

# NATIONAL Assessment Centre Services

MAIA/18024495

Date In: 20/02/2018 14:47	Job description	Date & Time Completed	Done by
Ref No: NBS/MSB/18003339/Y	SAS e-Milling		
Veh No: SDD 760X	E-mill (within 3hrs, A/C 3hrs)		
D.O.A: 15/02/2018 13:30	E-motor Claim Form		
OD / TPI Reporting Only	E-motor W/O (Within 3hrs, TPI 3hrs)		
	E-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	Yeh No: UNKNOWN	INC ( ) / Non-INC ( )
Owner / Driver:	Tel:	
Policy No: ( )	Period: ( )	Cover Type: ( )
Confirmed by: ( )	Date:	Time:
Insured/Driver Liability: ( ) %	(Note: BSL Status (WO): NI 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/Non-INC ( )	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )			
2) QC Check / Post Repair Inspection ( )			
3) Upload Survey Photo (Repair Cost > \$3000) ( )			

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

Date/Time	Actions

MAIA/180181

Item/Particulars	Invoice Preparation Checklist	Bill	Unk. Bill
Driver/Owner:	1) AR: Accident Reporting (\$50)		
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$30)	
Assigned Portion:	3) TPI: Towing Fee	\$10/\$40	
	4) FT: Follow-Through Survey	\$150	
	5) PT: Follow-Through Survey (Assessment)	\$10	
	Per claimant request INC Only (wef 10 Jan 2018)		
	6) TR: Re-inspection	\$15	
	7) NI: NI DA + SMRT Survey	\$160	
	8) NTUC Additional Survey/Call		
	9) NI: NI DA + SMRT Survey	\$15	
	10) NI: NI DA + SMRT Survey	\$10	
	11) NI: NI DA + SMRT Survey	\$10	
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## 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	20/02/2018 14:47
Date Of Accident	15/02/2018 13:30
Exact Location Of Accident	JUNCTION OF DEVONSHIRE ROAD/GRANGE ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDD760X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM YEE MING
NRIC No	S6999074F
Email Address	ARMOURYR1@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96803515
Alternative Phone No	OTHERS-96803515
<b>Vehicle Particulars</b>	
Manufacturer	BMW
Model	320I-2.0 ABS D/AB 2WD 2DR GAS/D (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	REPORTING ONLY
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 27163537 SMP
Cover Note Number	

### Driver

Name of Driver	LIM YEE MING
NRIC No	S6999074F
Date Of Birth	28/09/1969
Occupation	INDOOR
Date Of Driving Pass	22/04/1988
Driving Experience	29 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96803515
Fax Number	
Contact Number	OTHERS-96803515
Email Address	ARMOURYR1@GMAIL.COM

Address	63 MOUNT SINAI DRIVE #09-01
Postcode	277116
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	NO COLLISION
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ORCHARD NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 51 KILLINEY ROAD , POSTCODE: 239572 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7359999 - FAX NO: 67331934
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180219/2142

#### 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	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	SHEIK ALLAUUDIN BIN DAWOOD ABDUL MAJID
NRIC/Passport Number	S9516901E
Contact Number	97114157
Address	
Postcode	
Insurance Company Name	
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:

20/2/2018  
9.35AM



Driver's Signature

(If driver is not the policyholder)

Date & Time:



20/02/2018

Reporting Centre Personnel's Signature

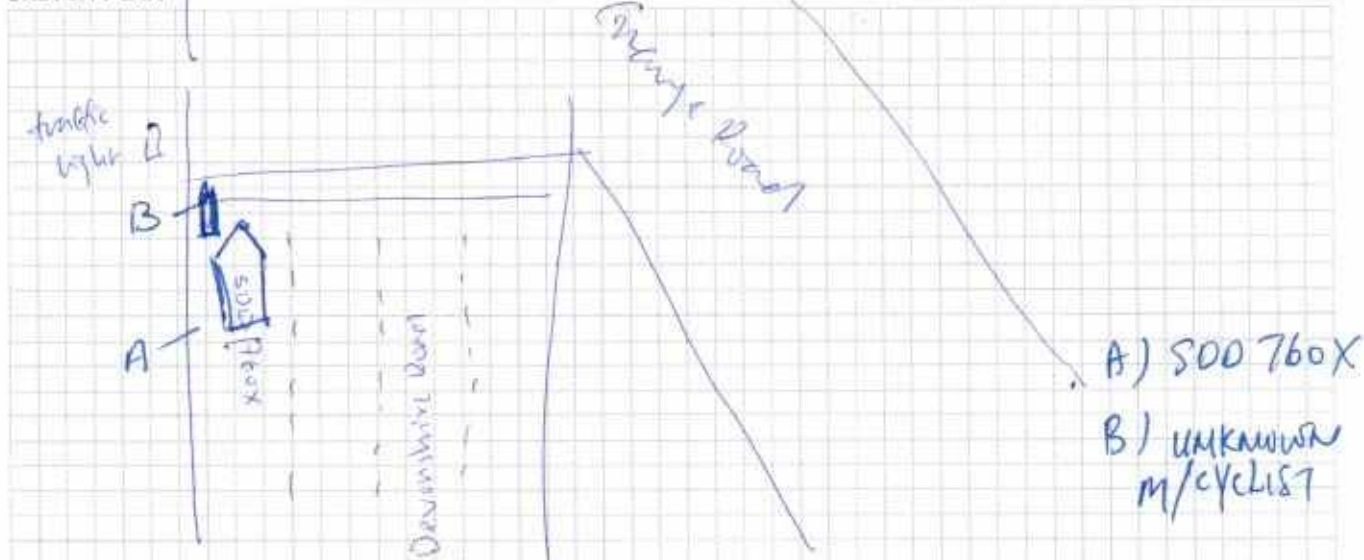
Name:

NRIC/FIN No.:

Rashid Naffar



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PS Refer to Police Report  
7/20180219/2142

## DECLARATION

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

Policyholder's Signature

Date & Time: 20/2/2018  
9-35am

Driver's Signature

(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature

Name: ROSLI WATTHAB  
NRIC/FIN No.:



# SINGAPORE POLICE FORCE



T/20180219/2142

Police Station Of Origin:  
Orchard N.P.C  
51 Killiney Road SINGAPORE 239572  
Tel No: 1800-7359999

1 of 3

Report No. T/20180219/2142

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 19/02/2018 19:47		Vide Report No.:	Station Diary No.: 122
<b>Informant's Particulars</b>			
Name of Informant: LIM YEE MING		Address: 63 MOUNT SINAI DRIVE #19-01 SINGAPORE 277116	
ID Type / ID No.: NRIC NO / S6999074F		Contact No.: Home/Office: Mobile: 96803515	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 48	Date of Birth: 28/09/1969	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: LAWYER		Driving Licence Information: Class: 2B,3 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/02/2018 13:30	Type of Location: Y-Junction
Location: Junction of Road 1 and Road 2 DEVONSHIRE ROAD GRANGE ROAD Traffic light junction extreme left lane and first in line.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Moving against stationary motorcyclist			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDD760X	Car				No Damage	0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**



T/20180219/2142

2 of 3

Report No. T/20180219/2142

Police Station Of Origin:  
Orchard N.P.C  
51 Killiney Road SINGAPORE 239572  
Tel No: 1800-7359999

**CONTINUATION OF REPORT**

<b>Driver</b>				
Name	LIM YEE MING		ID No.	S6999074F
Related Vehicle	NIL		Contact No.	96803515
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

**Brief Details.**

On the 15.02.2018 at about 1330hrs, I was driving my car SDD760X (BMW/grey colour) along Devonshire Road. I then stopped at the extreme left lane traffic light junction to Grange Road just after 111 Somerset and the light was red at that point of time.

While waiting for the light to turn green, a large red/white motorcycle moving from my left side. The rider then veered slightly into my path and stopped in front of me more to the left side. The rider was then removed his handphone from the holder and appeared to be texting.

When the light turns green, the rider did not move and continue to do his texting. So, I veered my car to the right to avoid him, passed him and proceeded to turn left into Grange Road. Subsequently, the same rider caught up with me when I stopped at the next traffic light junction, Grange Road and Irwell Bank Road.

Through my front left window, the rider yelled, 'your tyre touched my leg' and asked to stop ahead so we could speak. I agreed and then I stopped my vehicle after the junction along a service road to minimize the obstruction to other traffic.

Later, the rider kept saying that 'your tyre touched my leg'. On seeking clarification, I realized that he was claiming that my front left wheel of my car had run over his left foot. And there is no other contact between other parts of my car and the motorcycle parts. He claimed that his foot is hurt. When he removed his Crocs sandal to show me, I did not see any visible injury. He then said that he would be seeking medical attention at a hospital, but no hospital name was given.

We then exchange particulars, by taking photographs of his driving licences. He is one Shek Allaudin bin Dawood Abdul Majid, S9516901E, HP: 97114157. Unfortunately, I had overlook in taking the motorcycle number plate. We then moved our separate ways.

SN 172

SIGNATURE



**SINGAPORE  
POLICE FORCE**



T/20180219/2142

3 of 3

Report No. T/20180219/2142


Police Station Of Origin:  
Orchard N.P.C  
51 Killiney Road SINGAPORE 239572  
Tel No: 1800-7359999

**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:  
E /  
Staff Sgt NAZRI BIN AHMAD 

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
Staff Sgt WONG SIEU LUI  
Contact No.: 65476151

Authentication Stamp  
NP168

SN 172

  
SIGNATURE

Signature Of Informant:



Date/Time:  
19/02/2018 19:47

Classification Of Case:



1st car?

# ACCIDENT STATEMENT

ACCIDENT DATE: 15 / 02 / 2016 (DD/MM/YYYY), TIME: (13 : 30) (HH:MM)

LOCATION: Junction of Devonshire Road and George Road

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SDD 760X  
b) INSURANCE COMPANY: WUSA  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: BMW  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: \_\_\_\_\_  
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 YEE WING (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 6999074F CONTACT: 9114157  
c) ADDRESS: 63 MOUNT SINAI DRIVE #14-01  
51227116

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

## DRIVER

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

\* d) DATE OF BIRTH: (22 / 09 / 1988) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 22/9/1988

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) Overland NPL  
IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: SHEK ALLAUDIN BIN DAMUD ABDUL WAD  
c) NRIC/FIN/PASSPORT: 51516901E CONTACT: 97114157

## 9. THIRD PARTY VEHICLE

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

Email: ARMOURYR1@gmail.com

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

VIDEO

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S6999074F



Name

LIM YEE MING

林煜明

Race

CHINESE

Date of Birth

28-09-1969 M

Country of Birth

NETHERLANDS



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S6999074F

Name

LIM YEE MING

Birth Date: 28 Sep 1969

Issue Date: 06 Jun 2003



2702714

NRIC No: S6999074F



Blood Group: Date of issue

O+ 13-09-1995

63 MOUNT SINAI DRIVE #19-01  
SINGAPORE 277116

NRIC No: S6999074F

Date: 06/10/2010

No: 8584859

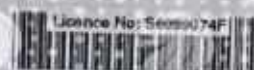
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

Class 2B Motorcycles not exceeding 200 cc  
Class 2 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2000 kilograms

PASSENGER

18 Dec 1992  
22 Apr 1993

NP 1234





**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

Your alternative contact:

Sime Darby Insurance  
 Brokers (Singapore) Pte Ltd  
 Tel: 6222 2244

## Certificate of Insurance

Mon to Fri (excluding PH)  
 (8.30 am - 5.45 pm)

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.X.1  
 Individual Ownership

**SIME MOTOR PRIVATE**  
 Comprehensive

Certificate No. B 27163537 SMP

Excess: SGD500

1. Index Mark and Registration Number of Vehicle

SDD760X

2. Name of Policyholder

Lim Yee Ming

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

28/07/2017

4. Date of Expiry of Insurance

27/07/2018

5. Persons or Classes of Persons entitled to drive\*

Lim Yee Ming

Any other person provided he 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 only for social domestic and pleasure purposes and for the Policyholder's business.

The Policy does not cover use for hire or reward racing pace-making reliability trial speed-testing the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

\* 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.

PLEASE NOTE ALL CLAIMS RELATED REPAIR CAN BE CARRIED OUT AT PERFORMANCE MOTORS LTD OR AT ANY WORKSHOP OF YOUR CHOICE.

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

for Chief Executive Officer

**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: MNR418024495 Vehicle Registration No: 8DD760X  
Name (as shown in NRIC): Lim Yee Mui NRIC/FIN/Passport No: 86999074F  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address: \_\_\_\_\_ Singapore ( )  
Contact (Tel): \_\_\_\_\_ Mobile No.: 96803515  
Email Address: \_\_\_\_\_  
Date of Accident: 15/02/2018 Time of Accident: 13:30  
Place of Accident: JUNCTION OF DEVONSHIRE / GRANITE ROAD  
Insurance Company: M&G

**(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:

EMAIL ADDRESS To armouryR1@gmail.com

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: Rishi  
NRIC/FIN No.:  
Date: 22/01/2017