:37 (SGT)
Date of Accident	15/04/2021 18:13 (SGT)
Exact Location of Accident	Sengkang E Way, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL7997Y
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	DREAM LEASING PTE LTD
Company Reg No	2XXXXX953H
Email Address	DREAMCARRENTALSG@GMAIL.COM
Mobile Phone No	(Phone) +65-83224625
Alternative Phone No	+65-83224625

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1600

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SD20V08184/VPZ/R00
Cover Note Number	-

DRIVER

Name of Driver	SITI FARZLINDA BINTE MISRAN
NRIC No	TXXXX941J

Date Of Birth	07/08/2001
Occupation	Indoor
Date Of Driving Pass	23/02/2021
Driving experience	2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-83224625
Alt. Phone Number	-
Email Address	DREAMCARRENTALSG@GMAIL.COM
Address	120A EDGEDALE PLAINS #07-263
Address complement	-
Postcode	821120
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	Collided into Property
Weather Conditions	Raining
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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/20210415/7038

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	TP TOOK THE MEMORY CARD
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	RAILING
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Government
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
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:

16/4/21
1230pm

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

16/4/21
1230pm

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

SKETCH PLAN

Sengkang East way

A: SLL7997Y

B:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

T/2021 0415/7038

DECLARATION

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

Policyholder's Signature

Date & Time:

GLARMC 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**



T/20210415/7038

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

1 of 3

Report No. T/20210415/7038

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/04/2021 21:29		Vide Report No.: F/20210415/0123		Station Diary No.:	
Informant's Particulars					
Name of Informant: SITI FARZLINDA BINTE MISRAN			Address: 120A EDGEDALE PLAINS #07-263 SINGAPORE 821120		
ID Type / ID No.: NRIC NO / T0123941J			Contact No.: Home/Office: Mobile: 83224625		
Nationality: SINGAPORE CITIZEN			Email: SITIFARZLINDA@GMAIL.COM		
Sex: Female	Age: 19	Date of Birth: 07/08/2001	Type of Informant: Driver		
Race: Javanese			Language: English		Institution / School Name:
Occupation: Student			Driving Licence Information: Class: 3A		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 15/04/2021 18:13	Type of Location: Straight Road
Location: sengkang east way towards sengkang east drive				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of
SLL7997Y	Car	KIA		Grey	Seriously Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20210415/7038

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

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Report No. T/20210415/7038

CONTINUATION OF REPORT

Driver			
Name	SITI FARZLINDA BINTE MISRAN		ID No. T0123941J
Related Vehicle	SLL7997Y (Car)		Contact No. 83224625
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 3A Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On the above mentioned date and time, I was driving at the extreme right lane and traffic light was green. I intended to turn right into Sengkang East Way. It was clear for me to turn and I proceed to make a right turn.

After I made the right turn, I was on the right lane of two lane road. About a distance away, I lost control of the vehicle and the vehicle veered to the right. As a result, my vehicle collided into the green railing on the centre divider.

Traffic Police attended and no one was injured.

The vehicle is leased by me from Dream Car Leasing. They had towed away the vehicle.



**SINGAPORE
POLICE FORCE**

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



T/20210415/7038

3 of 3

Report No. T/20210415/7038

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 / TPB /
SYED MUHAMMAD ISA BIN OMAR
ALHABSHEE
Contact No.: 65476214
Authentication Stamp

NP168

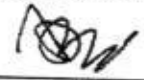
Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
15/04/2021 21:29

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	SD20V08184 /VPZ /R00
Form	MZ406C
Date Of Issue	29-JUL-2020
1.Index Mark and Registration No. of Vehicle:	SLL7997Y
2.Chassis number of Vehicle:	KNAFJ411MH5708118
3.Name of Policyholder:	DREAM LEASING PTE LTD
4.Effective date of Commencement of Insurance for the purpose of the Act:	03-AUG-2020 00:00 AM
5.Date of Expiry of Insurance:	02-AUG-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 : Comprehensive, Unlimited Windscreen, PHV Extension (Geographical Area: Singapore only) SUM INSURED: MARKET VALUE AT THE TIME OF LOSS EXCESS: All Claims S\$2000, Additional Excess for Young, Elderly & Inexperienced Drivers S\$2000, Windscreen Excess S\$100 FINANCE COMPANY: TAI THONG LEE TRADING PTE LTD PRODUCER NAME: NEWSTATE STENHOUSE (S) PTE LTD	

PLAS/-29-JUL-20

S1_CI_T1_T3_OE_Template2-Ver1.

29-JUL-20

2C Problem
AK

mobile reporting

Date of Accident : 15/04/2021 Accident Time: 18:13 (24-HR-Format)
Accident Place : Sengkang East way towards Sengkang East Drive
Vehicle Reg. No. (Car Plate No.) : 5U 7997 Y
Vehicle Make/Model : KIA K3
Insurance Company : Liberty Insurance Policy No. SD20V08184/VPZ/RC0
Owner or Company Name /IC No. : Dream Leasing PTE LTD
Owner or Company Contact No. : 8128 8789 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : Siti Farzinda Binte Misran / T0123941J
DRIVER'S Date Of Birth : 07/08/2001 DRIVER'S License Pass Date 15/02/2021
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Hiver
DRIVER'S Address : 120A Edgedale Plains #07-263 S B 21120
DRIVER'S Contact No./ Alt No. : 1) 83224625 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : sitifarzinda@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
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
TP took the memory card
Other Party Driver's Particular (if any)

(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: _____

Dream Carrentalsg @ gmail.com