

# NATIONAL Assessment Centre Services

Date In: 13/08/21	Job description	Date & Time Completed	Done by
Ref No: NA/LIP21005516/13	SAS e-filing		
Veh No: SKN6816U	E-mail (Within 3hrs. MO: 2hrs)		
DOA: 13/08/21 2314	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: SCP233A	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

NA2103676

Claimant's Particulars :-	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) 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		
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120		
	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OH:		
	*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 \$0		
Cat. 1:	Invoice dated	Fee Charged	
Cat. 2 / 3:	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	13/08/2021 15:40 (SGT)
Date of Accident	12/08/2021 23:14 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SERANGOON GARDEN TO TAVISTOCK AVE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN6816U
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	Hyundai
Model	Elantra
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1493

### 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	NEO YEW THENG
NRIC No	SXXXX886I

Date Of Birth	16/09/1991
Occupation	Indoor
Date Of Driving Pass	26/07/2016
Driving experience	5 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-86330683
Alt. Phone Number	-
Email Address	dreamcarrentalsg@gmail.com
Address	BLK 616 HOUGANG AVE 8
Address complement	#12-378
Postcode	530616
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	SCP233A
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

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 lodging 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

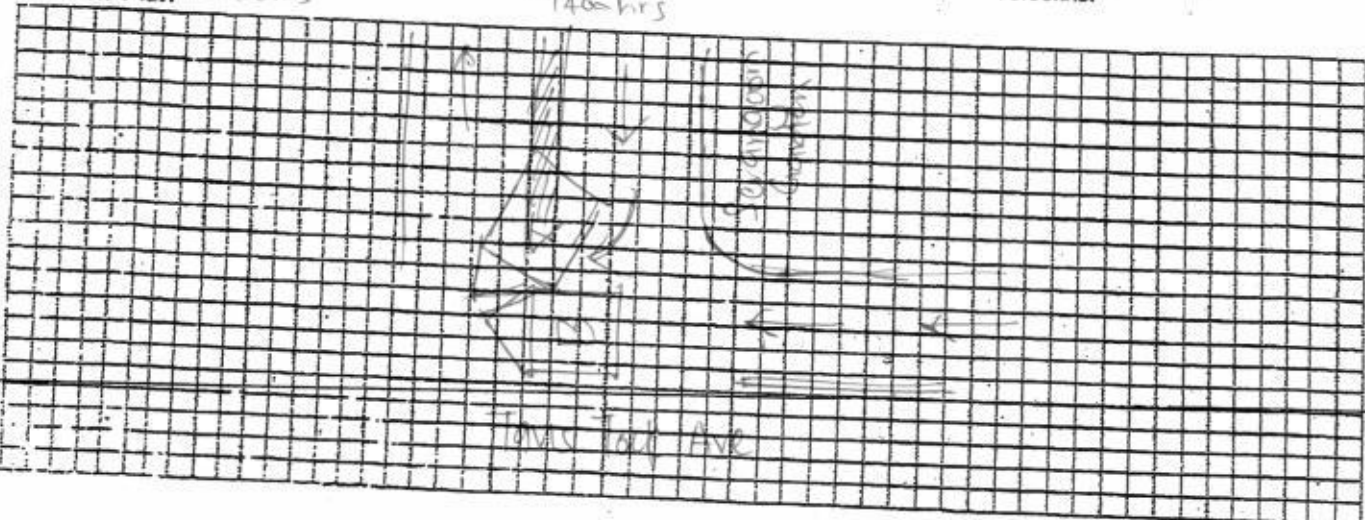
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel



A - SKN 68164

B - SC9 233A

### Describe Circumstances of the Accident

12 AUG 2021


At about 11-10PM, I was returning home from Serangoon Garden. As I was driving along Serangoon Garden Way turning right into Trustech Ave, I felt a hard impact on the left side of the vehicle. I stopped to take video and photos and as I was feeling unwell, I asked for private settlement with the lady who was driving SCP 233A. SHE refused and alerted the police. I left my particulars with her and left the scene and was follow up by traffic Police the following day on 13 AUG 2021.


### Declaration

We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date &  
Time 13/8/2021  
1400 hrs



 13 AUG 21  
Driver's Signature (if driver is not the policyholder) / Date  
& Time 13/8/2021  
1400 hrs

 13/08/21  
Witnessed by Reporting Centre  
Personnel



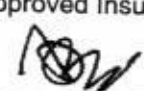
Date of Accident : 12/8/2021 Accident Time: 23:14 (24-HR-Format)  
 Accident Place : Serangoon Garden to Tavis Tock Ave  
 Vehicle Reg. No. (Car Plate No.) : SKN 6816U  
 Vehicle Make/Model : Hyundai Elantra  
 Insurance Company : Liberty Insurance Policy No. SD20V11100/VP2/R00  
 Owner or Company Name / IC No. : Dream Car Leasing Pte Ltd 2014200132  
 Owner or Company Contact No. : 81288789 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
 DRIVER'S Name / IC No. : NEO YEW THENG S91728861  
 DRIVER'S Date Of Birth : 16/09/1991 DRIVER'S License Pass Date 26/07/2016  
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Hiree  
 DRIVER'S Address : Blk 616 HOUGANG AVE 8 #12-378 S(530616)  
 DRIVER'S Contact No./ Alt No. : 1) 8633 0683 2) \_\_\_\_\_  
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
 Email Address : DREAMCARRENTALS@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 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: SCP 233A  
 Vehicle Make/Model: Mercedes C180  
 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)

<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>	SKN6816U
<b>2.Chassis number of Vehicle:</b>	KMHDH41CMEU240734
<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.</p> <p>B) Use for social, domestic, pleasure and business purposes of any person to whom the vehicle is hired.</p> <p>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.</p> <p>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>  _____ Authorised Signature	
<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>	SINGAPURA FINANCE LIMITED
<b>PRODUCER NAME:</b>	NEWSTATE STENHOUSE (S) PTE LTD

PLAS/-/17-SEP-20

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17-SEP-20