

NATIONAL Assessment Centre Services.

(wef 1 Jan 2005)

NA 418143466

Date In: 05/11/2004 17:52	Job description	Date & Time Completed	Done by
Ref No: NA/m884802010574	SAS e-filing		
Veh No: SKF 6863A	E-mail (within 2hrs, AIC 2hrs)		
D.O.A: 04/11/2004 11:15	I-Motor Claim Form		
OD / TP: 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: (Tel:	Fax:
TP Particulars:	Veh No: SKF 6863A	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%. 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 repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks:	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 1807197	Invoice Information	Fee (\$)	AMT (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$10);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
Contact No:	3) TP: 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)		
2nd 1:	6) TR: Re-inspection \$75		
2 / 3:	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*N5: Courtesy Car / Tpt Allowance \$3		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$23		
	*N8: DV / Collect Excess Coordination \$3		
	TP (N11): TP (N-n INC) against INC \$20		
	9) N12: Idao Mobile \$0		
	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	05/11/2018 17:52
Date Of Accident	04/11/2018 11:15
Exact Location Of Accident	UPPER SERANGOON ROAD (AT POTONG PASIR MRT)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKF6863A
Insured/Policyholder	
Name Of Registered Owner	LEW KWANG PING
NRIC No	S6817503H
Email Address	IVAN@CLEARBRIDGEBIOMEDICS.COM
Mobile Phone No	(LOCAL) +65-91996600
Alternative Phone No	OTHERS-91996600

Vehicle Particulars

Manufacturer	ALFA ROMEO
Model	159-2.2 JTS
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 80435342 QMX
Cover Note Number	

Driver

Name of Driver	LEW KWANG PING
NRIC No	S6817503H
Date Of Birth	07/04/1968
Occupation	INDOOR
Date Of Driving Pass	22/10/1986
Driving Experience	32 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91996600
Fax Number	
Contact Number	OTHERS-91996600
Email Address	IVAN@CLEARBRIDGEBIOMEDICS.COM

Address	BLK 535 SERANGOON NORTH AVENUE 4 #02-179
Postcode	550535
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of Intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181104/7002

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	SGS3160T
Vehicle Make/Model/Colour	MITSUBISHI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

SKETCH PLAN

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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: 5/11/2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



UPPER SERANGOON ROAD
(AT POROH PASIR MRT)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report. 7/20/8/1104/2002

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:

07/11/2008

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



SINGAPORE POLICE FORCE



T/20181104/7002

1 of 3

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20181104/7002

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/11/2018 13:14		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LEW KWANG PING			Address: APT BLK 535 SERANGOON NORTH AVENUE 4 #02-179 SINGAPORE 550535		
ID Type / ID No.: NRIC NO / S6817503H			Contact No.: Home/Office: Mobile: 91996600		
Nationality: SINGAPORE CITIZEN			Email: ivankplew@gmail.com		
Sex: Male	Age: 50	Date of Birth: 07/04/1968	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Company director			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Drink & Drive	Drink Drive: Yes	Date/Time of Accident: 04/11/2018 11:15	Type of Location: Straight Road
Location: UPPER SERANGOON ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 20 Km/h	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKF6863A	Car	ALFA ROMEO	159	Silver	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKF6863A	MSIG INSURANCE (SINGAPORE) PTE. LTD.	A80435342	29/07/2018	28/07/2019



**SINGAPORE
POLICE FORCE**



T/20181104/7002

2 of 3

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20181104/7002

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LEW KWANG PING	ID No.	S6817503H
Related Vehicle	SKF6863A (Car)	Contact No.	91996600
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

Dear Sir / Madam

On 4th Nov 2018, at or about 1115 hrs, I was travelling along Upper Serangoon Road towards Hougang. At the traffic juncture, when the light turns green, I signalled to filter to the left lane as my lane had cars turning right. The car SGS 3160 T on my left, left a space for me to filter and as I moved into the lane he collided into my left rear fender with his right corner front. We came down from the car, the driver, an Indian ethnic, smells of alcohol and was aggressive. I tried to claim him but his verbal aggressive demanded of my licence, I decided not to further provoke him in this state and move off to make a police report.

The whole accident was recorded on both our in car camera, which I will be most happy to provide. An earlier incident started when we left City Square Mall. I do not know what happened and what I did to provoke him. He drove erratically moving to the left lane and came back to the right, switching 2 lanes to come back in front of me, almost creating an accident. He continue along Serangoon Road alongside me, pointing his middle finger along the way, and boxed me in between him and a taxi. At Upper Serangoon Road, at the traffic light, I wound down my window to gesture why he point his middle finger at me along the way. Decided to live and let live, and I thought he did by giving me room to filter left when traffic light turns green, I filtered, and I was in the lane when I felt a light tucked and realised there was an accident. Due to the circumstance, surprised to see a family with children on board and the smell of alcohol, combined by the aggressive verbal demands, I decided to show my Driving licence on his car camera so that I do not want to get into any altercation with him and drove off.

Video - Yes

Landmark - Potong Pasir MRT

Regards

Lew Kwang Ping

ACCIDENT STATEMENT

ACCIDENT DATE: 04/11/2018 (DD/MM/YYYY), TIME: 11.15 (HH:MM)

LOCATION: Upp Serangoon Rd Cat Potany - Pavt MRT

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKF 683A
 b) INSURANCE COMPANY: MSIG
 c) POLICY NUMBER: A 80435-342 QMA
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Alfa Romeo 159
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Self
 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: LEW KWANG PING (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S681703H CONTACT: 91716600
 c) ADDRESS: 805 135, Serangoon North Ave 4
 # 02-179 SC (10135)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: TS ABOLZ (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT:
 c) ADDRESS:

* d) DATE OF BIRTH: 07/08/1968 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 22/10/1986

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Owner

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: E-Reporting

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SG53160T MODEL: Mitsubishi

b) DRIVER'S NAME:

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)
 ()

No of passengers
 (Including driver)
 ()

Email =

Fax =

V1060

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. S6817503H



LEW KWANG PING
 廖光品
 CHINESE
 Date of Birth: 07-04-1968 M
 SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



LEW KWANG PING
 Birth Date: 07 Apr 1968
 Issue Date: 27 Sep 2003

000867409G

207600



207600



20-05-1968

NP 429A

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 Oct 1968

NP 429A

Licence No: S6817503H





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

Certificate of Insurance

ORIGINAL

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 80435342 QMX

Excess : SGD400
Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle

SKF6863A

2. Name of Policyholder

Lew Kwang Ping

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

29/07/2018

4. Date of Expiry of Insurance

28/07/2019

5. Persons or Classes of Persons entitled to drive*

Lew Kwang Ping

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.

Quotigo Pte Ltd
Senior Operations Manager

60 Paya Lebar Road
Paya Lebar Square #11-41

Singapore 606050
D/C 68550607 Mobile : 878899996

Counter-Signatory
Email: quoting@quotigo.com

Website: www.quotigo.com

MSIG Insurance (Singapore) Pte. Ltd.
Approved Insurers

Amy Ler
Senior Vice President, Agencies

This Certificate is not valid unless it is signed for & on behalf of the Company and Counter-Signed by a duly authorised representative of the Counter-Signatory.

XQUOTSCXH2018071609522582

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA48143446- Vehicle Registration No: SKF 6863A
Name (as shown in NRIC) : LEW KUANNG PINH NRIC/FIN/Passport No : S6817503H
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 91996600
Email Address : _____
Date of Accident : 04/11/2018 Time of Accident : 11:15
Place of Accident : UPPER SERANGOON ROAD (AT POTONG PASIR MRT)
Insurance Company : MSU

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

EMAIL ADDRESS TO IVAN@CLEARBIOGENBIOMEDICS.COM

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Rishi Kumar
NRIC/FIN No.:
Date: 07/11/2018