

# NATIONAL Assessment Centre Services

Date In: 25/07/22	Job description	Date & Time Completed	Done by
Ref No: NA/LIP22007014/13	SAS e-filing		
Veh No: GBK3043A	E-mail (within 8hrs. AIC 2hrs)		
D.O.A 22/07/22 1028	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: 5MS4024	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

NA2201958	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		1st Bill	Add Bill
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)			
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			
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)			
Cat. 1:	6) TR: Re-inspection \$75			
Cat. 2 / 3:	7) N1 : Idac DA + SMRT Survey \$160			
	8) 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			
	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	25/07/2022 09:16 (SGT)
Reported by	Owner
Date of Accident	22/07/2022 10:28 (SGT)
Exact Location of Accident	Compassvale Link, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK3043A
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	-

### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
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 - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	1597

### INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SD21V15435/V CZ/R01

### DRIVER

Name of Driver	XU CHI
NRIC No	SXXXX309D
Date Of Birth	22/01/1980
Occupation	Outdoor

Date Of Driving Pass	11/12/2019
Driving experience	2 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82655888
Alt. Phone Number	-
Email Address	dreamcarrentalsg@gmail.com
Address	BLK 306A ANCHORVALE LINK
Address complement	#16-93
Postcode	541306
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?	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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

#### 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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMS402U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LING WEI XIANG
Contact Number	(Phone) +65-83663610

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



## IMPORTANT NOTICE

## SKETCH PLAN

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:

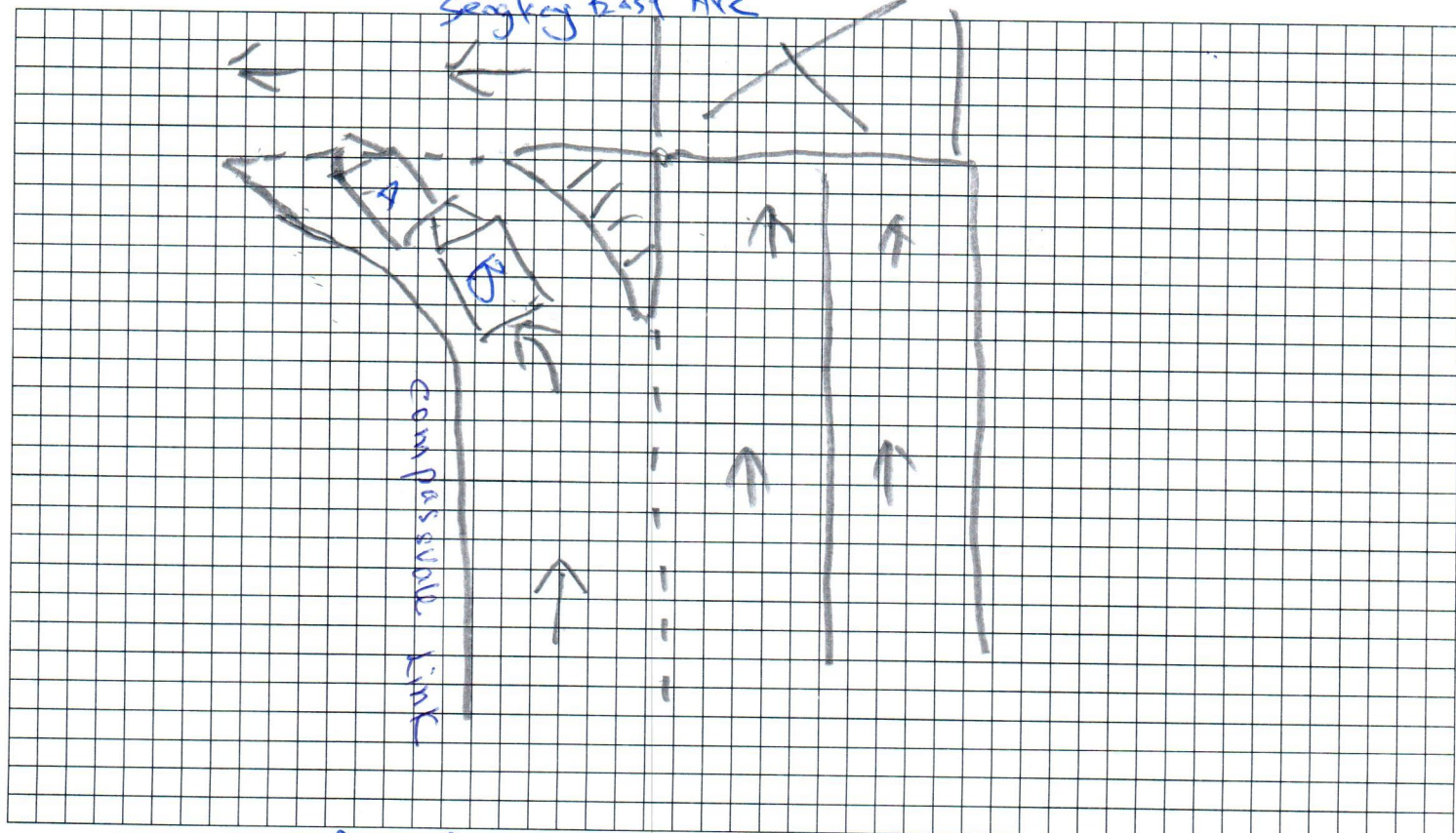
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may / are permitted to collect, use, disclose and / or process my personal data / personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively 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. (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



A - GBL 3043A  
B - SMS A02U

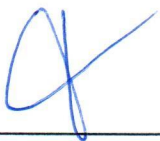


**Describe Circumstances of the Accident**

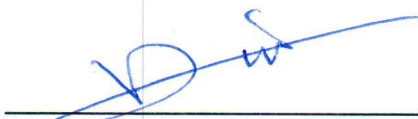
I was driving vehicle GBK 3045A turning left going to Sengkang Best Ark. I stop at the stop line while waiting ~~to~~ ~~go~~ is clear to go. Suddenly vehicle SMS 402u hit into my rear boot and rear bumper.

**Declaration**

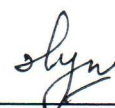
I / We declare the foregoing particulars are true in every respect.



Policyholder's Signature /  
Date & Time



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

 25/07/22

Witnessed by Reporting Centre  
Personnel

Date of Accident : 22/07/2022 Accident Time : 10:28am (24-HR-Format)

Accident Place (A) : Compassvale LINK

Vehicle Reg. No.(Car Plate No.): GBK 3043A

Vehicle Make/Model : N4200 Auto

Insurance Company : Liberty Insurance Pte Ltd Policy No SD 21V15435/VCZ/R01

Owner or Company Name/IC No : Dream Car Leasing Pte Ltd 2014200132

~~8128787~~ 81288789

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

DRIVER'S Name / IC No : XU CHI IC No: 58089309D

DRIVER'S Date Of Birth : 22/01/1980 DRIVER'S Licence Pass Date: 11 Dec 2019

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

DRIVER'S Address : ~~dreamcarrentals@gmail.com~~ APT BLK 306A ANCHORVALE LINK

DRIVER'S Contract No /Alt No :1) 82655888 2) \_\_\_\_\_

#16-93  
541306

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) ( | ) Anybody injured in the accident: Yes / NO

Passenger Name : \_\_\_\_\_ (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: SMS A02 U Vehicle Reg No: \_\_\_\_\_

Vehicle Make \ Model: Honda Vehicle Make \ Model : \_\_\_\_\_

Driver Name : LING WEI XIANG Driver Name: \_\_\_\_\_

Driver IC No : S...255A Driver IC No: \_\_\_\_\_

Driver's Contract & Add: 8366 3610 Driver's Contract & Add: \_\_\_\_\_



## 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>	SD21V15435 /VCZ /R01
<b>Form</b>	MZ407
<b>Date Of Issue</b>	26-OCT-2021
<b>1.Index Mark and Registration No. of Vehicle:</b>	GBK3043A
<b>2.Chassis number of Vehicle:</b>	VM20141603
<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>	17-NOV-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> 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.	
<b>7.Limitations as to use*:</b> A) Use for carriage of passengers or goods in connection with the Policyholder's business. B) Use for social, domestic and pleasure purposes and business purposes of any person to whom the vehicle is hired.	
<b>8.Policy does not cover:</b> A) Use for racing, pace-making, reliability trials or speed-testing. B) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle. C) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.	
*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> <b>COVERAGE :</b> Comprehensive, Unlimited Windscreen <b>SUM INSURED:</b> MARKET VALUE AT THE TIME OF LOSS <b>EXCESS:</b> All Claims S\$2000, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers S\$2000, Windscreen Excess S\$100 <b>FINANCE COMPANY:</b> <b>PRODUCER NAME:</b> NEWSTATE STENHOUSE (S) PTE LTD	