

NATIONAL Assessment Centre Services (ver 1.0/1/00)

NA107124

Date In: 17/4/2018 09:41	Job description: SAS e-illing	Date & Time Completed:	Done by:
Ref No: NBS/MSG/NO21967/4	E-mail (with/less, A/C sheet)		
Veh No: SUB 5274 R	1-Motor Claim Form		
D.O.A: 16/11/2017 12:20	1-Motor W/O (with/less, O.D. sheet, TP sheet)		
OO: TP Reporting Only	1-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: (Tel: (Fax: (
TP Particulars: Yel No: SV2886M	INC () / Non-INC ()	
Owner / Driver: (Tel: (
Policy No: (Period: (Cover Type: (
Confirmed by: (Date: (Time: (
Insured/Driver Liability: (%)	(Note: BSL Status (WO): N: 0-20%; P: 21-79%; P: 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/No/Line	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	Action

NA107124	Invoice Preparation Checklist	Amount (\$)	SAHUC/Mod.Bill
Human's Particulars:	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$50)		
Contact No:	3) TP: Towing Fee \$40/\$60		
Assigned Pardon:	4) FT: Follow-Through Survey \$120		
	5) XT: Follow-Through Survey (Resurvey) \$20		
	Forfeiture against INC Only (ver 1.0 Jan 2009)		
	6) TR: Re-inspection \$15		
	7) NI: Issue DA + SMRT Survey \$140		
	8) NTUC Additional Services		
C. Checked by (Bngr-In-Charge):	9) OT: _____		
	10) NI: Courtesy Car / Tpl Allowance \$3		
	11) NI: Repair Coordination \$10		
	12) NI: Post Repair Inspection \$15		
	13) NI: DV / Collect Unpaid Coordination \$1		
	TP (Nil): TP (Non INC) against INC \$20		
	14) NI: Issue Receipts \$5		
	Invoice Total		
	Amount Paid		

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 ability.
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 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 Report	17/11/2017 09:41
Date Of Accident	16/11/2017 12:20
Exact Location Of Accident	HILL ST AFTER JUNCTION OF STAMFORD RD/VICTORIA ST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLB5274R
Insured/Policyholder	
Name Of Registered Owner	HITACHI CAPITAL ASIA PACIFIC PTE LTD
Co Reg No	-
Email Address	DANNYLIMKG@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97715959
Alternative Phone No	OFFICE-97715959
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	ELANTRA
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MSD/VP/CP/17-000697-00
Cover Note Number	
Driver	
Name of Driver	LIM KIM GUAN
NRIC No	S1756129D
Date Of Birth	25/02/1966
Occupation	INDOOR
Date Of Driving Pass	30/03/1991
Driving Experience	26 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97715959
Fax Number	
Contact Number	OTHERS-97715959
EMail Address	DANNYLIMKG@YAHOO.COM.SG

Address	BLK 621 YISHUN RING ROAD #07-3164
Postcode	760621
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - LEASING
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJV2886M
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	MR.LIM
NRIC/Passport Number	
Contact Number	94781162
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Details of Witness

Name	
Phone Number	
Email Address	

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 lodgment 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:

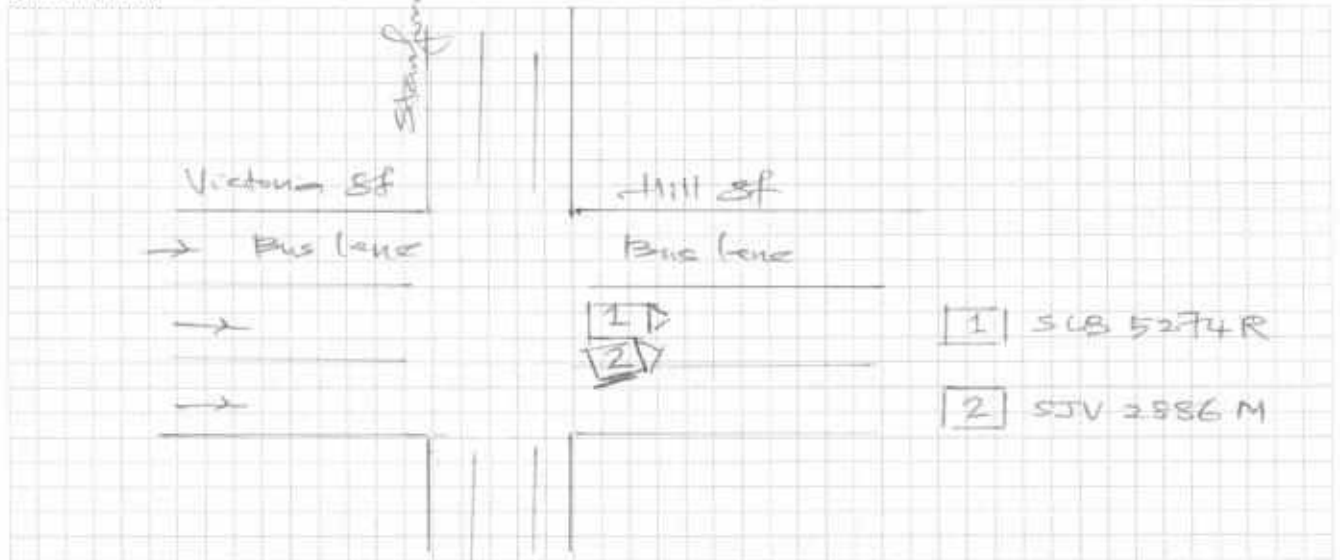
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: *Pasli Nordin*
NRIC/FIN No:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 16/11/17 @ about 1220hrs, I was driving along Victoria St and stop right of the junction of Stamford Road. My vehicle is one with registration number plate SLB 5274 R.

I was then at the 2nd lane beside the bus lane. When the traffic light at the said junction (Victoria St X Stamford Road) turned green, I drove my car forward onto Hill Street and suddenly another vehicle SVJ 2886 M tried to cut into my lane and collided onto my driver side of my vehicle.

Before I could right to take photos of the positions of vehicles after collision, the driver of SVJ 2886 M drove forward to park his car along Hill Street.

No one is injured. My vehicle front right position was dented and ^{high} scratches.

The driver of SVJ 2886 M is a male Chinese who identified himself as Mr. Lim (HP: 94781162).

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: 17/11/17

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: 94781162

HITACHI CAPITAL ASIA PACIFIC PTE. LTD.

111 Somerset Road #11-05 Singapore 238164

Agreement Date: 13/04/2016

Agreement No.: 58615

AUTOMOBILE LEASE AGREEMENT THE SCHEDULE

(Lessor)	Name : Hitachi Capital Asia Pacific Pte. Ltd.	UEN No. : 199400399N
	Address : 111 Somerset Road #11-05 Singapore 238164	
(Lessee)	Name : LIM KIM GUAN	NRIC/PP/UEN No: S1756129D
	Address : BLK 119 TAMPINES STREET 11 #04-186 SINGAPORE 521119	
(Guarantor)	Name : LEE KWK HNG	NRIC/PP/UEN No : S115129ZE
	Address : 84 CORPORATION ROAD #01-08 SINGAPORE 649821	

DESCRIPTION OF VEHICLE ("Vehicle")

MAKE / MODEL AND DISTRIBUTOR OF VEHICLE	COLOUR	REGISTRATION NO.
1. Make / Model : HYUNDAI ELANTRA AD 1.6 GLS AT		
2. Chassis / Engine No. : RMD841CMH131482 / G4FGG150094	BEIGE	SLB5274R
3. Distributor : KMD MOTOR P/L ("Distributor")		

TERMS OF RENTAL PAYMENT

- Commencement Date: 13/04/2016
- Period of Lease: From 13/04/2016 to 12/04/2021 (60 months) ("Lease Period").
- Initial Payment of SGDS 9,556.10 Plus GST SGDS 668.93 ("Initial Payment") and thereafter 59 monthly rental of SGDS 1,144.97 each Plus GST SGDS 80.15 ("Rental"), due on the 13th day of each month (payable in advance) ("Due Date").
- Security Deposit: SGDS 0.00

OTHER TERMS OF LEASE (* Except for Items 8, 12 & 13, please delete the option clearly if inapplicable)

- Service : ~~Distributor's Package ("Package")~~ / Lessee to pay for own service at []
- Mileage Limit : YES () / Kilometer every () / Month () / NO
- Motor Insurance : ~~Included in Rental~~ / Not-included in Rental
- Road Tax : ~~Included in Rental~~ / Not-included in Rental
- 24 Hr Emergency Break down & Towing in Singapore : YES / NO
- 24 Hr Emergency Break down & Towing in Malaysia : YES / NO
- Collision Damage Waiver (CDW) : YES / NO
- Mandatory Excess SGDS 1,500.00 (in Singapore) and SGDS 1,500.00 (in Malaysia) in respect of each and every single accident.
- GPS Tracking : YES (Please refer to Clause 17.3) / ~~NO~~
- Provision of Courtesy Car : YES (subject to Clause 7.4) / NO
- Replacement cost of Vehicle's Tyres : ~~Included in Package~~ / Payable by Lessee
- Contractor (pursuant to Clause 12.1.1) :
- Estimated Residual Value (For reference only) : \$32,741.61

FULL PARTICULARS OF MAIN NAMED DRIVER

Name : LIM KIM GUAN

Company :

Address :

NRIC/FIN/PP No : S1756129D

Date of Birth :

Nationality :

Contact No. :

Driving Licence No :

FULL PARTICULARS OF OTHER NAMED DRIVER

Name :

Company :

Address :

NRIC/FIN/PP No :

Date of Birth :

Nationality :

Contact No. :

Driving Licence No :

WITNESS to Lessor Signature

SIGNED by
for and on behalf of HITACHI CAPITAL ASIA PACIFIC PTE. LTD. (Lessor)

Name : Cheryl Wong
NRIC/PP No : S69761901

Authorised Signatory

HITACHI CAPITAL ASIA PACIFIC PTE. LTD.
N. S. WONG SAMON (MR)
General Manager
Total Vehicle Solution
Asia Pacific Business Division

WITNESS to Lessee Signature

Witness Signature Name :
NRIC/PP No :

SIGNED by OR for and on behalf of LESSEE:

Lessee Signature (Name : LIM KIM GUAN)

WITNESS to Guarantor Signature

Witness Signature Name :

NRIC/PP No :

SIGNED by GUARANTOR:

Guarantor Signature (Name : LEE KWK HNG)

ACCIDENT STATEMENT

ACCIDENT DATE: 16/11/17 (DD/MM/YYYY), TIME: 1220 (HH:MM)

LOCATION: Hill Street after Junction of Stamford Road
and Victoria Street

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLB 5274 R
b) INSURANCE COMPANY: MSIG
c) POLICY NUMBER: MSD/VREP/17-000697
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: HYUN / ELANTRA
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: LIM KIM GUAN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1756129 D CONTACT: 97715759
c) ADDRESS: BLK 621 YISHUN RING ROAD
#07-3164 SC7606217

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

- DRIVER
a) NAME: HITACHI CAPITAL ASIA PTE LTD (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: 111 SOMERSET ROAD
#11-05 SC2381647

* d) DATE OF BIRTH: 25/02/66 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING LICENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SVV 2886 M MODEL: _____
b) DRIVER'S NAME: Mr Lim
c) NRIC/FIN/PASSPORT: _____ CONTACT: 94781162

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

No. of passenger
(including driver)
(1)

No. of passenger
(including driver)
(1)

No. of passenger
(including driver)
()

email = dannylimky@yahoo.com.sg

fax =

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1756129D



Name

LIM KIM GUAN

林金源

Race

CHINESE

Date of birth

25-02-1966

Sex

M

Country of birth

SINGAPORE



4828281



NRIC No. S1756129D

Date of issue

17-09-2010

APT BLK 821 YISHUN RING ROAD #07-3184
SINGAPORE 750621

NRIC No: S1756129D

Date: 25/07/2018

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S 1756129**

Name:

LIM KIM GUAN

Birth Date: **25 Feb 1966**

Issue Date: **10 Feb 2004**



001114560C

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 3 **Motor Cars and Motor Tractors the weight of
which unladen does not exceed 2500 kilograms**

30 Mar 1991

NP 428A



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 (Malaysia)
Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia)

24/03/2017

Excess : \$1500/-SECT I

Others Excess : Refer to your policy schedule

A0215-101

MSD/VPCP/17-000697-00

CERTIFICATE No.

1. Index Mark and Registration

Number of Vehicle

SLB5274R

2. Name of Policy holder

HITACHI CAPITAL ASIA PACIFIC PTE. LTD.

3. Effective date of the Commencement of
Insurance for the purposes of the
Act

13/04/2017

4. Date of Expiry of Insurance

12/04/2018

5. Persons of classes of Persons entitled to drive*

Any person who is driving on the Policyholder's order or with their permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicles 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 and licensed under the Road Traffic Act and its registration and licensing under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

6. Limitations as to Use*

1. Use for the carriage of passengers or goods in connection with the policyholder's business.

2. Use for social, domestic & pleasure purposes and business purposes of any person to whom the vehicle is hired.

The Policy does not cover:-

1. Use for racing, pace-making, reliability trial or speed-testing.

2. Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

3. 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 (Malaysia), 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 & Compensation) Act (Chapter 189) and the Road Transport Act, 1987 (Malaysia).

AUTHORIZED SIGNATURE

IMPORTANT NOTICE

This Certificate is not transferable to a new owner of the vehicle.

If for any reason the Insurance is terminated during its currency, the Certificate must be returned to the Insurer, or if the Certificate has been lost or destroyed a Statutory Declaration to that Effect has to be made. Failure to comply with this obligation is an offence under the compulsory Insurance Legislation. This Certificate must be returned if the insurance is suspended during its currency. If you are involved in an accident, full details must be forwarded immediately to the Company.

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MMA417152241 Vehicle Registration No: SLB5274R

Name (as shown in NRIC): Lim Kim Guan NRIC/FIN/Passport No: S175612911

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address: _____ Singapore()

Contact (Tel): _____ Mobile No.: 97715959

Email Address: _____

Date of Accident: 16/11/2017 Time of Accident: 12:20

Place of Accident: HILL ST ATRAP JUNCTION OF STAMFORD RD / VICTORIA ST

Insurance Company: MSIG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

① DATE OF DRIVING LICENCE To 30/03/1991

② THIS IS A CAR LASHING

③ POSTAL CODE OF VEHICLE DRIVER ADDRESS To 760721

④ UPWARD VIDEO

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Rafly WATSON
NRIC/FIN No.:
Date: 20/11/2017