

**NATIONAL Assessment Centre Services** [Ver 1.2005]

Date In: 04/05/21	Job description	Date & Time Completed	Done by
Ref No NA/LIP21005434/13	SAS e-filing		
Veh No: SLB8475H	E-mail (within 8hrs, AIC 2hrs)		
D.O.A 23/04/21 1630	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:	Veh No: 569555E	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%. F: 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 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

NA2100741	<b>Invoice Preparation Checklist</b>	Amt (\$) 1st Bill	Amt (\$) Add Bill
<b>Claimant's Particulars :-</b>	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		
<b>Auditors' Comments :-</b>	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR : Re-inspection \$75		
Cat. 2 / 3:	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*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 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	04/05/2021 10:40 (SGT)
Date of Accident	23/04/2021 16:30 (SGT)
Exact Location of Accident	Loyang Ave, Singapore
Additional Location Information	TWDS FLORA ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SLB8475H

#### 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	Mitsubishi
Model	LANCER EX
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Private hire
Transmission	Auto
CC	1590

#### INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SD20V11100/VPZ/R00
Cover Note Number	-

#### DRIVER

Name of Driver	IRNEE JASREENA BINTE MOHAMED ISKANDAR
NRIC No	TXXXX515Z

Date Of Birth	07/05/2002
Occupation	Indoor
Date Of Driving Pass	19/04/2021
Driving experience	0 MONTH
Gender	Female
Mobile Number	(Phone) +65-87425077
Alt. Phone Number	-
Email Address	JASREENA@GMAIL.COM
Address	BLK 410 TAMPINES ST 41
Address complement	#04-215
Postcode	520410
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 - Head to Rear
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?	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	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:G/20210424/7006

#### 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	SGY5555T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	LIM TECK WEE
NRIC No	SXXXX684D
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
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: 1:50 PM  
30/4/2021

Driver's Signature

(If driver is not the policyholder)

Date & Time:

6.44, 30 April 2021

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

A: SLB8475H  
B: SGY5555T

SKETCH PLAN

Pasir Ris →



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

Report NO: G/20210424/7006

DECLARATION

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

  
Policyholder's Signature  
Date & Time: 1850pm  
30/4/2021  
GIAMAC SketchPlanForm\_V3

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 644, 30 April 2021

 09/05/21  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:





**POLICE REPORT (NP299)**

**CONTINUATION OF REPORT**

Report No. G/20210424/7006

I left the scene later on at around 4.47pm, and when I came back to check on him in awhile, the car isn't there anymore.

Subsequently, at 6.07pm, he sent me an image of which he has already arrived at Eng Seng Motor located at Pandan Light Industries Park to get the car fixed.

He then quoted me a total of \$2250.

He had offered me to settle privately, of which I agreed however I did inform him to go to a workshop of my choice instead but he chose the alter.

He hasn't replied me since he sent me the quotation and has been missing from me. I have called him a few times but to no avail.

This report is made to state that Mr Lim Teck Wee has agreed to do private settlement on scene.

Subjects Involved			
Suspect			
Person Name	LIM TECK WHEE		
ID Type	NRIC NO	ID No	S7770684D
Gender	Male	Age	43-44
Race	Chinese	Language	Chinese
Occupation	UNSURE	Relation To Informant	Third-Party
Victim			

Signature Of Officer Recording The Report:  
Not applicable

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Signature Of Interpreter:  
Not applicable

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Officer In-Charge Of Case:

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Authentication Stamp

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

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Date/Time:  
24/04/2021 03:45

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Classification Of Case:



POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20210424/7006

Person Name	IRNEE JASREENA BINTE MOHAMED ISKANDAR		
ID Type	NRIC NO	ID No	T0212515Z
Gender	Female	Age	18
Race	Boyanese	Language	English
Occupation	Student	Address	410 TAMPINES STREET 41 #04-215 SINGAPORE 520410
Mobile No	87425077	Is Informant A Victim?	Yes
Person Name	IRNEE JASREENA BINTE MOHAMED ISKANDAR (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 24/04/2021 03:45
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

Date of Accident : 23/4/2021 Accident Time: 16 30 (24-HR-Format)

Accident Place : Loyang Ave towards Flora Rd

Vehicle Reg. No. (Car Plate No.) : SLB 8475H

Vehicle Make/Model : MITSUBISHI LANCER EX

Insurance Company : Liberty Insurance Policy No. SD22CV11100/VPZ/ROO

Owner or Company Name /IC No. : Dream Car Leasing PTE LTD 201420213Z

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

DRIVER'S Name / IC No. : IRNEE Jasreena Binte Mohamed Iskandar / T0212515

DRIVER'S Date Of Birth : 7/5/2002 DRIVER'S License Pass Date 19/4/2021

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

DRIVER'S Address : Tampines Street 41 Bk 410 #04-215 S(520410)

DRIVER'S Contact No./ Alt No. : 1) 87425077 2) \_\_\_\_\_

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

Email Address : Jasreena@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  
 Passenger NAME : \_\_\_\_\_ CM/F

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

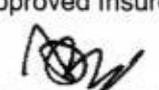
Other Party Driver's Particular (if any)

**(B)**  
 Vehicle Reg. No: SGY 5555 T  
 Vehicle Make/Model: Mitsubishi Colt  
 Name Driver: Lim Teck Wee  
 IC No. Driver: 57770684D  
 Driver's Contact & Add: \_\_\_\_\_

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

## 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>	SD20V11100 /VPZ /R00
<b>Form</b>	MZ406D
<b>Date Of Issue</b>	17-SEP-2020
<b>1.Index Mark and Registration No. of Vehicle:</b>	SLB8475H
<b>2.Chassis number of Vehicle:</b>	JMYSRCY1ACU000666
<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>	20-SEP-2020 00:00 AM
<b>5.Date of Expiry of Insurance:</b>	19-SEP-2021 23:59 PM
<b>6.Persons or Classes of Persons entitled to drive*:</b>	
<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>	
<b>7.Limitations as to use*:</b>	
<p>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.</p>	
<b>8.Policy does not cover:</b>	
<p>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.</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 <b>LIBERTY INSURANCE PTE LTD</b> Approved Insurers</p> 	
<p>_____ Authorised Signature</p>	
<b>For Information only:</b>	
<b>COVERAGE :</b>	Comprehensive, Unlimited Windscreen, PHV Extension (Geographical Area: Singapore only)
<b>SUM INSURED:</b>	MARKET VALUE AT THE TIME OF LOSS
<b>EXCESS:</b>	All Claims S\$2000, Additional Excess for Young, Elderly & Inexperienced Drivers S \$2000, Windscreen Excess S\$100
<b>FINANCE COMPANY:</b>	TAI THONG LEE TRADING PTE LTD
<b>PRODUCER NAME:</b>	NEWSTATE STENHOUSE (S) PTE LTD

PLAS-/17-SEP-20

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17-SEP-20