

Date In	27/12/17	16:03	Job description	Date Time/Completed	Done By
Ref No	NA/MSG17024473/h4		SAS e-filing		
Veh No	GU 253T		E-mail (within 48hrs, NOC Cert)		
D.O.A	26/12/17	16:35	i-Motor Claim Form		
OD	Reporting Only		i-Motor W/O (within 48 hrs, TP Cert)		
			i-Photo Uploaded		
			Assessment/Survey Report		
TP Insurer			Ass't Report by Fax / Hand to Owner Wksp		

Preferred Wksp / INC Assign Wksp / QWR

Tel: Fax:

TP Particulars:

Veh No: YM 628A

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

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Cat 1

Cat 2, 3

Invoice Preparation Checklist

Amt (\$) Amt (\$)
1st Bill Add Bill

1) AR: Accident Reporting (\$30)

30.00

2) DA: Damage Assessment (\$100) INC (\$80)

3) TP: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

5) FT: Follow-Through Survey/Resurvey \$30

For claiming against INC Only (valid Jan 2, 2018)

6) TR: Re-inspection \$75

7) NI: Idea DA - SMRI Survey \$160

8) NT/OC Additional Services:-

OTC

*NI: Courtesy Car / Trip Allowance \$5

*NI: Repair Coordination \$10

*NT: Post Repair Inspection \$25

*OTC: DA: Collect Survey Coordination \$5

IP/NI: TP/IV: NI/OC against OTC \$20

9) NI/OC: Head Monitor \$0

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 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	27/12/2017 16:03
Date Of Accident	26/12/2017 16:35
Exact Location Of Accident	JUNC OF ORCHARD RD & HANDY RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GU253T
Insured/Policyholder	
Name Of Registered Owner	DOUBLE LEE NEWS AGENCY
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65668657
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	VITO
Exact Purpose for which vehicle was being used at time of accident	PTE 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	A 29008873 MKC
Cover Note Number	-

Driver

Name of Driver	LIM CHEE YONG
NRIC No	S7622469B
Date Of Birth	27/07/1976
Occupation	OUTDOOR
Date Of Driving Pass	01/02/1998
Driving Experience	19 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92781588
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address BLK 635B SENJA RD #28-259
Postcode 672635
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 -
Vehicle -
Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE
Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
Number of vehicles involved in the accident
Was any body injured in the Accident? YES
Was any injured conveyed to hospital by ambulance? 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) 4
Passenger 1 NAME: : LIM YA TING EYAAN
GENDER: : FEMALE
Passenger 2 NAME: : WENDY GOH CAIXUAN
GENDER: : FEMALE
Passenger 3 NAME: : LIM JUN YI EZAAN
GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE
Police Station Address ROAD: 21 BUKIT BATOK EAST AVE 4 , POSTCODE: 659840 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: 1800-6659999 - FAX NO: 66655793
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Remarks/ Reasons: WITH DRIVER
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number YM628A
Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

LIM CHEE YONG

Approximate Age

Injuries Sustain

PAIN ON FOREHEAD NEAR LEFT EYEBROW AND BACK OF MY NECK

Injured person in which vehicle?

GU253T

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name

WENDY GOH CAIXUAN

Approximate Age

Injuries Sustain

PAIN ON RIGHT SIDE OF HEAD AND RIGHT ELBOW

Injured person in which vehicle?

GU253T

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 3

Name

LIM JUN YI EZAAN

Approximate Age

Injuries Sustain

PAIN ON RIGHT SIDE HEAD

Injured person in which vehicle?

GU253T

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 4

Name

LIM YA TING EYAAN

Approximate Age

Injuries Sustain

PAIN ON LEFT SIDE HEAD

Injured person in which vehicle?

GU253T

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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.

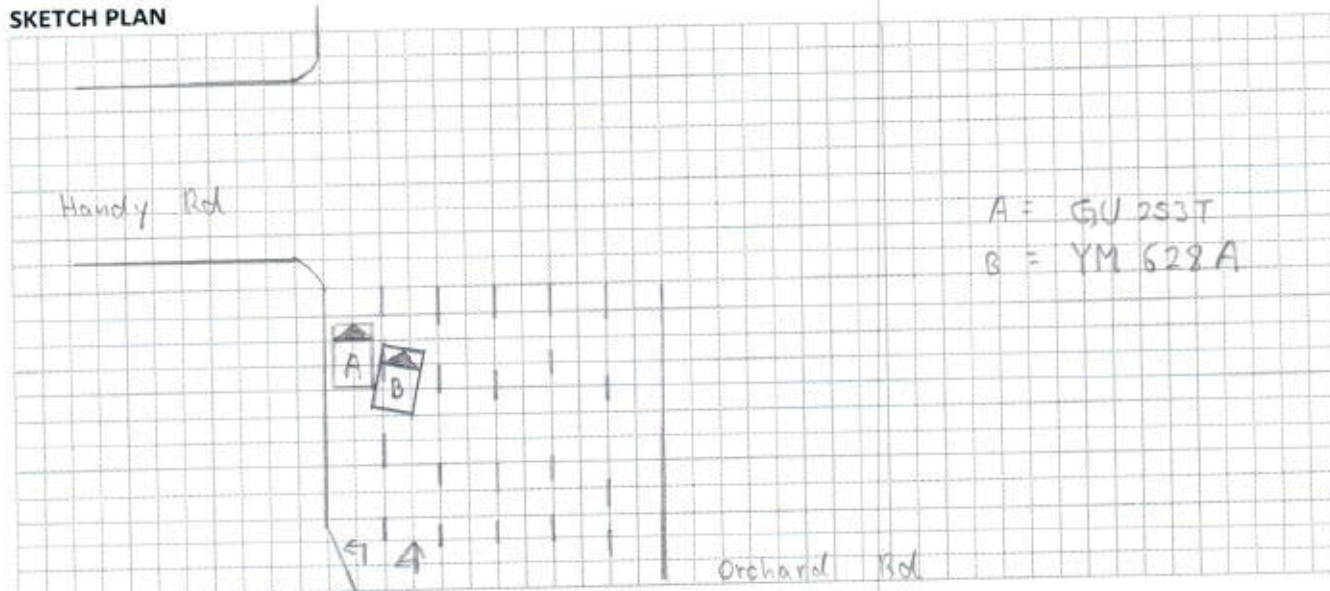


Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20171227/2028

1 of 4

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

Report No. T/20171227/2028

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/12/2017 11:13	Vide Report No.: E/20171226/0122	Station Diary No.: 38
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Informant's Particulars

Name of Informant: LIM CHEE YONG			Address: APT BLK 635B SENJA ROAD #28-259 SINGAPORE 672635		
ID Type / ID No.: NRIC NO / S7622469B			Contact No.: Home/Office:		Mobile: 92781588
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 41	Date of Birth: 27/07/1976	Type of Informant: Driver		
Race: Chinese			Language: Chinese		Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 26/12/2017 16:35	Type of Location: X-Junction
Location: Along Road 1 ORCHARD ROAD				
Orchard Road towards Handy Road Lamp Post Number: 191				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GU253T	Van		VITO	Green	Seriously Damaged	3
YM628A	Lorry	ISUZU				0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GU253T	MSIG INSURANCE (SINGAPORE) PTE. LTD.	A29008873 MKC	05/09/2017	04/09/2018



**SINGAPORE
POLICE FORCE**



T/20171227/2028

2 of 4

Report No. T/20171227/2028

Police Station Of Origin:

Bukit Batok N.P.C

21 Bukit Batok East Avenue 4 SINGAPORE

659840

Tel No: 1800-6659999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	LIM YA TING EYAAN	ID No.	T1241859G
Related Vehicle	GU253T (Van)	Contact No.	NIL
Hospital/Clinic	ACCESS MEDICAL(BUKIT BATOK)	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	27/12/2017	Date Discharge	27/12/2017
No. of Days granted Medical Leave	02	Degree of Injury	Slight
Driver			
Name	LIM CHEE YONG	ID No.	S7622469B
Related Vehicle	GU253T (Van)	Contact No.	92781588
Hospital/Clinic	ACCESS MEDICAL(BUKIT BATOK)	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	27/12/2017	Date Discharge	27/12/2017
No. of Days granted Medical Leave	02	Degree of Injury	Slight
Passenger			
Name	WENDY GOH CAIXUAN	ID No.	S8412062F
Related Vehicle	GU253T (Van)	Contact No.	91720120
Hospital/Clinic	ACCESS MEDICAL (BUKIT BATOK)	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	27/12/2017	Date Discharge	27/12/2017
No. of Days granted Medical Leave	02	Degree of Injury	Slight



**SINGAPORE
POLICE FORCE**



T/20171227/2028

3 of 4

Police Station Of Origin:

Bukit Batok N.P.C

21 Bukit Batok East Avenue 4 SINGAPORE

659840

Tel No: 1800-6659999

Report No. T/20171227/2028

CONTINUATION OF REPORT

Passenger			
Name	LIM JUN YI EZANN	ID No.	T1241858I
Related Vehicle	GU253T (Van)	Contact No.	NIL
Hospital/Clinic	ACCESS MEDICAL(BUKIT BATOK)	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	27/12/2017	Date Discharge	27/12/2017
No. of Days granted Medical Leave	02	Degree of Injury	Slight

Brief Details.

On 26.12.2017 at about 1638hrs, when I was travelling in my vehicle of registration: GU253T, Make: Vito, Colour: Green along Orchard Road on the extreme left lane towards Handy Road. Suddenly, a vehicle of registration: YM628A, Make: Isuzu, hit onto the rear right of my vehicle from the rear. I tried honking at the other vehicle. However, the other vehicle did not stop and continue its way towards Bras Basah Road. After which, I alighted from my vehicle and noticed that the rear right signal light was damaged and the right middle of my vehicle has a deep dent.

Thereafter, I turned into Handy Road and called for the Police. Soon after, Traffic Police came to the scene. No ambulance at scene. I have contacted the Traffic Police investigator, SIO Jerry Yeo and sent the video clip and picture to the investigator.

On 27.12.2017 in the morning, together with my family members who were the passengers, we went to seek medical assistance at access medical clinic in Bukit Batok. I felt slight pain on my forehead near to my left eyebrow and slight pain on the back of my neck. My wife, Wendy Goh Cai Xuan has slight pain on the right side of her head and slight pain on her right elbow. My son, Lim Jun Yi Ezaan has slight pain on the right side of his head and my daughter, Lim Ya Ting, Eyaan has slight pain on the left side of her head.



**SINGAPORE
POLICE FORCE**



T/20171227/2028

4 of 4

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

Report No. T/20171227/2028

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/

Sr Staff Sgt MARY CHYE SIEW PING

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /

Sr Staff Sgt ESTHER CHONG

Contact No: 65476368

SN 114

Authentication Stamp

NP168

Singapore Police Force

Signature Of Informant:

Date/Time:

27/12/2017 11:13

Classification Of Case:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7622469B



Name

LIM CHEE YONG

林志瑩

Race

CHINESE

Date of birth

27-07-1976

Country of birth

SINGAPORE

Sex

M

S7622469B

4539494



NRIC No. S7622469B



Date of issue

09-03-2010

APT BLK 635B SENJA ROAD #28-259
SINGAPORE 672635

NRIC No: S7622469B

Date: 31/08/2015

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Examine Number **S7622469B**

Name
LIM CHEE SYN (LIN ZHIXIN)

Birth Date: **27 Jul 1976**
Issue Date: **30 Jan 2003**

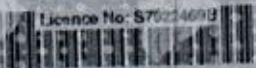


 **000161319B**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS/ES

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

PASS DATE
19 Feb 1999

 **Licence No: S7622469B**

NO 2994

**MSIG**

MSIG Insurance (Singapore) Pte. Ltd.
 4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807
 Tel +65 6827 7888, Fax +65 6827 7800
 Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

Administered by

**Tan Brothers****Insurance Agencies Pte Ltd**

10 Anson Road #11-16 International Plaza, Singapore 079903.
 Tel: 62201822 Fax: 62246806
 CO. REG. NO. 197500491N

Certificate of Insurance

ROAD TRANSPORT ACT 1987 (MALAYSIA)
 THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA)
 THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)
 (REPUBLIC OF SINGAPORE)
 THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)
 OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

Form M.Z.300

Goods Carrying Vehicle - Sch I

COMMERCIAL VEHICLE**Comprehensive**

Certificate No. A 29008873 MKC

Excess : SGD500

1. Index Mark and Registration Number of Vehicle

GU253T

2. Name of Policyholder

Double Lee News Agency

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

05/09/2017

4. Date of Expiry of Insurance

04/09/2018

5. Persons or Classes of Persons entitled to drive*

Any other person provided he is in the Policyholder's employ and is driving on the Policyholder's order or with the Policyholder's permission.

* Provided that the person driving is permitted in accordance with the licensing or other laws or 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.

6. Limitations as to use*

Use in connection with the Policyholder's business.

Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.

Use for social domestic and pleasure purposes.

The Policy does not cover

(1) Use for hire or reward or for racing pace-making reliability trial or speed-testing.

(2) Use whilst drawing a trailer except the towing 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 (Malaysia), are not to be included under these headings.

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the Insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189).

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 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

MSIG Insurance (Singapore) Pte. Ltd.

Approved Insurers

TAN BROTHERS INSURANCE AGENCIES PTE LTD

for Chief Executive Officer

AUTHORISED SIGNATURE