

NATIONAL Assessment Centre Services MNA 48102593

Date In: 08/08/2008 14:13	Job description	Date & Time Completed	Done by
Ref No: NCA/MG780/446/14	SAS e-filing		
Veh No: SCL2922G	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 08/08/2008 10:45	i-Motor Claim Form		
(OD) TP: Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: SCL 2922G 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

<p style="font-size: 24px; color: blue;">NA1804976</p> <p>Claimant's Particulars:-</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments :-</p> <p>Dat. 1:</p> <p>Dat. 2/3:</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Invoice Preparation Checklist</th> <th>Amt (\$) In Bill</th> <th>Amt (\$) Add Bill</th> </tr> </thead> <tbody> <tr> <td>1) AR: Accident Reporting</td> <td>(\$30)</td> <td></td> <td></td> </tr> <tr> <td>2) DA: Damage Assessment</td> <td>(\$100)</td> <td></td> <td>INC (\$80)</td> </tr> <tr> <td>3) TF: Towing Fee</td> <td></td> <td>\$40/\$45</td> <td></td> </tr> <tr> <td>4) FT: Follow-Through Survey</td> <td></td> <td>\$120</td> <td></td> </tr> <tr> <td>5) FT: Follow-Through Survey (Resurvey)</td> <td></td> <td>\$30</td> <td></td> </tr> <tr> <td colspan="4" style="text-align: center;">For claiming against INC Only (wef 10 Jan 2005)</td> </tr> <tr> <td>6) TR: Re-inspection</td> <td></td> <td>\$75</td> <td></td> </tr> <tr> <td>7) NI: Idno DA + SMRT Survey</td> <td></td> <td>\$160</td> <td></td> </tr> <tr> <td colspan="4">8) NTUC Additional Services:-</td> </tr> <tr> <td>  Q1*</td> <td></td> <td>\$5</td> <td></td> </tr> <tr> <td>  *N5: Courtesy Car / Tpt Allowance</td> <td></td> <td>\$10</td> <td></td> </tr> <tr> <td>  *N6: Repair Co-ordination</td> <td></td> <td>\$25</td> <td></td> </tr> <tr> <td>  *N7: Post Repair Inspection</td> <td></td> <td>\$5</td> <td></td> </tr> <tr> <td>  *N8: DV / Collect Excess Coordination</td> <td></td> <td>\$20</td> <td></td> </tr> <tr> <td>  TP (N11): TP (N-in INC) against INC</td> <td></td> <td>\$0</td> <td></td> </tr> <tr> <td>9) N12: Idno Mobile</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Invoice dated _____ Fee Charged _____</p> <p>Invoice dated _____ Fee Charged _____</p>	Invoice Preparation Checklist		Amt (\$) In Bill	Amt (\$) Add Bill	1) AR: Accident Reporting	(\$30)			2) DA: Damage Assessment	(\$100)		INC (\$80)	3) TF: Towing Fee		\$40/\$45		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) NI: Idno DA + SMRT Survey		\$160		8) NTUC Additional Services:-				Q1*		\$5		*N5: Courtesy Car / Tpt Allowance		\$10		*N6: Repair Co-ordination		\$25		*N7: Post Repair Inspection		\$5		*N8: DV / Collect Excess Coordination		\$20		TP (N11): TP (N-in INC) against INC		\$0		9) N12: Idno Mobile			
Invoice Preparation Checklist		Amt (\$) In Bill	Amt (\$) Add Bill																																																																		
1) AR: Accident Reporting	(\$30)																																																																				
2) DA: Damage Assessment	(\$100)		INC (\$80)																																																																		
3) TF: Towing Fee		\$40/\$45																																																																			
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) NI: Idno DA + SMRT Survey		\$160																																																																			
8) NTUC Additional Services:-																																																																					
Q1*		\$5																																																																			
*N5: Courtesy Car / Tpt Allowance		\$10																																																																			
*N6: Repair Co-ordination		\$25																																																																			
*N7: Post Repair Inspection		\$5																																																																			
*N8: DV / Collect Excess Coordination		\$20																																																																			
TP (N11): TP (N-in INC) against INC		\$0																																																																			
9) N12: Idno Mobile																																																																					

## 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	08/08/2018 14:13
Date Of Accident	08/08/2018 10:45
Exact Location Of Accident	JUNCTION OF DUNMAN ROAD AND TANJONG KATONG
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL2790H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEE KOK CHEOW
NRIC No	S0102480I
Email Address	TIANG2204@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97996543
Alternative Phone No	OTHERS-97996543

### Vehicle Particulars

Manufacturer	BMW
Model	520I
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	B 80099578 SMP
Cover Note Number	

### Driver

Name of Driver	LEE KOK CHEOW
NRIC No	S0102480I
Date Of Birth	26/11/1950
Occupation	INDOOR
Date Of Driving Pass	23/06/1971
Driving Experience	47 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97996543
Fax Number	
Contact Number	OTHERS-97996543
EMail Address	TIANG2204@HOTMAIL.COM

Address	957 BUKIT TIMAH ROAD #03-16
Postcode	589653
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)	2
Passenger 1	NAME: : WIFE 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 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	SLJ2922G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MAD RASHID BIN SAMAT
NRIC/Passport Number	S1720168I
Contact Number	96749540
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	


## 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

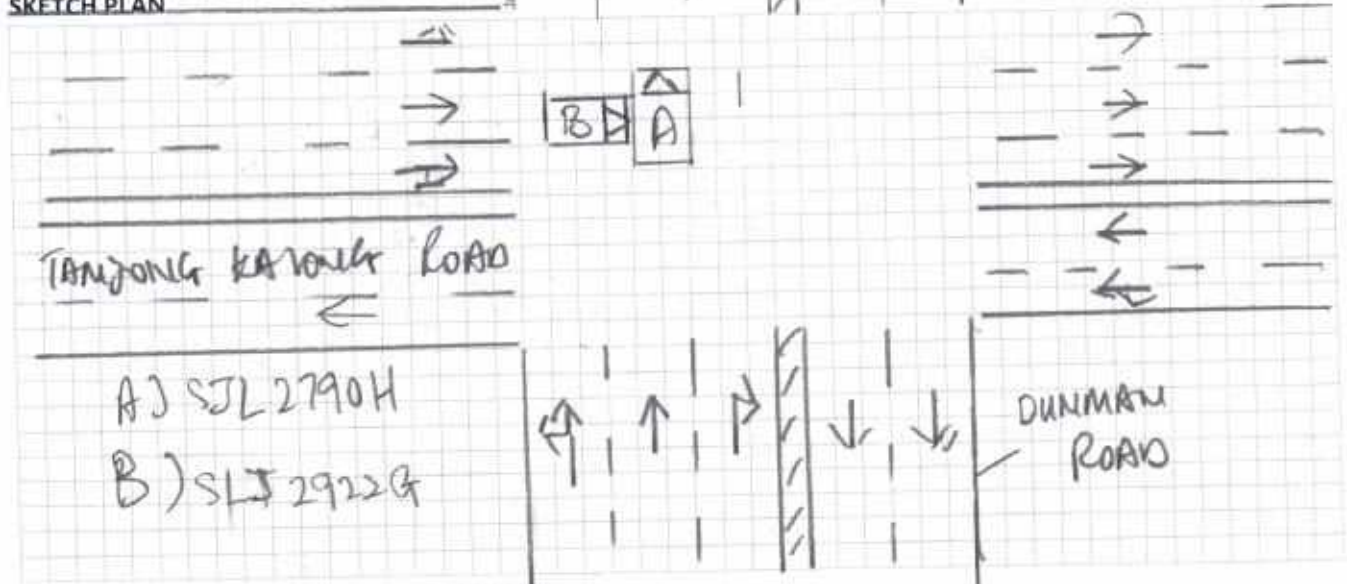
Date & Time: 8/8/18 10:25pm

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

  
Reporting Centre Personnel's Signature

Name:   
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along the Dunman Road, a car came towards me from the junction of Tanjong Katong Road. I am going to renew my CAR COE too.

DECLARATION

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

Chew 8/8/18  
 Policyholder's Signature  
 Date & Time:

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

08/08/2018  
 Reporting Centre Personnel's Signature  
 Name: Rishi  
 NRIC/FIN No.:

# ACCIDENT STATEMENT

ACCIDENT DATE: 8/8/2018 (DD/MM/YYYY), TIME: 10:45 (HH:MM)

LOCATION: Junction of Duraman and Tanjung Katong

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJL2790H  
b) INSURANCE COMPANY: MSIG  
c) POLICY NUMBER: B80099578 SMP  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: BMW 520  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: private  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: LEE KOK CHEOW (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S01024801 CONTACT: 97996543  
c) ADDRESS: 957 BUKIT TIMAH RD #03-16  
S(589653)

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

### DRIVER

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

\*d) DATE OF BIRTH: 26/11/1950 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 23/6/1971

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: SLJ2922G MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: MAD RASHID BIN SAMAT  
c) NRIC/FIN/PASSPORT: S1720168 I CONTACT: 96749540

## 9. THIRD PARTY VEHICLE

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

WIFE

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

\*No of passenger  
(including driver)  
( )

\*No of passenger  
(including driver)  
( )

Email = tiang2204@hotmail.com

VIDEO =

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S01024801



Name

LEE KOK CHEOW

李國昭

Race  
CHINESE

Date of birth  
26-11-1950

Sex  
M

Country of birth  
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S01024801

Name: LEE KOK CHEOW

Birth Date: 26 Nov 1950

Issue Date: 14 Feb 2004

001123986K



4004793



NRIC No. S01024801



Date of issue  
22-02-2007

Address  
957 BUKIT TIMAH ROAD  
#03-15  
SINGAPORE 589653

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

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	23 Jun 4971

NP 420A

Licence No: S01024801



MSIG Insurance (Singapore) Pte. Ltd.  
 100 Beach Road, # 21-01, SGX Centre 2, Singapore 058807  
 Tel: +65 6827 7888, Fax: +65 6827 7800  
 Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

Sime Darby Insurance  
 Brokers (Singapore) Pte Ltd  
 Tel: 6222 2244

## Certificate of Insurance

Mon to Fri (excluding PH)  
 (8.30 am - 5.45 pm)

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 80099578 SMP

Excess: SGD750

1. Index Mark and Registration Number of Vehicle

SJL2790H

2. Name of Policyholder

Lee Kok Cheow

3. Effective Date of the Commencement of Insurance for the purposes of the Act

06/10/2017

4. Date of Expiry of Insurance

05/10/2018

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

Lee Kok Cheow

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 PERFORMANCE MOTORS 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 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





GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
 6 Raffles Quay #18-00 Singapore 048580  
 Tel (65) 6224 0010 Fax (65) 6224 0030  
 Operating Hours: Monday to Friday, 09:00 - 17:00  
 UEN: S66550020G / GST Reg. No.: M400017735

**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: MA4018/02593 Vehicle Registration No: SJL 2790H  
 Name (as shown in NRIC): LUKE KOK CHOW NRIC/FIN/Passport No: \_\_\_\_\_  
 (\*~~Vehicle Driver~~ / Vehicle Owner) (\*) Please delete as appropriate  
 Address: \_\_\_\_\_ Singapore ( )  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 97996543  
 Email Address: \_\_\_\_\_  
 Date of Accident: 08/08/2018 Time of Accident: 10:45  
 Place of Accident: JUNCTION OF SUMNER RD / TANjong KONG ROAD  
 Insurance Company: MS/G

**(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:

INSURER EMAIL ADDRESS TO TIANG2204@HOTMAIL.COM

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Policyholder / Driver's Signature  
 Date:

Reporting Centre Personnel's Signature  
 Name: Rosey MARTIN  
 NRIC/FIN No.: \_\_\_\_\_  
 Date: 08/08/2018