

NATIONAL Assessment Centre Services

Date In: 31/10/2022	Job description	Date & Time Completed	Done by
Ref No: NM/LIP22010800/Sr3	SAS e-filing		
Veh No: SME 7605D	E-mail (within 8hrs, A/C 2hrs)		
DOA: 30/10/2022 00:00	i-Motor Claim Form		
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: SNO 4935P 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

Mobile Reporting

NA2203050 NA2203052

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Int 1:

Int 2 / 3:

Invoice Preparation Checklist

	Amt (\$) 1st Bill	Amt (\$) Add Bill
1) AR: Accident Reporting (\$30);		
2) DA: Damage Assessment (\$100); INC (\$30)		
3) TF: Towing Fee \$40/\$45		
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: Idac DA + SMRT Survey \$160		
8) NTUC Additional Services:-		
ON*		
*N5: Courtesy Car / Tpl 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 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	31/10/2022 18:40 (SGT)
Reported by	Driver
Date of Accident	30/10/2022 00:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	RESORTS WORLD SENTOSA BASEMENT 1 CARPARK JUNCTION OF EAST ZONE H08 & J08
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME7605D
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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	Honda
Model	Hr-v
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1498

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SD22V11016VPZROZ

DRIVER

Name of Driver	JOSHUA CHIA GHIM LENG
NRIC No	SXXXX841G
Date Of Birth	09/06/1989

Occupation	Indoor
Date Of Driving Pass	23/01/2010
Driving experience	12 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90118459
Alt. Phone Number	-
Email Address	DREAMCARRENTALSG@GMAIL.COM
Address	102A BIDADARI PARK DRIVE #09-193
Address complement	-
Postcode	S 341102
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)	4
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	FONG MANYU STEFANIE
Gender	Female

PASSENGER 2

Name	THAM CHIEN WUI
Gender	Female

PASSENGER 3

Name	ALARIC YEO ZHI SHENG
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Clementi Division Headquarters
Police Station Phone No	(Phone) +65-18007740000
Alt. Police Station Phone No	(Fax) +65-67741705
Police Station Address	20 Clementi Avenue 5 Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO ATTACHED 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 SND4935P
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver DAVID SIM
 Contact Number (Phone) +65-81363333
 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

31/10/22
11.30am

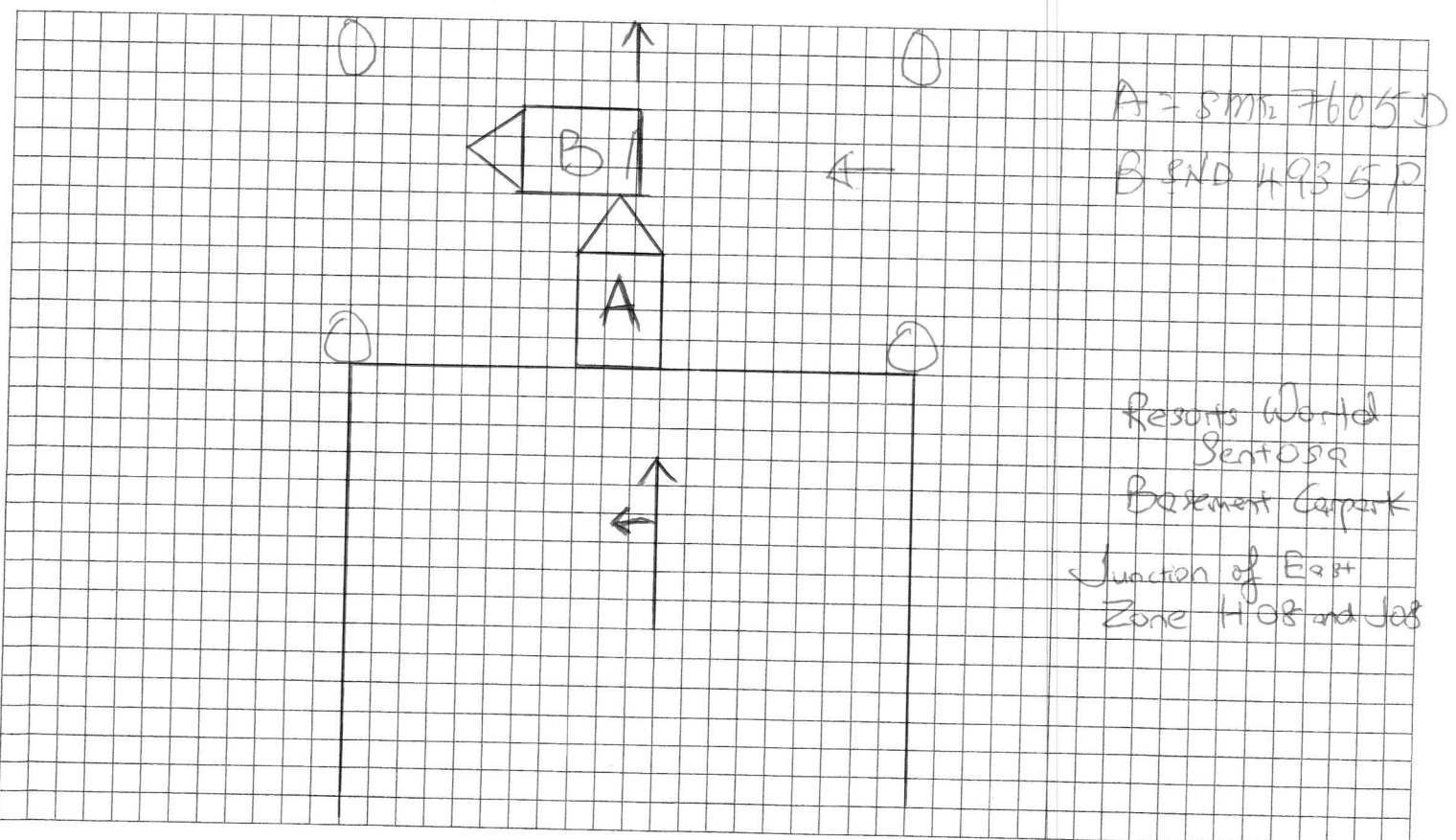
Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature]

31/10/22
11.30am

Witnessed by Reporting Centre Personnel

[Signature] 31/10/2022



Describe Circumstances of the Accident

Refer to police report NO. 0/2022/030/7006

Declaration

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



31/10/22
11:30am.

Policyholder's Signature /
Date & Time

31/10/22
11:30am

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

31/10/2022

Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



D/20221030/7006

1 of 3

POLICE REPORT (NP299)

Report No. D/20221030/7006

Police Station Of Origin
Clementi Division HQ
20 Clementi Avenue 5 SINGAPORE 129858
Tel No:1800-7740000

Date/Time Report Made 30/10/2022 11:39	Vide Report No.	Station Diary No.
Name Of Informant JOSHUA CHIA GHIM LENG	Address 102A BIDADARI PARK DRIVE #09-193 SINGAPORE 341102	
ID Type / ID No. NRIC NO / S8922841G	Contact No. Home/Office: Mobile: 90118459	
Nationality SINGAPORE CITIZEN	Email Address JOSHUA.CHIA@HOTMAIL.COM	
Occupation Registered nurse and other nursing professionals	Sex Male	Age 33
Institution/School Name	Date of Birth 09/07/1989	Race Chinese
Date/Time Of Incident 30/10/2022 00:00 - 30/10/2022 00:30	Location Of Incident 8 SENTOSA GATEWAY RESORTS WORLD SENTOSA SINGAPORE SINGAPORE 098269	

Brief details.

A road traffic accident occurred between my car (License plate number: SME7605D) and the other party's car (License Plate Number: SND4935P) at Resorts World Sentosa Basement Carpark at the junction of East Zone H08 and J08. In the car with me were 3 other passengers with their seatbelts on, 1 in the front seat and 2 at the back seat. I was heading straight and ready to proceed to exit the carpark. At the junction I had depressed my footbrake and checked my corners, I did not visualise any headlights

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 30/10/2022 11:39
Officer In-Charge Of Case:	Classification Of Case:



or seen any incoming cars at this point. Subsequently, as I continue to let go of the footbrake, the other party's car appeared in front of me and i fully depressed the brake immediately. However, the crash occurred.

After the brake had occurred, I utilised the gear to switch to parking mode. Then, I proceeded to check with my passengers if they were injured, to which they were all unharmed. Subsequently, I exited the car and proceeded to the car and to check with the driver, Mr David Sim, and his passengers. At this point of time, Mr David Sim and the other passengers did not display any signs of traumatic injuries or bleeding. Afterwhich, Mr David Sim exited the vehicle and I proceeded to ask him if he was alright and had any pain in any part of his body. But he did not say anything. Afterwhich, he proceeded to lie on the ground and closed his eyes. I checked for his response, but he did not respond to me. However, he responded to the other passengers in his car, namely, Ms Noi, who asked him if he was alright. I proceeded to call 995, but another passenger from Mr David's car had already called 995, thus I cancelled the car before it got through. While waiting for the paramedics to arrive, I continued to ask the passengers in Mr David's car if Mr David had any medical conditions, to which they collectively answered 'No'. Thus, I continued to stay by Mr David and monitor his condition, while ensuring he and all the passengers from both cars were ok. Only Mr David Sim, laid on the kerb on a lady, Ms Jennifer, who claimed that she knew Mr David. Shortly, the paramedics had arrived and assessed his condition, taking vital sign parameters and a electrocardiogram. After checking on him, the paramedic came to check on the passengers in my car and myself, to which we were all ok.

During this period of time, 1 of the passengers from Mr David's car , who was wearing a red shirt, asked to exchange details. A guy in white shirt, who was with Ms Jennifer, claimed to be Mr David's friends.

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:
30/10/2022 11:39

Classification Of Case:



**SINGAPORE
POLICE FORCE**



D/20221030/7006

3 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20221030/7006

Thus, he asked me for my IC to exchange details for the accident. However, when I asked for Mr David Sim's IC, the passengers in his car, Ms Jennifer and the guy in white shirt all refused to give me his IC, to take down the details. Hence, we waited for the traffic police to arrive. After arrival, the traffic police was Mr Farhan, who had retained my SD card from the car CCTV.

The only details I managed to obtain from the other parties are as follows: Mr David Sim, Handphone number 81363333. Ms Jennifer, Handphone number 83220870.

Subjects Involved			
Victim			
Person Name	JOSHUA CHIA GHIM LENG		
ID Type	NRIC NO	ID No	S8922841G
Gender	Male	Age	33
Race	Chinese	Language	English
Occupation	Registered nurse and other nursing professionals	Address	102A BIDADARI PARK DRIVE #09-193 SINGAPORE 341102
Mobile No	90118459	Is Informant A Victim?	Yes
Person Name	JOSHUA CHIA GHIM LENG (Informant)		

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:
30/10/2022 11:39

Classification Of Case:

Date of Accident : 30/10/2022 Accident Time : 0000hrs (24 -HR-Format)

Accident Place (A) : Resorts World Sentosa Basement 1 Carpark, Junction of Exit Zone H03 and J08.

Vehicle Reg. No.(Car Plate No.): SME 7605D

Vehicle Make/Model : Honda HRV 1.5A

Insurance Company : Liberty Insurance Pte Ltd Policy No SD 22V 11016/VP2/R02

Owner or Company Name/IC No : Dream Leasing Pte Ltd, UEN: 201620953H

Owner or company Contract No: - Owner's Hp 8128 8789 Company Tel -

DRIVER'S Name / IC No : JOSHUA CHIA GHIM LENG IC No: S8922841G

DRIVER'S Date Of Birth : 9th July 1989 DRIVER'S Licence Pass Date: 23rd January 2010

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

DRIVER'S Address : 102A BIDADARI PARK DRIVE, #09-193, Singapore 341102

DRIVER'S Contract No /Alt No :1) 90118459 2) -

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

Email Address : dreamcurrently@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) (4) Anybody injured in the accident: Yes / NO

Passenger Name : FONG MANYU STEFANIE, THAM CHIEN WMI (Male / Female)
ALARIC YEO ZHI SHENG

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: SND 4935P Vehicle Reg No: -

Vehicle Make \ Model: MERCEDES Vehicle Make \ Model : -


Driver Name : DAVID SIM Driver Name: -

Driver IC No : - Driver IC No: -

Driver's Contract & Add: 8136 3333 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

Certificate No	SD22V11016 /VPZ /R02										
Form	MZ406C										
Date Of Issue	16-AUG-2022										
1.Index Mark and Registration No. of Vehicle:	SME7605D										
2.Chassis number of Vehicle:	JHMRU1830JX200272										
3.Name of Policyholder:	DREAM LEASING PTE LTD										
4.Effective date of Commencement of Insurance for the purpose of the Act:	03-AUG-2022 00:00 AM										
5.Date of Expiry of Insurance:	02-AUG-2023 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: <table style="width: 100%;"> <tr> <td style="width: 30%;">COVERAGE :</td> <td>Comprehensive, Unlimited Windscreen, PHV Extension (Geographical Area: Singapore only)</td> </tr> <tr> <td>SUM INSURED:</td> <td>MARKET VALUE AT THE TIME OF LOSS</td> </tr> <tr> <td>EXCESS:</td> <td>All Claims S\$2000, Additional Excess for Young, Elderly & Inexperienced Drivers S\$2000, Windscreen Excess S\$100</td> </tr> <tr> <td>FINANCE COMPANY:</td> <td>HONG LEONG FINANCE LTD</td> </tr> <tr> <td>PRODUCER NAME:</td> <td>NEWSTATE STENHOUSE (S) PTE LTD</td> </tr> </table>		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:	HONG LEONG FINANCE LTD	PRODUCER NAME:	NEWSTATE STENHOUSE (S) PTE LTD
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PLVCA/16-AUG-22

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16-AUG-22