

# NATIONAL Assessment Centre Services

Date In: 05/07/22	Job description	Date & Time Completed	Done by
Ref No: NA/LIP22006401/13	SAS e-filing		
Veh No: SJM892E	E-mail (within 3hrs. A/C 2hrs)		
D.O.A: 04/07/22 1045	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: SLK312A	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

NA2201846

## 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:

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:-	
OP*	
*N5: Courtesy Car / Tpt Allowance \$5	
*N6: Repair Co-ordination \$10	
*N7: Post Repair Inspection \$25	
*N8: DV / Collect Excess Coordination \$5	
*N11: TP (N-in 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	05/07/2022 15:25 (SGT)
Reported by	Driver
Date of Accident	04/07/2022 10:45 (SGT)
Exact Location of Accident	Ophir Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM892E
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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) +65-93712258
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
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	1800

#### INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SD21V12920/VPZ/R01

#### DRIVER

Name of Driver	VENKATRAM JAYARAM JOIS
NRIC No	SXXXX550G
Date Of Birth	20/02/1963
Occupation	Indoor

Date Of Driving Pass .....	25/04/1992
Driving experience .....	30 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-93712258
Alt. Phone Number .....	-
Email Address .....	dreamcarrentalsg@gmail.com
Address .....	BLK 43 BEDOK ROAD
Address complement .....	#05-10
Postcode .....	469564
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 .....	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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### PASSENGER 1

Name .....	GAYATHRI JOIS
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Bukit Merah East Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002369999
Alt. Police Station Phone No .....	(Fax) +65-62204360
Police Station Address .....	391 New Bridge Road Police Cantonment Complex Block A Singapore 088762
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT.

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLK312A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LOH KOK YIN
NRIC No	SXXXX894G
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	GAYATHRI JOIS
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SJM892E
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 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 envelops / 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.



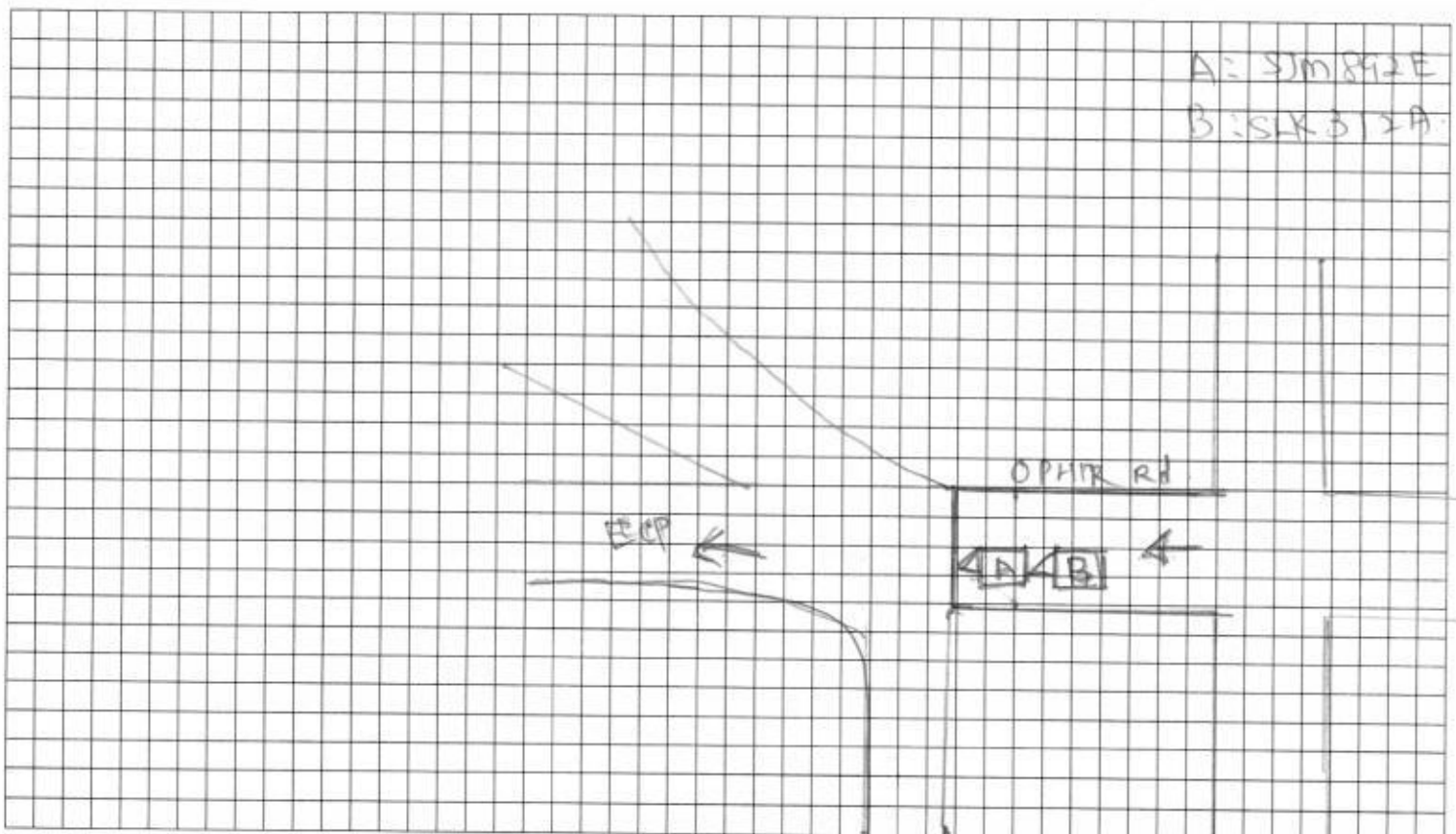
Policyholder's Signature / Date & Time

5/7/22  
2pm

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

*[Signature]*  
2pm 05/7/22

ROSLINDA BINTE A WANAB  
Witnessed by Reporting Centre  
Personnel 05/07/22



### Describe Circumstances of the Accident

Refer to police report no. T/20220704/2113

### Declaration

I / We declare the foregoing particulars are true in every respect.



5/7/22  
2pm

*[Signature]*

2pm 05/7/2022

ROSLINDA BINTI A WAHAB

Policyholder's Signature /  
Date & Time

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

Witnessed by Reporting Centre  
Personnel 05/07/22





# SINGAPORE POLICE FORCE



T/20220704/2113

Police Station Of Origin:  
Bukit Merah East N.P.C  
391 New Bridge Road Police Cantonment  
Complex SINGAPORE 088762  
Tel No: 1800-2369999

1 of 4

Report No. T/20220704/2113

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 04/07/2022 20:51		Vide Report No.:		Station Diary No.: 129	
<b>Informant's Particulars</b>					
Name of Informant: VENKATRAM JAYARAM JOIS			Address: BLK 43 BEDOK ROAD #05-10 SINGAPORE 469564		
ID Type / ID No.: NRIC NO / S2677550G			Contact No.: Home/Office: Mobile: 93712258		
Nationality: INDIAN			Email: VJJOIS@HOTMAIL.COM		
Sex: Male	Age: 59	Date of Birth: 20/02/1963	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: CONSULTANT			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/07/2022 10:45	Type of Location: Straight Road
Location:  OPHIR ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJM892E	Car				Slightly Damaged	1
SLK312A	Car				Slightly Damaged	0

**Details of Person Involved**

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



# SINGAPORE POLICE FORCE



T/20220704/2113

Police Station Of Origin:  
Bukit Merah East N.P.C  
391 New Bridge Road Police Cantonment  
Complex SINGAPORE 088762  
Tel No: 1800-2369999

2 of 4

Report No. T/20220704/2113

## CONTINUATION OF REPORT

<b>Passenger</b>			
Name	GAYATHRI JOIS		ID No. S7080072A
Related Vehicle	SJM892E (Car)		Contact No. 93501379
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	04/07/2022	Date Discharge	04/07/2022
No. of Days granted Medical Leave	05	Degree of Injury	Slight
<b>Driver</b>			
Name	VENKATRAM JAYARAM JOIS		ID No. S2677550G
Related Vehicle	SJM892E (Car)		Contact No. 93712258
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
<b>Driver</b>			
Name	LOH KOK YIN		ID No. S2767894G
Related Vehicle	NIL		Contact No. 94597707
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 04/07/2022 at about 1045hrs to 1050hrs, I was driving along Ophir Road. My wife was at the rear-right seat just behind me. I was at the junction of Ophir Road x Republic Avenue when I had to stop upon seeing the traffic light ahead turn amber. Right after I came to a stop, another vehicle behind me rear-ended my vehicle and an impact was felt at the back of my vehicle. The other driver, who seemed to be alone got out of his vehicle and we exchanged particulars.

There was a big dent at the back of my vehicle SJM892E (a rented vehicle). I saw a slight minor dent at the front of the other vehicle (SLK312A).

My wife had some pain at her back, and she sought medical attention at Mount Alvernia Hospital and was discharged on the same day with a 5-day medical certificate issued to her, 04/07/2022 through





**SINGAPORE  
POLICE FORCE**



T/20220704/2113

3 of 4

Police Station Of Origin:  
Bukit Merah East N.P.C  
391 New Bridge Road Police Cantonment  
Complex SINGAPORE 088762  
Tel No: 1800-2369999

Report No. T/20220704/2113

**CONTINUATION OF REPORT**

08/07/2022.

I will be using this report to settle administrative requirements with the vehicle rental company.

That is all.



**SINGAPORE  
POLICE FORCE**



T/20220704/2113

Police Station Of Origin:  
Bukit Merah East N.P.C  
391 New Bridge Road Police Cantonment  
Complex SINGAPORE 088762  
Tel No: 1800-2369999

4 of 4

Report No. T/20220704/2113

**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:

A /

SGT 2 JAVIER TAN KAI MING

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

04/07/2022 20:51

Officer In Charge Of Case:

TP / AEIT /

Other MUHAMMAD NOOR BIN ABDUL  
RAHMAN

Contact No.: 65476219

Classification Of Case:



Serve all with Love

## Mount Alvernia Hospital Medical Certificate

24-Hour Walk-in Clinic and  
Emergency Department

No: M22000091039

This is to certify that GAYATHRI JOIS, S7080072A, is granted Outpatient Sick Leave for 5 day(s) from 04-Jul-2022 to 08-Jul-2022.

Remark :

This medical certificate is not valid for absence from Court or judicial proceeding unless specifically stated.

Dr. Ho Li Chin  
MCR : 06147F

A & E / 24-HOUR WALK-IN CLINIC  
Mount Alvernia Hospital  
820 Thomson Road  
Singapore 574623  
Tel: 63476210

04/07/2022

Date



820 THOMSON ROAD, SINGAPORE 574623  
MAIN LINE: 6347 6688 WEBSITE: www.mtaalvernia.sg  
GST REGN NO: M4-0003321-8

Patient Name : GAYATHRI JOIS  
ID No. : S7080072A  
Account No. : 0220717702

Receipt No. : 220068276  
Date : 04/07/2022  
Page : 1 of 1

Item	Qty	UOM	Amount (\$)
ARCOXIA TAB 120MG	5	EA	19.90
KEFENTECH PLASTER 30MG 8/PKT	1	EA	6.20
OUTPATIENT NURSING SERVICE	1	EA	23.00
RMO CONSULTATION FEE	1	EA	39.00
Total Charges			88.10
GST @ 7%			6.17
			94.27

Paid:

MASTER CARD BY GAYATHRI JOIS  
Mode of Payment : MASTER CARD

Reference No. : ---

94.27

This is a computer generated official receipt, no signature is required.

Date of Accident : 04.07.2022 Accident Time : 1045AM (24 -HR-Format)

Accident Place (A) : OPHR ROAD

Vehicle Reg. No.(Car Plate No.): SJM 892E

Vehicle Make/Model : TOYOTA WISH

Insurance Company : Liberty Insurance Pte Ltd Policy No 2021V12920/VPZ/R01

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

Owner or company Contract No: \_\_\_\_\_ Owner's Hp 81288789 Company Tel \_\_\_\_\_

DRIVER'S Name / IC No : VENKATRAM JAYARAM IC No: 526775506

DRIVER'S Date Of Birth : 20.02.1963 DRIVER'S Licence Pass Date: 25.04.1992

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

DRIVER'S Address : 43 BEDOK ROAD #05-10 SINGAPORE 469564

DRIVER'S Contract No /Alt No :1) 93712258 2) \_\_\_\_\_

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

Email Address : dreamcarrentals@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) ( 1 ) Anybody injured in the accident: Yes / NO

Passenger Name : GAYATHRI JOIS (Male / Female)

Was there any video captured by car camera : YES \ NO

Exact purpose for what vehicle was being used at the time of accident : Private use \ Work Purpose .

(B) Other Party Driver's Particulars ( If any )

(C)

Vehicle Reg No: SLK 312A Vehicle Reg No: \_\_\_\_\_

Vehicle Make \ Model: TOYOTA VELLFIRE Vehicle Make \ Model : \_\_\_\_\_

Driver Name : LOH KOK YIN Driver Name: \_\_\_\_\_

Driver IC No : 527678949 Driver IC No: \_\_\_\_\_


Driver's Contract & Add: \_\_\_\_\_ Driver's Contract & 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

Certificate No	SD21V12920 /VPZ /R01
Form	MZ406D
Date Of Issue	09-SEP-2021
1.Index Mark and Registration No. of Vehicle:	SJM892E
2.Chassis number of Vehicle:	JTDER12WX03001321
3.Name of Policyholder:	DREAM CAR LEASING PTE LTD
4.Effective date of Commencement of Insurance for the purpose of the Act:	20-SEP-2021 00:00 AM
5.Date of Expiry of Insurance:	19-SEP-2022 23:59 PM
6.Persons or Classes of Persons entitled to drive*:	
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 t	
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 <b>LIBERTY INSURANCE PTE LTD</b> Approved Insurers  _____ Authorised Signature	
<b>For Information only:</b>	
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:	NESTATE STENHOUSE (S) PTE LTD

PLVC/09-SEP-21

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

09-SEP-21