

| | | | |
|----------------------------------|--|-----------------------|---------|
| Date In: 03/04/2018 19:15 | Job description | Date & Time Completed | Done by |
| Ref No: NBA/MSGR0006135/Y | SAS e-Mailing | | |
| Veh No: FBL 41010 | E-mail (with this, AIO this) | | |
| P.O.N: 3010612017 22:20 | E-Motor Claim Form | | |
| OD / TPT Reporting Only | E-Motor W/O (with this, AIO this) | | |
| | E-Photo Uploaded | | |
| TP Insurer: | Assessment/Survey Report | | |
| | Ass't Report by Fax/Hand to Owner/Wksp | | |

Preferred Wksp / INC Assign Wksp / OWR ()
 TP Particulars: Yes/No () INC () / Non-INC ()
 Owner / Driver: () Tel: ()
 Policy No: () Period: () Cover Type: ()
 Confirmed by: () Date: () Time: ()
 Insured/Driver Liability: () % (Note: Est. State (WO): NI: 0-20% PI: 21-79% PI: 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 reporter.
 () 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 Transition Allowance () / Courtesy Car () | | | |
| 2) QC Check / Post Repair Inspection () | | | |
| 3) Upload Resurvey Photo (Repair Cost > \$3000) () | | | |

Injury: _____
 Signature: _____
 Action: _____

| Human Resources | Vehicle Preparation Checklist | Y/N | Amount / Add'l Bill |
|------------------|--|-------------|---------------------|
| Driver/Owner | 1) AR Accident Reporting (\$30) | V | |
| Phone No: | 2) DA Damage Assessment (\$100) | INC (35) | |
| Assigned Person: | 3) TP Towing Fee | 140/14 | |
| | 4) IT Follow-Through Survey | 110 | |
| | 5) FT Follow-Through Survey (Resurvey) | 22 | |
| | Exclusion: apply INC Only (w/ 10/1/10) | | |
| | 6) TR Re-inspection | 33 | |
| | 7) NI Day DA + SMRT Survey | 540 | |
| | 8) NTUC Additional Services | | |
| | OD | | |
| | NI: Courtesy Car / Tpt Allowance | 11 | |
| | NI: Repair Coordination | 510 | |
| | NI: Post Repair Inspection | 33 | |
| | NI: DY / Collision Vessel Coordination | 11 | |
| | TP (NI) TP (NI) INC Repair INC | 510 | |
| | P) Mobile Units | 10 | |
| | Invoice sent | Not Charged | |
| | Invoice sent | 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 willful 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 19:15 |
| Date Of Accident | 30/06/2017 22:20 |
| Exact Location Of Accident | SELETAR WEST LINK TOWARDS TPE LAMPOST NUMBER 41 |
| 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) +65-97687218 |
| Alternative Phone No | OTHERS-91216975 |
| Vehicle Particulars | |
| Manufacturer | SYM |
| Model | JOYRIDE 200 A-171CC (A) |
| Exact Purpose for which vehicle was being used at time of accident | GOING 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 | S7245441I |
| 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) +65-97687218 |
| Fax Number | |
| Contact Number | OTHERS-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 | 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 | 2 |
| Was any body injured in the Accident? | YES |
| Was any injured conveyed to hospital by ambulance? | YES |
| Was any other material or property damaged? | NO |
| 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 | CHOA CHU KANG NPC |
| Police Station Address | ROAD: 20 CHOA CHU KANG ST 52 #01-02 , POSTCODE: 689286 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN(NOTE: THE RIDER SAY THAT THE BIKE 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 INJURED PERSON 1

| | |
|---|---|
| Name | LIM CHEE SIONG ADRIAN (LIN ZHIXIONG ADRIAN) |
| Approximate Age | |
| Injuries Sustain | SERIOUS INJURIES |
| Injured person in which vehicle? | FBL4101D |
| Were seat belts worn? | |
| Was this injured conveyed to hospital by ambulance? | YES |
| 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:



03/04/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

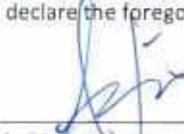
INSURED CAN'T DESCRIBE WHAT
HE WAKE UP AT ICU.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

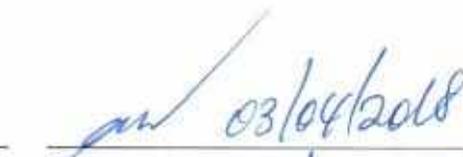
PLS REFER TO POLICE REPORT
7/20/80113/2080

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: Resli AHAAB
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20180113/2080

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

1 of 3

Report No. T/20180113/2080

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|-------------------------------------|--------------------------|
| Date/Time Report Made: 13/01/2018 14:12 | Vide Report No.: F/20170630/0262 | Station Diary No.: 43 |
|--|-------------------------------------|--------------------------|

| Informant's Particulars | | | |
|---|------------|---|-----------------------------|
| Name of Informant: LIM CHEE SIONG ADRIAN | | Address: APT BLK 710 PASIR RIS STREET 72 #02-67 SINGAPORE 510710 | |
| ID Type / ID No.: NRIC NO / S72464411 | | Contact No.: Home/Office: Mobile: 93432188 | |
| Nationality: SINGAPORE CITIZEN | | Email: | |
| Sex: Male | Age: 45 | Date of Birth: 29/11/1972 | Type of Informant: Rider |
| Race: Chinese | | Language: | Institution / School Name: |
| Occupation: UNEMPLOYED | | Driving Licence Information: Class: 2B Date of Expiry: | |

| General Information of the Accident | | | | |
|---|---------------------------------|------------------------------------|--|------------------------------------|
| Type of Accident: | Injury Conveyed By Ambulance | Drink Drive: No | Date/Time of Accident: 30/06/2017 22:20 | Type of Location: Straight Road |
| Location: Along Road 1 Traveling Toward Road 2 SELETAR WEST LINK TAMPINES EXPRESSWAY Lamp Post Number: 41 | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | Traffic Volume: | |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | Anyone conveyed by ambulance: Yes | |

| Details of Vehicle Involved | | | | | | |
|-----------------------------|------------|------|-------|-------|-----------|-----------------|
| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
| FBL4101D (Not Accurate) | Motorcycle | | | | | 0 |

| Details of Person Involved | |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

Report No. T/20180113/2080

CONTINUATION OF REPORT

| Rider | | | |
|-----------------------------------|-------------------------|--|----------------------------------|
| Name | LIM CHEE SIONG ADRIAN | ID No. | S72464411 |
| Related Vehicle | FBL4101D (Motorcycle) | Contact No. | 93432188 |
| Hospital/Clinic | KHOO TECK PUAT HOSPITAL | Class of Driving Licence & Expiry Date | Class: 2B Date of Expiry: NIL |
| Date Treatment | 30/06/2017 | Date Discharge | 13/09/2017 |
| No. of Days granted Medical Leave | 90 | Degree of Injury | Serious |

Brief Details.

On 30/6/2017 at about 2217hrs, I was exiting from Seletar West Link towards TPE when all of a sudden, a vehicle hit my from behind. I had passed out from the incident and when I woke up, I was at the Khoo Teck Puat hospital. I had sustained multiple fractures and abrasions and I was given 90 days of hospitalization leave. I was then informed by the traffic police to lodge an accident report regarding the matter when I am able and as such, I am now lodging this accident report. I am also lodging this accident report for insurance claims.



**SINGAPORE
POLICE FORCE**



T/20180113/2080

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

3 of 3

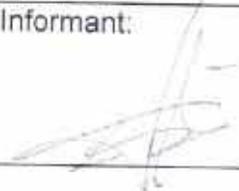
Report No. T/20180113/2080

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 / Sgt 2 YAO MING YANG, CASIMIR  | Signature Of Informant:  |
| Signature Of Interpreter: Not applicable | Date/Time: 13/01/2018 14:12 |
| Officer In Charge Of Case: TP / GIT / Contact No:   | Classification Of Case: |

Authentication Stamp
NP168

Singapore Police Force

ACCIDENT STATEMENT

ACCIDENT DATE: 30/06/2018 (DD/MM/YYYY), TIME: 22:20 (HH:MM)

LOCATION: SALAKAR WEST LINK TOWARDS TPK CAMPUS 41.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBL 4101D
- b) INSURANCE COMPANY: M&G
- c) POLICY NUMBER: M&G/VMS/16-352589-CA
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: SYM
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: GOMER NAMEK
- i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) YES NO
- IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: OCTIA KIM COTOY (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S2510075 A CONTACT: 97687218
- c) ADDRESS:

* CONTINUE TO 3.6 IF DRIVER ALSO POLICY HOLDER

DRIVER

No of passenger (including driver) (1)

- a) NAME: LUM CITA RONG (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S7246441Z CONTACT: 41216975
- c) ADDRESS:

d) DATE OF BIRTH: 20/11/1972 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 25/03/2004

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) 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)

IF YES, PLEASE STATE WHICH POLICE STATION: OCTIA CITA RONG RPK

8. THIRD PARTY VEHICLE

No of passenger (including driver) ()

a) VEHICLE NUMBER: UNKNOWN MODEL:

b) DRIVER'S NAME: CONTACT:

c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

No of passenger (including driver) ()

a) VEHICLE NUMBER: MODEL:

b) DRIVER'S NAME: CONTACT:

c) NRIC/FIN/PASSPORT: CONTACT:

email = adrianlim2911@gmail.com

fax =

video

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7246441



Name

LIM CHEE SIONG ADRIAN
(LIN ZHIXIONG ADRIAN)

林志雄

Race

CHINESE

Date of birth 29-11-1972 Sex M

Country of birth
SINGAPORE



4800177



NRIC No. S7246441



Date of issue

02-06-2010

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

NRIC No. S7246441

Valid 12/07/2010

NRIC No. S7246441

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

Class 2B Motorcycles -< 200 cc

EFFECTIVE DATE

25 Mar 2004

NP 428A



Licence No: 5724544 11

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S72464411**



Name: **LIM CHEE SIONG ADRIAN
(LIN ZHIXIONG ADRIAN)**

Birth Date: **29 Nov 1972**

Issue Date: **03 Jun 2010**



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

Mitsui Sumitomo Insurance (Singapore) Pte Ltd

Approved Insurers