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NATIONAL Assessment Cer	itre Services. puet i James /	MAINIS 161396	T.
Date Init/10/18 - Igevy	Job description	Date & Time Completed	Done by
RCINO: NA / MU 6 18 0 22 37 /2 4	SAS e-filing		
Veh No: PDE75391.	E-mail (within Shrs, AIC 2hrs)		
D.O.A : 17/10/18 - 17:05	i-Motor Claim Form		
	i-Motor W/O (Within: OD 2	hrs, TP 4hrs)	
OD TP Reporting Only	i-Photo Uploaded		
TRI	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand		
Preferred Wksp / INC Assign Wksp / QW: (ıx;
TP Particulars: Veh No: 11	F6050 R INC		
Owner / Driver: (P603 0 K	Tel:)
Policy No: (Period: (Cover Type: ()
Confirmed by : (Date:	Time:)
) [Note-Est. Status (WO): N: 0-		00%1
Year of Registration: ())	
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Committee of the Commit		A STATE OF THE STA	
() Walk-In Customer: Customers in			AM 3.1 5
		strictly NO rater of repairer.	
() Total Loss Case : to e-mail Inst		V 1	161
Drive-In ()/ Towed-In (); Invo	ice: YES() / NO();	Towing Co: ()
Remarks:- (INC hotline: 6788 6616)	No. 10 Page 1997	Date& Time Completed	Done by
The state of the s	/ Courtesy Car ()		
2) QC Check / Post Repair Inspection	()	-	ARAS CONSTRUCTION
3) Upload Resurvey Photo [Repair Cost>	\$30001 ()		
Injury:			
		- ·	
Date/Time Actions	777		BASOWE.
		The state of the s	
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11418 08237	Invoice Pre	paration Checklist	Anit (S) Anil (
	1) AR : Acciden		In Bill Add I
aimant's Particulars :-	2) DA : Damage	Assessment (\$100); INC (\$80)	
river/Owner:	3) TF : Towing I 4) FT : Follow-T		
ntact No:	5) FT : Follow-T	hrough Survey (Resurvey) \$	30
and the st	For claiming a 6) TR: Re-iuspe	ngainst INC Only (wef 10 Jan 2005)	75
maged Portion:	7) NI : Idao DA	+ SMRT Survey	
	3) NTUC Addition	onal Services:-	
Checked by (Engr-In-Charge):	1 (31)*		
C. P. C. S.		Car / Tpt Allowance	\$5
A CONTROL OF THE PROPERTY OF T	*N5: Courtesy *N6: Repair C	o-ordination 5	10
Control of the Contro	*N5: Courtesy *N6: Repair C *N7: Fost Rep	Co-ordination 5	10
Control of the Contro	*N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Col TP (N11): TP	Co-ordination 5 Init Inspection 5 Rect Excess Coordination 5 (Non INC) against INC 5	10 225 55 20
tditors' Comments := 1: 2/3:	*N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Col	Co-ordination 5 Init Inspection 5 Rect Excess Coordination 5 (Non INC) against INC 5	10 25 55

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 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 witholding 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.
- Any false reporting may be referred to the Police for investigation.
 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.

建设的。现在, 是是一个人,不是一个	ACCIDENT STATEMENT
Date Of Report	14/12/2018 17:24
Date Of Accident	13/12/2018 13:05
Exact Location Of Accident	PAYA LEBAR RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBE7539S
Insured/Policyholder	
Name Of Registered Owner	TAN YIT LIM
NRIC No	S2657362I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97532022
Alternative Phone No	OFFICE-97532022
Vehicle Particulars	
Manufacturer	YAMAHA
Model	T135
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	MOTORCYCLE
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MSD/VMS/18-386108-CA
Cover Note Number	
Driver	
Name of Driver	TAN YIT LIM
NRIC No	S2657362I
Date Of Birth	23/01/1963
Occupation	OUTDOOR
Date Of Driving Pass	28/04/1995
Driving Experience	23 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97532022
Fax Number	

OFFICE-97532022

NOEMAIL

BLK 27B JALAN MEMBINA Address

#09-128

Postcode 164027

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 - MAJOR/MINOR RD

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? YES

Was any injured conveyed to hospital by NO ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 1

Number of Passengers (Including Driver)

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

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20181213/7006.

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 SJF6050R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 40

Name TAN YIT LIM Approximate Age Injuries Sustain BODY Injured person in which vehicle? FBE7539S Were seat belts worn? Was this injured conveyed to hospital by ambulance? Address Postcode

SKETCH PLAN

IMPORTANT NOTICE

H

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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 remudiate 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
- 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
- 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
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal deta/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)
 - (i) processing, handling and/or dealing with my claims the fulling 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
- (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
- 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.
- 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.
- 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

Jan Vit hum

Date & Time:

Driver's Signature

(if driver is not the policyholder)

Tan y'd Lum

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/AN No.:

SKETCH PLAN DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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Ketter to pot	1 report - 1/2-18/11/1/2000.	
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<u> </u>	A Parameter of the second seco	
	White the second	in the same
6.7		

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

Zon y t lu Policyholder's Signature

Date & Time:

Ban Sit Lin

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

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

GIARAIC Statististis Form 1/3

ACCIDENT STATEMENT

ACCIDENT DATE: (13/14/18-)(DD)/MM/YYYY), TIME:(13 : 07)(HH:MM
LOCATION: Punga Leber Rd.	V
1. DETAILS OF VEHICLE	91.
- Transcer Transcer	
b)INSURANCE COMPANY: MI	٩.
c)POLICY NUMBER:	
d)POLICY TYPE: (COMPREHENSIVE)	THIRD PARTY / THÍRD PARTY FIRE &THEFT)
e)MAKE & MODEL:	
1) TYPE: (SALOON / COUPE / MPV /V 9) VEHICLE CATEGORY: (PRIVATE / C h) PURPOSE OF USING AT ACCIDENT i) ARE YOU CLAIMING UNDER YOUR	TIME: Private My.
IF NO, PLEASE STATE (THIRD PART)	CLAIM / REPORTING ONLY)
2. INSURED / POLICY HOLDER	
A)NAME: Ton You Lin	(Male / FEMALE)
b) NRIC/FIN/PASSPORT: \$2657762	1. CONTACT 97532022
CIADDRESS: DIIC 271 July M	1 mbing 11 09-128 (164022)
	A THE PART OF STREET
* CONTINUE TO 3.d IF DRIVER ALSO F	POLICY HOLDER
THE of passenge DRIVER	
(Including diagram) a)NAME:	(MALE / FEMALE)
DINRIC/FIN/PASSPORT:	CONTACT:
c ADDRESS:	
*d)DATE OF BIRTH: (23/ 1/)	de una un anno
eJOCCUPATION: (INDOOR / OUTDO	(S)(DD/MM/YYYY)
f) YEARS OF DRIVING EXPRERIENCE:	OR) 160T
4. WAS DRIVER AN EMPLOYEE OF TH	E INCURENCE COMPANIE DUES (1.12)
IF NO, RELATIONSHIP OF THE DRI	VER WITH INCURED. AV. A.
5. g) WEATHER CONDITION: (QUEAR / RA	AINING / OTHERS
DIROAD SURFACE: (DRY) / WET / OTH	FRS :
6. WAS ANYBODY INJURED (YES) NO)	Ridir.
7. a) REPORTED TO POLICE (YES) / NO)	
IF YES, PLEASE STATE WHICH POLICE	STATION:
8 THIRD PARTY VEHICLE	201
HE of passenger a) VEHICLE NUMBER: 1160508.	MODEL:
Including driver) DI DRIVER'S NAME:	
C) NRIC/FIN/PASSPORT:	CONTACT:
9. THIRD PARTY VEHICLE	WILLIAM TO THE TOTAL CONTROL OF THE TOTAL CONTROL O
No of passanger of VEHICLE NUMBER:	MODEL:
ladudian disa disa disa disa disa disa disa disa	
Including driver f) DRIVER'S NAME: NRIC/FIN/PASSPORT:	CONTACT:
N N	

email =

fax =

VIDEO =





Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20181213/7006

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/12/2018 15:32		Made:	Vide Report No.:	Station Diary No.	
Informa	nt's Partic	ulars		ASSESSMENT OF THE PARTY OF THE	
Name of	f Informant: ΓLIM		Address: APT BLK 27B JALAN MEMBI 164027	INA #09-128 SINGAPORE	
	/ ID No.: O / S26573	621	Contact No.: Home/Office: Mobile: 97532022		
Nationality: MALAYSIAN		10	Email: toweltan25@gmail.com		
Sex: Male	Age: 55	Date of Birth: 23/01/1963	Type of Informant: Rider		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Construction Worker		ег	Driving Licence Information: Class: 2B,3 Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/12/2018 13:05	Type of Location Straight Road
Location: PAYA LEBAR	ROAD			
2-2-12-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-		Deed Confession		
		Road Surface: Dry		Road Speed Limit:
Weather: Clear Traffic Flow: Two Way		2507401	king	Road Speed Limit: Traffic Volume: No Traffic

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBE7539S	Motorcycle	YAMAHA	T135	Red	Slightly Damaged	0
SJF6050R	Car	ТОУОТА	ALTIS	Black	Slightly Damaged	0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
FBE7539S	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDSMT18386108	21/08/2018	20/08/2019	





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20181213/7006

CONTINUATION OF REPORT

Details of Perso	n Involved		- VI (18 11 11 11 11 11 11 11 11 11 11 11 11 1		ASSESSED FOR	
Any Pedestrian I	nvolved: No					
No. of Pedestrian	ns Injured: NIL		Use of Pe	destriar	Cross	sing: NA
Rider					garden St	
Name	TAN YIT LIM			ID No		S2657362I
Related Vehicle	FBE7539S (Motorcycle)		Conta	ct No.	97532022	
Hospital/Clinic	GALILEE CLINIC			Class Drivin Licend Expiry	g	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	-	NIL	
No. of Days gran	ted Medical Leave	05	Degree of		Slight	

Brief Details.

On 13/12/2018 about 1305hrs, i was traveling on my vehicle FBE7539S along Paya Lebar road. I made a u-turn at the designated u-turn lane at a junction to lane 2, when vehicle B bearing car-plate number SJF6050R, coming out from the slip road on the left collided right side front to my left side of my vehicle. We stopped by the side of the road and i realized that my vehicle was damaged. I suffered injuries on my hand, back, collar and leg. I was given a 5 days MC.





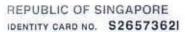
Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20181213/7006

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch plan

NP168

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 13/12/2018 15:32
Officer In Charge Of Case: TP / TPHQ / WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp	





TAN YIT LIM

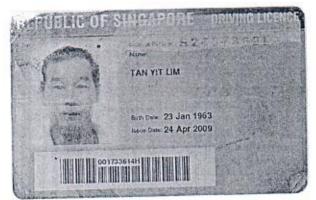


Race CHINESE

23-01-1963 Country/Place of birth MALAYSIA

\$2657362









CA 509866

MSIG Insurance (Singapore) Pre. Ltd. fo. top No. 2004 (22180) 4 Shenton Way. # 21-01, SCX Centro2, Singapore 063827 Tel +65 6827 7888, Fax +65 6827 7800 meig.com.sg

CERTIFICATE OF INSURANCE

ad Transport Aut, 1987 (Maleretta) hard Party Risks) Rales, 1939 (Federal haspervalles) Act (CAP, 137 of the B) CHEROCE NO.

#30/Y#3/18-386108-CA A0074-001/10208

STEDIE.

\$30(FIREATHEFT) \$600(ENDT IK)

1. Index mark and Registration Number of Vehicle

F8E75353

TANABA 2. Name of Policyholder TAN YIT LIN

135 C.C.

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

4. Date of Expiry of Insurance

1201AK 21/08/2018 20/08/1019

5. Persons or Classes of Persons entitled to drive a. The Policyholder.

Provided that the person driving is permitted in accordance with the licensing or other 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 the Motor Vehicle is registered and licensed under the Road Traffic Act and its time of the accident loss or damage.

Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

- 7. The Policy does not cover
 - 1. Use for hire or reverd.
 - 2. Use for racing pace-making reliability trial or speed-testing.
 -). Use for the carriage of goods (other than samples) in connection with any trade or business.
 - 4. Use for any purpose in connection with the Motor Trade.
- Limitations rendered inoperative by Section S of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Rend Transport Act, 1987 (Malaysia), are not to be included under these headings.

LWE 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 the Road Transport Act.

20/07/2018 (00)

COMMERCIAL AGENCY PTE. LTD. For MSIG Insurance (Singapore) Fre 1td.