

NATIONAL Assessment Centre Services

Date In 30/08/18	Job description	Date & Time Completed	Done by
Ref No NA/MSL/8015839/13	SAS e-filing		
Veh No SLU428	E-mail (within 8hrs, AIC 2hrs)		
D.O.A 30/08/18 1115	i-Motor Claim Form		
OD (IP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (TWINCAR)	Tel:	Fax:
TP Particulars:	Veh No: SLB92374	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>Claimant's Particulars:-</p> <p>NA1805508</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>IC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:-</p> <p>at 1:</p> <p>at 2/3:</p>	<p>Invoice Preparation Checklist</p> <p>1) AR: Accident Reporting (\$30);</p> <p>2) DA: Damage Assessment (\$100); INC (\$80)</p> <p>3) TP: Towing Fee \$40/\$45</p> <p>4) FT: Follow-Through Survey \$120</p> <p>5) FT: Follow-Through Survey (Resurvey) \$30</p> <p>For claiming against INC Only (wef 10 Jan 2005)</p> <p>6) TR: Re-inspection \$75</p> <p>7) N1: Idac DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:-</p> <p>ON*</p> <p>*N5: Courtesy Car / Tpt Allowance \$5</p> <p>*N6: Repair Co-ordination \$10</p> <p>*N7: Post Repair Inspection \$25</p> <p>*N8: DV / Collect Excess Coordination \$5</p> <p>TP (N11): TP (N-n INC) against INC \$20</p> <p>9) N12: Idac Mobile 30</p> <p>Invoice dated</p> <p>Invoice dated</p> <p>Fee Charged</p> <p>Fee Charged</p>	<p>Amt (\$)</p> <p>in Bill</p> <p>Amt (\$)</p> <p>Add Bill</p>
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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	30/08/2018 14:11
Date Of Accident	30/08/2018 11:15
Exact Location Of Accident	WOODLANDS CENTRE RD OPP MARSILING PRIMARY SCHOOL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU42B
Insured/Policyholder	
Name Of Registered Owner	LIM KANSON DANNY
NRIC No	S8027519F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88667373
Alternative Phone No	OTHERS-88667373

Vehicle Particulars

Manufacturer	BMW
Model	520
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	A 29023051 QMY
Cover Note Number	

Driver

Name of Driver	LIM KANSON DANNY
NRIC No	S8027519F
Date Of Birth	02/09/1980
Occupation	INDOOR
Date Of Driving Pass	28/05/2003
Driving Experience	15 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88667373
Fax Number	
Contact Number	OTHERS-88667373
E-Mail Address	NOEMAIL

Address	BLK 139 MARSILING ROAD #05-2040
Postcode	730139
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 - 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	
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: : UNKNOWN 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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLB9237Y
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)


SKETCH PLAN


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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:

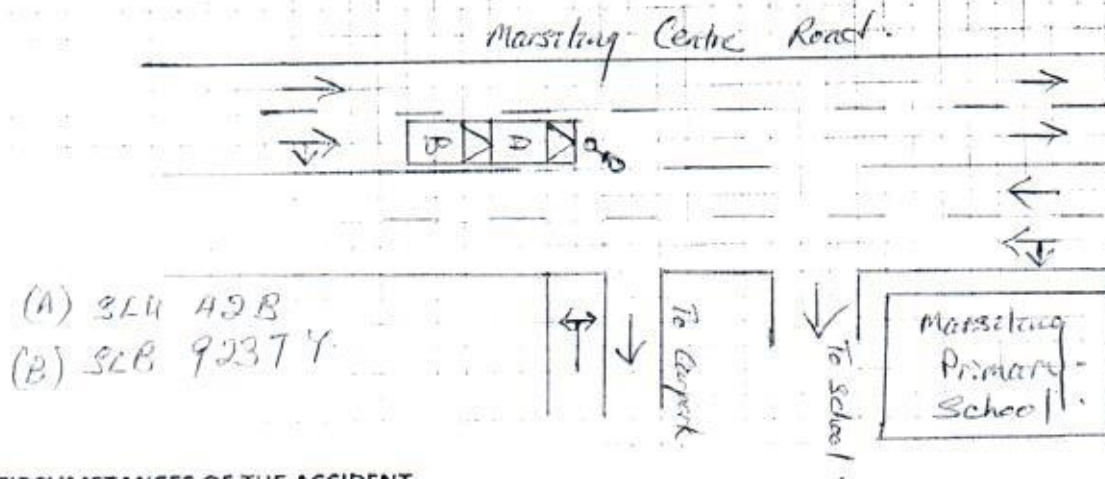
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

 20/08/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

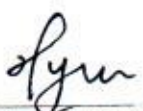
On 30/08/18 at @ 1115 hrs, I was travelling in my vehicle (SLN 428) along Marsiling ~~to~~ Centre Road Opposite Marsiling Primary School on the right lane. I saw a motorcycle in front of me signal and wanted to turn right into the carpark. On seeing these, I slow down and stopped. Suddenly, a vehicle (SLB 9237Y) from behind collided onto the rear portion of my vehicle.

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:

 30/08/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

10 Sin Ming Drive Singapore 575701
Tel: 1800-CALL LTA (1800-2255 582) Fax: (65) 6553 5329

19 Oct 2017

Our ref 1910170203N057009332

LIM KANSON DANNY (LIN KANGSHENG DANNY)
APT BLK 139 MARSILING ROAD
#05-2040
SINGAPORE 730139

Dear Sir/Madam

NOTIFICATION ON SUCCESSFUL REPLACEMENT OF VEHICLE REGISTRATION NO. SLS1675D WITH VEHICLE REGISTRATION NO. SLU42B

You may be pleased to know that your application of 19 Oct 2017 for replacement of registration number is approved.

2. The details of the vehicle after the transaction are as follows:

Vehicle Registration No. : SLU42B (Previously SLS1675D)
Vehicle Make : B.M.W.
Vehicle Model : 520D M SPORT
Chassis No. : WBAJC32040G368131
Engine No./ Motor No. : 66909975B47D20A / -

3. Please change the number plates on your existing vehicle (ie. Chassis No. : WBAJC32040G868131, Engine No./ Motor No. : 66909975B47D20A / -) to display the new/ replacement registration number, SLU42B by 22 Oct 2017. It is an offence to keep or use a vehicle without displaying the correct vehicle registration number assigned. The penalty for first offence is a fine not more than \$1,000 or imprisonment of not more than 3 months. For second or subsequent offence, the fine is not more than \$2,000 or imprisonment of not more than 6 months.

4. Please contact our customer service officers on tel: 1800-CALL LTA (1800-2255 582) if you have any questions. You can either quote the Business Transaction Reference No. 20171019134241159526 or the vehicle registration number when making your enquiry.

Vehicle No.	SLU 42 B	Model / Make
Date of Accident	30 / 08 / 18.	
Time of Accident	1115 HRS	
Location of Accident	Woodlands Centre Road Opposite Marselang Primary School.	
Exact purpose use during accident	Private used.	
Name of Owner	LIM Kanson, Danny	
Telephone No.	H/P: 8866 7373 Home:	Office:
NRIC	S 8027519F	
Address	BLK 139, Marselang Road #05-2040 (S) 730139.	
Claim type	OD <u>THIRD PARTY</u> REPORTING ONLY	
Insurance Company	MSIG	
Type of Coverage	<u>Comprehensive</u> Third Party Third Party / Fire / Theft	
Policy No.	A 29023051 QMY.	

Name of Driver	<u>As Above</u> If No,	
NRIC		Any Passengers: 01 (F)
Date of birth	02 / 09 / 1980	
Occupation	Outdoor / <u>Indoor</u>	
Driving License Pass Date	28 / 05 / 2003	
Gender	<u>Male</u> / Female	
Contact No.	H/P:	Home: Office:
Address		
Driver have any own vehicle	No, If yes, Reg No.	
Relationship	Employee, If no, state <u>Owner</u>	
Weather condition	<u>Clear</u> Raining Other	
Road Surface	<u>Dry</u> Wet Other	
Any Injuries	<u>No</u> If Yes, Who?	
Name And Contact No.		
Name And Contact No.		
Police Report	<u>No</u> If Yes, Where?	

Vehicle B No.	SLB 9237 Y.	Any Passengers:
Name of Driver		Contact No.:
Vehicle C No.		Any Passengers:
Vehicle D No.		Any Passengers:
Vehicle E no.		Any Passengers:
Vehicle F No.		Any Passengers:
Vehicle G No.		Any Passengers:
Witness Name	N-A.	Witness Contact:
Accident Portion	Rear Portion.	
Camera Recorder	<u>Yes</u> No	
Email Address	dannylimks7@gmail.com	

PARTICULAR WORKSHOP	Towcar
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	Huiyu
FAX NO	6741 0510
WORKSHOP Email ADDRESS	Sales@n51.com.sg



REPUBLIC OF SINGAPORE DRIVING LIC

Licence Number **S8027519F**

Name
LIM KANSON DANNY
(LIN KANGSHENG DANNY)

Birth Date **02 Sep 1980**
Issue Date **28 May 2003**

000517363E

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8027519F**




Name
LIM KANSON DANNY
(LIN KANGSHENG DANNY)
林康生

Race
CHINESE

Date of Birth **02-09-1980** Sex **M**

Country of Birth
SINGAPORE



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

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

PASS DATE
28 May 2003

Licence No: **S8027519F**

NP 428A



0449114



NRIC No. **S8027519F**



Blood Group **A+** Date of issue **28-07-1992**

APT BLK 139 MARSILING ROAD #05-2040
SINGAPORE 730139

NRIC No. **S8027519F** Date: **21/02/2012** No: **6970545**



MSIG

MSIG Insurance (Singapore) Pte. Ltd.
4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807
Tel +65 6827 7888, Fax +65 6627 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

MOTOR MAX PLUS
Comprehensive

Certificate No. A 29023051 QMY

Excess : SGD700
Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle
SLS1675D

2. Name of Policyholder
Lim Kanson Danny

3. Effective Date of the Commencement of Insurance for the purposes of the Act
12/09/2017

4. Date of Expiry of Insurance
11/09/2018

5. Persons or Classes of Persons entitled to drive*

Lim Kanson Danny

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