

NATIONAL Assessment Centre Services

Date In: 31/05/22	Job description	Date & Time Completed	Done by
Ref No: NA/LIP2300506/13	SAS e-filing		
Veh No: SNC90875	E-mail (within 8hrs: A/C 2hrs)		
DOA: 30/05/22 0945	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: PA84484 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

Invoice Preparation Checklist

- | | Amt (\$) | Amt (\$) |
|---|----------|----------|
| | 1st Bill | Add Bill |
| 1) AR: Accident Reporting (\$30); | | |
| 2) DA: Damage Assessment (\$100); INC (\$80) | | |
| 3) TF: Towing Fee \$40/\$45 | | |
| 4) FT: Follow-Through Survey \$120 | | |
| 5) RT: 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:- | | |
| 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 (N-n INC) against INC | \$20 | |
| 9) N12: Idac Mobile | \$30 | |

Invoice dated

Fee Charged

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

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	31/05/2022 12:03 (SGT)
Date of Accident	30/05/2022 09:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BLK 135 LOR AH SOO OPEN SPACE CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNC9087J
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	DREAM DRIVE PRIVATE LTD
Company Reg No	2XXXXX019E
Email Address	norman@dreamdrive.com.sg
Mobile Phone No	(Phone) +65-66845583
Alternative Phone No	(Office) +65-66845583

VEHICLE PARTICULARS

Manufacturer	BMW
Model	Z4
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	2497

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	SD22V04309/VTN/R00
Cover Note Number	-

DRIVER

Name of Driver	NG ZUMIAN NORMAN
NRIC No	SXXXX087C

Date Of Birth	13/05/1993
Occupation	Indoor
Date Of Driving Pass	26/08/2015
Driving experience	6 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88870017
Alt. Phone Number	-
Email Address	norman@dreamdrive.com.sg
Address	135 LOR AH SOO
Address complement	#03-504
Postcode	530135
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	Collided into Parked Vehicle
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)	0
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT

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	PA8448U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-

Postcode	52
Insurance Company Name	52
Nature Of Damage	52
Details of property damaged in accident	52
No. Of Passenger (Including Driver)	52

SKETCH PLAN

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1. Please report correctly the details of the accident to speed up the claims process.
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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.



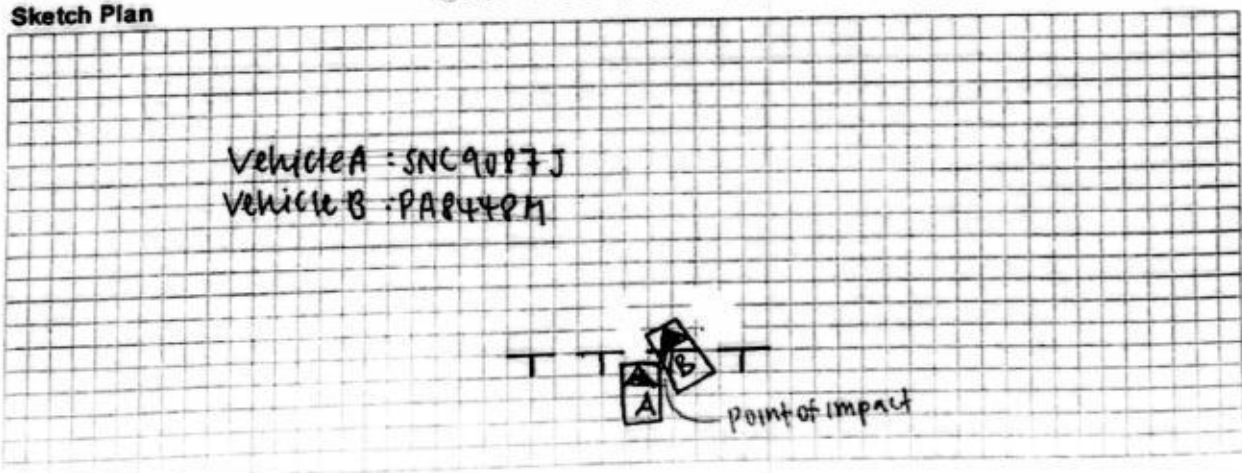
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

BLK 135 LOR AH SUD OPEN SPACE CARPARK

Sketch Plan



A - SNC9087J
B - PA8448U

Describe Circumstances of the Accident

On the stated date and time, I vehicle A was parked stationary in the parking lot. At about 1100 hrs, I went to retrieve my vehicle and noticed that the right front portion was badly damaged along with a note of 3p details on my windscreen. Vehicle has collided onto my vehicle while moving off from the lot beside me.

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

shym 31/05/22

Witnessed by Reporting Centre Personnel

Date of Accident : 30/05/2022 Accident Time: 0945 (24-HR-Format)
 Accident Place : BIK 135 Lorong Ah Soo open space carpark
 Vehicle. No. (Car Plate No.) : SNC9087J Make/Model: BMW Z4
 Insurance Company : Liberty Policy No: SD22V04309 / VTN / R00
 Owner or Company Name / IC No. : Dream Drive Pte Ltd (201401019E)
 Owner or Company Contact No. : 6684 5583 Owner's Hp — Company Tel
 DRIVER'S Name / IC No. : Ng ZUMIAN Norman (S9317087C)
 DRIVER'S Date Of Birth : 13/5/1993 DRIVER'S License Pass Date 26/08/2015
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others
 DRIVER'S Address : 135 Lorong Ah Soo #03-504 S(53013E)
 DRIVER'S Contact No/ Alt No. : 1) 8887 0017 2) —
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : NORMAN@DREAMDRIVE.COM.SG
 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): 0
 Was the accident reported to the police? YES NO
 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
 Any Injury (If YES, Pls state): NIL


Other Party Driver's Particular (if any)

Vehicle. No: <u>PA8448U</u>	Vehicle. No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

*** NEW - Passenger's name & gender:**

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	SD22V04309 /VTN /R00
Form	MZ9
Date Of Issue	28-MAR-2022
1.Index Mark and Registration No. of Vehicle:	
2.Chassis number of Vehicle:	
3.Name of Policyholder:	DREAM DRIVE PRIVATE LTD.
4.Effective date of Commencement of Insurance for the purpose of the Act:	16-MAR-2022 00:00 AM
5.Date of Expiry of Insurance:	23-MAR-2023 23:59 PM
6.Persons or Classes of Persons entitled to drive*:	ANG PHNG CHE,LOW WEN JIE,NG ZUMIAN,NORMAN,TEO MIN SHUE,MARILYN (ZHANG MINXUE)
ANG PHNG CHE,LOW WEN JIE,NG ZUMIAN,NORMAN,TEO MIN SHUE,MARILYN (ZHANG MINXUE)	
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*:	
Use only for Motor Trade purposes.	
8.Policy does not cover:	
The policy does not cover use for hire or reward, racing, pace-making, reliability trials or speed-testing.	
N.B. Use solely for "Breakdown" purposes is not deemed to be use for hire or reward.	
*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 :	Third Party Only,Demonstration Extension,Geographical Area: Singapore only,Standard Operating Hours : 8 am to 8 pm
SUM INSURED:	
EXCESS:	Section II S\$3000
FINANCE COMPANY:	
PRODUCER NAME:	MITSUI BUSSAN PANA HARRISON PTE LTD

PLVC/PLVC/28-MAR-22

S3_CI_T1_T3_TEMPLATE2-VER1 28-MAR-22