

NATIONAL Assessment Centre Services

Date In: 26/07/21	Job description	Date & Time Completed	Done by
Ref No: NA/LIA21007900/13	SAS e-filing		
Veh No: QBK 4553M	E-mail (within 8hrs, A/c 2hrs)		
D.O.A: 24/06/21 1330	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: SLB 98625	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

NA2103529

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100), INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) RT: Follow-Through Survey (Resurvey) \$30		
	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		
Auditors' Comments :-	Invoice dated	Fee Charged	
Cat. 1:	Invoice dated	Fee Charged	
Cat. 2 / 3:			

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	26/07/2021 10:27 (SGT)
Date of Accident	24/06/2021 13:30 (SGT)
Exact Location of Accident	Hougang Ave 3, Singapore
Additional Location Information	BESIDE STARHUB SELF STORAGE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK4553M
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	DREAM CAR LEASING PTE LTD
Company Reg No	2XXXXX013Z
Email Address	perry_teo1996@hotmail.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	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	1461

INSURANCE COMPANY

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

DRIVER

Name of Driver	PERRY TEO
NRIC No	SXXXX132H

Date Of Birth	16/10/1996
Occupation	Outdoor
Date Of Driving Pass	26/11/2020
Driving experience	7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96525751
Alt. Phone Number	-
Email Address	perry_teo1996@hotmail.com
Address	BLK 178B RIVERVALE CRESCENT
Address complement	#03-445
Postcode	542178
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	Side Swipe
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 vehicle 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	Ang Mo Kio Division Headquarters
Police Station Phone No	(Phone) +65-18002180000
Alt. Police Station Phone No	(Fax) +65-64814246
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:F/20210713/7056

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	WITH WORKSHOP
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLB9862S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
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

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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:

15/7/21

1330 pm

Driver's Signature

(If driver is not the policyholder)

Date & Time: 15/07/2021 1326

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

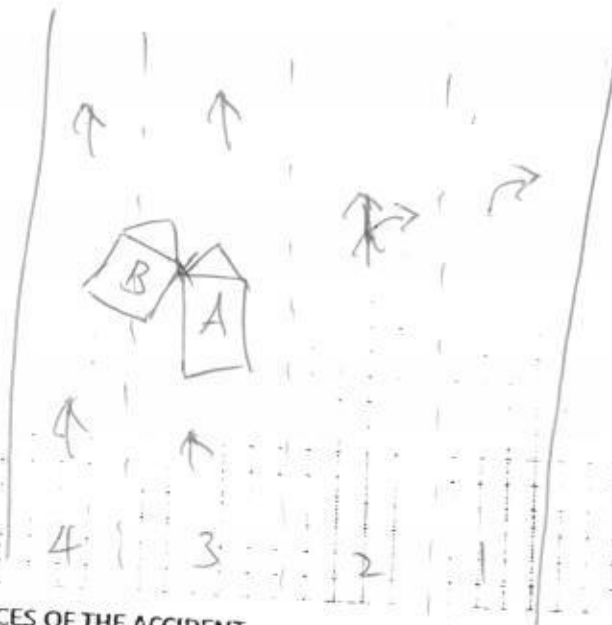
A: GBK4553M

B: SLB9862S

Hougang

Towards

Ave 3



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

Report No. F/20210713/7056

DECLARATION

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

Policyholder's Signature

Date & Time: 15/7/21

GLIARAC SketchPlanForm_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time: 15/10/2021 1327

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



SINGAPORE POLICE FORCE



F/20210713/7056

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POLICE REPORT (NP299)

Police Station Of Origin
Ang Mo Kio Division HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No:1800-2180000

Report No. F/20210713/7056

Date/Time Report Made 13/07/2021 20:58	Vide Report No.	Station Diary No.
Name Of Informant PERRY TEO	Address 178B RIVERVALE CRESCENT #03-445 SINGAPORE 542178	
ID Type / ID No. NRIC NO / S9638132H	Contact No. Home/Office:	Mobile: 96525151
Nationality SINGAPORE CITIZEN	Email Address perry_teo1996@hotmail.com	
Occupation Driver	Sex Male	Age 24
Institution/School Name	Date of Birth 16/10/1996	Race Chinese
Date/Time Of Incident 24/06/2021 13:25 - 24/06/2021 13:55	Language English	
	Location Of Incident 111 DEFU LANE 10 STORHUB HOUGANG SINGAPORE 539226	

Brief details.

So on 24th Jun, I was involved in an accident happening along 111 Defu Lane(near Hougang storhub self storage), the process of the accident happened when I have the intention to filter out from the 3rd lane to 2nd lane, in the process I signalled my intention awaiting for car to pass before filtering out. However the unforeseen accident happened when 1/3 of my vehicle is out and the behind vehicle started honking me, he swiped his vehicle to the first lane and intentionally swirl back in trying to overtake me and hit the left-side of my vehicle.

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: 13/07/2021 20:58
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	



**SINGAPORE
POLICE FORCE**



F/20210713/7056

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20210713/7056

We pulled over at the side of the road and were trying to argue who was right and wrong. His argument was that I shouldn't filter out of the lane so fast, and I did mentioned that I did check and I feel that there's enough space for me to filtered out, but the problem came as he did managed to filter out to the first lane and he intentionally swirl back his vehicle to try to cut over me(driver's ego I guess) which causes the accident.

End day, he did offer to pay for my bumper damages(I guess he knew it was his barbaric action that causes the accident).

Feeling that he was remorseful and I thought he knew that it was his fault and decided to let the incident to rest, I told him that I do not need him to pay for it as I've to replace my whole bumper as a whole even before this accident due to previous damages.

We concluded this whole accident will come to a close, settling our own car damages.

July 1st, I return my rented van to my rental company and he told me that the bang not only affected my bumper, but the top of bumper, incurring an addition repair cost of \$200 concluding the whole replacement of bumper to \$542.4(excluding workmanship)

Today, 13th July after so long since the accident, I've receive a call from my rental company saying that the guy filed an insurance claim towards me/rental company.

I'm feeling very unjustified in how barbaric this behaviour can be, as right now I might face an insurance

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:

13/07/2021 20:58

Classification Of Case:



SINGAPORE POLICE FORCE



F/20210713/7056

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20210713/7056

excess of \$4000 if things can't be proven right. Apart from that I do not have any information of this party except his car plate number SLB9862S.

I have 2 video clips of the incident based on my car perspective.

My Rental Van: GBK4553M

Subjects Involved			
Victim			
Person Name	PERRY TEO		
ID Type	NRIC NO	ID No	S9638132H
Gender	Male	Age	24
Race	Chinese	Language	English
Occupation	Driver	Address	178B RIVERVALE CRESCENT #03-445 SINGAPORE 542178
Mobile No	96525151	Is Informant A Victim?	Yes
Person Name	PERRY TEO (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this
report has been authenticated by Singpass.
No signature is required.

Date/Time:

13/07/2021 20:58

Classification Of Case:

26/07/21 still
on my table


Date of Accident : 24/06/2021 Accident Time: 1330 (24-HR-Format)
Accident Place : Along Hongkong Ave 3, beside Storhub self storage
Vehicle Reg. No. (Car Plate No.) : GBK4553M
Vehicle Make/Model : Nissan NV200
Insurance Company : Liberty Insurance Policy No. SD20VI4809/VCZ/ROO
Owner or Company Name /IC No. : Dream Car Leasing Pte Ltd (2014200132)
Owner or Company Contact No. : 8128 8789 Owner's Hp : Company Tel :
DRIVER'S Name / IC No. : Perry Teo 596381324
DRIVER'S Date Of Birth : 16/10/1996 DRIVER'S License Pass Date : 26 NOV 2020
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others : Rent91 (Wife)
DRIVER'S Address : Rivervale Crescent 178B #03-445
DRIVER'S Contact No./ Alt No. : 1) 96525151 2) :
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : perry-teo1996@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) : (1) Anybody injured in the accident Yes/No
Was there any video Captured by car camera: YES \ NO Passenger NAME : CM/F
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

(B)
Vehicle Reg. No: SLB 9862 S
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:

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	SD20V14809 /VCZ /R00
Form	MZ407
Date Of Issue	18-NOV-2020
1.Index Mark and Registration No. of Vehicle:	GBK4553M
2.Chassis number of Vehicle:	VSKYBAM20U0179747
3.Name of Policyholder:	DREAM CAR LEASING PTE LTD
4.Effective date of Commencement of Insurance for the purpose of the Act:	17-NOV-2020 00:00 AM
5.Date of Expiry of Insurance:	16-NOV-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 and pleasure purposes and business purposes of any person to whom the vehicle is hired.	
8.Policy does not cover: 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.	
<small>*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.</small>	
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 SUM INSURED: MARKET VALUE AT THE TIME OF LOSS EXCESS: All Claims S\$2000, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers S \$3000, Windscreen Excess S\$100 FINANCE COMPANY: PRODUCER NAME: NEWSTATE STENHOUSE (S) PTE LTD	

PLAS/-18-NOV-20

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18-NOV-20