

NATIONAL Assessment Centre Services (wef 1 Jan 06)

Date In: 07/06/2023	Job description	Date & Time Completed	Done by
Ref No: NA/LIP23005862/J	SAS e-filing		
Veh No: SLM 846R	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 06/06/23	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: Railing

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:-	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

NA2301688	Invoice Preparation Checklist		Am't (\$)	Am't
			1st Bill	Ad.
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);			
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			
	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*			
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpl Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
Auditors Comments:-	*N8: DV / Collect Excess Coordination \$5			
Cat. 1:	TP (N11): TP (Non INC) against INC \$20			
Cat. 2 / 3:	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	07/06/2023 14:15 (SGT)
Reported by	Actual Driver
Date of Accident	06/06/2023 07:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ANCHORVALE ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM846R
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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) +65-67489747
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Attrage
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	1193

INSURANCE COMPANY

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

DRIVER

Name of Driver	ENIT BIN OMAR
NRIC No	TXXXX193C
Date Of Birth	13/05/2004
Occupation	Indoor

Date Of Driving Pass	31/05/2023
Driving experience	1 MONTH
Gender	Male
Mobile Number	(Phone) +65-90427495
Alt. Phone Number	-
Email Address	dreamcarrentals@gmail.com
Address	APT BLK 313C ANCHORVALE ROAD
Address complement	# 12-142
Postcode	543313
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	Collided into Property
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?	Yes
Police Station Name	Tampines Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005871999
Alt. Police Station Phone No	(Fax) +65-65871699
Police Station Address	6 Tampines Ave 4 Singapore 529682
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT - T/20230606/2020

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 THE TP OFFICER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	RAILING
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	.....	-
Vehicle Colour	.....	-
Vehicle Category	.....	Government
Name of Driver	.....	-
Contact Number	.....	-
Address	.....	-
Address complement	.....	-
Postcode	.....	-
Insurance Company Name	.....	-
Nature Of Damage	.....	-
Details of property damaged in accident	.....	-
No. Of Passenger (Including Driver)	.....	-

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.



R

Policyholder's Signature / Date & Time

06/06/2023
1313

[Signature]

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

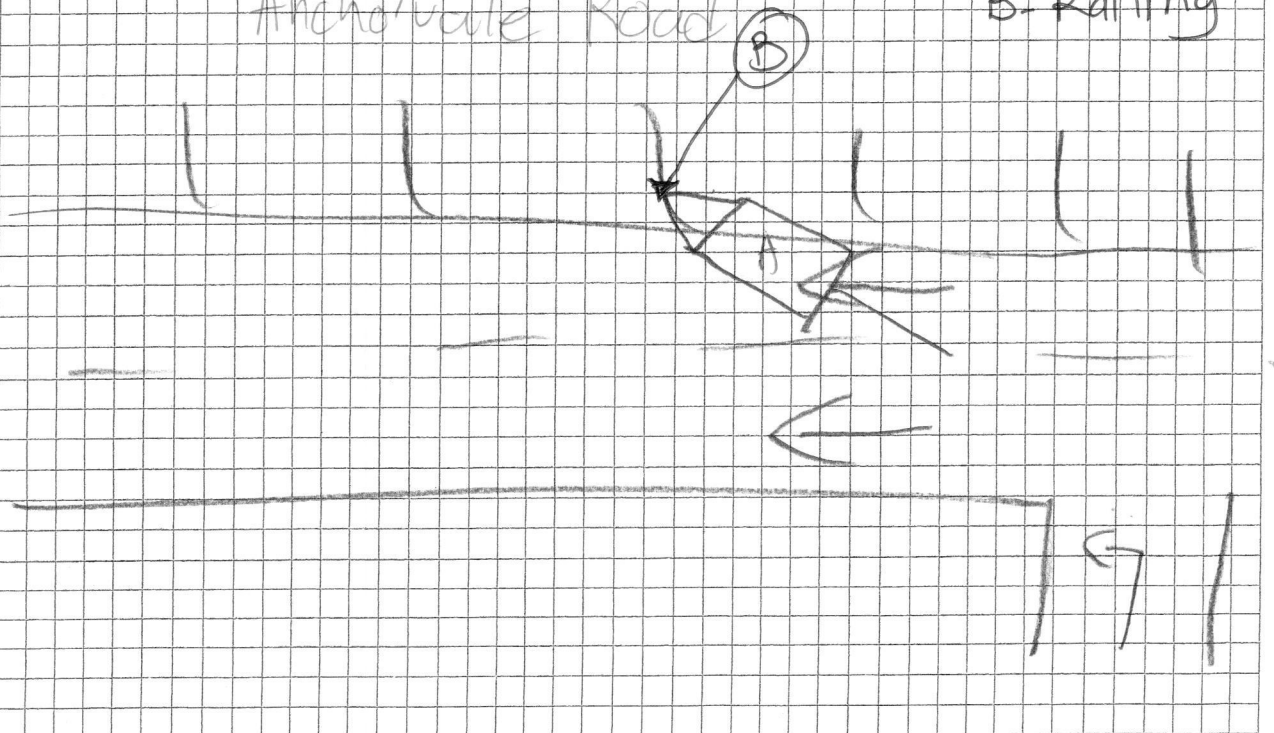
06/06/2023
1313

[Signature] 07/06/2023

Witnessed by Reporting Centre Personnel

Anchorvale Road

A. 846 R
B. Railing



Describe Circumstances of the Accident

Refer Police Report NO. T/20230606/2020

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time 06/06/2023

1313

Driver's Signature (If driver is not the policyholder) / Date
& Time 06/06/2023

1313

07/06/2023
Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



T/20230606/2020

1 of 3

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20230606/2020

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/06/2023 10:46		Vide Report No.: F/20230606/0048		Station Diary No.: 27	
Informant's Particulars					
Name of Informant: ENIF BIN OMAR			Address: APT BLK 313C ANCHORVALE ROAD #12-142 SINGAPORE 543313		
ID Type / ID No.: NRIC NO / T0412193C			Contact No.: Home/Office: Mobile: 90427495		
Nationality: SINGAPORE CITIZEN			Email: enifomar@gmail.com		
Sex: Male	Age: 19	Date of Birth: 13/05/2004	Type of Informant: Driver		
Race: Malay			Language:		
Occupation: Student			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/06/2023 07:25	Type of Location:
Location: ANCHORVALE ROAD				
Weather:		Road Surface:		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLM846R	Car					0

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



**SINGAPORE
POLICE FORCE**



T/20230606/2020

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

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Report No. T/20230606/2020

CONTINUATION OF REPORT

Driver			
Name	ENIF BIN OMAR		ID No. T0412193C
Related Vehicle	SLM846R (Car)		Contact No. 90427495
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL

Brief Details.

On 06/06/2023 at 0725hrs I was driving my car and was exiting the carpark of Blk 313 Anchorvale road and was making a left turn into Anchorvale road. While turning left, I heard something fell off from the dashboard which caught my attention and look downwards afterwhich I switched my sight back to the front. I then realized that my car was swerving to the right and eventually lightly collided onto the center guard railing which caused the railing to uproot, there was a LTA officer nearby which assisted me to call Traffic police to attend the accident. Police then took the in-car camera memory card and issued me a acknowledgement slip which include the case number (F/20230606/0048) and adviced me to make a report in regard to this accident.



**SINGAPORE
POLICE FORCE**



T/20230606/2020

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

3 of 3

Report No. T/20230606/2020

CONTINUATION OF REPORT

Signature of Officer Recording The Report:
G /
SGT 3 NG JUNJIE, EDWIN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SR STAFF SGT MOHAMED SUFIAN BIN
MOHAMED JUNID
Contact No.: 65476247

Signature Of Informant:

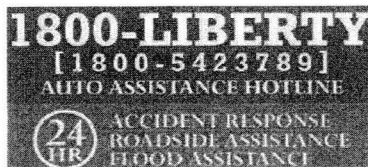
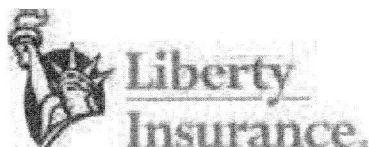
Date/Time:
06/06/2023 10:46

Classification Of Case:

Date of Accident : 6/6/2023 Accident Time : 07:25 (24 -HR-Format)
Accident Place (A) : Anchorvale Road
Vehicle Reg. No.(Car Plate No.): SLM 846R
Vehicle Make/Model : Mitsubishi Attrage 1.2A
Insurance Company : Liberty Insurance Pte Ltd Policy No SD22V11018/VPZ /ROD
Owner or Company Name/IC No : Dream Leasing Pte Ltd. (201620953H)
Owner or company Contract No: _____ Owner's Hp 81288789 Company Tel 67489747
DRIVER'S Name / IC No : Enit Bin Omar IC No: T04121936
DRIVER'S Date Of Birth : 13/05/2004 DRIVER'S Licence Pass Date: 31/5/2023
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Other HIRER
DRIVER'S Address : 393C Anchorvale Road #12-142 S640313
DRIVER'S Contract No /Alt No :1) 9042 7495 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 : _____ (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>Reuling</u>	Vehicle Reg No:	_____
Vehicle Make \ Model:	_____	Vehicle Make \ Model :	_____
Driver Name :	_____	Driver Name:	_____
Driver IC No :	_____	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	SD22V11018 /VPZ /R00
Form	MZ406C
Date Of Issue	16-AUG-2022
1.Index Mark and Registration No. of Vehicle:	SLM846R
2.Chassis number of Vehicle:	MMBSTA13AHH003760
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:	
COVERAGE :	PHV Extension (Geographical Area: Singapore only), Third Party Fire & Theft
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	All Claims S\$2000, Additional Excess for Young, Elderly & Inexperienced Drivers S\$2000
FINANCE COMPANY:	TAI THONG LEE TRADING PTE LTD
PRODUCER NAME:	NEWSTATE STENHOUSE (S) PTE LTD

PLVC-/16-AUG-22

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16-AUG-22