| NATIONAL Assessment Co   | entre Services   | Mel saassa                            |  |                            | ************* |                      |
|--|--|---------------------------------------|--|----------------------------|---------------|----------------------|
| Date In 13/02/21   | Job description  | 1                                     | Date & Time  | Completed                  | Done          | þý                   |
| Ref No NA / KIA 2100 8512,   | 1/3 SAS e-filing   |                                       |  |                            |               | Village              |
| Veh No \$1790811   | E-mail (w.de)  | Shes, AIC 2hrs,                       |  | 1                          |               |                      |
| DOA 12/08/21 /   | 530 i-Motor Cla  | im Form                               |  |                            |               |                      |
| OD (IP) Reporting Only   | i-Motor W/0  | O (Within: OD 2hrs                    | TP 4hrs)   |                            |               | N.                   |
| TRI  | Assessment/S   |                                       | ī  |                            |               |                      |
| TP Insurer:  | Ass't Report   | by Fax / Hand to                      | Owner/Wksp   |                            |               |                      |
| Preferred Wksp / INC Assign Wksp / QW  | : (  |                                       | Tel:   | Fax:                       |               | )                    |
| TP Particulars: Veh No:  | XD3401B  | , INC(                                | )/Non-IN   | C( )                       |               |                      |
| Owner / Driver: (  |  |                                       | Tel:   |                            | )             |                      |
| Policy No: (   | Period: (  | )                                     | Cover Type:  | (                          | )             |                      |
| Confirmed by : (   |  | Date:                                 | Tio  | le:                        | )             |                      |
| The state of the s | %) [Note-Est. Status (   | WO): N: 0-20                          | %; P: 21-79  | %. F: 80-100%              | (0)           |                      |
| Year of Registration: (  | ) Warranty: YES (  | )/NO(                                 | )  |                            |               |                      |
| Excess: (\$ ) Loading : General Remarks:-  | \$1,000 ( ) / \$2,000  | )( )                                  |  |                            | *             |                      |
| Remarks:- (INC horline: 6788 66)  1) Apply for Transport Allowance ( 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury:  Date/Time Actions   | ) / Courtesy Car (   | )                                     | Date&Time (  | Comple*#                   | Done          | by                   |
| NĀ 1037  | 47   | Invoice Prep                          | paration Che   | cklist                     | Anit (S)      | Amt.(\$)<br>Add Bill |
| laimant's Particulars :-   | 1) AR : Accident<br>2) DA : Damage   | Reporting (\$30)<br>Assessment (\$100 |  |                            |               |                      |
| river/Owner:   | 3) TF : Towing Fo<br>4) FT : Follow-Ti   | ce                                    | \$40/\$45<br>\$120   | -                          |               |                      |
| ontact No:   | 5) FT : Follow-Tl  | rough Survey (Re                      | survey) \$30   |                            |               |                      |
| amaged Portion:  | 6) TR : Re-inspec<br>7) N1 : Idae DA<br>8) NTUC Additio  | SMRT Survey                           | wef 10 Jan 2005)<br>\$75<br>\$160  |                            |               |                      |
| C Checked by (Engr-In-Charge):   | AND DESCRIPTION OF THE PROPERTY OF THE PROPERT | OD:*                                  | Car / Tpt Allowsu  | ce \$5                     |               |                      |
| uditors' Comments :-   |  | *N7: Past Rep                         | and the company of the second control of the | \$25                       |               |                      |
| nt. 1:   |  |                                       | (Non INC) agains   |                            |               |                      |
| it. 2 / 3;   |  | Invoice dated                         | 7449   | Fee Charged<br>Fee Charged | -             |                      |

SN09218D0003 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 13/08/2021 14:43 (SGT) SUBMITTED BY: Roslinda Binte A, Wahab VERSION: 1 (13/08/2021 14:43 (SGT))



# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver
   Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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.

- 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.
   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 Date of Accident Exact Location of Accident Additional Location Information

Country/State of Loss

13/08/2021 14:43 (SGT) 12/08/2021 15:30 (SGT) Bukit Batok Rd, Singapore

Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SJT908H

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No

Email Address

Mobile Phone No

Alternative Phone No

BOSS CAR LEASING PTE LTD

2XXXXXX709H

dreamcarrentalsg@gmail.com

(Phone) +65-81288789

+65-81288789

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category Transmission

CC

Toyota

ALTIS

Private use

No - Claiming third party

Private car

Auto

1598

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy Policy Number

Cover Note Number

Liberty Insurance Pte Ltd ThirdPartyFireTheft

SD21V05787/VPZ/R00

DRIVER

Name of Driver

NRIC No

TENG XIAN LONG, JOVEN SXXXX574A



Date Of Birth 27/04/1988 Occupation Outdoor Date Of Driving Pass 29/12/2009

Driving experience 11 YEARS AND 8 MONTHS

Gender Male

Mobile Number (Phone) +65-97654334 Alt. Phone Number

Email Address

dreamcarrentalsg@gmail.com Address BLK 364 BUKIT BATOK ST 31

Address complement #03-245 Postcode 650364 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? No Was notice of intended Prosecution given? No If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT.

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 XD3401B

Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour

Vehicle Category Commercial vehicle Name of Driver CHONG SOON TAK Passport No/FIN GXXXX462T

Contact Number Address

| Address complement                      |     |
|---|-----|
| Postcode                                |     |
| Insurance Company Name                  |     |
| Nature Of Damage                        | - 2 |
| 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.
- 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
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 5. Any take 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 adgement 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' law yers/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;

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B-XD3401B.

- (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.
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' law yers/law firms, may/are permitted to collect, use, discisse 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 ewyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

| blicyholder's Sign<br>Ime  2  6<br>ketch Plan | 2021<br>1740hrs | & Time |       | ver is not the policyholde | r) / Date | Witnessed by i<br>Personnel | Reporting Centre |
|---|-----------------|--------|-------|----------------------------|-----------|-----------------------------|------------------|
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|   |                 |        |       |                            |           |                             |                  |
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|   |                 |        | 11113 |                            |           |                             |                  |
|   |                 |        |       |                            | 130       |                             |                  |
|   |                 |        |       |                            | 18        |                             |                  |
|   |                 |        |       |                            | 75        |                             |                  |

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

Policyholder's Signature / Date & Time 12820

1740hrs

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

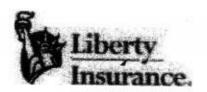
Time 12/8/2021

1740 hrs

Witnessed by Reporting Centre

Personnel

| Date of Accident                 | Accident Time: 1530 (24-HR-Format)                                 |
|----------------------------------|--|
| Accident Place                   | : Bukit Botok Rd   |
| Vehicle Reg. No. (Car Plate No.) | : SJT 908 H  |
| Vehicle Make/Model               | . Toyota Altis   |
| Insurance Company                | : Liberty Insurance Policy No. SD21 vo STR7/VPZ/ROO                |
| Owner or Company Name AC No.     |  |
| Owner or Company Contact No.     | : 8128 8789 Owner's Hp Company Tel                                 |
| DRIVER'S Name / IC No.           | Teng Xian Long   |
| DRIVER'S Date Of Birth           | 27 04 1988 DRIVER'S License Pass Date 29 12 2009                   |
| Relationship of Owner & Driver   | : Spouse \ Parents \ Children \ Sibling \ Employee\ Others: Hive   |
| DRIVER'S Address                 | : BIK 364 Bukit Batck st 31 #03-245 s(650364)                      |
| DRIVER'S Contact No./ Alt No.    | :1) 9765 433A 2)   |
| DRIVER'S Occupation              | : INDOOR \ OUTDOOR (e.g. working inside or outside office)         |
| Email Address                    | : DREAMCADRENTALISG @ 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 ( ) Anyhody injuried in the accident 1es/1                  |
| Was there any video Captured by  | car camera: YES INO : CM/F   |
| 190 019000 V000000               | vas being used at the time of accident. Private use \ Work pripose |
| Vehicle Reg. No. XD 340          | Party Driver's Particular (if any)                                 |
| Vehicle Make Model:              | issuac Keg avo:  |
| Name Driver: Chong Soon          | Venicle MakelModel:  |
| IC No. Driver: G73.16462.T       | Name Driver:   |
|                                  | IC No. Driver:   |
| Driver's Contact & Add:          | Driver's Contact & Add:  |





## Liberty Insurance Pte Ltd

Registration no.199002791D 51 Club Street #03-00 Liberty House Singapore 069428 Tel: (65) 6221 8611 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 ROAD TRANSPORT (AMENDMENT) ACT 2019

THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959

| Certificate No  | SD21V05787 AVPZ /R00   |  |  |  |
|---|--|--|--|--|
| Form  | MZ406D   |  |  |  |
| Date Of Issue   | 19-JUN-2021  |  |  |  |
| 1.Index Mark and Registration No. of Vehicle:                             | SJT908H  |  |  |  |
| 2.Chassis number of Vehicle:  | MR053ZEE106155226  |  |  |  |
| 3.Name of Policyholder:   | BOSS CAR LEASING PTE LTD   |  |  |  |
| 4.Effective date of Commencement of Insurance for the purpose of the Act: | 15-JUN-2021 00:00 AM   |  |  |  |
| 5.Date of Expiry of Insurance:  | 23-FEB-2022 23:59 PM   |  |  |  |
| 6.Persons or Classes of Persons   | in the second se |  |  |  |

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

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.

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:

EXCESS:

PHV Extension (Geographical Area: Singapore only), Third Party Fire & Theft

SUM INSURED:

MARKET VALUE AT THE TIME OF LOSS

FINANCE COMPANY:

All Claims S\$2000,Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers S\$2000 TAI THONG LEE TRADING PTE LTD

PRODUCER NAME:

NEWSTATE STENHOUSE (S) PTE LTD

PLVC/PLVC/21-JUN-21

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21-JUN-21