

NATIONAL Assessment Centre Services

Page 1 of 1

Date In: 09/05/22	Job description	Date & Time Completed	Done by
Ref No: NA/LIP00004304/13	SAS e-filing		
Veh No: 59X2243T	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 06/05/22 2030	i-Motor Claim Form		
OD: TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: BICYCLE	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

NA00001217

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) 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		
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 2 / 3:	6) TR : Re-inspection \$75		
	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 \$10		
	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	09/05/2022 19:28 (SGT)
Date of Accident	06/05/2022 20:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BOON LAY AVE(JLN BOON LAY)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGX2243T
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1500

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	SD22V02830/VPZ/R01
Cover Note Number	-

DRIVER

Name of Driver	SURESH S/O SUPPIAH
NRIC No	SXXXX493D

Date Of Birth	17/03/1979
Occupation	Outdoor
Date Of Driving Pass	31/10/2003
Driving experience	18 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91165057
Alt. Phone Number	-
Email Address	dreamcarrentalsg@gmail.com
Address	BLK 851 JURONG WEST ST 81
Address complement	#04-287
Postcode	640851
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	Collided into Bicyclist
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	VIKNESWARI D/O HARIDASS
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Nanyang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007929999
Alt. Police Station Phone No	(Fax) +65-67912972
Police Station Address	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20220507/2019

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

Vehicle Registration Number of Other Vehicle DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	BICYCLE
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
Name of Driver	NUR FARIANDY BIN KAMARUL ZAMAN
NRIC No	SXXXX758A
Contact Number	(Phone) +65-87337839
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	NUR FARIANDY BIN KAMARUL ZAMAN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	BICYCLE
Were seat belts worn?	No
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 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 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.
- (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

BUON LAY AVE

(JAN BOON (DAY))

A - 36x22x37.
B - Bicycle

Describe Circumstances of the Accident

Refer to police Report No. T/20220507/2019

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

3.59pm 9/5/22

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

3.59pm 9/5/22

Witnessed by Reporting Centre Personnel

shym 09/05/22



SINGAPORE POLICE FORCE



T/20220507/2019

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

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Report No. T/20220507/2019

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/05/2022 05:47	Vide Report No.:	Station Diary No.: 35
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Informant's Particulars			
Name of Informant: SURESH S/O SUPPIAH		Address: APT BLK 851 JURONG WEST STREET 81 #04-287 SINGAPORE 640851	
ID Type / ID No.: NRIC NO / S7907493D		Contact No.: Home/Office: Mobile: 91165057	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 43	Date of Birth: 17/03/1979	Type of Informant: Driver
Race: Indian		Language:	Institution / School Name:
Occupation: Unemployed		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 06/05/2022 20:30	Type of Location: X-Junction
Location: BOON LAY AVENUE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGX2243T	Car				Slightly Damaged	1

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



**SINGAPORE
POLICE FORCE**



T/20220507/2019

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

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Report No. T/20220507/2019

CONTINUATION OF REPORT

Passenger			
Name	VIKNESWARI D/O HARIDASS	ID No.	S8228943G
Related Vehicle	NIL	Contact No.	83831309
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
Driver			
Name	SURESH S/O SUPPIAH	ID No.	S7907493D
Related Vehicle	NIL	Contact No.	91165057
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Cyclist			
Name	NUR FARIANDY BIN KAMARUL ZAMAN	ID No.	S9837758A
Related Vehicle	NIL	Contact No.	87337839
Hospital/Clinic	CCK FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	06/05/2022	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details.

On 06/05/22 at around 2030hrs, I was driving on the rightmost lane along Boon Lay Ave. I formed up at the rightmost lane and wanted to make a right turn onto Jalan Boon Lay. As the traffic light was green in my favour, I proceeded to make a right turn onto Jalan Boon Lay. I stopped in the turning pocket to give way to some pedestrians that were crossing the road. After they had crossed the road, I wish to state that I checked my blind spot and proceeded to slowly make a right turn. As I started to make the turn, a GrabFood cyclist namely Fariandy suddenly dashed onto the road, wanting to cross from Jurong West Central 1 to Boon Lay Ave. As a result, I did not have enough time to react, and this caused the front of my car to collide with the cyclist on his right side. This caused the cyclist to fall on his left side. My car had its number plate chipped off while the bicycle suffered some dents of its back wheel, and its pedals were also bent. I wish to state that Fariandy was not wearing a helmet or any protective gear, nor had any reflective lights on his bicycle.



**SINGAPORE
POLICE FORCE**



T/20220507/2019

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

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Report No. T/20220507/2019

CONTINUATION OF REPORT

After the impact, I got out of my car and attended to him. I asked if he was okay, and he got up and said that he was fine. As there was traffic behind us, we decided to proceed to the nearest Blk, which was Blk 262 Boon Lay Drive to meet up, and following that, proceeded to Blk 271B to complete his GrabFood order. I then brought him to his address at Blk 961 Jurong West St 91. At this location, I handed over the damaged bicycle to Fariandy's mother. I then asked Fariandy if he wanted to go a hospital or clinic to which he said that he would prefer a clinic. I then brought him to CCK Family Clinic and fully paid for his consultation. The doctor diagnosed his injuries to be swelling and an abrasion on his left shin and scratches on his right foot. The doctor then informed that Fariandy had to be further referred to a hospital A&E for a further x-ray for his injuries. I then brought him to Ng Teng Fong General Hospital at around 2240hrs and waited until 0400hrs until he was discharged. While I tried to settle the matter privately with him and offered to pay his medical fees and buy a new bike for him, he told me that I did not need to do so as his parents wanted to lodge a report regarding the matter. I wish to state that Fariandy's mother was asking for S\$3000/- to S\$4000/- as compensation instead.

Police and ambulance did not attend to my incident. I do not have any dashcam footage of the incident.



**SINGAPORE
POLICE FORCE**



T/20220507/2019

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

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Report No. T/20220507/2019

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:

J /
SCCPL RIFQI RIFA'IE BIN
RIDZUAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /
SI TAN JEOK LENG
Contact No.: 65476151

Signature Of Informant:

Date/Time:

07/05/2022 05:47

Classification Of Case:

Date of Accident: 06/05/2022 Accident Time: 2030hrs (24-HR-Format)
Accident Place: Boon Lay Avenue (Jalan Boon Lay)
Vehicle Reg. No. (Car Plate No.): SGX 2243T
Vehicle Make/Model: Toyota Axio 1.5A
Insurance Company: Liberty Insurance Policy No: SD22V02830/VP2/RO1
Owner or Company Name / IC No.: Boss Car Leasing Pte Ltd (UEN 202101709H)
Owner or Company Contact No.:
DRIVER'S Name / IC No.: Owner's Hp 81288789 Company Tel
DRIVER'S Date Of Birth: SURESH S/O SUPPIAH (S-7907493D)
Relationship of Owner & Driver: 17/03/1979 DRIVER'S License Pass Date 31/10/2003
DRIVER'S Address: Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Hire
DRIVER'S Contact No. / Alt No.: Jurong West st. 81, BIK 851 #04-287 S(640851)
DRIVER'S Occupation: 1) 91165057 2)
Email Address: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Weather & Road Surface: creamcarrental.sg@gmail.com
Reporting Type: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Number of Passengers (including driver): Reporting Only \ Claim Other Party \ Claim Own Insurance
Was there any video captured by car camera: () Anybody injured in the accident Yes / No
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Passenger Name: CM/F

Other Party Driver's Particular (if any)
Vehicle Reg. No. Bicycle
Vehicle Make/Model:
Name Driver: NUR FARIANDY BIN KAMARUL ZAMAN
IC No. Driver: S9837758A
Driver's Contact & Add: BIK 961, Jurong West st. 92
05-194 S(640961)
HP: 8733 7839

Vehicle Reg. No.:
Vehicle Make/Model:
Name Driver:
IC No. Driver:
Driver's Contact & Add:



**Liberty
Insurance**



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	SD22V02830 /VPZ /R01
Form	MZ406D
Date Of Issue	21-FEB-2022
1.Index Mark and Registration No. of Vehicle:	SGX2243T
2.Chassis number of Vehicle:	NZE1416030357
3.Name of Policyholder:	BOSS CAR LEASING PTE LTD
4.Effective date of Commencement of Insurance for the purpose of the Act:	24-FEB-2022 00:00 AM
5.Date of Expiry of Insurance:	23-FEB-2023 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</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> <p></p> <p>_____ Authorised Signature</p>	
For Information only:	
COVERAGE :	Third Party Only.PHV Extension (Geographical Area: Singapore only)
SUM INSURED:	
EXCESS:	Section II S\$2000,Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers S\$2000
FINANCE COMPANY:	
PRODUCER NAME:	NEWSTATE STENHOUSE (S) PTE LTD

PLVC/-/21-FEB-22

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21-FEB-22