

# NATIONAL Assessment Centre Services

Date In: 09/03/2022 19:40	Job description	Date & Time Completed	Done by
Ref No. NA/LIP 2200224/m4	SAS e-filing		
Veh No: SLR 6974M	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 09/03/2022 07:45	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: JUR 575I 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

NA 2200635

## Invoice Preparation Checklist

Amt (\$) Amt (\$) 1st Bill Add Bill

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

- AR : Accident Reporting (\$30);
- DA : Damage Assessment (\$100); INC (\$80)
- TF : Towing Fee \$40/\$45
- FT : Follow-Through Survey \$120
- FT : Follow-Through Survey (Resurvey) \$30
- TR : Re-inspection \$75
- N1 : Idac DA + SMRT Survey \$160
- NTUC Additional Services:-
- ON\*
- \*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
- 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	09/03/2022 19:40 (SGT)
Date of Accident	09/03/2022 07:45 (SGT)
Exact Location of Accident	Bukit Batok Rd, Singapore
Additional Location Information	JURONGTOWN HALL L/P 7
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR6974M
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### 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	Toyota
Model	CHR
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1196

### INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SD21V12919/VPZ/R01
Cover Note Number	-

### DRIVER

Name of Driver	NEO BEE SIONG
NRIC No	SXXXX595H

Date Of Birth	10/11/1974
Occupation	Outdoor
Date Of Driving Pass	05/08/2004
Driving experience	17 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92318672
Alt. Phone Number	-
Email Address	dreamcarrentalsg@gmail.com
Address	BLK 447A BUKIT BATOK WEST AVENUE 9
Address complement	#17-130
Postcode	551447
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	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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	WIFE
Gender	Female

#### PASSENGER 2

Name	SON
Gender	Male

#### 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/20220309/2055.

#### 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	JUR575I
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	CHIN TZE SIANG
Passport No/FIN	GXXXX088W
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.
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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

4pm 9/3/2022

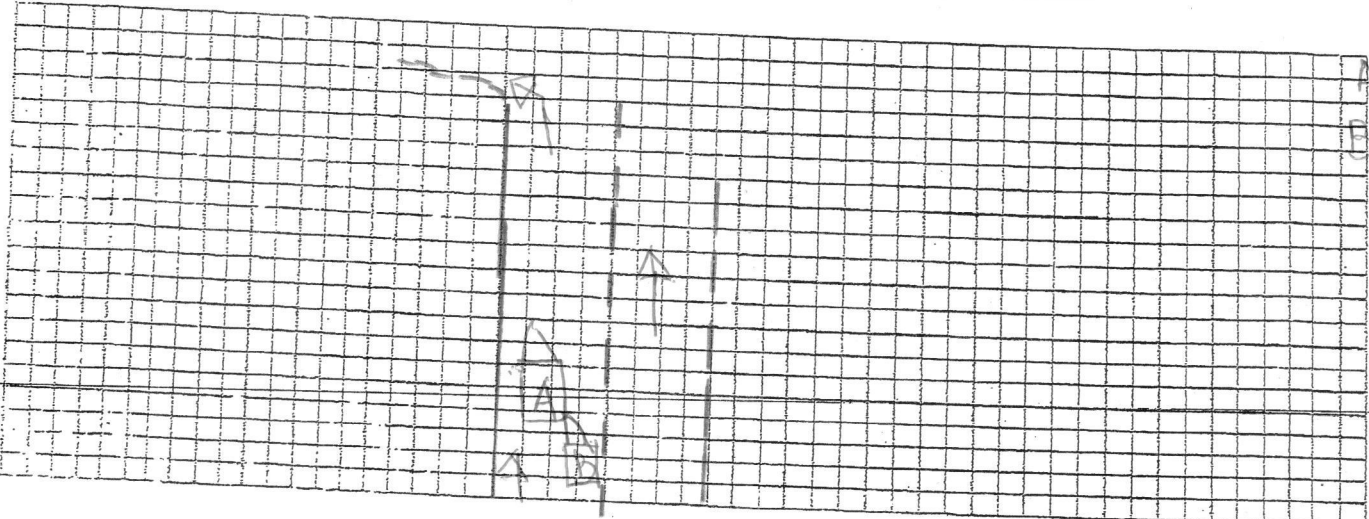
Driver's Signature (If driver is not the policyholder) / Date & Time

4pm 9/3/2022

Witnessed by Reporting Centre Personnel

Dr 09/03/2022

Sketch Plan



A: SLR 6974m

B: JUR 575 I


Bukit Batok Rd.

**Describe Circumstances of the Accident**


Refer to Police Report (Report No T/20220309/2015)

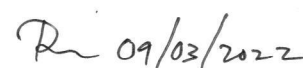
**Declaration**

We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date &  
Time 4pm 9/3/22



  
Driver's Signature (If driver is not the policyholder) / Date  
& Time 4pm 9/3/22

  
Witnessed by Reporting Centre  
Personnel





**SINGAPORE  
POLICE FORCE**



T/20220309/2055

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

1 of 3

Report No. T/20220309/2055

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 09/03/2022 15:31		Vide Report No.: J/20220309/0050		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: NEO BEE SIONG			Address: 447A BUKIT BATOK WEST AVENUE 9 #17-130 SINGAPORE 651447		
ID Type / ID No.: NRIC NO / S7438595H			Contact No.: Home/Office: Mobile: 92318672		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 47	Date of Birth: 10/11/1974	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: CAR RENTAL			Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/03/2022 08:25	Type of Location: Straight Road
Location:  BUKIT BATOK ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Controlled by Others e.g. Workmen	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JUR5751 (Not Accurate)	Motorcycle			Red		0
SLR6974M	Car	TOYOTA	CHR 1.2L ST	Blue		2

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20220309/2055

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

2 of 3

Report No. T/20220309/2055

**CONTINUATION OF REPORT**

<b>Rider</b>				
Name	Unknown Rider		ID No.	NIL
Related Vehicle	JUR5751 (Motorcycle)		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	NEO BEE SIONG		ID No.	S7438595H
Related Vehicle	SLR6974M (Car)		Contact No.	92318672
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 THE STATED DATE, TIME AND LOCATION.

ON 09/03/2022 AT AROUND 0745HRS I WAS DRIVING ALONG BT BATOK RD > JURONGTOWN HALL L/P 7. THE VEHICLE (SMC7325Y) INFRONT OF ME MADE A SUDDEN BRAKE. I ALSO BREAK TO AVOID HITTING HIS REAR. SUDDENTLY A MOTORCYCLE (JUR5751) FROM MY REAR DECIDED TO SWERVE RIGHT TO AVOID HITTING ON TO MY REAR. HE COLIDED WITH THE CAR (SKE4968A) ON THE LEFT SIDE.

THAT IS ALL.

IO:KEN LEE / HP: 65476423 REF. J/20220309/0050





**SINGAPORE  
POLICE FORCE**



T/20220309/2055

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

3 of 3

Report No. T/20220309/2055

**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:  
TP / Other MUHAMMAD AQIL  
MARZUQ BIN JUHARI

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
SGT 3 MUHAMMAD ZICKIE BIN AHMAD  
SUYUTI  
Contact No.: 65476904

Signature Of Informant:

Date/Time:  
09/03/2022 15:31

Classification Of Case:

NP168



**SINGAPORE  
POLICE FORCE**

Signature:

Date of Accident: 9/03/2022 Accident Time: 7.45AM (24-HR-Format)

Accident Place: Bukit Batok Road

Vehicle Reg. No. (Car Plate No.): SLR 6974M

Vehicle Make/Model: CHR Turbo (1196cc)

Insurance Company: Liberty Policy No.: SD21412919/VP2/R01

Owner or Company Name/IC No.: Dream Car Leasing Pte Ltd 2014000132

Owner or Company Contact No.: Owner's Hp 81288789 Company Tel:

DRIVER'S Name / IC No.: NEO BEE SIONG (S7438595H)

DRIVER'S Date Of Birth: 10/11/1974 DRIVER'S License Pass Date: 5/8/2004

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

DRIVER'S Address: Blk 447A Bukit Batok West Ave 9 #17-130 (S) 651447

DRIVER'S Contact No./ Alt No.: 1) 92318672 2)

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

Email Address: dreamcarrentals3@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): ( ) Anybody injured in the accident Yes/No

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

Other Party Driver's Particular (if any)

Vehicle Reg. No.: JUR 5751

Vehicle Make/Model: motor bike

Name Driver: CAH TZE Seng

IC No. Driver: G9567088W

Driver's Contact & Add:

Vehicle Reg. No.:

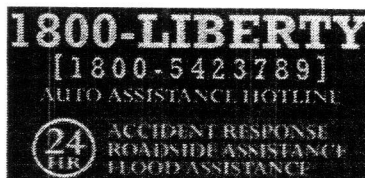
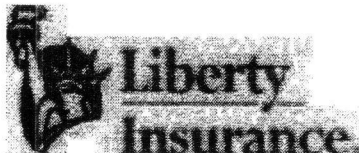
Vehicle Make/Model:

Name Driver:

IC No. Driver:

Driver's Contact & Add:


\* Video with TP!



**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

<b>Certificate No</b>	SD21V12919 /VPZ /R01
<b>Form</b>	MZ406D
<b>Date Of Issue</b>	09-SEP-2021
<b>1.Index Mark and Registration No. of Vehicle:</b>	SLR6974M
<b>2.Chassis number of Vehicle:</b>	NGX502009989
<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-2021 00:00 AM
<b>5.Date of Expiry of Insurance:</b>	19-SEP-2022 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> <p></p> <p>Authorised Signature</p>	
<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>	LAKE VIEW CREDIT PTE LTD
<b>PRODUCER NAME:</b>	NEWSTATE STENHOUSE (S) PTE LTD

PLVC/-/09-SEP-21

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

09-SEP-21