

NATIONAL Assessment Centre Services

[wef 1 Jan'05] **MNA1181241A**

| | | | |
|-----------------------------------|--|-----------------------|---------|
| Date In: 2/10/18-15:38 | Job description | Date & Time Completed | Done by |
| Ref No: NA/MNH/18017422/24 | SAS e-filing | | |
| Veh No: DBC80276 | E-mail (within 8hrs, AIC 2hrs) | | |
| D.O.A: 2/10/18-23:15 | 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 <u>Fax / Hand</u> to <u>Owner/Wksp</u> | | |

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

| | | |
|---------------------------------|---|-----------------------|
| TP Particulars: | Veh No: 4HC 8745X | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |

| | | | |
|---------------------------------|---|----------------------|-----------------------|
| NA1806075 | 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) 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) | | |
| Pat 1: | 6) TR: Re-inspection \$75 | | |
| Pat 2/3: | 7) N1: Idac DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services:- | | |
| | OD* | | |
| | *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 | 25/09/2018 15:38 |
| Date Of Accident | 21/09/2018 23:15 |
| Exact Location Of Accident | PIE (CHANGI) AFTER STEVEN RD EXIT |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | FBC8027G |
| Insured/Policyholder | |
| Name Of Registered Owner | LIM HOCK GHEE |
| NRIC No | S1631808F |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-91863559 |
| Alternative Phone No | OFFICE-91863559 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | SUZUKI |
| Model | FU150SCD |
| 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 | MOTORCYCLE |

Insurance Company

| | |
|---------------------------|--------------------------------------|
| Name of Insurance Company | MSIG INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage | THIRD PARTY |
| Fleet Policy | NO |
| Policy Number | MSD/VMT/17-988485-WTT |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | LIM HOCK GHEE |
| NRIC No | S1631808F |
| Date Of Birth | 01/01/1965 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 09/05/1985 |
| Driving Experience | 33 YEARS AND 4 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-91863559 |
| Fax Number | |
| Contact Number | OFFICE-91863559 |
| EMail Address | NOEMAIL |

| | |
|---|----------------------------------|
| Address | BLK 23 CHAI CHEE ROAD #12-488 |
| Postcode | 461023 |
| 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 - CHANGE/CROSS LANE |
| Weather Conditions | CLEAR |
| Road Surface | WET |

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? | YES |
| Was any injured conveyed to hospital by ambulance? | YES |
| 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? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | CHAI CHEE NEIGHBOURHOOD POLICE POST |
| Police Station Address | ROAD: BLK 35 CHAI CHEE AVENUE #01-256/258 , POSTCODE: 461035 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-445 9999 - FAX NO: 6244 4375 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT - T/20180922/2064.

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 | SHC8745X |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | TAXI |
| 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 | LIM HOCK GHEE |
| Approximate Age | |
| Injuries Sustain | BODY |
| Injured person in which vehicle? | FBC8027G |
| Were seat belts worn? | |
| Was this injured conveyed to hospital by ambulance? | YES |
| 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:

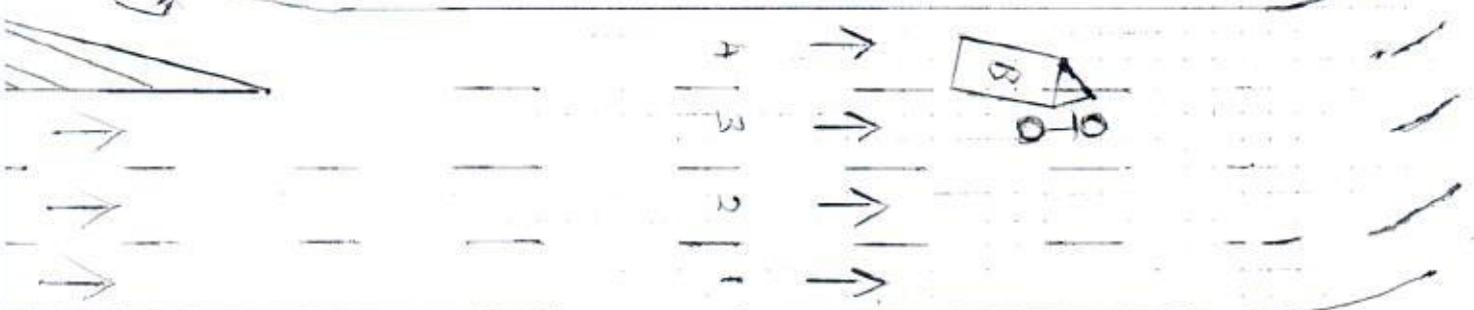
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

(A 010) FBC 8027 G

(B) SHC 8745 X

From Mount Pleasant



P/E towards Changi after Steven Road exit

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On above date and time, I was riding along P/E towards Changi on the 3rd left lane of a 4 lanes expressway. I was from Bukit Timah heading home to Chai Chee. Somewhere at the exit from Mount Pleasant Road, a motor taxi (later ascertained as SHC 8745 X) that was travelling from the slip road of Mount Pleasant Road exiting into P/E (Changi), suddenly filtered abruptly from the extreme left lane into my lane, thus causing the right front portion of the motor taxi hit onto my motorcycle. Upon the impact, I fell towards to my right and rolled onto the road. After I fell and was lying motionless on the road, some passerby assisted me and carried me to the road shoulder as there were many oncoming vehicle. Someone called for ambulance and when ambulance arrived, I was conveyed to TISIT. I was treated as out patient and given 2 days medical leave. I suffered abrasions all over my body and face.

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

[Signature]

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

[Signature]

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

| | | | |
|---|---|---|--|
| Vehicle No. | FBC 8027G | Model / Make | Suzuki 150. |
| Date of Accident | 21/09/18 | | |
| Time of Accident | 23 15 HRS | | |
| Location of Accident | A/E towards Changi after Steven Road exit. | | |
| Exact purpose use during accident | Private Used. | | |
| Name of Owner | Lim Hock Ghee | | |
| Telephone No. | H/P: 9186 3559 | Home: | Office: |
| NRIC | S1631808F | | |
| Address | Blk 93, Chai Chee Road #19-488 (S) 461023. | | |
| Claim type | OD | <input checked="" type="radio"/> THIRD PARTY | REPORTING ONLY |
| Insurance Company | MSIG | | |
| Type of Coverage | Comprehensive | <input checked="" type="radio"/> Third Party | Third Party / Fire / Theft |
| Policy No. | MSCN NO: 60779360 | | |
| Name of Driver | <input checked="" type="radio"/> As Above <input type="radio"/> If No, | | |
| NRIC | | Any Passengers: | n/a. |
| Date of birth | 01/01/1965 | | |
| Occupation | <input checked="" type="radio"/> Outdoor | / <input type="radio"/> Indoor | |
| Driving License Pass Date | 09/05/1985 | | |
| Gender | <input checked="" type="radio"/> Male | / <input type="radio"/> Female | |
| Contact No. | H/P: | Home: | Office: |
| Address | | | |
| Driver have any own vehicle | No, | If yes, Reg No. | |
| Relationship | Employee, | If no, state <i>Owner</i> | |
| Weather condition | <input checked="" type="radio"/> Clear | <input type="radio"/> Raining <input type="radio"/> Other | |
| Road Surface | Dry | <input checked="" type="radio"/> Wet | <input type="radio"/> Other |
| Any Injuries | No, | <input checked="" type="radio"/> If Yes, Who? | |
| Name And Contact No. | Lim Hock Ghee (H/P: 9186 3559) | | |
| Name And Contact No. | | | |
| Police Report | No, | <input checked="" type="radio"/> If Yes, Where? | |
| Vehicle B No. | SIC 8745X | 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 | Right and left side | | |
| Camera Recorder | Yes <input checked="" type="radio"/> No | | |
| Email Address | - | | |
| HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE? | | | |
| | | | Yes / <input checked="" type="radio"/> No |
| PARTICULAR WORKSHOP | MOTO 51 | | |
| CONTACT NO. | 6842 0051 / 6744 0510 | | |
| CONTACT PERSON | Jackie. | | |
| FAX NO | 6741 0510 | | |
| WORKSHOP EMAIL ADDRESS | sales@n51.com.sg | | |



**SINGAPORE
POLICE FORCE**



T/20180922/2064

Police Station Of Origin:
Chai Chee NPP
35 Chai Chee Avenue #01-256 SINGAPORE
461035
Tel No: 1800-4459999

2 of 3

Report No. T/20180922/2064

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|------------------------|--|--|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Rider | | | |
| Name | LIM HOCK GHIEE | ID No. | S1631808F |
| Related Vehicle | FBC8027G (Motorcycle) | Contact No. | 91863559 |
| Hospital/Clinic | TAN TOCK SENG HOSPITAL | Class of Driving Licence & Expiry Date | Class: 2B, 2A, 3, 4 Date of Expiry: NIL |
| Date Treatment | 21/09/2013 | Date Discharge | 22/09/2018 |
| No. of Days granted Medical Leave | 02 | Degree of Injury | Serious |

Brief Details.

On the above mentioned date time, I was riding my motorcycle bearing plate FEC8027G along PIE towards Changi on the 3rd lane from the right. The Expressway has 4 lanes. I was from Bukit Timah heading back home to Chai Chee. Somewhere at the exit from Mount Pleasant Road, a Taxi bearing plate SHC8745X that was travelling on the left 4th lane from the slip road of Mount Pleasant Road exiting onto PIE.

Suddenly, The said taxi filtered abruptly from the extreme left lane into my lane, thus causing the right front portion of the taxi to hit onto the left side of my motorcycle. Upon the impact, I fell towards to my right side and rolled onto the road. After I fell and was lying motionless on the road, some passerby came and assisted me and carried me to the road shoulder as there were a lot of oncoming vehicles.

Someone then called for an ambulance and I was later conveyed to TTSH. I was treated as an outpatient and was given 2 days of MC. I wished to inform that I suffered abrasion and bruises on all over my body and face. I was given bandage and medicine.

I wished to inform that I could only remember that I was riding at a speed of 70km/h.



**SINGAPORE
POLICE FORCE**



T/20180922/2064

3 of 3

Report No. T/20180922/2064

Police Station Of Origin:
Chai Chee NPP
35 Chai Chee Avenue #01-256 SINGAPORE
461035
Tel No: 1800-4459999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

| | |
|--|---|
| Signature Of Officer Recording The Report: G / Sgt 2 MUHAMMAD SHAHREL BIN ALI | Signature Of Informant:  |
| Signature Of Interpreter: Not applicable | Date/Time: 22/09/2018 12:57 |
| Officer In Charge Of Case: TP / GIT / Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN Contact No.: 65476185 | Classification Of Case: |

Authentication Stamp
NP168



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S1631808F**
 Name: **LIM HOCK GHEE**

Birth Date: **01 Jan 1965**
 Issue Date: **01 Apr 2003**

000340610A



REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. **S1631808F**



Name: **LIM HOCK GHEE**
林 福 義

Race: **CHINESE**
 Date of Birth: **01-01-1965** Sex: **M**
 Country of Birth: **SINGAPORE**




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES!

| Class | Description | PASS DATE |
|----------|---|-------------|
| Class 2B | MOTORCYCLES NOT EXCEEDING 200 CC | 09 May 1985 |
| Class 2A | MOTORCYCLES BETWEEN 200 CC AND 400 CC | 09 May 1985 |
| Class 3 | MOTOR CARS AND MOTOR TRACTORS THE WEIGHT WHICH UNLADEN DOES NOT EXCEED 2500 KILOGRAMS | 31 Jan 1993 |
| Class 4 | HEAVY MOTOR CARS AND MOTOR TRACTORS THE WEIGHT WHICH UNLADEN EXCEED 2500 KILOGRAMS | 08 Jul 2016 |

S / No. 9000249639

S1631808F

Licence No: **S1631808F**



NP 428A

A0108415



NRIC No: **S1631808F**



Blood Group: **O+** Date of issue: **01-03-2002**

APT BLK 23 CHAI CHEE ROAD #12-488
SINGAPORE 461023

NRIC No: **S1631808F** Date: **21/01/2015 (R)**



W 701499
 MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200412212G)
 4 Shenton Way, # 21-01, SCX Centre 2, Singapore 068807
 Tel +65 6827 7888, Fax +65 6827 7800
 www.msig.com.sg

CERTIFICATE OF INSURANCE

Road Transport Act, 1987 (Malaysia)
 The Motor Vehicles (Third Party Risks) Rules, 1989 (Federation of Malaysia)
 The Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) of the Revised Edition (Republic of Singapore)
 The Motor Vehicles (Third Party Risks and Compensation) Rules, 1994 Edition (Republic of Singapore)
 Or any Amendment, Act or Acts passed in substitution thereof.

CERTIFICATE NO : MSO/WRT/17-988485-WTT A0633-001/W0844

SUM INSURED : PPL
 EXCESS : NIL

1. Index mark and Registration Number of Vehicle S1031808F
 2BC8020G
2. Name of Policyholder SUZUKI 147 c.c.
 LIM HOCK GHEE
3. Effective date of the Commencement of Insurance
 for the purposes of the Act 0001AM 11/01/2018
4. Date of Expiry of Insurance 10/01/2019
5. Persons or Classes of Persons entitled to drive
 a. The Policyholder.

Provided that the person driving is permitted in accordance with the licensing or other 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. And provided further that the Motor Vehicle is registered and licensed under the Road Traffic Act and its registration and licensing under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

6. Limitation as to Use
 Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

7. The Policy does not cover
1. Use for hire or reward.
 2. Use for racing, pace-making, reliability trial or speed-testing.
 3. Use for the carriage of goods (other than samples) in connection with any trade or business.
 4. 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.

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 the Road Transport Act, 1987 (Malaysia).

Rep'd CH: 60779360
 22/12/2017 (L)
 WTT-01-04/14

WTT INSURANCE AGENCIES PTE LTD
 Underwriting Agent
 For MSIG Insurance (Singapore) Pte. Ltd.