

# NATIONAL Assessment Centre Services

(ver 1 Jan 2008)

NAH018021922

Date In: 13/08/2018 11:35	Job description	Date & Time Completed	Done by
Ref No: NGA/M8G/L5002850/Y	SAS e-Milling		
Veh No: SSS 2184B	E-mail (within 2hrs, A/C 2hrs)		
D.O.A: 12/01/2018 12:20	1-Motor Claim Form		
OD: TP / Reporting Only	1-Motor WFO (within 2hrs, A/C 2hrs)		
	1-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass'l Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW:	Tel:	Fax:
TP Particulars: Yell No: SSK 8098P	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 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	Action

NAH00958	Invoice Preparation Checklist	Value	Remarks
1) AR: Accident Reporting (\$30)			
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)	\$30		
Excluding agent INC Only (ver 10 Jan 2008)			
6) TR: Re-inspection	\$33		
7) NI: In-DA + SMRT Survey	\$160		
8) NTUC Additional Services			
9) Other			
10) NI: Courtesy Car / Tpl Allowance	\$3		
11) NI: Repair Coordination	\$10		
12) NI: Post Repair Inspection	\$22		
13) NI: DY / Collect Excess Coordination	\$3		
14) TP (NI) / TP (NI) INC against INC	\$30		
15) NTUC Mobile	10		
Invoice dated	Not Charged		
Invoice dated	Not 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 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	13/02/2018 11:35
Date Of Accident	12/02/2018 12:20
Exact Location Of Accident	ALONG NORTH BRIDGE ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGS2134B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM SIEW BEE
NRIC No	S6805461C
Email Address	FELICIA.LIM123@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91788167
Alternative Phone No	OTHERS-91788167

### Vehicle Particulars

Manufacturer	HONDA
Model	STREAM-1.8 (A)
Exact Purpose for which vehicle was being used at time of accident	GOING FOR LUNCH APPOINTMENT
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	B 28910202 QMY
Cover Note Number	

### Driver

Name of Driver	LIM SIEW BEE
NRIC No	S6805461C
Date Of Birth	07/02/1968
Occupation	INDOOR
Date Of Driving Pass	19/07/2004
Driving Experience	13 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91788167
Fax Number	
Contact Number	OTHERS-91788167
EMail Address	FELICIA.LIM123@GMAIL.COM

Address:	271 JOO CHIAT PLACE
Postcode	427952
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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)	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?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGE3098P
Vehicle Make/Model/Colour	TOYOTA ESTIMA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM CHING AIK
NRIC/Passport Number	S6925394F
Contact Number	97876637
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

## 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)**

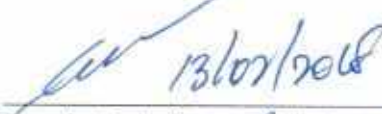
I understand, acknowledge, agree and consent that:

- (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: 12/2/2018  
1.45 pm

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

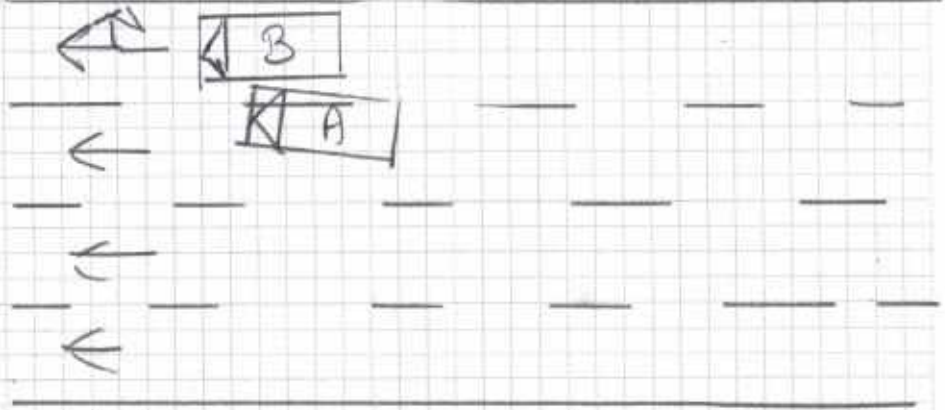
  
Reporting Centre Personnel's Signature

Name:  
NRIC/FIN No.:

SKETCH PLAN

NORTH  
BOAT  
QUAY

NORTH BRIDGE ROAD



A) SGS 2134B

B) SGE 3092P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 12th February 2016 at around 12.20 pm, I was travelling along North Bridge Road for lunch appointment at China Town point. I signalled to move to the right lane in preparation for right turn into North Canal Road. The ~~for~~ third party car was on my blind spot, hence resulted in collision to both my car and third party car. I suffered a few scratches on right hand front corner of my car whilst the third party suffered denting on front passenger door. There was no bodily injury sustained.

DECLARATION

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

*Lim Jia Hui*

Policyholder's Signature

Date & Time: 12/2/2016

1.45 pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

*per 13/02/2016*

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

*Per Li 13/02/2016*

# ACCIDENT STATEMENT

ACCIDENT DATE: 12 / 02 / 2018 (DD/MM/YYYY), TIME: 12:20 (HH:MM)

LOCATION: Nor Bridge Road

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGS 2134B  
 b) INSURANCE COMPANY: MSIG Insurance (Singapore) Pte Ltd  
 c) POLICY NUMBER: B 28910202 QmV  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: Honda Stream 1.8  
 f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS  
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE  
 h) PURPOSE OF USING AT ACCIDENT TIME: For lunch appointment  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO  
 IF NO, PLEASE STATE THIRD PARTY CLAIM REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: Lim Siew Bee (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S605461C CONTACT: 91788167  
 c) ADDRESS: 271 3rd Street #42-052  
Singapore 424552

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

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

\* d) DATE OF BIRTH: 07 / 02 / 1965 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS: 2004

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

5. a) WEATHER CONDITION: CLEAR / RAINING / OTHERS Clear  
 b) ROAD SURFACE: DRY / WET / OTHERS Dry

6. WAS ANYBODY INJURED (YES/NO) NO

7. c) REPORTED TO POLICE (YES/NO) NO  
 IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SGE 3098P MODEL: Tigra Estima  
 b) DRIVER'S NAME: Lim Ching Nee  
 c) NRIC/FIN/PASSPORT: S6925394F CONTACT: 97876621

## 9. THIRD PARTY VEHICLE

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

email: felicis.lim123@gmail.com

fax: \_\_\_\_\_

VIDEO \_\_\_\_\_

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S6805461C



Name  
**LIM SIEW BEE**

林秀美

Race  
**CHINESE**

Date of Birth  
**07-02-1968**

Sex  
**F**

Country of Birth  
**SINGAPORE**

S6805461C

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait of Lim Siew Bee

Licence Number: **S6805461C**

Name:  
**LIM SIEW BEE**

Birth Date: **07 Feb 1968**

Issue Date: **19 Jul 2004**

001260088E

0670211

Barcode

NRIC No. **S6805461C**



Blood Group: **O+** Date of issue: **12-12-1992**

271 JOO CHIAT PLACE  
SINGAPORE 427952

NRIC No: **S6805461C** Date: **03/07/2008** No: **5962520**

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

PASS DATE

Class 3: Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg

1

NP 428A

Licence No: **S6805461C**

**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



Arranged by **Jardine Lloyd Thompson Pte Ltd**  
 1 Raffles Quay #27-01  
 One Raffles Quay - North Tower  
 Singapore 048583  
 Tel: (65) 6333 6311 Fax: (65) 6333 6511  
 CO. REG. NO. 196900157N

**MOTOR MAX PLUS****THE SCHEDULE**

Policy Number		Period of Insurance	Place of Issue
B. 28910202 QMY		10/03/2017 to 06/03/2018	SINGAPORE
Name and Address of Insured			Date of Issue
Lim Siew Bee 271 Joo Chiat Place Singapore 427952			08/03/2017
			Account Number
			212527
Premium	GST	Total Due	
SGD852.50	SGD59.68	SGD912.18	

**RISK NUMBER 1****MOTORMAX PLUS****OCCUPATION**

Director

**FINANCIAL INTEREST**

Hong Leong Finance Limited  
 as Hire Purchase Owners

**SCOPE OF COVER** Comprehensive**INTEREST INSURED**

REGISTRATION NO. SGS2134B  
 MAKE/MODEL Honda Stream 1.8 A  
 ENGINE NUMBER R18A1724099  
 CHASSIS NUMBER RN61021149  
 YEAR OF MFG 2007  
 CAPACITY 1799 C.C.  
 SEATING CAPACITY 7 (INCL. DRIVER)  
 WINDSCREEN UNLIMITED

SUM INSURED  
 INCL. COE/PARF YES  
 OFF-PEAK CAR NO  
 NO CLAIM DISCOUNT 50.00% (or F/D)  
 NCD PROTECTOR COVERED  
 EXCESS NIL  
 ANNUAL PREMIUM SGD1,011.25

**ACCESSORIES** Aircon, radio/cassette/compact disc player, in-vehicle unit,  
 rust-proofing and other accessories that are factory fitted.

**AUTHORISED DRIVERS**

Lim Siew Bee