

NATIONAL Assessment Centre Services [Ref: JA-102]

Date In: 02/08/22	Job description	Date & Time Completed	Done by
Ref No: NA/KIP00007321/13	SAS e-filing		
Veh No: SLA66094	E-mail (within 8hrs, At 2hrs)		
D.O.A: 28/07/22 1345	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: SCU6160R	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

NA0000047	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	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:-		
	OD:		
	*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 30		
Auditors' Comments:	Invoice dated	Fee Charged	
Ref 1:	Invoice dated	Fee Charged	
Ref 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 Actual 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	02/08/2022 11:48 (SGT)
Reported by	Driver
Date of Accident	28/07/2022 13:45 (SGT)
Exact Location of Accident	681 Hougang Ave 8, Singapore
Additional Location Information	CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA6609H
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INSURED/POLICYHOLDER

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

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Lancer
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	1590

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SD21V10886/VPZ/R01

DRIVER

Name of Driver	CHIA JIN GUAN
NRIC No	SXXXX807D
Date Of Birth	23/06/1992
Occupation	Outdoor

Date Of Driving Pass	11/05/2021
Driving experience	1 YEAR AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87970621
Alt. Phone Number	-
Email Address	dreamcarrentalsg@gmail.com
Address	BLK 503 HOUGANG AVE 8
Address complement	#08-726
Postcode	530503
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	LEASING
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
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	GERUIS CHIA
Gender	Male

PASSENGER 2

Name	SONG MEI CHI
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Hougang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004890999
Alt. Police Station Phone No	(Fax) +65-63128989
Police Station Address	60 Hougang Ave 9 Singapore 538775
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?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKU6160R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SWEE LEH SEE
NRIC No	SXXXX482B
Contact Number	(Phone) +65-90175261
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	CHIA JIN GUAN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	RIGHT SHOULDER
Injured person in which vehicle?	SLA6609H
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 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.



[Signature] 28/07/2022
Policyholder's Signature / Date & Time
5.30pm

[Signature]
Driver's Signature (if driver is not the policyholder) / Date & Time
5.30pm

[Signature] 02/08/22
Witnessed by Reporting Centre
Personnel

681 Hougang Ave 8 carpark



A: SLA 6609H
B: SLA 6160R

Describe Circumstances of the Accident

Refer to the police report xlv.

Declaration

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

Policyholder's Signature /
Date & Time

28/07/2022

3.30pm



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

3.30pm

Witnessed by Reporting Centre
Personnel

02/08/22



**SINGAPORE
POLICE FORCE**



T/20220729/2020

1 of 3

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20220729/2020

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/07/2022 11:54	Vide Report No.:	Station Diary No.: 69
Informant's Particulars		
Name of Informant: CHIA JIN GUAN	Address: APT BLK 503 HOUGANG AVENUE 8 #08-726 SINGAPORE 530503	
ID Type / ID No.: NRIC NO / S9221807D	Contact No.: Home/Office:	Mobile: 87970621
Nationality: SINGAPORE CITIZEN	Email:	
Sex: Male	Age: 30	Date of Birth: 23/06/1992
Type of Informant: Driver		
Race: Chinese	Language:	Institution / School Name:
Occupation: Interior Designer	Driving Licence Information: Class: 3A	Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 28/07/2022 13:45	Type of Location: Car Park
Location: HOUGANG AVENUE 8				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKU6160R	Car				Slightly Damaged	0
SLA6609H	Car				Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20220729/2020

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

2 of 3

Report No. T/20220729/2020

CONTINUATION OF REPORT

Brief Details.

On 28/07/22 at about 1345hrs, I was travelling in a rented vehicle, SLA6609H at Hougang open carpark near Blk 681. As I was making my way out of the carpark, a vehicle, SKU6160R made a sudden exit from its parking lot and collided into my car which damaged both left doors of my vehicle. I immediately stopped and made a check on my vehicle.

There were scratches, dents on both left doors and around the tire body as well due to the impact. At that juncture, both parties did not require any medical assistance. We exchanged particulars with the involved driver and wish to state that we agreed to make claims via insurance.

Immediately, I proceed on to make a check at Mount Alvernia Hospital as I felt pain on my right shoulder and was given 5 days MC (28/07/22 to 01/08/22). MC no. 22000093156.

I wish to state that I rented the car via Dream Leasing Pte Ltd. No ambulance nor traffic police were at scene. No government property damaged. I have the recording of the incident for investigation purposes if required.

Thus, I am lodging this report for the traffic police and for my insurance purposes as well.



**SINGAPORE
POLICE FORCE**



T/20220729/2020

3 of 3

Police Station Of Origin:

Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

Report No. T/20220729/2020

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 /

INSP (1) ONG XIN REN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

SR STAFF SGT MUHAMMAD NOOR BIN

ABDUL RAHMAN

Contact No.: 65476219

Signature Of Informant:

Date/Time:

29/07/2022 11:54

Classification Of Case:

NP168



Serve all with Love

Mount Alvernia Hospital Medical Certificate

24-Hour Walk-in Clinic and
Emergency Department

No: M22000093156

This is to certify that CHIA JIN GUAN, S9221807D, is granted Outpatient Sick Leave for 5 day(s) from 28-Jul-2022 to 01-Aug-2022.

Remark :

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

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

Dr. Peter Looi
MCR : 04966B

28/07/2022

Date

Date of Accident : 28/07/2022 Accident Time : 12:45 (24 -HR-Format)

Accident Place (A) : 684 Hougang Ave 8 (carpark)

Vehicle Reg. No.(Car Plate No.): SLA 6609 H

Vehicle Make/Model : Mitsubishi Lancer

Insurance Company : Liberty Insurance Pte Ltd Policy No SD 21 V10886/VPZ/RO1

Owner or Company Name/IC No : Dream Leasing Pte Ltd UEN 20162095H

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

DRIVER'S Name / IC No : Chia Jin Guan IC No: 89221807D

DRIVER'S Date Of Birth : 23/06/92 DRIVER'S Licence Pass Date: 11/05/2021

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

DRIVER'S Address : 503 Hougang Ave 8 #08-726 S(530523)

DRIVER'S Contract No /Alt No :1) 87970621 2) _____

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

Email Address : dreamcurrent19@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) (3) Anybody injured in the accident: Yes / NO

Passenger Name : CHIA JIN GUAN (Male / Female) DRIVER

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)

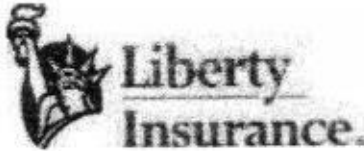
Vehicle Reg No: SKU 6160R Vehicle Reg No: _____

Vehicle Make \ Model: Honda Vezel Vehicle Make \ Model : _____

Driver Name : Swee Len See Driver Name: _____

Driver IC No : S0107482B Driver IC No: _____


Driver's Contract & Add: 9017 5261 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	SD21V10886 A/PZ /R01
Form	MZ406C
Date Of Issue	27-JUL-2021
1.Index Mark and Registration No. of Vehicle:	SLA6609H
2.Chassis number of Vehicle:	JMYSRCY1AGU004075
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 Signature	
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

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02-AUG-21