

NATIONAL Assessment Centre Services. (wef 1 Jan'05) MMA 118072026.

Date In: 4/6/18 13:34	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MA/MSG 18010033/64	E-mail (within 5hrs, AIC 2hrs)		
Veh No: GQ 8383 U	i-Motor Claim Form		
D.O.A: 7/13/18 07:45.	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD / TP: Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: (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% F: 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	Actions

Claimant's Particulars:-	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	1st Bill	Add Bill
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)	30.00	
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD*		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile \$10		
	Invoice dated:	Fee Charged	
	Invoice dated:	Fee Charged	

Auditors' Comments:-

Sat 1:

Sat 2/3:

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 04/06/2018 13:34
 Date Of Accident 07/03/2018 07:45
 Exact Location Of Accident 1 KAKI BUKIT AVE 3
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number GQ8383U
Insured/Policyholder
 Name Of Registered Owner HO KAR MUN
 NRIC No S1230137E
 Email Address NOEMAIL
 Mobile Phone No (LOCAL) +65-96390001
 Alternative Phone No OFFICE-96390001

Vehicle Particulars

Manufacturer TOYOTA
 Model LITEACE
 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 COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company MSIG INSURANCE (SINGAPORE) PTE. LTD.
 Type Of Coverage THIRD PARTY
 Fleet Policy NO
 Policy Number A 27449905 TMV
 Cover Note Number -

Driver

Name of Driver HO KAR MUN
 NRIC No S1230137E
 Date Of Birth 20/12/1957
 Occupation INDOOR
 Date Of Driving Pass 17/05/1977
 Driving Experience 40 YEARS AND 9 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-96390001
 Fax Number
 Contact Number OFFICE-96390001
 Email Address NOEMAIL

Address	BLK 715 CLEMENTI WEST ST 2 #07-67
Postcode	120715
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?	
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)	2
Passenger 1	NAME: : JESLIN LIM 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 ATTACHED STATEMENT. REMARK: VEHICLE HAVE BEEN SCRAP, NO PHOTO PROVIDED FOR THE REPORT.

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

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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**.
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:

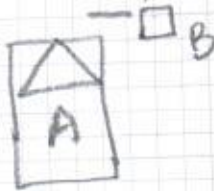
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN

1 Kaki Bukit Ave 3

A = GA8383U



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Statement

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:
NRIC/FIN No.:

To : Whom may it concern
4th June 2018

Re : 559650 (GQ8383U and Employee of LHH Parking Pte Ltd)

With reference to your letter dated 30th May 2018 , I wish to inform you that I had settled the claim with the employee of LHH Parking Pte Ltd Ms Salbiah Binte Talib. Please see attached which is a copy of her tax invoice for medical consultancy fee. I had paid her a total of S\$90.00 and she acknowledged and signed accordingly stating that the agreed sum of compensation was full and final settlement.

On 7th March at about 7.45am as I was driving my vehicle GQ8383U leaving the car park . I saw the Barrier (iong Pole) at the Car park entrance dislocated and lying on the ground. There was a Lady attendant (Ms Salbiah Binte Talib) standing on the right at the entrance.

I stop my vehicle and saw her removing the Barrier (long Pole) and after that she signal me to move forward as I had stopped my vehicle before the entrance . In moving forward after her hand signal to proceed ... I believed the right hand side wheel of my vehicle accidentally rolled over the very end tip of the pole she was carrying and the pole flipped upward and "brush" at her face.

As I was a tenant at this vicinity for the passed 16 years and I know her as a friend because she had several times ask for free " Glass Tumblers " from my company . I sympathize her and gave her my handphone contact number , vehicle number and my unit number (address) for her to contact and I move forward to leave the vicinity.

Ms Salbiah Binte Talib called me on the 10th March and said she had a three day MC and asked for \$40.00 medical fee she had paid to see doctor . I complied and told her that I will meet her on Monday 12th March to hand this amount to her.

On 12th March at 8.29 a.m. I went to the Car park Kiosk and meet her , She now told me that she had also gone for X rays and now wanted more as compensation. I told her that she had signal me to move on at that point of time.

We then agreed to settle the matter at \$90.00 , I paid her in cash and she willingly signed an acceptance letter on her medical chit (YSL Bedok Clinic & Surgery) and handed to me.

As I believed that this matter was mutually settled among ourselves hence I did not proceed to report this incident as a traffic accident and in fact it happen within the vicinity at the car park. May I look forward to your investigation about Ms Salbiah Binte Talib unreasonable claim. Thank you very much for your attention.



.....
Ho Kar Mun
715 Clementi West St 2 , # 07-67
Singapore 120715 , Tel : 96390001
Email : hokamn@gmail.com
4th June 2018

LHN car part Attendance

Salbiah

Binte Talib *

YSL BEDOK CLINIC & SURGERY
(wholly owned by QUALITAS HEALTHCARE PTE LTD)

BLK 539 BEDOK NORTH ST 3 #01-631 S 460539
TEL: 6245 2684 FAX: 6245 0043

GST Reg No : 201101756N

TAX INVOICE

INVOICE NO: INV093546

DATE: 09/03/2018

SALBIAH BINTE TALIB

PATIENT NO: 65526

BLK 406 TAMPINES STREET 41 SUN

PLAZA GREEN #03-05

S (520406)

Patient : SALBIAH BINTE TALIB (S2150622B)

ATTENDED BY: DR TANG WAI MENG

DESCRIPTION	QTY	FEE (\$)
CONSULTATION FEE		\$25.00

I Salbiah Binte Talib
agreed to accept
cash of \$25.00 as full and
final settlement of
a dispute happen on
7/3/2018.

RECEIVED : \$25.00 CASH

SUB TOTAL : \$25.00

DISCOUNT : \$0.00

GRAND TOTAL : \$25.00

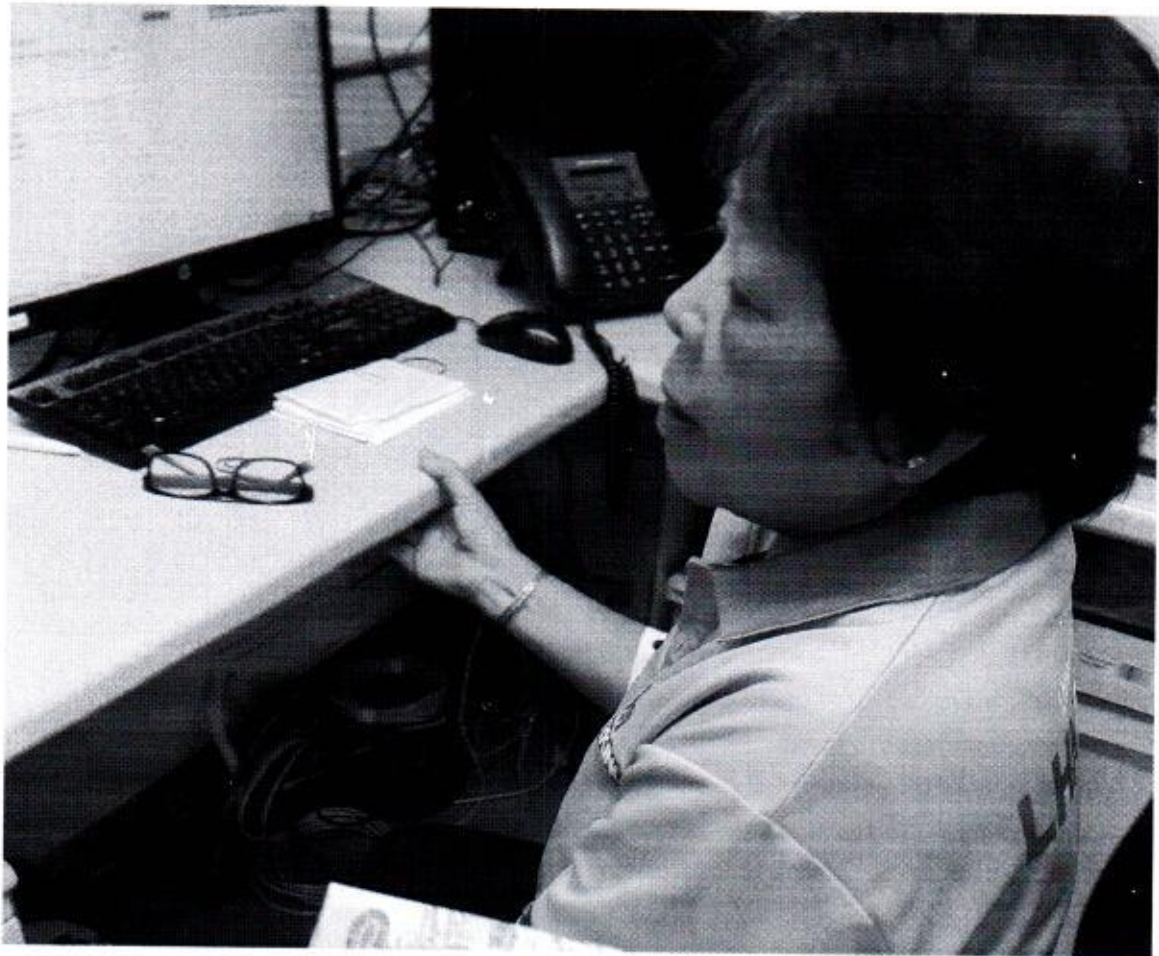
AMOUNT PAID : \$25.00

AMOUNT OUTSTANDING : \$0.00

INCLUSIVE OF GST 7.0% : \$1.64

This is a computer generated invoice which does not require a signature
E. & O.E

YSL BEDOK CLINIC & SURGERY
(wholly owned by QUALITAS HEALTHCARE PTE LTD)
BLOCK 539 BEDOK NORTH STREET 3 #01-631
SINGAPORE 460539
TEL: 6245 2684 FAX: 6245 0043



I paid her on
12/March/2018
at
8.29 am at
KB carpark kiosk

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1230137E



Name

HO KAR MUN

何嘉文

Race

CHINESE

Date of birth

20-12-1957

Country/Place of birth

SINGAPORE

Sex

M



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S1230137E

Name

HO KAR MUN

Birth Date 20 Dec 1957

Issue Date 23 Apr 2003



5328628



NRIC No. S1230137E



Date of issue

16-07-2014

Address

APT BLK 715 CLEMENTI WEST STREET 2
#07-67
SINGAPORE 120715

REPUBLIC OF SINGAPORE

HO KAR MUN
20 DEC 1957
23 APR 2003
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S1230137E**

Name: **HO KAR MUN**

Birth Date: **20 Dec 1957**

Issue Date: **23 Apr 2003**

000414080J





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

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	08 Dec 1978
Class 2A	Motorcycles between 201 cc and 400 cc	08 Dec 1978
Class 2	Motorcycles exceeding 400 cc	08 Dec 1978
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	17 May 1977

NP 428A

Licence No: S1230137E



**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

COMMERCIAL VEHICLE - TP**CANCELLATION**

Policy Number	Period of Insurance	Place of Issue
A 27449905 TMV	01/03/2017 to 26/03/2018	SINGAPORE
Name and Address of Insured		Date of Issue
Ho Kar Mun 715 Clementi West Street 2 #07-67 Singapore 120715		02/04/2018
		Account Number
		155731
Premium	GST	Total Due
SGD255.03-	SGD17.85-	SGD272.88-

RISK NUMBER 1**COMMERCIAL VEHICLE - TP****SCOPE OF COVER** Third Party**INTEREST INSURED**

ITEM 0001
 REGISTRATION NO. GQ8383U
 MAKE/MODEL Toyota Liteace
 ENGINE NUMBER 7K0219812
 CHASSIS NUMBER KR420021576
 YEAR OF MFG 1998
 CAPACITY 0.95 TONS
 SEATING CAPACITY 2 (INCL. DRIVER)

NO CLAIM DISCOUNT 20.00% (or F/D)
 EXCESS NIL
 WINDSCREEN NIL
 ANNUAL PREMIUM SGD731.81

AUTHORISED DRIVERS

Any other person provided he is driving on the Insured's order or with the Insured's permission.

LIMITATION AS TO USE

Use in connection with the Insured's business.
 Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business.
 Use for social domestic and pleasure purposes.
 The Policy does not cover
 (1) Use for hire or reward or for racing pace-making reliability trial or speed-testing.
 (2) Use whilst drawing a trailer except the towing of any one disabled

**MSIG**

MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200412212G)
4 Shenton Way, #21-01 SGX Centre 2, Singapore 068807
Tel +65 6827 7888, Fax +65 6225 7402
www.msig.com.sg

Your Ref : GQ8383U
Our Ref : 559650 (Please quote our reference when replying)

30 May 2018

Mr Ho Kar Mun
715 Clementi West Street 2
#07-67
Singapore 120715

Dear Sir/Madam

Accident involving GQ8383U and Employee of LHN Parking Pte Ltd at 1 Kaki Bukit Ave 3 Singapore 416087
Policy No : 27449905TMV
Date of Accident : 07 Mar 2018

We have received an injury claim from Insurer acting on behalf of the employee of LHN Parking Pte Ltd. However, we have yet to receive your report on the accident.

Under the Motor Claims Framework, motorists are required to report any traffic accident involving their insured vehicles to their insurers within 24 hours of the accident or by the next working day. Any non-reporting may affect the motorist's No Claim Discount and their rights to seek indemnity under their policy.

We urge you to make a report immediately at any of our authorized workshops or IDAC centres. The list is enclosed for your reference. Please bring your vehicle and the following documents with you:

1. Driving license
2. Identity card
3. Police report, if any

If you have already filed an accident report, please accept our thanks and ignore this reminder.

Thank you.

Yours sincerely


Lui Siew Wei
Senior Executive
Claims Services (Motor)
Tel : 6594 2547
Fax : 6225 7402
Email : siewwei_lui@sg.msig-asia.com

cc Gen-Ins Portfolio Agency Pte Ltd

A Member of MS & AD INSURANCE GROUP

