

NATIONAL Assessment Centre Services. (Int'l 1 221000)

NA 418138840

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 25/10/2018 16:13 | Job description | Date & Time Completed | Done by |
| Ref No: N88/MS41801943884 | SAS e-tiling | | |
| Veh No: SKN 23219 15-35 | E-mail (with 3hrs, A/C 3hrs) | | |
| D.O.A: 11/10/2018 | 1-Motor Claim Form | | |
| OD / TP Reporting Only | 1-Motor W/O (with 3hrs, TP 3hrs) | | |
| | 1-Photo Uploaded | | |
| TP Insurer: | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Wksp | | |

| | | |
|--|---|---------------|
| Preferred Wksp / INC Assign Wksp / OW: (| Tel: | Fax: |
| TP Particulars: Yeh No: SDN 3999C | INC () / Non-INC () | |
| Owner / Drivers: (| Tel: | |
| Policy No: (| Period: (| Cover Type: (|
| Confirmed by: (| Date: | Time: |
| Insured/Driver Liability: (| % (Note: Est. 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 repaler. |
| () Total Loss Case: to e-mail Insurer URGENTLY. |
| Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: () |

| | | | |
|---|------------------------|------------------------|----------|
| Remarks: | URG 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) () | | | |

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| Injury: |
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| Date/Time | Action |
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| NA 1806916 | Invoice Preparation Checklist |
| Human's Particulars: | 1) AR: Accident Reporting (\$20) |
| Driver/Owner: | 2) DA: Damage Assessment (\$100) INC (\$20) |
| Contact No: | 3) TP: Towing Fee \$10/\$45 |
| Damaged Portion: | 4) FT: Follow-Through Survey \$130 |
| | 5) PT: Follow-Through Survey (Resurvey) \$10 |
| | Forfeiture apply INC Only (w/ 10 Jan 2018) |
| | 6) TR: Re-inspection \$15 |
| | 7) N1: DA + SMRT Survey \$160 |
| | 8) NTUC Additional Services |
| | 9) N1: One Mobile |
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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 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 | 25/10/2018 16:13 |
| Date Of Accident | 11/10/2018 15:35 |
| Exact Location Of Accident | ALONG STEVENS ROAD TOWARDS PIE (TUAS) EXIT |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|------------------------|
| Vehicle Registration Number | SKN2321G |
| Insured/Policyholder | |
| Name Of Registered Owner | TNG BEE HOON |
| NRIC No | S1374977I |
| Email Address | CHERYL.LIMHY@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-82331941 |
| Alternative Phone No | OTHERS-97329073 |

Vehicle Particulars

| | |
|--|---------------------------------------|
| Manufacturer | BMW |
| Model | 116I A/T ABS D/AIRBAG 2WD 5DR HID DSC |
| 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 27721653 SMP |
| Cover Note Number | |

Driver

| | |
|----------------------|--------------------------------|
| Name of Driver | LIM HUI YI, CHERYL (LIN HUIYI) |
| NRIC No | S8602720H |
| Date Of Birth | 20/01/1986 |
| Occupation | INDOOR |
| Date Of Driving Pass | 26/08/2005 |
| Driving Experience | 13 YEARS AND 1 MONTH |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-97329073 |
| Fax Number | |
| Contact Number | OTHERS-82331941 |
| Email Address | CHERYL.LIMHY@GMAIL.COM |

| | |
|---|-------------------------|
| Address | 13 GERALD PARK |
| Postcode | 799664 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OTHER - DAUGHTER IN LAW |
| 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 | RAINING |
| 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? | NO |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|------------------|
| Vehicle Registration Number | SDN3999C |
| Vehicle Make/Model/Colour | KIA CERATO FORTE |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | ZEL KIAN |
| NRIC/Passport Number | S6879090E |
| Contact Number | 81331437 |
| 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 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: 25/10/2018

Reporting Centre Personnel's Signature

Name:

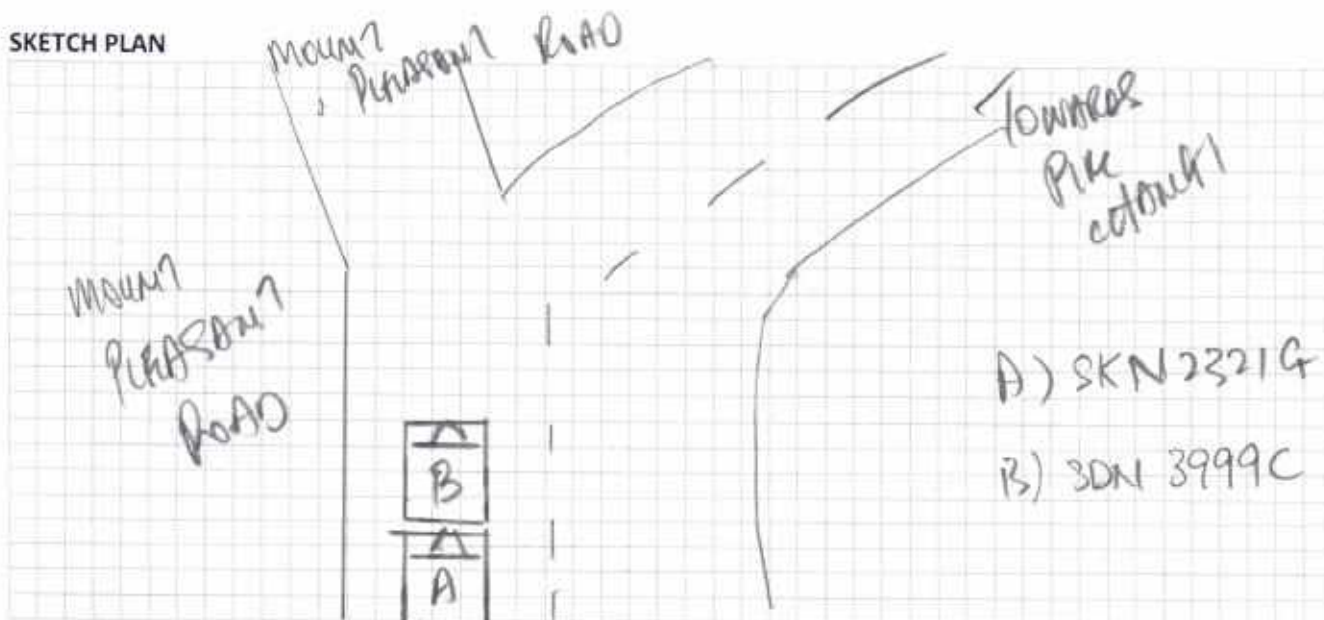
NRIC/FIN No:



26/10/2018

Rishi Hartono

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Mount Pleasant Road when the car in front jammed brake and stopped in front of me. Because it was raining and vision was not clear, I did not brake in time and bumped into the rear end of the car in front.

DECLARATION

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

Policyholder's Signature
Date & Time:

[Signature]
Driver's Signature
(If driver is not the policyholder)
Date & Time: 25/10/2018

[Signature] 25/10/2018
Reporting Centre Personnel's Signature
Name: Res. Unit
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 11 / 12 / 2018 (DD/MM/YYYY), TIME: 15:35 (HH:MM)

LOCATION: Mount Pleasant Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKN 2321 G
 b) INSURANCE COMPANY: MSIG
 c) POLICY NUMBER: 27721653 SMP
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: BMW 1 SERIES
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Personal
 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: TNG BEE HOON (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S13749771 CONTACT: 8233 1741
 c) ADDRESS: 13 GERALD PARK S (797664)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: LIM HUI YI: CHERYL (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8602720H CONTACT: 9732 9073
 c) ADDRESS: 13 GERALD PARK S (797664)

* d) DATE OF BIRTH: 20 / 01 / 1986 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

i) DATE OF DRIVING PASS 31 DEC 2012

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: MOTHER-IN-LAW

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

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

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SDN 3799C MODEL: KIA FORTE

b) DRIVER'S NAME: ZEL KIAN

c) NRIC/FIN/PASSPORT: S6879090E CONTACT: 8133 1437

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)
()

email = cheryl.limhy@gmail.com

fax =

V1060

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8602720H



Name

LIM HUI YI, CHERYL
(LIN HUIYI)

林慧怡

Race

CHINESE

Date of birth

20-01-1986

Country/Place of birth

SINGAPORE

Sex

F



5651257



NRIC No. S8602720H



Date of issue

22-09-2016

13 GERALD PARK
SINGAPORE 798684

NRIC No. S8602720H

Date: 16/07/2017

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S8602720H

Name

LIM HUI YI, CHERYL
(LIN HUIYI)

Birth Date: 20 Jan 1986

Issue Date: 31 Dec 2012



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

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 26 Aug 2005



NP 426A



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

Your Ref : SKN2321G
Our Ref : SKN2321G(Please quote our reference when replying)

19 Oct 2018

URGENT

TNG BEE HOON
13 GERALD PARK
SINGAPORE 799664

Dear Sir/Madam

Accident involving SKN2321G and SDN3999C along STEVENS ROAD TWDS PIE(TUAS) EXIT
Policy No : 27721653SMP Your driver: Cheryl Lim
Date of Accident : 11 Oct 2018

We have received a property damage claim from workshop acting on behalf of the owner of SDN3999C. However, we have yet to receive your report on the accident.

Under the Motor Claims Framework, motorists are required to report any traffic accident involving their insured vehicles to their insurers within 24 hours of the accident or by the next working day. Any non-reporting may affect the motorist's No Claim Discount and their rights to seek indemnity under their policy.

We urge you to make a report immediately at any of our authorized workshops - Performance Motors Limited, Alexandra Road, Singapore 159441.

Please bring your vehicle and the following documents with you:

1. Driving license
2. Identity card
3. Police report, if any

If you have already filed an accident report, please accept our thanks and ignore this reminder.

Thank you.

Yours sincerely


Irene Tan
Senior Executive
Claims Services (Motor)
Tel : 6594 2541
Fax : 6827 7800
Email : irene_tan@sg.msiga.com

cc Sime Darby Insurance Brokers

A Member of MS&AD INSURANCE GROUP

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 27721653 SMP

Excess : SGD500

1. Index Mark and Registration Number of Vehicle
SKN2321G
2. Name of Policyholder
Tng Bee Hoon (NOT DRIVING)
3. Effective Date of the Commencement of Insurance for the purposes of the Act
27/05/2018
4. Date of Expiry of Insurance
26/05/2019
5. Persons or Classes of Persons entitled to drive*

Wu Duanzheng

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, parade, 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.

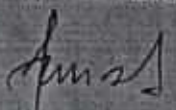
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

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