

NATION 11 Assessment Centre Services

Date In: 01/11/21	Job description	Date & Time Completed	Done by
Ref No: NM/LIP21011156/113	SAS e-filing		
Veh No: SJL12985	E-mail (w/cha, 3hrs, AP 2hrs)		
D.O.A: 21/10/21 2240	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: SLT5930K	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
	MOBILE REPORTING (TUEVAN)

11A2104364	11A2104365 (MOBILE REPORTING)	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-		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		
Auditors' Comments :-		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:-		
		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		
		Invoice date: / 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	01/11/2021 18:51 (SGT)
Date of Accident	31/10/2021 22:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BKE TWDS PIE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJC1298S
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	BOSS CAR LEASING PTE LTD
Company Reg No	2XXXXXX709H
Email Address	dreamcarrentalsg@gmail.com
Mobile Phone No	(Phone) +65-81288789
Alternative Phone No	+65-81288789

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Axio
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	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	SD21V05787/VPZ/R00
Cover Note Number	-

DRIVER

Name of Driver	MOHAMED SYABIL BIN MOHAMED SHAMSUDIN
NRIC No	TXXXX903E

Date Of Birth	27/10/2000
Occupation	Outdoor
Date Of Driving Pass	12/07/2019
Driving experience	2 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90106490
Alt. Phone Number	-
Email Address	dreamcarrentalsg@gmail.com
Address	BLK 53 NEW UPPER CHANGI RD
Address complement	#06-1470
Postcode	461053
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	NUR JANNAH
Gender	Female

PASSENGER 2

Name	ZEE SYED HUSSAIN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Tanah Merah Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18004499999
Alt. Police Station Phone No	(Fax) +65-62447251
Police Station Address	Blk 51 New Upper Changi Road #01-1514 Singapore 461051
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20211101/2036

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	SD CARD WITH TRAFFIC POLICE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLT5930K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHANG TZE LUM
NRIC No	SXXXX010D
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 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.
- (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.

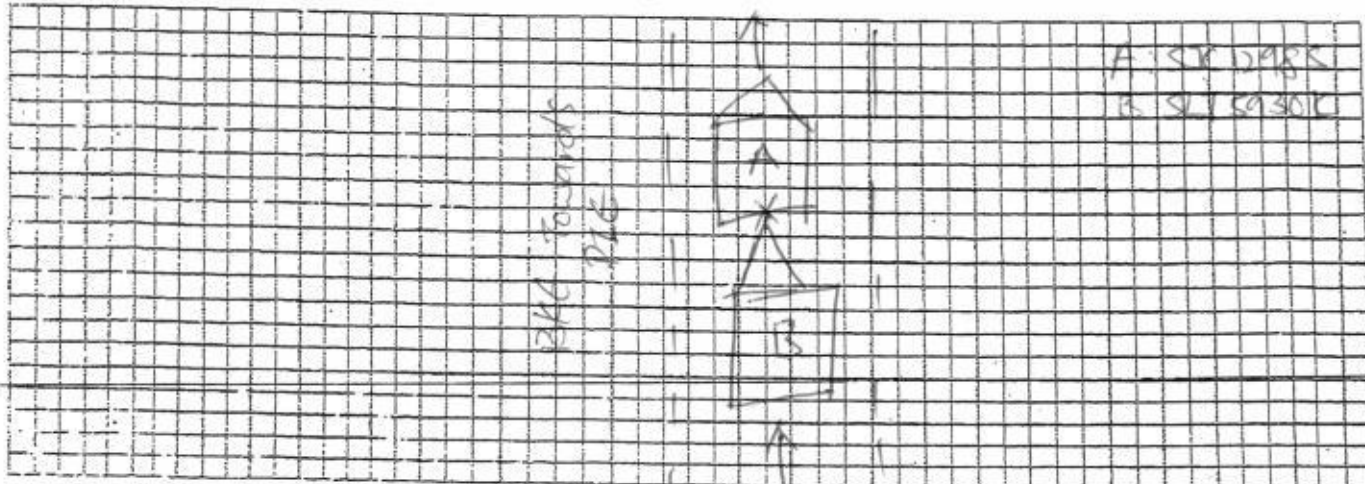


Policyholder's Signature / Date & Time
1/11/2021 1500hrs

Driver's Signature (If driver is not the policyholder) / Date & Time
1/11/2021 1500hrs

Witnessed by Reporting Centre Personnel
1/11/21

Sketch Plan



Describe Circumstances of the Accident

Refer police report

NO. T/2021/101/2036

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

1/11/2021
1500 hrs

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

1/11/2021
1500 hrs

Witnessed by Reporting Centre Personnel

shym 01/11/21



SINGAPORE POLICE FORCE



T/20211101/2036

Police Station Of Origin:
Tanah Merah NPP
51 New Upper Changi Road #01-1514
SINGAPORE 461051
Tel No: 1800-4499999

1 of 3

Report No. T/20211101/2036

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/11/2021 13:12	Vide Report No.: J/20211031/0200	Station Diary No.: 9
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Informant's Particulars

Name of Informant: MOHAMED SYABIL BIN MOHAMED SHAMSUDIN			Address: APT BLK 53 NEW UPPER CHANGI ROAD #06-1470 SINGAPORE 461053		
ID Type / ID No.: NRIC NO / T0036903E			Contact No.: Home/Office: Mobile: 90106490		
Nationality: SINGAPORE CITIZEN			Email: mdsyabil9@gmail.com		
Sex: Male	Age: 21	Date of Birth: 27/10/2000	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: National Service Full Time			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 31/10/2021 22:40	Type of Location: Straight Road
Location: BUKIT TIMAH EXPRESSWAY				
Weather: Clear		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
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
SJC1298S	Car				Seriously Damaged	2
SLT5930K	Car				Seriously Damaged	2

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20211101/2036

2 of 3

Police Station Of Origin:
Tanah Merah NPP
51 New Upper Changi Road #01-1514
SINGAPORE 461051
Tel No: 1800-4499999

Report No. T/20211101/2036

CONTINUATION OF REPORT

Driver			
Name	MOHAMED SYABIL BIN MOHAMED SHAMSUDIN	ID No.	T0036903E
Related Vehicle	SJC1298S (Car)	Contact No.	90106490
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
Driver			
Name	CHANG TZE LUM	ID No.	S7123010D
Related Vehicle	SLT5930K (Car)	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

Brief Details.

On 31/10/2021 at about 2240 hrs, I was driving in my car SJC1298S along BKE towards PIE on the second lane. Subsequently, I noticed that there is a car speeding on the first lane and pass by my car. Thereafter, I felt an impact on the rear of my car and my car spins twice and subsequently, my car front right collided to the railing of the road shoulder. I made a checked and discovered that another car, SLT5930K had collided to the rear right portion of my car.

I wished to state that there was no injury sustained on both parties however, my car sustained serious damages to the rear right portion and slight damages to the front right portion. The road shoulder railing was also damaged after the accident. Traffic police came and instructed to lodge a traffic accident report vide to J/20211031/0200 and took my car camera SD card for investigation purposes.



**SINGAPORE
POLICE FORCE**



T/20211101/2036

3 of 3

Police Station Of Origin:
Tanah Merah NPP
51 New Upper Changi Road #01-1514
SINGAPORE 461051
Tel No: 1800-4499999

Report No. T/20211101/2036

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

G /

Sr Staff Sgt MUHAMMAD
KAMARULARIFIN BIN
MOHAMED YUSOFF

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt ABDUL RAHIM BIN SALIM
Contact No.: 65476437

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:

01/11/2021 13:12

Classification Of Case:

Date of Accident : 31/10/2019 Accident Time: 2240 (24-HR-Format)

Accident Place : BKE Towards PIE

Vehicle Reg. No. (Car Plate No.) : SJC 12988

Vehicle Make/Model : Toyota Axio

Insurance Company : Liberty Insurance Policy No. SD21V05787/VPZ/R00

Owner or Company Name / IC No. : Base Car Leasing Pte Ltd (202101709H)

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

DRIVER'S Name / IC No. : Mohamed Syabil Bin Mohamed Shamsudin (T0036908E)

DRIVER'S Date Of Birth : 27/10/2000 DRIVER'S License Pass Date : 12/07/2019

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

DRIVER'S Address : BK53 UPP Changi Rd #06-1470 S(461053)

DRIVER'S Contact No./ Alt No. : 1) 9010 6490 2) _____

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

Email Address : dreamcarrentals9@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) : (3) 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

Passenger NAME : NUR JANNAH (F) CM/F
ZEE SYED HUSSAM (F)

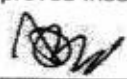
Other Party Driver's Particular (if any)

(B)
 Vehicle Reg. No. : SJT 5930K
 Vehicle Make/Model : Honda Civic
 Name Driver : Chang Tze Lum
 IC No. Driver : 571230100
 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
ROAD TRANSPORT (AMENDMENT) ACT 2019
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959

Certificate No	SD21V05787 /VPZ /R00
Form	MZ406D
Date Of Issue	08-MAY-2021
1.Index Mark and Registration No. of Vehicle:	SJC1298S
2.Chassis number of Vehicle:	NZE1416065940
3.Name of Policyholder:	BOSS CAR LEASING PTE LTD
4.Effective date of Commencement of Insurance for the purpose of the Act:	07-APR-2021 15:40 PM
5.Date of Expiry of Insurance:	23-FEB-2022 23:59 PM
6.Persons or Classes of Persons entitled to drive*:	
<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>	
7.Limitations as to use*:	
<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>	
8.Policy does not cover:	
<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 LIBERTY INSURANCE PTE LTD Approved Insurers</p>  <hr/> <p>Authorised Signature</p>	
For Information only:	
COVERAGE :	PHV Extension (Geographical Area: Singapore only), Third Party Fire & Theft
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	All Claims S\$2000, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers S\$2000
FINANCE COMPANY:	TAI THONG LEE TRADING PTE LTD
PRODUCER NAME:	NEWSTATE STENHOUSE (S) PTE LTD

PLVC/PLVC/10-MAY-21

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10-MAY-21