

NATIONAL Assessment Centre Services (incl 1 Jan 2001)

Minister 44636

Date In: 02/04/2008 18:51	Job description	Date & Time Completed	Done by
Ref No: NBA/M846006131/Y	3AS e-illing		
Veh No: TBL 4101 D	E-mail (Vehicle 3AS, AIC 3AS)		
O.O.A: 22/06/2008 01:05	E-Motor Claim Form		
OD / TP <u>Flipping Only</u>	E-Motor W/O (Vehicle 3AS, 3A, 3B)		
	E-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass'l Report by Fax/Hand to Owner/VVWsp		

Preferred Wksp (INC Assign Wksp / OWI)	Tel	Fax
TP Particulars	Yell No: SJJ 1208R	INC () / Non-INC ()
Owner / Driver ()	Tel	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by ()	Date	Time
Insured/Driver Liability: () % (Note: B/L Stani (WO): N: 0.20%, P: 21.79%, P: 30.100%)		
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.

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

Remarks:	INC/Non-INC: 6788 00167	Date & Time Completed	Done by
1) Apply for Transition Allowance () / Courtesy Car ()			
2) QC Check / Post Repair Inspection ()			
3) Upload Return Photo (Repair Cost > \$3000) ()			

Injury:

Damage:

Other:

Minister 44636	Invoice Preparation Checklist	INC/Non-INC
1) AR: Accident Report (330)		
2) DA: Damage Allowance (3100)	INC (330)	
3) TP: Towing Fee	\$100/\$100	
4) PT: Follow-Through Survey	\$100	
5) PT: Follow-Through Survey (Repairer)	\$100	
6) TR: Bill Inspection	\$100	
7) NTUC: DA + SMART Survey	\$100	
8) NTUC: Additional Services		
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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	03/04/2018 18:51
Date Of Accident	27/06/2017 01:05
Exact Location Of Accident	KPE EXIT TOWARDS PIE JURONG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL4101D
Insured/Policyholder	
Name Of Registered Owner	CHIA KIM CHOY
NRIC No	S2510075A
Email Address	ADRIANLIM2911@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91216975
Alternative Phone No	OFFICE-91216975
Vehicle Particulars	
Manufacturer	SYM
Model	JOYRIDE 200 A-171CC (A)
Exact Purpose for which vehicle was being used at time of accident	GOING BACK HOME
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	MOTORCYCLE
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MSD/VMS/16-352589-CA
Cover Note Number	
Driver	
Name of Driver	LIM CHEE SIONG ADRIAN (LIN ZHIXIONG ADRIAN)
NRIC No	S72464411
Date Of Birth	29/11/1972
Occupation	INDOOR
Date Of Driving Pass	25/03/2004
Driving Experience	13 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91216975
Fax Number	
Contact Number	OFFICE-91216975
EMail Address	ADRIANLIM2911@GMAIL.COM

Address:	BLK 710 PASIR RIS STREET 72 #02-67
Postcode	510710
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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	
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)	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 (NOTE THE RIDER SAY BIKE WAS TAKEN BY THE OWNER)

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJJ1208R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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 SIONG ADRIAN (LIN ZHIXIONG ADRIAN)
------	---

Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBL4101D
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address:	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

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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**.
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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.

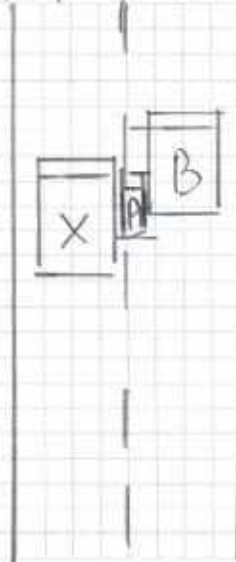
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

KPR EXIT TOWARDS PK JERONG



A) FBL 4W1D

B) STJ 1208 R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling on the lane 2. when I tried to overtake the vehicle ahead inbetween the vehicle on lane 2 accelerate and I lost control where I hit the side of vehicle STJ 1208 R and my bike skidded.

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: Rosli Wathab
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 27/06/2017 (DD/MM/YYYY), TIME: 01.15 (HH:MM)

LOCATION: KPE EXIT TOWARDS PIKE JURONG

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBL 4101 D
 b) INSURANCE COMPANY: M816
 c) POLICY NUMBER: MSO/VMS/16-352289-CA
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: SYM 4101
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: GOING BACK HOME
 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: CHIA KIM KIM (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S2510075A CONTACT: 9768 7218
 c) ADDRESS: _____

* CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Lim Choke Siong ADRIAN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7246641 CONTACT: 9121 6975
 c) ADDRESS: _____

* d) DATE OF BIRTH: 29 / 11 / 1972 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: _____

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) _____
 b) ROAD SURFACE: (DRY / WET / OTHERS) _____

6. WAS ANYBODY INJURED (YES/NO) _____

7. a) REPORTED TO POLICE (YES/NO) _____
 IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: 55J128R MODEL: _____
 b) DRIVER'S NAME: _____ CONTACT: _____
 c) NRIC/FIN/PASSPORT: _____

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: _____ MODEL: _____
 b) DRIVER'S NAME: _____ CONTACT: _____
 c) NRIC/FIN/PASSPORT: _____

email: adrianlim2911@gmail.com

fax: _____

✓ 1230

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S72464411



NAME

LIM CHEE SIONG ADRIAN
(LIN ZHIXIONG ADRIAN)

林 志 雄

RACE

CHINESE

DATE OF BIRTH

29-11-1972

SEX

M

PLACE OF BIRTH

SINGAPORE

4590177



Identity Card No. S72464411



DATE OF ISSUE

02-06-2010

APT BLK 710 PASIR RIS STREET 72 #02-07
SINGAPORE 510710

NRIC No. S72464411

Expiry Date 12/07/2010

No. 4590177

MOTORCYCLE INSURANCE SCHEDULE

DATE OF ISSUE: 29/06/2017

AGENCY: A0074-001-10147
COMMERCIAL AGENCY PTE LTD

POLICY NO: MSD/VMS/16-352589-CA

INSURED:

NRIC NO: S2510075A
NAME: CHIA KIM CHOY
ADDRESS: BLK 127 YISHUN ST 11
#03-331
SE 760127

AGE: 57 DRIVING EXP: 37 yrs
DATE OF BIRTH: 02/07/1959
DRIVING EXP: 26/03/1979
CONTACT NO: 96114619

BUSINESS OR PROFESSION: DISH WASHER

PERIOD OF INSURANCE FROM: 01/10/2016 TO 30/09/2017
09:42AM

REGISTRATION NUMBER: FBL4101D

CUBIC CAPACITY: 171

MAKE OF VEHICLE: SYM

YEAR OF REGISTRATION: 2010

INSURED ESTIMATE OF VALUE: PMV
PREVAILING MARKET VALUE

SEATING CAPACITY: 2

AUTHORISED DRIVERS:

THE INSURED
LIM CHEE SIONG ADRIAN ONLY

NRIC: S72464411 DOB: 29/11/1972 EXP: 25/03/2004

ENDORSEMENTS APPLICABLE: 2C 2K 3Q 15 M23 94 97 - INSURED

PREMIUM: 210.00

EXCESS: \$300(FIRE&THEFT) \$600(ENDT 2K)

GST @ 7% 14.70

TOTAL: 224.70

NAME OF EMPLOYER AND/OR
HIRE PURCHASE OWNER: BAN HON BROS (AGENCIES) PTE LTD

NO CLAIM BONUS OF 0% IS ALLOWED

Nissui Sumitomo Insurance (Singapore) Pte Ltd



Approved Insurers

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: MA418044636 Vehicle Registration No: FBL 4101 D
Name (as shown in NRIC): Lim Catherine Shuang Aoriam NRIC/FIN/Passport No: S72468471
☒ Vehicle Driver / ☐ Vehicle Owner (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 91216975
Email Address: _____
Date of Accident: 27/06/2017 Time of Accident: 01:05
Place of Accident: KRP Exit 7 Towards Pte Jurong
Insurance Company: M816

(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:

① DRIVER NAME to Lim Catherine Shuang Aoriam (Lim ZHIXIONG AORIAM)

② INJURED PARTY NAME to AS ABOVE

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Pauline Lim
NRIC/FIN No.: 03/06/2018
Date: