

NATIONAL Assessment Centre Services

Date In: 08/12/21	Job description	Date & Time Completed	Done by
Ref No: NA/41A21012402/13	SAS e-filing		
Veh No: SLH801X	E-mail (within 8hrs, ADC 2hrs)		
D.O.A: 01/12/21 1130	i-Motor Claim Form		
OD TP / Reporting Only	i-Motor W/O (Within: O/E 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: GBE9836X	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

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	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		
Auditors' Comments :-	5) FT : Follow-Through Survey (Resurvey) \$30		
	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:-		
	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 30		
	Invoice dated	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	08/12/2021 12:31 (SGT)
Date of Accident	01/12/2021 11:30 (SGT)
Exact Location of Accident	Sims Ave, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH801X
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	DREAM CAR LEASING PTE LTD
Company Reg No	2XXXXX313Z
Email Address	dreamcarrentalsg@gmail.com
Mobile Phone No	(Phone) +65-81288789
Alternative Phone No	+65-81288789

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Cla180
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1600

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SD21V09479/VPL/R01
Cover Note Number	-

DRIVER

Name of Driver	NG CHIN CHOON(HUANG ZHENCHUN)
NRIC No	SXXXX058J

Date Of Birth	10/06/1972
Occupation	Indoor
Date Of Driving Pass	12/11/1996
Driving experience	25 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-97670801
Alt. Phone Number	-
Email Address	dreamcarrentalsg@gmail.com
Address	BLK 402 JURONG WEST ST 42
Address complement	#10-523
Postcode	640402
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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?	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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT: T/20211202/2028

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	GBE9836X
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	NG CHIN CHOON(HUANG ZHENCHUN)
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS
Injured person in which vehicle?	SLH801X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 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.
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.

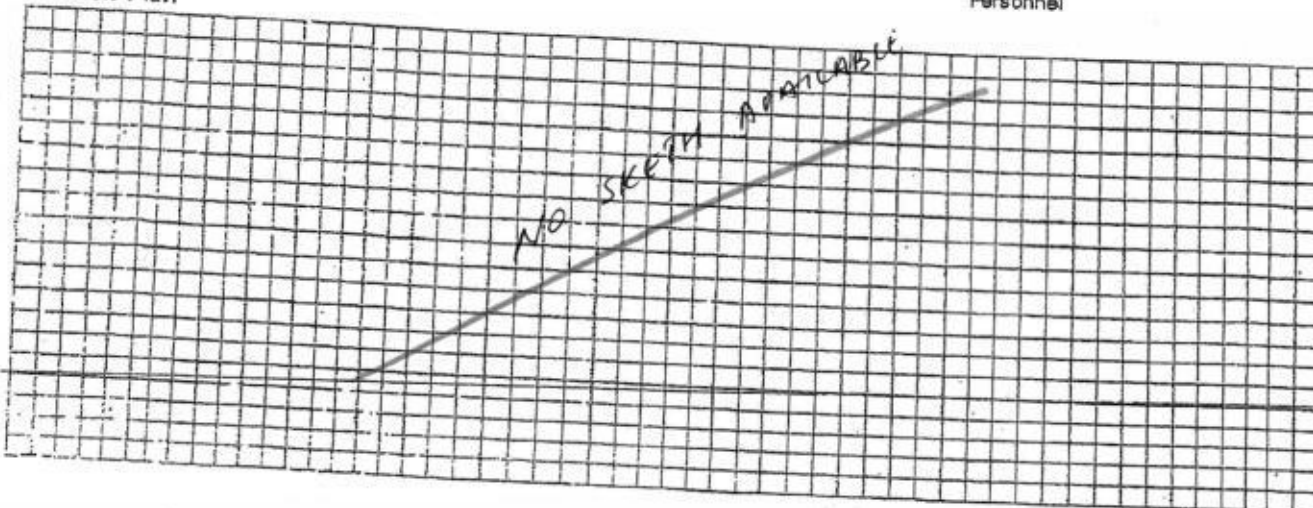


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Refer to Report NO

T/20211202 / 2028

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



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20211202/2028

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/12/2021 11:36	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: NG CHIN CHOON		Address: APT BLK 402 JURONG WEST STREET 42 #10-523 HONG KAH COURT SINGAPORE 640402	
ID Type / ID No.: NRIC NO / S7219058J		Contact No.: Home/Office: Mobile: 97670801	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 49	Date of Birth: 10/06/1972	Type of Informant: Driver
Race: Chinese		Language: Chinese	Institution / School Name:
Occupation: CAR WORKSHOP		Driving Licence Information: Class: 2B,2A,3,4 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/12/2021 11:30	Type of Location:
Location: SIMS AVENUE				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved					
VEHICLE NO	TYPE	MAKE	MODEL	COLOR	VEHICLE NO OF PASSENGER
SLH801X	Car				Seriously Damaged 0

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



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Name	NG CHIN CHOON		ID No.	S7219058J
Related Vehicle	SLH801X (Car)		Contact No.	97670801
Hospital/Clinic	GLENEAGLES HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4 Date of Expiry: NIL
Date Treatment	01/12/2021	Date Discharge	01/12/2021	
No. of Days granted Medical Leave	17	Degree of Injury	Serious	

Brief Details.

ON THE ABOVE MENTIONED DATE, TIME & LOCATION.

I WAS DRIVING A CAR AT SIMS AVENUE TOWARDS GEYLANG ON THE LEFT SIDE LANE.

I FELL ASLEEP WHILE I WAS DRIVING AND COLLIDED ONTO A LORRY.

MY CAR FLEW TO THE LEFT CURB DUE TO THE IMPACT.

WHEN I REALISED WHAT HAPPENED I IMMEDIATELY TRIED TO MOVE MY CAR BUT COULD NOT.

I ALLIGHTED MY CAR AND SEE WETHER GOT ANYBODY NEARBY.

NOBODY WAS PRESENT THE LORRY DRIVER WS FAR AWAY.

AND MY PHONE BATTERY WAS FLAT AND SO I DECIDED TO FIND A TELEPHONE TO CALL FOR TOW TRUCK.

AFTER I CALLED THE TOW TRUCK I WENT BACK TO THE ACCIDENT LOCATION VIA TAXI.

I SAW A LOT OF PEOPLE WHICH MAKE ME FEEL AFRAID.

I THEN LEFT THE SCENE.

I WAS NOT INJURED AT ACCIDENT LOCATION.

I DID NOT CALL POLICE BECAUSE I WAS AFRAID.

AMBULANCE WAS AT SCENE.

BUT AFTER A FEW HOURS I FELT PAIN AND SO I SELF CONVEYED TO GLENEAGLES HOSPITAL.

I HAVE CAMERA IN MY CAR BUT I'M NOT SURE OF THE CONDITION OF THE CAMERA.

MY CAR WAS DAMAGED SERIOUSLY.



**SINGAPORE
POLICE FORCE**



T/20211202/2028

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 4

Report No. T/20211202/2028

CONTINUATION OF REPORT

THAT IS ALL.



SINGAPORE
POLICE FORCE



T/20211202/2028

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20211202/2028

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
TP /
SC2 HAKAN SIDDIQ ONDEK

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Insp (1) BOON YEN KIAN
Contact No.: 65476172

Signature Of Informant:

Date/Time:
02/12/2021 11:36

Classification Of Case:

NP168

Signature:

VEHICLE NO: SLH801X


MAKE & MODEL: Mercedes CLA 180

AUTO / MANUAL

DATE OF ACCIDENT	01 / 12 / 21	*CC. 1600
TIME OF ACCIDENT	AM / PM	
LOCATION OF ACCIDENT	Sims AVE	
EXACT PURPOSE USED AT TIME OF ACCIDENT	<input checked="" type="checkbox"/> EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	DREAM CAR LEASING PTE LTD	
EMAIL: dreamcarrentalsg@gmail.com	Office:	MOBILE 81288789
NRIC Roc	201420313Z	
CLAIM TYPE	<input checked="" type="checkbox"/> OD / THIRD PARTY / REPORTING ONLY	
FLEET POLICY	YES / NO ?	
INSURANCE CO.	Liberty	
TYPE OF COVERAGE	<input checked="" type="checkbox"/> Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.		
NAME OF DRIVER	AS ABOVE / <input checked="" type="checkbox"/> IF NO NG CHIN CHOW	
NRIC	S72190583	
DATE OF BIRTH	10 / 06 / 1972	
ANY PASSENGER	<input checked="" type="checkbox"/> YES / <input type="checkbox"/> NO	
NAME OF PASSENGER		
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / <input checked="" type="checkbox"/> Indoor	
DATE OF DRIVING PASS	/ /	
GENDER	<input checked="" type="checkbox"/> Male / <input type="checkbox"/> Female	
CONTACT NO.	Mobile: 97670801	Office: Home:
EMAIL	NIL	
ADDRESS	Blk 402 Jurong West St 42 #10-523 8(640402)	
DOES DRIVER OWN OTHER VEHICLES?	<input checked="" type="checkbox"/> NO / If yes, Reg No. INSURER.	
RELATIONSHIP	<input checked="" type="checkbox"/> Employee / If No.	
WEATHER CONDITION	<input checked="" type="checkbox"/> Clear / Raining / Other.	
ROAD SURFACE	<input checked="" type="checkbox"/> Dry / Wet / Other.	
ANY INJURIES	No / If yes, Who?	
CONVEYED BY AMBULANCE	<input checked="" type="checkbox"/> No / If yes, Who?	
POLICE REPORT	No / If yes, Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO?	
VEHICLE B NO.	G6E 9836X Any Passenger, <input type="checkbox"/>	
NAME		
CONTACT NO.		
VEHICLE C NO.	Any Passenger, <input type="checkbox"/>	
VEHICLE D NO.	Any Passenger, <input type="checkbox"/>	
VEHICLE E NO.	Any Passenger, <input type="checkbox"/>	
VEHICLE F NO.	Any Passenger, <input type="checkbox"/>	
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES / <input checked="" type="checkbox"/> NO	
WAS THERE ANY AUDIO RECORDED?	YES / <input checked="" type="checkbox"/> NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES / <input checked="" type="checkbox"/> NO	
**WORKSHOP:		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO	

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.	SD21V09479 /VPL /R01										
Form	MZ400A										
Date Of Issue	28-JUN-2021										
1.Index Mark and Registration No. of Vehicle:	SLH801X										
2.Chassis number of Vehicle:	WDD1173422N344834										
3.Name of Policyholder:	DREAM CAR LEASING PTE LTD										
4.Effective date of Commencement of Insurance for the purpose of the Act:	21-JUL-2021 00:00 AM										
5.Date of Expiry of Insurance:	20-JUL-2022 23:59 PM										
6.Persons or Classes of Persons entitled to drive*:	<p>Any person provided he is in the Policyholder's employ and is driving on their order or with their permission.</p> <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 the time of the accident loss or damage.</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 and pleasure purposes.</p>										
8.Policy does not cover:	<p>A) Use for racing, pace-making, reliability trials 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>  _____ Authorised Signature											
<p>For Information only:</p> <table style="width: 100%;"> <tr> <td style="width: 30%;">COVERAGE :</td> <td>Comprehensive, Unlimited Windscreen, Geographical Area: Singapore only</td> </tr> <tr> <td>SUM INSURED:</td> <td>MARKET VALUE AT THE TIME OF LOSS</td> </tr> <tr> <td>EXCESS:</td> <td>Section I S\$2500, Section II S\$2500, Windscreen Excess S\$100</td> </tr> <tr> <td>FINANCE COMPANY:</td> <td></td> </tr> <tr> <td>PRODUCER NAME:</td> <td>NEWSTATE STENHOUSE (S) PTE LTD</td> </tr> </table>		COVERAGE :	Comprehensive, Unlimited Windscreen, Geographical Area: Singapore only	SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS	EXCESS:	Section I S\$2500, Section II S\$2500, Windscreen Excess S\$100	FINANCE COMPANY:		PRODUCER NAME:	NEWSTATE STENHOUSE (S) PTE LTD
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