

# NATIONAL Assessment Centre Services

SN09218N000E

Date In: 23/8/21 17:49	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/LJP210089391U	E-mail (within 5 days):		
Veh No: SLF5099P	i-Motor Claim Form		
D.O.A: 22/8/21 22:30	i-Motor W/O (Within 24 hrs: TP 4hrs)		
OD: <input checked="" type="radio"/> Reporting Only	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: GBL 933X	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

NA2103643	<b>Invoice Preparation Checklist</b>	Ant (\$)	Ant (\$)
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);	1st Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FF: 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:-		
QC Checked by (Engr-In-Charge):	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 \$0		
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	23/08/2021 17:49 (SGT)
Date of Accident	22/08/2021 22:30 (SGT)
Exact Location of Accident	Geylang Road, Singapore
Additional Location Information	BFR LOR 17
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF5097P
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	DREAM LEASING PTE LTD
Company Reg No	-
Email Address	DREAMCARRENTALSG@GMAIL.COM
Mobile Phone No	(Phone) +65-81288789
Alternative Phone No	+65-81288789

### VEHICLE PARTICULARS

Manufacturer	Mazda
Model	2
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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1500

### INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SD21V10886 /VPZ /R01
Cover Note Number	-

### DRIVER

Name of Driver	STEVE ANG
NRIC No	SXXXX407F

Date Of Birth	21/09/1981
Occupation	Outdoor
Date Of Driving Pass	09/07/2021
Driving experience	1 MONTH
Gender	Male
Mobile Number	(Phone) +65-90071731
Alt. Phone Number	-
Email Address	DREAMCARRENTALSG@GMAIL.COM
Address	BLK 160B PUNGGOL CENTRAL #14-115
Address complement	-
Postcode	822160
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	Punggol Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18006049999
Alt. Police Station Phone No	(Fax) +65-64468015
Police Station Address	Blk 21A Tebing Lane Singapore 828837
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210823/2055

#### 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 TRAFFIC POLICE
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBL933X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Commercial vehicle
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)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJS4238L
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)	-

#### INJURED PERSONS DETAILS

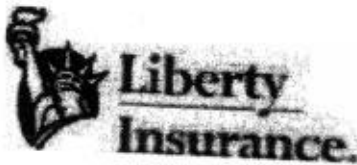
##### INJURED 1

Name of injured person	STEVE ANG
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY AND NECK
Injured person in which vehicle?	SLF5097P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

Date of Accident : 22-08-2021 - 22:30  
Accident Place : GEYLANG ROAD BEFORE LOR 17 GEYLANG  
Vehicle Reg. No. (Car Plate No.) : SLF 5097P  
Vehicle Make/Model : Mazda 2 1.5A  
Insurance Company : Liberty Insurance Policy No. SD21V10886/VP2/R01  
Owner or Company Name / IC No. : Dream Leasing Pte Ltd (201620953H)  
Owner or Company Contact No. : 8128 8789 Owner's Hp 90077731 Company Tel  
DRIVER'S Name / IC No. : STEVE ANG  
DRIVER'S Date Of Birth : 21/09/1987 DRIVER'S License Pass Date 09/07/2021  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Hirer  
DRIVER'S Address : B1K 160B Punggol Central #14-115 S(822160)  
DRIVER'S Contact No. / Alt No. : 1) 90077731 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  
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

**(B)**  
Vehicle Reg. No. : GBL933X  
Vehicle Make/Model : VAN HIACE  
Name Driver : LAM KENH HAN  
IC No. Driver : 916739207N  
Driver's Contact & Add. :

**(C)**  
Vehicle Reg. No. : SJS423FL  
Vehicle Make/Model : KIA Picanto  
Name Driver :  
IC No. Driver :  
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.

SD2TV10886 /VPZ/R01

Form

MZ406C

Date Of Issue

27-JUL-2021

1. Index Mark and Registration No. of Vehicle:

SLF5097P

2. Chassis number of Vehicle:

MM6DL2SAAGW214387

3. Name of Policyholder:

DREAM LEASING PTE LTD

4. Effective date of Commencement of Insurance for the purpose of the Act:

03-AUG-2021 00:00 AM

5. Date of Expiry of Insurance:

02-AUG-2022 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 :

SUM INSURED:

EXCESS:

FINANCE COMPANY:

PRODUCER NAME:

Comprehensive, Unlimited Windscreen, PHV Extension (Geographical Area: Singapore only)

MARKET VALUE AT THE TIME OF LOSS

All Claims S\$2000, Additional Excess for Young, Elderly & Inexperienced Drivers S\$2000, Windscreen Excess S\$100

TAI THONG LEE TRADING PTE LTD

NEWSTATE STENHOUSE (S) PTE LTD

PLVC/02-AUG-21

S1\_CL\_T1\_T3\_OE\_Template2-Ver1.

02-AUG-21





# SINGAPORE POLICE FORCE

Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999



T/20210823/2055

1 of 3

Report No. T/20210823/2055

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:  
23/08/2021 14:42

Vide Report No.:

Station Diary No.:  
28

### Informant's Particulars

Name of Informant: STEVE ANG		Address: APT BLK 160B PUNGGOL CENTRAL #14-115 SINGAPORE 822160	
ID Type / ID No.: NRIC NO / S8130407F		Contact No.: Home/Office: Mobile: 90079731	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 39	Date of Birth: 21/09/1981	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: FOOD DELIVERY		Driving Licence Information: Class: 3 Date of Expiry:	

### General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 22/08/2021 22:30	Type of Location:
Location: GEYLANG ROAD				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled		Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBL933X	Van					0
SJS4238L	Car					3
SLF5097P	Car				Seriously Damaged	0



# SINGAPORE POLICE FORCE

Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999



T/20210823/2055

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Report No. T/20210823/2055

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL			
Driver		Use of Pedestrian Crossing: NA	
Name	LAM KENG HAN	ID No.	G6739207N
Related Vehicle	GBL933X (Van)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	STEVE ANG	ID No.	S8130407F
Related Vehicle	NIL	Contact No.	90079731
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

On 22/08/2021 at about 2237hrs, I was driving my vehicle bearing SLF5097P along Geylang road on the most extreme right lane. There was vehicle bearing SJS4238L driving in front of me and it start to slow down as there was vehicle turning right to Lorong 17 Geylang. I then also slow down and then come to a completely stop. Suddenly, the vehicle bearing GBL933X from my rear collided onto my rear bumper and cause my vehicle moved forward. My vehicle then collided onto the vehicle in front of me bearing SJS4238L. After the collision, I felt pain on my neck and lower back. When I feeling better I then came down of the vehicle and take photos of the damage and I went back to my vehicle to rest. I also exchange particulars with other drivers. After awhile police came, and assist me to activate ambulance. Shortly after, the ambulance came and the paramedic check on me. Then I was convey to Tan Tock Seng Hospital.

I wish to state that there is an in-car camera in my vehicle and the visibility of the road was clear. There was no government properties damage.





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999



T/20210823/2055

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Report No. T/20210823/2055

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

F /  
Sgt 2 WU MING HAN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:

TP / GIT /  
Sr Staff Sgt JOFILIANO BIN MOHAMED ALI  
Contact No.: 65476960

Signature Of Informant:

Date/Time:  
23/08/2021 14:42

Classification Of Case:

Authentication Stamp  
NP188



SINGAPORE  
POLICE FORCE  
SAFEGUARDING EVERY DAY

SN 158

SIGNATURE

## 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 willful 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.
- (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

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A - SJS 4238-L  
B - SLF 5097P

**Describe Circumstances of the Accident**

Refer to the Police report NO

T/20210823/2055.

### Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &  
Time

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

Witnessed by Reporting Centre  
Personnel