

NATIONAL Assessment Centre Services

[wef: 1 Jan 05] MNA18087398

Date In: 6/7/18 - 17:51	Job description	Date & Time Completed	Done by
Ref No: NA18087398	SAS e-filing		
Veh No: SFM96J	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 5/7/18 - 17:15	i-Motor Claim Form		
OD TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	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: 5L327>E	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	Actions

NA1804275	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	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:-		
	ON:		
	*N5: Courtesy Car / Tpt 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 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Auditors' Comments:-

Ref. 1:

Ref. 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	06/07/2018 17:51
Date Of Accident	05/07/2018 17:15
Exact Location Of Accident	PIE (CHANGI) BEFORE THOMSON RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFM96J
Insured/Policyholder	
Name Of Registered Owner	LEE SONG TIOH
NRIC No	S0180840J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96811142
Alternative Phone No	OFFICE-96811142

Vehicle Particulars

Manufacturer	BMW
Model	523I 2.5 AT ABS D/AB 2WD 4DR GAS/D
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	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	B27028732SMP
Cover Note Number	

Driver

Name of Driver	LEE SONG TIOH
NRIC No	S0180840J
Date Of Birth	16/08/1953
Occupation	INDOOR
Date Of Driving Pass	29/05/1976
Driving Experience	42 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96811142
Fax Number	
Contact Number	OFFICE-96811142
EMail Address	NOEMAIL

Address	96 MIMOSA TERRACE
Postcode	805780
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	CHAIN 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	3
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

REFER TO STATEMENT.

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	SJL3272E
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJH6456T
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 LEE SONG TIOH

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SFM96J

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode


SKETCH PLAN


IMPORTANT NOTICE

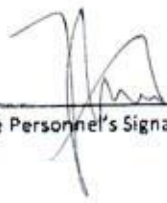
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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:


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

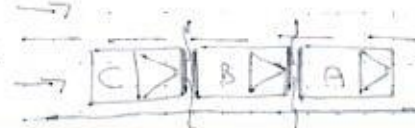
SKETCH PLAN

P18 TOWARDS CHANGE DIRECTION THOMPSON EXIT

VEHICLE A - SFM 96J

VEHICLE B - SJL 3272R

VEHICLE C - SJH 6456T



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING STRAIGHT TOWARDS CHANGE DIRECTION,
I WAS ON THE EXTREME RIGHT LANE.

WHILE TRAVELLING STRAIGHT AHEAD, APPROXIMATING THOMPSON ROAD
EXIT. THE VEHICLE IN FRONT BRAKED TO COMPLETE STOP
DUE TO THIS HEAVY TRAFFIC, AND SINCE I TOO APPLIED
BRAKE TO COMPLETE STOP. SUDDENLY, AFTER A FEW
SECONDS I FELT A GREAT IMPACT FROM THE REAR OF MY
VEHICLE.

I ASCENDED FROM MY VEHICLE AND REALIZED IT WAS A
VEHICLE BRANDY (SJL 3272R) COLLIDED TO THE
REAR OF MY VEHICLE AND IT WAS A CHAIN COLLISION
INVOLVING 3 VEHICLES. AND I FELT ONLY ONE IMPACT.

VEHICLE A - SFM 96J

VEHICLE B - SJL 3272R

VEHICLE C - SJH 6456T

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.:

Vehicle No.	SFM 96 J	Model / Make	Bmw 523i
Date of Accident	05/07/2018		
Time of Accident	1715	HRS	
Location of Accident	PIE KOWANGS CHANNI BEFORE THOMSON BRIT		
Exact purpose use during accident	PRIVATE USE		
Name of Owner	LEE SONH TIOH		
Telephone No.	H/P : 96811142	Home :	Office :
NRIC	S0180740 J		
Address	96 MIMOSA TERRACE SC 105710		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	MSIA		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	B 27028732		
Name of Driver	As Above If No,		
NRIC	Any Passengers : NIL		
Date of birth	16 AUG 1953		
Occupation	Outdoor / Indoor		
Driving License Pass Date	29 MAY 1976		
Gender	Male / Female		
Contact No.	H/P :	Home :	Office :
Address			
Driver have any own vehicle	No,	If yes, Reg No.	
Relationship	Employee,	If no, state OWNER	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who?	
Name And Contact No.	MR LEE SONH TIOH, 96811142		
Name And Contact No.			
Police Report	No,	If Yes, Where?	
Vehicle B No.	SJL 3272 E	Any Passengers :	
Name of Driver		Contact No. :	
Vehicle C No.	SJH 6456 T	Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion	REAR		
Camera Recorder	Yes / No		
Email Address			
PARTICULAR WORKSHOP	N-SI AUTOMOTIVE PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n-si.com.sg		

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0180840J



Name
LEE SONG TIOH

李松桂

Race
CHINESE

Date of birth
16-08-1953

Sex
M

Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S0180840J

Name:

LEE SONG TIOH

Birth Date: 16 Aug 1953

Issue Date: 09 Apr 2003



4529002

NRIC No. S0180840J



Date of issue
18-02-2010

Address

96 MIMOSA TERRACE
SINGAPORE 805780

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

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of
which unladen does not exceed 2500 kilograms

29 May 1976

Tung Centre

5/3/08



Licence No. S0180840J

NP 428A

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

THE DARBY INSURANCE BROKERS (SINGAPORE) PTE. LTD.
300 Beach Road
#12-01/02 The Concourse
Singapore 199597
Tel: 6222 2244 Fax: 6294 8810

Certificate of Insurance

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 27028732 SMP

Excess : SGD750

1. Index Mark and Registration Number of Vehicle
SFM96J
2. Name of Policyholder
Lee Song Tioh
3. Effective Date of the Commencement of Insurance for the purposes of the Act
29/12/2017
4. Date of Expiry of Insurance
28/12/2018

Persons or Classes of Persons entitled to drive*

Lee Song Tioh

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.

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 9) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

NOTE ALL CLAIMS RELATED REPAIR CAN BE CARRIED OUT AT PERFORMANCE 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 Policy must be returned to the Insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation) Act (Cap. 189).

VERIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor