

NATIONAL Assessment Centre Services (wef: Jan 2005)

MAY 18 12 27 14

| | | | |
|----------------------------------|--|-----------------------|---------|
| Date In: <i>11/10/2008 17:45</i> | Job description | Date & Time Completed | Done by |
| Ref No: <i>NBA/MSG/801857314</i> | SAS e-filing | | |
| Veh No: <i>EM 63K</i> | E-mail (within 8hrs. AIC 2hrs) | | |
| D.O.A: <i>11/10/2008 07:45</i> | i-Motor Claim Form | | |
| OD: TP <u>Reporting Only</u> | 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: () Tel: () Fax: ()

TP Particulars: Veh No: *SKV 99212* 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |

NBA 806515

| Claimant's Particulars :- | Invoice Preparation Checklist | |
|---------------------------------|---|----------------------|
| | Amt (\$) 1st Bill | Amt (\$) Add Bill |
| Driver/Owner: | 1) AR: Accident Reporting (\$30); | |
| Contact No: | 2) DA: Damage Assessment (\$100); INC (\$80) | |
| Damaged Portion: | 3) TF: Towing Fee \$40/\$45 | |
| QC Checked by (Engr-In-Charge): | 4) FT: Follow-Through Survey \$120 | |
| Auditors' Comments :- | 5) iT: 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:- | |
| | 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 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. 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 | 11/10/2018 17:45 |
| Date Of Accident | 11/10/2018 07:45 |
| Exact Location Of Accident | SLIP ROAD FROM CLEMENTI ROAD ENTERING AYE (CITY) |
| Country/State of Loss | SINGAPORE |

| DETAILS OF OWN VEHICLE | |
|-----------------------------|----------------------|
| Vehicle Registration Number | EN63K |
| Insured/Policyholder | |
| Name Of Registered Owner | LUM CHEE SENG |
| NRIC No | S2560113J |
| Email Address | JLUM@TI.COM |
| Mobile Phone No | (LOCAL) +65-97588915 |
| Alternative Phone No | OTHERS-97588915 |

| | |
|--|----------------|
| Vehicle Particulars | |
| Manufacturer | BMW |
| Model | 528I |
| 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 | REPORTING ONLY |
| 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 28780643 SMP |
| Cover Note Number | |

| | |
|----------------------|-----------------------|
| Driver | |
| Name of Driver | LUM CHEE SENG |
| NRIC No | S2560113J |
| Date Of Birth | 15/10/1960 |
| Occupation | INDOOR |
| Date Of Driving Pass | 02/08/1984 |
| Driving Experience | 34 YEARS AND 2 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97588915 |
| Fax Number | |
| Contact Number | OTHERS-97588915 |
| Email Address | JLUM@TI.COM |

| | |
|---|---------------------------------|
| Address | 1001 BUKIT TIMAH ROAD #04-16 |
| Postcode | 596288 |
| 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 | AFTER RAIN |
| 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? | 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

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|------------------|
| Vehicle Registration Number | SKV9921L |
| Vehicle Make/Model/Colour | VOLKSWAGEN JETTA |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | KIMBERLY |
| NRIC/Passport Number | |
| Contact Number | |
| 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.

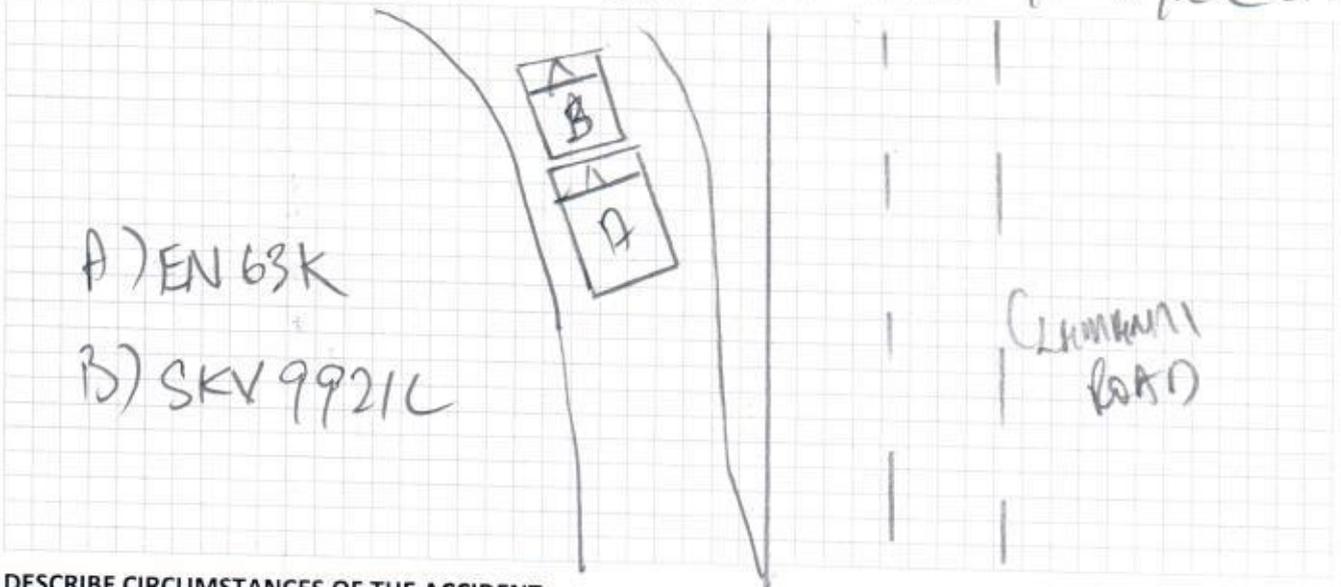
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

SUP ROAD FROM CLEMENTI ROAD TO AYE (CITY)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was exiting Clementi road to AYE (towards city) and slowed down as traffic was slowing down. Even when I was braking and slowing down, car in front of me stopped completely and despite emergency brake, my car could not stop in time and hit the rear bumper of the car in front (SKV 9921L). Took picture and saved video of the incident. Picture ~~does~~ showed only minor scratches on the rear bumper.

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: *Rishi Watson*
 NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: (11/10/2018) (DD/MM/YYYY), TIME: (07:46) (HH:MM)

LOCATION: (Changi Rd Slip Rd towards Ayer Mars)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: EN63K
b) INSURANCE COMPANY: MSIG
c) POLICY NUMBER: B2P780643 SMP
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: BMW 528i
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
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: LIM CHEE SENG (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S2560135 CONTACT: 97589715
c) ADDRESS: 1001 BUKIT TIMAH ROAD, #04-16, THE STERLING SINGAPORE 59621

* 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: (15/10/1960) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 2nd August 1984

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS After rain)

b) ROAD SURFACE: (DRY / WET / OTHERS Wet)

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SKV9921L MODEL: VW Jetta

b) DRIVER'S NAME: Kimberly

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

No of passengers
(including driver)
(1)

No of passengers
(including driver)
(1)

No of passengers
(including driver)
(1)

EMAIL = jlum@ti.com

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2560113J



Name

LUM CHEE SENG

Race

CHINESE

Date of birth

15-10-1960

Sex

M

Country of birth

MALAYSIA



4886843



NRIC No. S2560113J

Date of issue

20-09-2012

Address

1001 BUKIT TIMAH ROAD
#04-16
SINGAPORE 596288

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S2560113J**
Name:
LUM CHEE SENG

Birth Date: 15 Oct 1960
Issue Date: 02 Aug 2003



1000709666F

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 | 02 Aug 1984 |

NP 428A

Licence No: S2560113J

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

Sime Darby Insurance
Brokers (Singapore) Pte Ltd
Tel: 6522 2244
Mon to Fri (excluding PH)
(9.30 am - 5.45 pm)

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 28780643 SMP

Excess : SGD750

1. Index Mark and Registration Number of Vehicle

EN63K

2. Name of Policyholder

Lum Chee Seng

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

30/06/2018

4. Date of Expiry of Insurance

29/06/2019

5. Persons or Classes of Persons entitled to drive*

Lum Chee Seng
Natasha Lum Jia Min
Koh Khar Choo

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