

# NATIONAL Assessment Centre Services

[wef 1 Jan'05] **NA118 1344**

Date In: <b>16/10/18-16/12</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/MCA 1808792/24</b>	SAS e-filing		
Veh No: <b>EX3434P</b>	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: <b>16/10/18-14/10</b>	i-Motor Claim Form		
OD: <b>TP</b> 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: ( )

TP Particulars: Veh No: **6W741014** Tel: Fax:

Owner / Driver: ( ) INC ( ) / Non-INC ( )

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

**NA 1806670**

Claimant's Particulars:	Invoice Preparation Checklist		Amt (\$) Int 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) FT: Follow-Through Survey (Resurvey)	\$30		
at 1:	For claiming against INC Only (wef 10 Jan 2005)			
at 2/3:	6) TR: Re-inspection	\$75		
	7) N1: Idac DA + SMRT Survey	\$160		
	8) NTUC Additional Services:-			
	QD:			
	*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 (N in 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 willful 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	16/10/2018 16:42
Date Of Accident	16/10/2018 14:10
Exact Location Of Accident	HOUGANG ST 11 BEFORE ENTERING CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFX3434P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM LOH PENG
NRIC No	S7429127I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91730017
Alternative Phone No	OFFICE-91730017

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E250 CGI A
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	S29012135SMF
Cover Note Number	

### Driver

Name of Driver	LIM LOH PENG (LIN LUPING)
NRIC No	S7429127I
Date Of Birth	09/09/1974
Occupation	INDOOR
Date Of Driving Pass	23/06/1998
Driving Experience	20 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91730017
Fax Number	
Contact Number	OFFICE-91730017
EMail Address	NOEMAIL

Address	2A HOUGANG STREET 11 #08-07
Postcode	538752
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	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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

REFER TO STATEMENT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GW2410H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	NG KHIOK CHIANG
NRIC/Passport Number	
Contact Number	98317718
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

## SKETCH PLAN

### IMPORTANT NOTICE

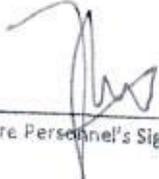
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repeal 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)

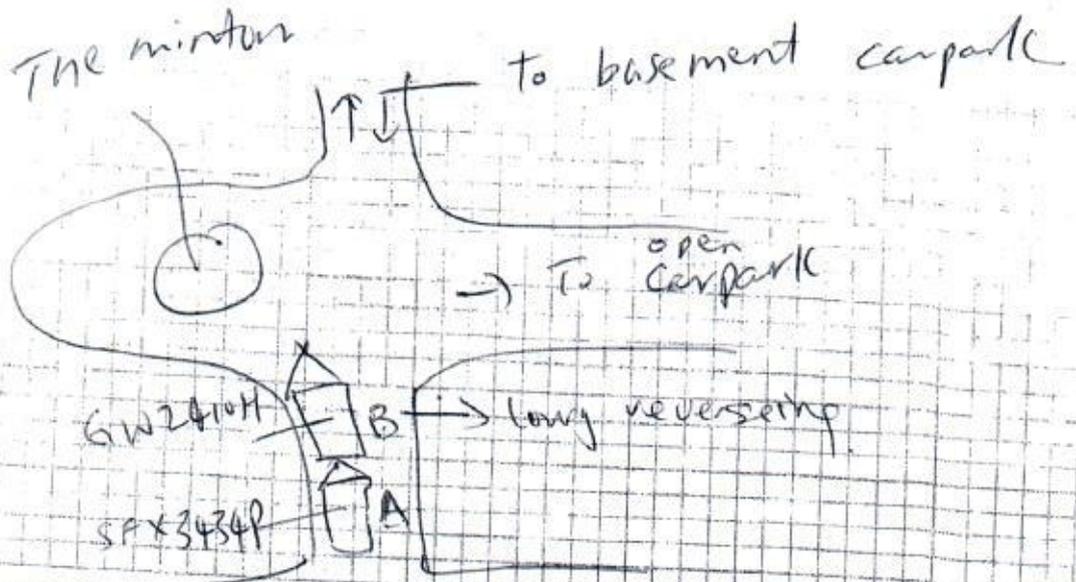
I understand, acknowledge, agree and consent that:

- (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.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Hougang St 11

While waiting to turn into my house carpark, 2A Hougang St 11, the minton. The lorry in front GW 2410H, driven by Ng Khiook Chiong, Nric S149 2320F, was back & hit onto my car SFX 3434P on 16/10/18 at 210p.m.

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:  
NRIC/FIN No.:

VEHICLE NO: SFX3434P

MAKE & MODEL: Mercedes E250

DATE OF ACCIDENT	16 / 10 / 2018
TIME OF ACCIDENT	2.10 pm AM PM
LOCATION OF ACCIDENT	Hougang St 11 before enter car park
Exact Purpose use during accident	
<b>NAME OF OWNER</b>	Lim Koh peng
TELEPHONE NO	91730017
NRIC	S7429127/1
CLAIM TYPE	OD / <u>THIRD PARTY</u> / Reporting Only
INSURANCE CO.	MSIG
TYPE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft
POLICY NO	29012135 SMA
<b>NAME OF DRIVER</b>	As above / If No. Lim Koh peng
NRIC	S7429127/1
DATE OF BIRTH	09 / 09 / 1974
OCCUPATION	Outdoor / <u>Indoor</u>
DATE OF DRIVING PASS	01 / Sep / 1993
GENDER	<u>Male</u> / Female
CONTACT NO.	Office: Home:
ADDRESS	2A Hougang St 11 #08-07 3538752
DRIVER HAVE ANY OWN Vehicle	NO / If yes, Reg No.
RELATIONSHIP	Employee / If No.
WEATHER CONDITION	<u>Clear</u> / Raining / Other
ROAD SURFACE	<u>Dry</u> / Wet / Other
ANY INJURIES	<u>No</u> / If yes, Who?
CONTACT NO.	
POLICE REPORT	<u>No</u> / If yes, Where?
VEHICLE B NO.	FW2410H
NAME	NG KHIOK CHIANG
CONTACT NO.	98317718
VEHICLE C NO.	
VEHICLE D NO.	
VEHICLE E NO.	
VEHICLE F NO.	
ANY WITNESS	
WITNESS CONTACT NO	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO

Hock Motors

PARTICULAR WORKSHOP	Sme Motor Pte Ltd
TELEPHONE NO	1 Kaki bukit ave 6 #02-15
CONTACT PERSON	Autobay @ kaki bukit
FAX NO	67535346
	Singapore 417883
	Telp. 67476106 (6 lines)
	Fax. 67442368

I, Ng Khiock Chuan, NIC 51442320F

while waiting at the slope,  
my lorry roll backward &  
hit my car on 16/10/18  
time 2:25 pm <sup>SFX 3434P</sup> at entrance  
of Hougang St 11,  
the minton.

My lorry is 6W2410H  
Cabstar, My no is 9831771A

Owner is Lim Loh Leng  
A SFX 3434P, My 91730.17.

1442320F Chij

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

PASS DATE

Class 2B  
 Class 2A  
 Class 3  
 Class 3

MOTORCYCLES NOT EXCEEDING 200 CC  
 MOTORCYCLES BETWEEN 200 CC AND 400 CC  
 MOTORCYCLES EXCEEDING 400 CC  
 MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH EXCEEDS 3500 KILOGRAMS

\$ / No. 9000234716

License No. S74291271

NP 438A

3754431

NRIC No. S74291271

Date of Issue 12-08-2005

7A HOUGANG STREET 11 #08-07  
 SINGAPORE 539752

NRIC No. S74291271 Date: 22/04/2014

7A HOUGANG STREET 11 #08-07  
 SINGAPORE 539752

REPUBLIC OF SINGAPORE DRIVING LICENCE

License No. S74291271

LIM LOH PENG  
 (LIN LUPING)

173, Subis 09 Sep 1974  
 Issue Date 11 Nov 2003

9069938169

REPUBLIC OF SINGAPORE  
 IDENTITY CARD NO. S74291271

Name  
 LIM LOH PENG  
 (LIN LUPING)  
 林 卢 平

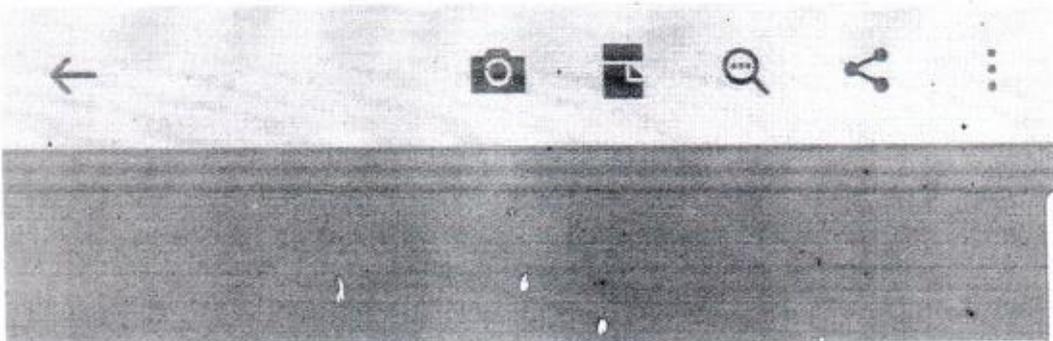
Race  
 CHINESE

Date of birth  
 09-09-1974

Country of birth  
 SINGAPORE

Sex  
 M

574291271



**MSIG**

MSIG Insurance (Singapore) Pte. Ltd.  
4 Shenton Way # 21-01, 500 Centre Street, Singapore 068607  
T: +65 6827 7888, Fax: +65 6827 7888  
C. Reg. No. 200412212G, GST Reg. No. 20-0412212G

**COPY**

### 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 (CAP. 189 OF THE REVISED EDITION)  
(REPUBLIC OF SINGAPORE)  
THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) RULES, 1986 EDITION (REPUBLIC OF SINGAPORE)  
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

Form M.K.A. Individual Ownership	<b>ULTIMATE CAR PROTECTOR-PREMIER</b> Comprehensive
<b>Certificate No.</b> B 29012135 SMP	<b>Excess:</b> 5005.00
1. <b>Index Mark and Registration Number of Vehicle</b> SFK3434P	
2. <b>Name of Policyholder</b> Lim Loh Peng	
3. <b>Effective Date of the Commencement of Insurance for the purposes of the Act</b> 17/09/2019	
4. <b>Date of Expiry of Insurance</b> 16/09/2019	
5. <b>Persons or Classes of Persons entitled to drive*</b> Lim Loh Peng Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission. <small>* 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.</small>	
6. <b>Limitations as to use*</b> 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. <small>* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 26 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.</small>	
PLEASE NOTE ALL CLAIMS RELATED REPAIR CAN BE CARRIED OUT AT ANY WORKSHOP OF YOUR CHOICE OR AT ANY MSIG AUTHORIZED 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

CYP201910161546

