

NATIONAL Assessment Centre Services [wef 1 Jan 2005] <b>MAA/18088275</b>			
Date In: <b>09/07/2008 15:18</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NBA/mee/180/243814</b>	SAS e-filing		
Veh No: <b>SKQ1501U</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <b>09/07/2008 08:30</b>	I-Motor Claim Form		
OD <b>(1P)</b> 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: <b>SDX 806T</b>	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: _____
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Date/Time	Actions

<b>NBA/1804309</b>	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		1st Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF: 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			
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)			
Cat. 1:	6) TR: Re-inspection \$75			
Cat. 2/3:	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		

## 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	09/07/2018 15:18 ✓
Date Of Accident	07/07/2018 03:30 ✓
Exact Location Of Accident	CROSS JUNCTION OF MERCHANT ROAD/NEW BRIDGE ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKQ1501U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LAM KAI SIN ✓
NRIC No.	S1580741E
Email Address	STEVENLAMKA@YAHOO.COM
Mobile Phone No	(LOCAL) +65-98795523
Alternative Phone No	OTHERS-98795523

### Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY-1.6 CVT ABS D/AIRBAG 2WD 4DR (A)
Exact Purpose for which vehicle was being used at time of accident	GOING TO WORK
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	S 29043002 SMF ✓
Cover Note Number	

### Driver

Name of Driver	LAM KAI SIN ✓
NRIC No	S1580741E
Date Of Birth	08/11/1963
Occupation	INDOOR
Date Of Driving Pass	27/06/1985 ✓
Driving Experience	33 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98795523
Fax Number	
Contact Number	OTHERS-98795523
EMail Address	STEVENLAMKA@YAHOO.COM



Address	BLK 30 HOLLAND CLOSE #13-193
Postcode	270030
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	COLLISION - CROSS JUNCTION
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?	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?	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 (TYPE OF COLLISION IS HEAD TO SIDE)

#### 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	SDX806T
Vehicle Make/Model/Colour	MERCEDES BENZ
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TJIO SWAT LIANNE
NRIC/Passport Number	S7184287H
Contact Number	86860806
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2
Passenger 1	NAME: :
	GENDER: :

## 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: 9/07/2018  
2.25pm

Driver's Signature

(If driver is not the policyholder)  
Date & Time: 09/07/2018  
2.25pm

Reporting Centre Personnel's Signature

Name: 09/07/2018  
NRIC/FIN No. KOKI WATHAN

# SKETCH PLAN

A) SKQ 1501U

B) SDX 886 T

EU TONG SEN

NEW BRIDGE RD

MERCHANT RD

NORTH CANAL RD

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AFT I TURN INTO MERCHANT RD FM CTE - THERE WAS QUITE A NUMBER OF CAR AT THE TRAFFIC LIGHT. I WAITED FOR A WHILE AND CAR BEGIN TO TURN RIGHT. I REMEMBER THE TRAFFIC LIGHT WAS GREEN. AFTER I TURN RIGHT, THEN SUDDENLY I FELT A JERK AND A BUMP ON MY LEFT REAR OF THE CAR. I STOP THE CAR AND CHECK THAT THE REAR BUMPER WAS DAMAGED.

## DECLARATION

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

Policyholder's Signature  
Date & Time: 09/07/2018  
2.25pm

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 09/07/2018  
2.25pm

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



# ACCIDENT STATEMENT

ACCIDENT DATE: 07/07/2018 (DD/MM/YYYY), TIME: 03:30 (HH:MM)

LOCATION: CROSS JUNCTION OF MERCHANT RD AND NEW BRIDGE RD

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKQ 1501U  
 b) INSURANCE COMPANY: MSIG  
 c) POLICY NUMBER: S29043002 SMF  
 d) POLICY TYPE: (COMPREHENSIVE) / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: NISSAN SYLPHY 1.6 CVT  
 f) TYPE: (SALOON) / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS  
 g) VEHICLE CATEGORY: (PRIVATE) / COMMERCIAL / MOTORCYCLE  
 h) PURPOSE OF USING AT ACCIDENT TIME: GOING TO WORK  
 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: LAM KAI SIN (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S1580741E CONTACT: 98795523  
 c) ADDRESS: B12 30, HOLLAND CLOSE  
#13-193

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

## DRIVER

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

\*d) DATE OF BIRTH: 08/11/1963 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR) / OUTDOOR

f) DATE OF DRIVING PASS: 27 JUNE 1985

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) NO  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

5. a) WEATHER CONDITION: (CLEAR) / RAINING / OTHERS \_\_\_\_\_

b) ROAD SURFACE: (DRY) / WET / OTHERS \_\_\_\_\_

6. WAS ANYBODY INJURED (YES / NO) NO

7. a) REPORTED TO POLICE (YES / NO) NO

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SDX 806T MODEL: MERCEDES  
 b) DRIVER'S NAME: TJIO SWAT LIANNE  
 c) NRIC/FIN/PASSPORT: S7184287H CONTACT: 86860806

## 9. THIRD PARTY VEHICLE

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

\* No of passenger  
 (including driver)  
(1)

\* No of passenger  
 (including driver)  
(2)

\* No of passenger  
 (including driver)  
( )

Email = stevenlamks@yahoo.com

VIDEO =

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1580741E



Name  
LAM KAI SIN  
林開盛  
Race  
CHINESE  
Date of Birth  
08-11-1963  
Country of Birth  
SINGAPORE

Sex  
M

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number  
S1580741E  
Name  
LAM KAI SIN  
Birth Date  
08 Nov 1963  
Issue Date  
16 Dec 2002

10000199478

1625636




NRIC No. S1580741E

Blood Group  
O+  
Date of Issue  
27-01-1994

APT BLK 30 HOLLAND CLOSE #13-193  
SINGAPORE 270030

NRIC No. S1580741E Date: 22-10-2004 No: 4960170

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

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

27 Jun 1965

NP 4264

License No: S1580741E

**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

## 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

### ULTIMATE CAR PROTECTOR-PREMIER Comprehensive

Certificate No. S 29043002 SMF

Excess: SGD500

1. Index Mark and Registration Number of Vehicle  
SKQ1501U

2. Name of Policyholder  
Lam Kai Sin

3. Effective Date of the Commencement of Insurance for the purposes of the Act  
08/11/2017

4. Date of Expiry of Insurance  
07/11/2018

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

Lam Kai Sin

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 ANY WORKSHOP OF YOUR CHOICE OR AT ANY MSIG AUTHORISED WORKSHOP LISTED IN THE ATTACHED.

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



Transaction ref 20141107095343965081

The owner and vehicle particulars for Vehicle No. SKQ1501U as at 07 Nov 2014 are as follows:

1.	Name	: LAM KAI SIN ✓
2.	Identification No. Type	: Singapore NRIC
3.	Identification No.	: S1580741E
4.	Place Of Passport Issue	: -
5.	Registered Address	: APT BLK 30 HOLLAND CLOSE #13-193 SINGAPORE 270030
6.	Mailing Address	: -
7.	Vehicle No.	: SKQ1501U
8.	Effective Date of Ownership	: 07 Nov 2014
9.	Original Registration Date	: 07 Nov 2014
10.	First Registration Date	: 07 Nov 2014
11.	Vehicle Type	: P10 - Passenger Motor Car
12.	Vehicle Scheme	: Normal
13.	Attachment 1	: No Attachment
14.	Attachment 2	: -
15.	Attachment 3	: -
16.	Vehicle Make	: NISSAN
17.	Vehicle Model	: SYLPHY 1.6 CVT ABS D/AIRBAG 2WD 4DR
18.	Year of Manufacture	: 2014
19.	Primary Colour	: Grey
20.	Secondary Colour	: -
21.	Passenger Capacity	: 4
22.	Chassis/Trailer Chassis No.	: MNTBBAB17Z0020253 / -
23.	Propellant	: Petrol
24.	Engine No./Motor No.	: HR16948723B / -
25.	Engine Capacity(cc)/Power Rating(kW)	: 1598 / -
26.	Maximum Power Output(kW/bhp)	: 85.0 / 113
27.	Unladen Weight(kg)	: 1205
28.	Maximum Laden Weight(kg)	: 1605
29.	Open Market Value	: \$15,603.00
30.	PARF Eligibility	: Yes
31.	PARF Eligibility Expiry Date	: 06 Nov 2024
32.	Minimum PARF Benefit	: \$5,301.00
33.	IU Label No.	: -
34.	COE No.	: 2014110101000951C
35.	COE Expiry Date	: 06 Nov 2024
36.	COE Category	: A - Car (up to 1600cc & 97kW (130bhp))
37.	Quota Premium/Prevailing Quota Premium	: \$63,990.00
38.	Actual Quota Premium/PQP Paid	: \$63,990.00
39.	Actual ARF Paid	: \$10,603.00
40.	CO2 Emission(g/km)	: 149.00
41.	Actual CEVS Rebate Utilised	: \$5,000.00
42.	CEVS Surcharge Paid	: -
43.	Actual Green Vehicle Rebate Utilised	: -
44.	Vehicle Lifespan Expiry Date	: -
45.	Road Tax Amount	: \$371.00
46.	Road Tax Start Date	: 07 Nov 2014
47.	Road Tax End Date	: 06 May 2015
48.	Remarks	: This vehicle is eligible for PARF. To renew the COE, the Prevailing Quota Premium payable is that of Category A.

**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 : XGUA48088275 Vehicle Registration No: SKA 15014  
Name (as shown in NRIC) : Lim Kai Sin NRIC/FIN/Passport No : S1580741E  
(\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore( )  
Contact (Tel) : \_\_\_\_\_ Mobile No: 98795523  
Email Address : \_\_\_\_\_  
Date of Accident : 07/07/2018 Time of Accident: 03:30  
Place of Accident : X-Intersection of Marchmont Rd / Kuan Benah Road  
Insurance Company: \_\_\_\_\_

**(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:

To label vehicle number on sketch plan

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: Poh Jia Hui  
NRIC/FIN No: 23/07/2018  
Date: