

NATIONAL Assessment Centre Services (with 11/1/1999)

Date In: 19/10/2018 14:30	Job description	Date & Time Completed	Done by
Ref No: NBA/MSG/8019031/24	SAS e-illing		
Veh No: SKZ 8511Y	E-mail (within 2hrs, A/Q 2hrs)		
D.O.A: 17/10/2018 20:30	1-Motor Claim Form		
OD / TP / Reporting Only	1-Motor VVO (within OD 2hrs, TP 2hrs)		
	1-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass'l Report by Fax/ Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: (		Tel: ()		Fax: ()	
TP Particulars: (	Yell No: SGP7058X	INC () / Non-INC ()			
Owner / Driver: (	Tel: ()				
Policy No: (	Period: (	Cover Type: (
Confirmed by: (	Date: (		Time: (
Insured/Driver Liability: (	%) (Note: BSL Status (WO): N: 0-20%; P: 21-79%; P: 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 repeller.
 () Total Loss Case: To e-mail Insurer URGENTLY.
 Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Removals	INP (Police: 5788 7616)	Date Time Completed	By / Done by
1) Apply for Transport Allowance () / Courtesy Car ()			
2) QC Check / Post Repair Inspection ()			
3) Upload Recovery Photo (Repair Cost > \$3000) ()			

[illegible]

NA 1806707		Invoice Preparation Checklist:	Amount (\$)	Remarks
Insured's Particulars:		1) AR: Accident Report/Inc.	\$300	
		2) DA: Damage Assessment	\$100	INC \$100
Driver/Owner:		3) TP: Towing Fee	\$40/\$40	
		4) FT: Follow-Through Survey	\$120	
Contact No:		5) RT: Follow-Through Survey (Re-survey)	\$20	
		For claim against INC Only (w/e 10 Jan 2000)		
Damaged Portion:		6) TR: Re-inspection	\$25	
		7) NTUC Add'l Serv: DA + SMRT Survey	\$160	
Checked by (Engr-In-Charge):		8) NTUC Additional Services		
		OIL		
		*N1: Courtesy Car / Tol Allowance	\$5	
		*N6: Repairs Coordination	\$10	
		*N7: Post Repair Inspection	\$25	
		*N8: DY / Collect Unprov Coordination	\$5	
Comments:		TZ (Nil): TP (Nil) INC against INC	\$20	
		P) N3: Inds Mobile	10	
Date:		Invoice dated	(Not Charged)	
		Issued by	See Charge	
Signature:				Stamp/Initials

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	19/10/2018 14:30
Date Of Accident	17/10/2018 20:30
Exact Location Of Accident	1 LEVEL CARPARK LOT AT ELIAS MALL
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKZ8511Y
Insured/Policyholder	
Name Of Registered Owner	LIM POH NEO AUDREY
NRIC No	S1710450J
Email Address	AUDREY LIM@BUSYBEESASIA.COM
Mobile Phone No	(LOCAL) +65-90072008
Alternative Phone No	OTHERS-86682547
Vehicle Particulars	
Manufacturer	NISSAN
Model	-
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	A 29067988 QMX
Cover Note Number	
Driver	
Name of Driver	LIM POH NEO AUDREY
NRIC No	S1710450J
Date Of Birth	08/11/1965
Occupation	INDOOR
Date Of Driving Pass	22/02/1989
Driving Experience	29 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90072008
Fax Number	
Contact Number	OTHERS-86682547
EEmail Address	AUDREY LIM@BUSYBEESASIA.COM

Address	BLK 759 PASIR RIS STREET 71 #08-192
Postcode	510759
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	SIDE SWIPE
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)	3
Passenger 1	NAME: : NIL GENDER: : FEMALE
Passenger 2	NAME: : NIL 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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGP7058X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	S8304397J
Contact Number	92701606
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)


SKETCH PLAN


IMPORTANT NOTICE

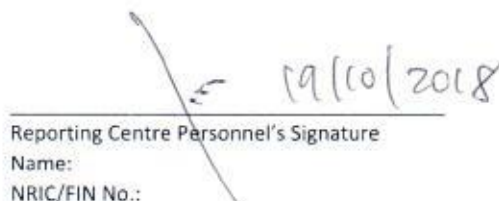
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3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
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7. 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:

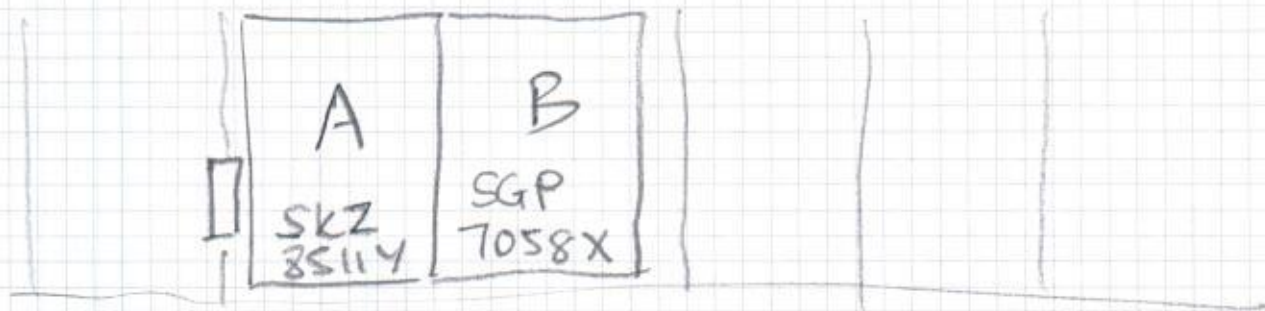
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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 1 Level Park lot at Elias Mall



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was trying to park my car in a vacant lot in Elias Mall, but when I tried to come out. I could not so I drove out to find another lot

As I was coming out, I accidentally hit the car beside the lot.

The damaged is at the corner of the bumper on the driver side.

DECLARATION

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

Sudreylin
Policyholder's Signature
Date & Time:

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

19/10/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Reported on 19/10/2018
@ 1305 HRS.

ACCIDENT STATEMENT

ACCIDENT DATE: 17/10/2018 (DD/MM/YYYY), TIME: 20:30 (HH:MM)
LOCATION: 1 Level Park Lot at Elias Mall

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKZ 8511 Y
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
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: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 90072008/86682547
c) ADDRESS: _____

* d) DATE OF BIRTH: _____ (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

i) DATE OF DRIVING PASS _____

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
b) ROAD SURFACE: (DRY / WET / OTHERS)

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: SGP 7058 X MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: S8304397 J CONTACT: 92701606

9. THIRD PARTY VEHICLE

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

Email = Audrey Lim @ busybeesasia.com
Fax = office: 6501 7505
VIDEO HP: 8668 2547

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1710450J




Name
LIM POH NEO AUDREY

Race
CHINESE

Date of Birth
08-11-1965

Sex
F

Country of Birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number **S1710450J**

Name
LIM POH NEO AUDREY

Birth Date: **08 Nov 1965**

Issue Date: **04 Feb 2003**




0449353



NRIC No: **S1710450J**



Blood Group
O+

Date of issue
28-07-1992

APT BLK 759 PASIR RIS STREET 71 #08-192
SINGAPORE 510759

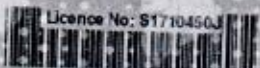
NRIC No: **S1710450J** Date: **11/07/2016**

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

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

PASS DATE
22 Feb 1989

NP 428A



**MSIG****MSIG Insurance (Singapore) Pte. Ltd.**

4 Shenton Way, # 21-01, SCX Centre 2, Singapore 068807

Tel +65 6827 7888, Fax +65 6827 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
Comprehensive

Certificate No. A 29067988 QMX

Excess : SGD500

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle
 SKZ8511Y

2. Name of Policyholder
 Lim Poh Neo Audrey

3. Effective Date of the Commencement of Insurance for the purposes of the Act
 04/01/2018

4. Date of Expiry of Insurance
 03/02/2019

5. Persons or Classes of Persons entitled to drive*

Lim Poh Neo Audrey

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 MUST BE CARRIED OUT 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