

# NATIONAL Assessment Centre Services (Unit 1/201000) MMA4717085 0

Date In: 29/12/2017 14:44	Job description	Date & Time Completed	Done by
Ref No: NBA/MS47024700/y	SAS e-filing		
Veh No: SKM 721 Z	E-mail (vehicle sheet, AIC sheet)		
D.O.A: 28/12/2017 18:45	I-Motor Claim Form		
OD <input checked="" type="radio"/> Reporting Only	I-Motor W/O (Vehicle OD sheet, TP sheet)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: ( )		Tel: ( ) Fax: ( )	
TP Particulars:	Veh No: SLM 5596D	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%; 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 repeller.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) : Invoice: YES ( ) / NO ( ) : Towing Co: ( )

Remarks: (INC hotline: 6788 0016)	Date & Time Completed	Done by
1) Apply for Transition Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo (Repair Cost > \$3000) ( )		

Injury: \_\_\_\_\_

Date/Time	Action

**NA1800081**

Humanus Particulars:

Driver/Owner:

Contact No:

Assigned Portion:

Checked by (Engr-In-Charge):

Comments:

L1:

L2/3:

Invoice Preparation Checklist		Am(P)	Am(B)
1) AR: Accident Reporting (\$20)			
2) DA: Damage Assessment (\$100)	INC (\$50)		
3) TP: Towing Fee	\$40/\$40		
4) FT: Follow-Through Survey	\$120		
5) RT: Follow-Through Survey (Resurvey)	\$20		
Exemption against INC Only (w/af 10 Jan 2005)			
6) TR: Re-inspection	\$75		
7) NI: 1st DA + SMRT Survey	\$160		
8) NTUC Additional Services			
<b>Q11</b>			
*NI: Courtesy Car / Tpl Allowance	\$5		
*NI: Repair Coordination	\$10		
*NI: Post Repair Inspection	\$15		
*NI: DY / Collect Excess Coordination	\$5		
TP (NI): TP (Non-INC) against INC	\$20		
9) NI: 1st DA	\$0		
Invoice sent	P/c Charged		
Invoice paid	Am(P) 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	29/12/2017 14:44
Date Of Accident	28/12/2017 18:45
Exact Location Of Accident	IKEA (ALEXANDRA) BASEMENT CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN721Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JAMES FOO HEE MENG
NRIC No	S1250744E
Email Address	JFCJFC@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-81009893
Alternative Phone No	OTHERS-81009893

### Vehicle Particulars

Manufacturer	BMW
Model	316I-1.6 AT D/AB 4DR ABS HID (A)
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	PRIVATE CAR

### Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	10113821

### Driver

Name of Driver	JAMES FOO HEE MENG
NRIC No	S1250744E
Date Of Birth	06/03/1957
Occupation	INDOOR
Date Of Driving Pass	12/05/2003
Driving Experience	14 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81009893
Fax Number	
Contact Number	OTHERS-81009893
Email Address	JFCJFC@SINGNET.COM.SG



Address	BLK 155 YISHUN STREET 11 #07-90
Postcode	760155
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	COLLISION - HEAD TO REAR
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?	NO
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)	2
Passenger 1	NAME: : MDM TAN LEE SEE GENDER: : FEMALE

#### 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
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLM5596D
Vehicle Make/Model/Colour	BMW X3
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	T.C.LEONG
NRIC/Passport Number	
Contact Number	96371335
Address	
Postcode	
Insurance Company Name	AXA INSURANCE PTE LTD
Nature Of Damage	

## 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:

29/12/17 11:07 am

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

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

29/12/2017  
Rosh WABAB

### SKETCH PLAN



- ① SKN 721Z was reversing to park.
- ② SLM 5596D was also reversing (from about 10 m in front of SKN 721Z) and hit SKN 721Z.
- ③ Video footage is available (if required)

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

29/12/17  
11:15 AM

NRIC/FIN No.

29/12/2018

Personnel's Signature *Ralph W. [Signature]*



# ACCIDENT STATEMENT

ACCIDENT DATE: 28 / DEC / 2017 (DD/MM/YYYY) TIME: 6.45pm (HH:MM)

LOCATION: BASEMENT CAR PARK OF IKEA (ALEXANDRA)

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKN 721Z  
 b) INSURANCE COMPANY: MSIG  
 c) POLICY NUMBER: 10113821  
 d) POLICY TYPE: (COMPREHENSIVE / ~~THIRD PARTY~~ / ~~THIRD PARTY FIRE & THEFT~~)  
 e) MAKE & MODEL: BMW 316I 1.6 AT  
 f) TYPE: (SALOON / ~~COACH~~ / ~~MV~~ / ~~VAN~~ / ~~LORRY~~ / ~~MOTORCYCLE~~ / ~~OTHERS~~)  
 g) VEHICLE CATEGORY: (PRIVATE / ~~COMMERCIAL~~ / ~~MOTORCYCLE~~)  
 h) PURPOSE OF USING AT ACCIDENT TIME: PERSONAL  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) YES  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / ~~REPORTING ONLY~~) THIRD PARTY CLAIM

## 2. INSURED / POLICY HOLDER

- a) NAME: JAMES FOO HEE MENG (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 51250744E CONTACT: 81009893  
 c) ADDRESS: BLK 155 YISHUN ST. 11, #07-90  
SINGAPORE 760155

\* CONTINUE TO 3, d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: \_\_\_\_\_ (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

NA

\* d) DATE OF BIRTH: 06 / 03 / 1957 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR) ✓

f) DATE OF DRIVING LICENCE 12 MAY 2003

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) NA  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

5. a) WEATHER CONDITION: (CLEAR / ~~RAINING~~ / ~~OTHERS~~) INDOOR  
 b) ROAD SURFACE: (DRY / ~~WET~~ / ~~OTHERS~~) INDOOR

6. WAS ANYBODY INJURED (YES/NO) YES

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

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLM 5596 D MODEL: BMW X3?  
 b) DRIVER'S NAME: T.C. LEONG  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 96371335

## 9. THIRD PARTY VEHICLE

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

NA

# No of passenger  
 (including driver)  
(2)

MOM TAN LEE SEE

# No of passenger  
 (including driver)  
(2)

# No of passenger  
 (including driver)  
( )

Email: jfcjfc@singnet.com.sg

Fax: \_\_\_\_\_

VIDEO if required.

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1250744E



Name  
JAMES FOO HEE MENG

特气明

Race  
CHINESE

Date of Birth  
06-03-1957

Sex  
M

Country of Birth  
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number  
S1250744E

Name  
JAMES FOO HEE MENG

Birth Date  
06 Mar 1957

Issue Date  
12 May 2003



2772216

NRIC No. S1250744E



Blood Group  
A+

Date of issue  
30-12-1995

Address  
APT BLK 155 YISHUN STREET 11  
#07-90  
SINGAPORE 760155

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

PASS DATE

- |          |  |              |
|----------|--|--------------|
| Class 1B | Motorcycles not exceeding 200 cc   | 17 Nov 1977* |
| Class 2A | Motorcycles between 201 cc and 400 cc  | 17 Nov 1977  |
| Class 2  | Motorcycles exceeding 400 cc   | 17 Nov 1977  |
| Class 3  | Motor Cars and Motor Tractors weight of which unladen does not exceed 2500 kilograms | 17 Nov 1977  |



NP 428A

## MOTOR INSURANCE COVER NOTE

Cover Note No. 10113821

The Insured named in the Schedule below having proposed for insurance in respect of the Motor Vehicle described in the Schedule below the risk is hereby HELD COVERED in the terms of the Company's usual form of Policy applicable thereto for the period as stated below unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

### SCHEDULE

**Agent No.** : 212165  
**Name of Insured** : JAMES FOO HEE MENG  
**Make and Description of Vehicle** : BMW 316I 1.6 AT  
**Vehicle Registration No.** : SKN721Z  
**Year of Manufacture** : 2013  
**Engine No.** : A183J553N13B16A  
**Chassis No.** : WBA3A16040NS36240  
**Capacity** : 1,598 Cubic Capacity  
**Cover Type** : Comprehensive  
**Sum Insured (SGD)** : Market Value  
**Period of Insurance** : 09/05/2017 to 08/05/2018  
**Excess (SGD)** : 500  
**Finance Company** : BMW FINANCIAL SERVICES SINGAPORE PTE. LTD.

I/We hereby certify that this Covering note is issued in accordance with the Provisions of the Motor Vehicles (Third Party Risks & Compensation) Act (Cap. 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

Not valid unless countersigned by the  
Company's Authorised Representative



Sime Darby Insurance Brokers (Singapore) Pte. Ltd.

**MSIG Insurance (Singapore) Pte. Ltd.**  
Authorised Insurers



Mary Tan  
Senior Vice President, Brokers

**Date of Issue :** 03/05/2017

This covering note is valid for 30 days from the date of issue.