

# NATIONAL Assessment Centre Services

Date In 02/03/2023	Job description	Date & Time Completed	Done by
Ref No NM/HP23002272/Wd4	SAS e-filing		
Veh No SMD 1915D	E-mail (within 8hrs. A/C 2hrs)		
DOA 01/03/2023 14:30	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: WC 8236 X.

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

NA2300640 / NA2300641	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)			
Call 1:	6) TR: Re-inspection \$75			
Call 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 date/	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	02/03/2023 17:41 (SGT)
Reported by	Driver
Date of Accident	01/03/2023 14:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TUAS SOUTH AVENUE 14
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD1915D
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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	Mazda
Model	6
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	Private car
Transmission	Auto
CC	1998

#### INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SD22V11018/VPZ/R00

#### DRIVER

Name of Driver	ARIVAZHAGAN RAMALINGAM
NRIC No	SXXXX990J
Date Of Birth	04/05/1981
Occupation	Outdoor

Date Of Driving Pass .....	22/06/2011
Driving experience .....	11 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-81685425
Alt. Phone Number .....	-
Email Address .....	dreamcarrentalsg@gmail.com
Address .....	APT BLK 531 JURONG WEST STREET 52
Address complement .....	# 03-415
Postcode .....	640531
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
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? .....	Yes
Police Station Name .....	Jurong West Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002689999
Alt. Police Station Phone No .....	(Fax) +65-62672438
Police Station Address .....	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED STATEMENT - T/20230301/2148

#### 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 WORKSHOP

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	WC8236X
Vehicle Manufacturer .....	Isuzu
Vehicle Model .....	Cyh52s



Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	SUN JIANG HUA
Passport No/FIN .....	GXXXX468N
Contact Number .....	(Phone) +65-83870868
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 .....	ARIVAZHAGAN RAMALINGAM
Gender .....	Male
Phone No .....	(Phone) +65-81685425
Address .....	APT BLK 531 JURONG WEST STREET 52
Address Complement .....	# 03-415
Post Code .....	640531
Approximate Age Years Old .....	-
Injuries Sustained .....	PAIN ON THE LEFT SIDE SHOULDER,BACK OF NECK AND BACK PAIN
Injured person in which vehicle? .....	SMD1915D
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

**IMPORTANT NOTICE****SKETCH PLAN**

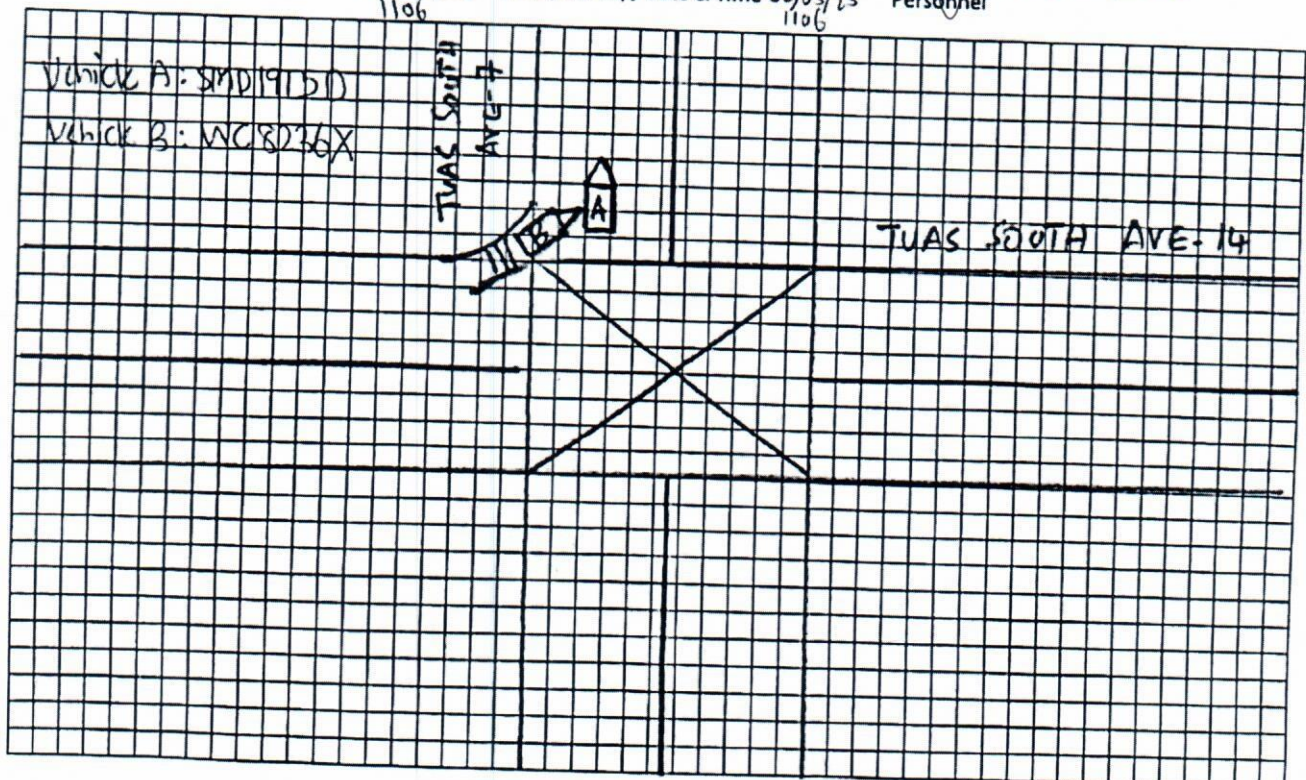
1. Please report correctly the details of the accident to speed up the claims process.
2. This form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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  
*[Signature]*  
02/03/2023  
1106

Driver's Signature (if driver is not the policyholder) / Date & Time  
*[Signature]*  
02/03/23  
1106

Witnessed by Reporting Centre Personnel  
*[Signature]* 2/3/23





**Describe Circumstances of the Accident**

Refer to Police Report : T/20230301/2148

**Declaration**

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



*[Signature]*

Policyholder's Signature /  
Date & Time 02/03/2023  
1106

*[Signature]*

Driver's Signature (If driver is not  
the policyholder) / Date & Time  
02/03/2023  
1106

*[Signature]* 2/3/23

Witnessed by Reporting Centre  
Personnel



**SINGAPORE  
POLICE FORCE**



T/20230301/2148

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

1 of 4

Report No. T/20230301/2148

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 01/03/2023 22:45		Vide Report No.:		Station Diary No.: 160	
<b>Informant's Particulars</b>					
Name of Informant: ARIVAZHAGAN RAMALINGAM			Address: APT BLK 531 JURONG WEST STREET 52 #03-415 SINGAPORE 640531		
ID Type / ID No.: NRIC NO / S8184990J			Contact No.: Home/Office: Mobile: 81685425		
Nationality: INDIAN			Email:		
Sex: Male	Age: 41	Date of Birth: 04/05/1981	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: SITE MANAGER			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/03/2023 14:30	Type of Location: Straight Road
Location: TUAS SOUTH AVENUE 7				
Lamp Post Number: 48S1				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		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
SMD1915D	Car	MAZDA	MAZDA6	Grey	Seriously Damaged	0
WC8236X	CONCRETE TRUCK	ISUZU		White	Slightly Damaged	0

**Details of Person Involved**

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





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999



T/20230301/2148

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Report No. T/20230301/2148

**CONTINUATION OF REPORT**

Driver			
Name	ARIVAZHAGAN RAMALINGAM	ID No.	S8184990J
Related Vehicle	SMD1915D (Car)	Contact No.	81685425
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	01/03/2023	Date Discharge	01/03/2023
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	SUN JIANGHUA	ID No.	G2128478N
Related Vehicle	WC8236X (CONCRETE TRUCK)	Contact No.	83870868
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 1/3/2023 at about 1430hours, I was driving a rental car bearing plate number SMD1915D (Grey Mazda 6, which was rented by my company namely Tialoc Singapore Pte Ltd) along Tuas South Avenue 7. I was going straight when suddenly there was another concrete truck bearing plate number WC8236X, (Company namely "Topmix") which was coming from the direction of Tuas South Avenue 14 at a filter lane.

I then saw the concrete truck approaching from the filter lane and slowed down my car, I even horned at the concrete truck driver to signal out to him. He managed to slow down however the truck still accelerated forward. Thus, the front right side of the truck had collided with my rental car's left side.

I then stopped my car at the side of the road and went down to make a check. The other driver and I then exchanged particulars.

I then suffered some pain on the left side of my shoulders, back of my neck and the back. I wish to state that this is the first time such incident had happened. My rental car sustained damages mainly on the left side of the car, whereby the door and window and side mirror were cracked and smashed. I am unsure of the total cost of damages. I then informed the rental company (Dream Car Leasing) of the accident, and they advised me to make a Police report.

I am unsure of there was any CCTV located around the vicinity. I am unsure if there was any in-car camera inside the rental car.





**SINGAPORE  
POLICE FORCE**



T/20230301/2148

1 of 4

Police Station Of Origin:

Jurong West N.P.C

700 Corporation Road SINGAPORE 649818

Tel No. 1800-2689999

Report No. T/20230301/2148

**CONTINUATION OF REPORT**





**SINGAPORE  
POLICE FORCE**



T/20230301/2148

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649810  
Tel No: 1800-2689999

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Report No: T/20230301/2148

**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:

J/  
STAFF SGT NUR SYAFIAH  
BINTE ABDUL LATIFF

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
01/03/2023 22:45

Officer In Charge Of Case:  
TP / AEIT /  
SR STAFF SGT FAHKRUL RAZI BIN SUHAIME  
Contact No.: 65470000

Classification Of Case:

NP168




Date of Accident : 01/03/2022 Accident Time : 1430 hrs (24 -HR-Format)  
Accident Place (A) : Tuas South Ave. 14  
Vehicle Reg. No.(Car Plate No.): SMD 1915 D  
Vehicle Make/Model : MAZDA 6 2.0  
Insurance Company : LIBERTY INSURANCE PTE LTD Policy No SD22W11013/VPZ/R00  
Owner or Company Name: DREAM LEASING PTE LTD UEN: 201620953H  
Company's Email Address : dreamcarrentals@gmail.com  
Owner or Company Contract No: \_\_\_\_\_ Owner's Hp 91288789 Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No : Arivazhagan Ramalingam IC No: 581849927  
DRIVER'S Date Of Birth : 04/05/1981 DRIVER'S Licence Pass Date: 22/Jun/2011  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Other HIRE  
DRIVER'S Address : Blk- 521 #03-415 Juncy West St- 52 640531  
DRIVER'S Contract No /Alt No : 1) 81685425 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR OUTDOOR (e.g. Working inside or outside office)  
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 : \_\_\_\_\_ (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:	<u>WC 8236 X</u>	Vehicle Reg No: _____
Vehicle Make \ Model:	<u>ISUZU GYH-52</u>	Vehicle Make \ Model : _____
Driver Name :	<u>SUN JIANG HUA</u>	Driver Name: _____
Driver IC No :	<u>62128468N</u>	Driver IC No: _____
Driver's Contract & Add:	<u>83870868</u>	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, 1990  
 ROAD TRANSPORT ACT, 1987  
 ROAD TRANSPORT (AMENDMENT) ACT 2019  
 THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959

Certificate No	SD22V11018 /VPZ /R00
Form	MZ406C
Date Of Issue	16-AUG-2022
1.Index Mark and Registration No. of Vehicle:	SMD1915D
2.Chassis number of Vehicle:	JM6GL1071H0118425
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*:	
<p>Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired.</p> <p>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.</p> <p>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.</p>	
7.Limitations as to use*:	
<p>A) Use for carriage of passengers or goods in connection with the Policyholder's business.</p> <p>B) Use for social, domestic, pleasure and business purposes of any person to whom the vehicle is hired.</p> <p>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.</p>	
8.Policy does not cover:	
<p>A) Use for racing, pace-making, reliability trial or speed-testing.</p> <p>B) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.</p> <p>*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.</p>	
<p>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.</p>	
<p>For and on behalf of  <b>LIBERTY INSURANCE PTE LTD</b>          Approved Insurers</p>  <hr/> Authorised Signature	
<p><b>For Information only:</b></p> <p><b>COVERAGE :</b> PHV Extension (Geographical Area: Singapore only), Third Party Fire &amp; Theft</p> <p><b>SUM INSURED:</b> MARKET VALUE AT THE TIME OF LOSS</p> <p><b>EXCESS:</b> All Claims S\$2000, Additional Excess for Young, Elderly &amp; Inexperienced Drivers S\$2000</p> <p><b>FINANCE COMPANY:</b> TAI THONG LEE TRADING PTE LTD</p> <p><b>PRODUCER NAME:</b> NEWSTATE STENHOUSE (S) PTE LTD</p>	

PLVCA/16-AUG-22

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16-AUG-22

Aug 16, 2022, 4:32 PM