

Margaret Loh

(NR)

From: Joslin Lim
Sent: Wednesday, 6 December, 2017 11:43 AM
To: Monica Chung; Margaret Loh
Cc: Jasmine Lok Kheng Kwei; Christopher Chionh; Jason Sim; Foo Ai Ngoh
Subject: FW: Repair Survey (Single Joint Expert) - SLQ6616C doa 05/12/17 (Yr insured SKX8464K)
Attachments: SLQ6616.pdf

Hi Monica & Margaret

Fyna

Merry Christmas and Happy New Year

Joslin Lim

Senior Admin Officer, Claims Services (Motor)

Direct line +65 6643 1327 | Direct fax +65 6225 7402 | joslin_lim@sg.msig-asia.com



MSIG Insurance (Singapore) Pte. Ltd. 16 Raffles Quay, #24-01 Hong Leong Building, Singapore 048581 | Tel +65 6220 9644 | Fax +65 6225 6371 | Co. Reg. No. 200412212G | <http://www.msig.com.sg/> | Follow us on



A member of **MS&AD** INSURANCE GROUP

From: Koh Lay Hoon

Sent: Wednesday, 6 December, 2017 11:41 AM

To: Joslin Lim <joslin_lim@sg.msig-asia.com>

Subject: FW: Repair Survey (Single Joint Expert) - SLQ6616C doa 05/12/17 (Yr insured SKX8464K)

From: CHENG HOE MOTOR PTE LTD (AMK) [<mailto:chmamk@singnet.com>]

Sent: Wednesday, December 06, 2017 11:35 AM

To: Claims <claims@sg.msig-asia.com>; CHENG HOE MOTOR PTE LTD (HQ) <chmotor@singnet.com.sg>

Subject: Repair Survey (Single Joint Expert) - SLQ6616C doa 05/12/17 (Yr insured SKX8464K)

Dear Sir,

OUR CLIENT – SLQ6616C

DOA : 05/12/17 @ 1600hr

YR INSURED : SKX8464K (LIM KIM HOCK)

Kindly provide us of your surveyor listing for the selection on the survey.

Thank you.

Regards

Dorlyn Li

Cheng Hoe Motor Pte Ltd

Tel :64812001

Fax : 64821296

CONFIDENTIALITY NOTICE

This e-mail (including any attachments) may contain information that is privileged or confidential. The sending of this e-mail to any person other than the intended recipient is not a waiver of the privilege or confidentiality that attaches to it. If you are not the intended recipient, please notify the sender immediately, delete the email and do not copy, distribute or disclose its contents.

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	06/12/2017 10:08
Date Of Accident	05/12/2017 16:00
Exact Location Of Accident	APERIA CARPARK COMPOUND
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ6616C
Insured/Policyholder	
Name Of Registered Owner	TAN YONG SHEN (CHEN YONGSHENG)
NRIC No	S7911171F
Email Address	JTAYRUS@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97682922
Alternative Phone No	OTHERS-97682922
Vehicle Particulars	
Manufacturer	TOYOTA
Model	FORTUNER-2.7 (A)

Exact Purpose for which vehicle was being used at time of accident	PARKED
--	--------

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	PRIVATE CAR
------------------	-------------

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5093567746
Cover Note Number	23/08/2017 - 22/08/2018

Driver

Name of Driver	TAN YONG SHEN (CHEN YONGSHENG)
NRIC No	S7911171F
Date Of Birth	16/04/1979
Occupation	INDOOR
Date Of Driving Pass	10/06/1998
Driving Experience	19 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97682922
Fax Number	
Contact Number	OTHERS-97682922
EEmail Address	JTAYRUS@HOTMAIL.COM

Address	481 YIO CHU KANG ROAD #06-14
Postcode	787056
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

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

I WENT BACK TO THE CARPARK TO COLLECT MY PARKED VEHICLE AND FOUND DAMAGE ON MY PARKED VEHICLE FRONT PORTION. I THEN SAW A NOTE ON THE FRONT WINDSCREEN LEFT BY DRIVER OF SKX8464K (AS PER ATTACH). I GAVE HIM A CALL AND WAS TOLD TO FILED A CLAIM AGAINST HIS CAR INSURANCE. THAT'S ALL.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKX8464K
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	LIM KIM HOCK
NRIC/Passport Number	
Contact Number	88665080
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

Sketch Plan

SKETCH PLAN

VEHICLE NO.: SLO 6616 C
INSURER : NTUC
DATE & TIME: 06/12/17 (A 1600)

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: 06/12/2017

10:00

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

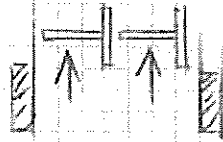
NRIC/FIN No.:

Devin (Avin)

06/12/17

Sketch Plan #2

SKETCH PLAN



PL 510 6616C
(parked, no one in
car)

The other car : SKX 8464K
Lim Kim Hock
Hp: 88665080

Location: Arena
Sarpark Compound

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle No: SK06616C (NTUC)
Date & Time: 05/12/17 @ 1600 (Clear day)

I went back to the carpark to collect my parked vehicle and found damage on my parked vehicle front parking. I then saw a note on the front windscreen left by driver of SKX8464K (as per attach). I gave him a call and was told to file a claim against his car insurance. That's all.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

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

94

Policyholder's Signature _____

Date & Time: 06/12/2017

Abstract The purpose of this study was to determine the effect of a 12-week training program on the heart rate (HR) and heart rate reserve (HRR) of sedentary middle-aged men. The subjects were divided into two groups: a control group and an exercise group. The exercise group performed a 12-week training program consisting of three sessions per week, each lasting 30 minutes. The control group did not exercise. The HR and HRR were measured at rest and during exercise at the beginning and end of the 12-week period. The results showed that the exercise group had a significant decrease in HR and HRR at rest and during exercise compared to the control group. The control group had no significant change in HR and HRR. The results suggest that a 12-week training program can improve the cardiovascular fitness of sedentary middle-aged men.

!! driver is not the policyholder

Data & Time

Reporting Centre Personnel's Signature

Name:

NSIC/JFIN No.

() Claim Own Policy () Claim Third Party () Reporting Only
() Claim OD/TP at other workshop ()

701
5823 FOX (65) 6553 5329

Lim plan Ho do
Hi, SKX 8464K

I have a knock on your
car. Call me (Fent)

: 98865080

Land Transport

5/12/2017

15:15:10 → 16:02:59

