

NATIONAL Assessment Centre Services

Form 1-2005

Date In: 22/06/22	Job description	Date & Time Completed	Done by
Ref No: NA/LIP22005952/13	SAS e-filing		
Veh No: 5LC3451A	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 08/05/22 1219	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: SKR4913B	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

NA2201735	Invoice Preparation Checklist	Amc (\$)	Amc (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	Int Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
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		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tp. 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: Idao Mobile \$0		
	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	22/06/2022 17:24 (SGT)
Date of Accident	08/05/2022 12:19 (SGT)
Exact Location of Accident	896 Dunearn Rd, Singapore 589472
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC3451D
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	DREAM LEASING PTE LTD
Company Reg No	2XXXXX953H
Email Address	dreancarrentalsg@gmail.com
Mobile Phone No	(Phone) +65-81288789
Alternative Phone No	+65-81288789

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Private hire
Transmission	Auto
CC	1497

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SD21V10866/VPZ/R01
Cover Note Number	-

DRIVER

Name of Driver	PANG KAM YUEN
NRIC No	SXXXX058G

Date Of Birth	06/05/1956
Occupation	Outdoor
Date Of Driving Pass	27/08/1981
Driving experience	40 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98374789
Alt. Phone Number	-
Email Address	dreancarrentalsg@gmail.com
Address	BLK 173C PUNGGOL FIELD
Address complement	#03-619
Postcode	823173
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	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)	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	Punggol Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18006049999
Alt. Police Station Phone No	(Fax) +65-64468015
Police Station Address	Blk 21A Tebing Lane Singapore 828837
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20220519/2084

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 DRIVER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKK4913B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
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)	-

SKETCH PLAN

IMPORTANT NOTICE

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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

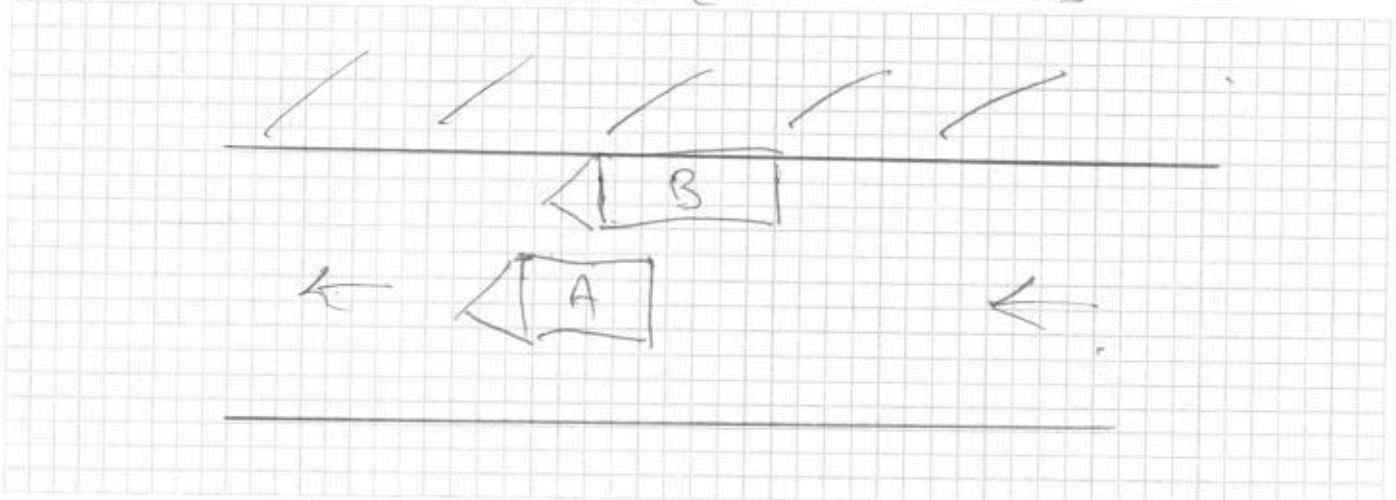
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

THE LINK @ 896 DUNEAN RD



Vehicle A SLA 3151D

Vehicle B SKK 4A13B


Describe Circumstances of the Accident

Refer to Police Report No.


T/20220519 | 2084


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

 22/06/22
Witnessed by Reporting Centre
Personnel



SINGAPORE POLICE FORCE



T/20220519/2084

Police Station Of Origin:
Punggol N.P.C
151 Punggol Central SINGAPORE 828727
Tel No: 1800-6049999

1 of 3

Report No. T/20220519/2084

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/05/2022 17:00		Vide Report No.: T/20220518/2068		Station Diary No.: 46	
Informant's Particulars					
Name of Informant: PANG KAM YUEN			Address: APT BLK 173C PUNGGOL FIELD #03-619 SINGAPORE 823173		
ID Type / ID No.: NRIC NO / S1183058G			Contact No.: Home/Office: Mobile: 98374789		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 66	Date of Birth: 06/05/1956	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 08/05/2022 12:20	Type of Location:
Location: DUNEARN ROAD				
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	Condition	No of Passenger
SLC3451D	Car	TOYOTA	VIOS E GRADE 1.5 A/T	Silver	No Damage	0



**SINGAPORE
POLICE FORCE**



T/20220519/2084

Police Station Of Origin:
Punggol N.P.C
151 Punggol Central, SINGAPORE 828727
Tel No: 1800-6049999

2 of 3

Report No. T/20220519/2084

CONTINUATION OF REPORT

Brief Details.

I am a Grab driver. I currently drive a rented car, Silver Toyota Vios, bearing plate no. SLC3451D. I am lodging this report for record purposes.

On 08/05/2022 at about 1219hrs, I dropped off my passenger at the drop off point of The Link@896 Dunearn Road. There was an empty and stationary car in front of my car. I was driving off and passed by the stationary car when another car honked from behind me. At about the same time, I heard a slight tapping sound and wound down my window to make a check. I confirmed that there was no damage to either my car or the stationary car before leaving the scene. I am also not injured. I wish to state that my in-car camera was recording during the aforementioned circumstances. I wish to add that there were CCTVs at The Link@896 Dunearn Road as well.



SINGAPORE
POLICE FORCE



T/20220519/2084

Police Station Of Origin:
Punggol N.P.C
151 Punggol Central SINGAPORE 828727
Tel No: 1800-6049999

3 of 3

Report No. T/20220519/2084

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:
F /
Other Ong Zhi Reng Melanie

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
19/05/2022 17:00

Officer In Charge Of Case:
TP / GIA /
SI TAN JEOK LENG
Contact No.: 65476151

Classification Of Case:

NP168



SINGAPORE
POLICE FORCE
APPROPRIATELY EVERY DAY

SN 158

SIGNATURE

Date of Accident

08/05/2022

Accident Time: 12.19 pm (24-HR-Format)

Accident Place

The Link @ 896 Dunearn Road

Vehicle Reg. No. (Car Plate No.)

SLC 3151D

Vehicle Make/Model

Toyota Vios

Insurance Company

Liberty

Policy No. SD214/10886/VP2 | Rol

Owner or Company Name / IC No.

Dream Leasing Pte Ltd 201620953H

Owner or Company Contact No.

Owner's Hp 81288789 Company Tel

DRIVER'S Name / IC No.

Pang Kam Yuen

DRIVER'S Date Of Birth

06/05/1986

DRIVER'S License Pass Date 27 Aug 1981

Relationship of Owner & Driver

Spouse | Parents | Children | Sibling | Employee | Others: Hirer

DRIVER'S Address

Blk 173C Punggol Field #03-619 (823173)

DRIVER'S Contact No. / Alt No.

1) 98374789

2)

DRIVER'S Occupation

INDOOR | OUTDOOR (e.g. working inside or outside office)

Email Address

dreamcarrental.sg@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/

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)

(B)

Vehicle Reg. No. SKK 4913 B

Vehicle Make/Model

Name Driver

IC No. Driver

Driver's Contact & Add

(C)

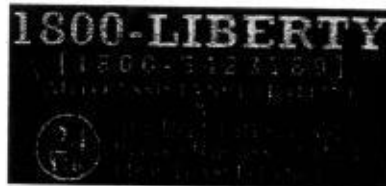
Vehicle Reg. No.

Vehicle Make/Model

Name Driver

IC No. Driver

Driver's Contact & Add

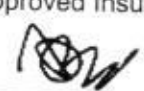


Liberty Insurance Pte Ltd
Registration no. 199002791D
51 Club Street
#03-00 Liberty House
Singapore 069428
Tel: (65) 6221 8611
Website: <http://www.libertyinsurance.com.sg>

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

S001V10896 / VPZ / 201

Form	MZ406C
Date Of Issue	27-JUL-2021
1.Index Mark and Registration No. of Vehicle:	SLC3451D
2.Chassis number of Vehicle:	MHFBT9F3506068723
3.Name of Policyholder:	DREAM LEASING PTE LTD
4.Effective date of Commencement of Insurance for the purpose of the Act:	03-AUG-2021 00:00 AM
5.Date of Expiry of Insurance:	02-AUG-2022 23:59 PM
6.Persons or Classes of Persons entitled to drive*:	
Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired. 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*:	
A) Use for carriage of passengers or goods in connection with the Policyholder's business. B) Use for social, domestic, pleasure and business purposes of any person to whom the vehicle is hired. 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.	
8.Policy does not cover:	
A) Use for racing, pace-making, reliability trial or speed-testing. B) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.	
*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 Signatory	
For Information only:	
COVERAGE :	Comprehensive, Unlimited Windscreen, PHV Extension (Geographical Area: Singapore only)
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	All Claims S\$2000, Additional Excess for Young, Elderly & Inexperienced Drivers S\$2000, Windscreen Excess S\$100
FINANCE COMPANY:	TAI THONG LEE TRADING PTE LTD
PRODUCER NAME:	NEWSTATE STENHOUSE (S) PTE LTD

PLVC/-/02-AUG-21

S1_CI_T1_T3_OE_Template2-Ver1.

02-AUG-21