

# NATIONAL Assessment Centre Services.

[ver 1 Jan 00]

NAI900784

Date In: 28/11/2009 18:47	Job description	Date & Time Completed	Done by
Ref No: NAI/m86290018414	SAS e-filing		
Veh No: SGN 55134	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 28/11/2009 15:00	I-Motor Claim Form		
<input checked="" type="checkbox"/> TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whar		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: BARRICK

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:

(18/11/2009 16:48:00)

Complete by: ( ) 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:


NAI900784

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors Comments:

REL 1:

2/3:

Invoice Item	Amount	INC ( )	Non-INC ( )
1) AR: Accident Reporting (\$30)			
2) DA: Damage Assessment (\$100)		INC (\$50)	
3) TP: Towing Fee	\$40/\$45		
4) FT: Follow-Through Survey	\$120		
5) PT: Follow-Through Survey (Resurvey)	\$30		
For claiming against INC Only (ver 10 Jan 2003)			
6) TR: Re-inspection	\$75		
7) NI: Idao DA + SMRT Survey	\$160		
8) NTUC Additional Services:			
OP:			
*N5: Courtesy Car / Tpl Allowance	\$3		
*N6: Repair Co-ordination	\$10		
*N7: Post Repair Inspection	\$25		
*N8: DV / Collect Excess Coordination	\$3		
TP (N11): TP (N11 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	28/01/2019 18:47
Date Of Accident	23/01/2019 15:00
Exact Location Of Accident	TANGLIN CLUB (SPORTS AND RECREATIONAL CENTRE)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGN5513Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LOH YONG LIM
NRIC No	S1063393A
Email Address	SHAHRL84@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96713511
Alternative Phone No	OTHERS-92715434

### Vehicle Particulars

Manufacturer	BMW
Model	528I-2.0 D/AB 2WD 4DR GAS/D NAV (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	10119896

### Driver

Name of Driver	SHAHRL NIZAM BIN AB GHANI
NRIC No	S8407440C
Date Of Birth	01/03/1984
Occupation	OUTDOOR
Date Of Driving Pass	15/07/2008
Driving Experience	10 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96713511
Fax Number	
Contact Number	OTHERS-92715434
Email Address	SHAHRL84@HOTMAIL.COM

Address	BLK 208C PUNGGOL PLACE #14-934
Postcode	823208
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PAID DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLIDED INTO PROPERTY
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	1
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	
Vehicle Make/Model/Colour	
Details Of Properties	BARRIER
Vehicle Category	NA/UNKNOWN
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



## SKETCH PLAN

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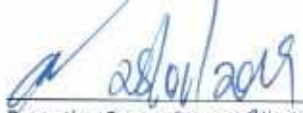
#### **8. Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

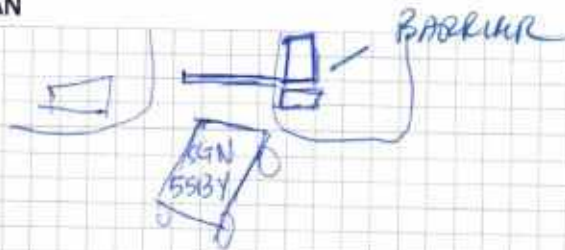
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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: 28.1.2019

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

# SKETCH PLAN



TAUGLIN CLUB (SPORTS AND RECREATIONAL CENTRE)

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was turning into the carpark when I oversteer and hit the gantry box before going in the carpark. The car hit the curb and gantry box thus smashing the right headlamp.

## 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: 28-1-2019

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



# ACCIDENT STATEMENT

ACCIDENT DATE: 23 / 01 / 2019 (DD/MM/YYYY), TIME: 1500 (HH:MM)

LOCATION: TANGLIN CLUB (SPORTS AND RECREATIONAL CENTRE)

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGN 5513 Y  
 b) INSURANCE COMPANY: MSIG  
 c) POLICY NUMBER: 10119896  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: BMW 528i L  
 f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS  
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE  
 h) PURPOSE OF USING AT ACCIDENT TIME: WORK  
 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: LOH YONG LIM (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 1063393A CONTACT: 96713511  
 c) ADDRESS: 21, THIRD AVE

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: SHAHIRUL NIZAM BIN AB GHANI (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 88407440C CONTACT: 92715434  
 c) ADDRESS: 208C, KINGSLEY PLACE, #14-934, SINGAPORE 823208

\* d) DATE OF BIRTH: 01 / 03 / 1984 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 15 JULY 2008

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
 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: BARRAK MODEL: \_\_\_\_\_  
 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 passenger  
 (including driver)  
(1)

\* No of passenger  
 (including driver)  
( )

\* No of passenger  
 (including driver)  
( )

email = shahirul84@hotmail.com

VIDEO

REPUBLIC OF SINGAPORE  
IDENTITY CARD ID S8407440C



Name  
SHAHRUL NIZAM BIN AB  
GHANI

Race  
JAVANESE

Date of birth 01-03-1984 Sex M

Country of birth  
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8407440C

Name  
SHAHRUL NIZAM BIN AB  
GHANI

Birth Date 01 Mar 1984

Issue Date 05 Jan 2006

001380948G

3893793

001380948G

APR No. S8407440C

Date of issue  
10-03-2005

APT BLK 208C PUNGGOL PLACE #14-934  
SINGAPORE 823208  
S8407440C 27/09/2013

VEHICLES IN THE FOLLOWING CLASS

ISS DATE

18 Nov 2002  
15 Jul 2008

Class 2B Motorcycles <= 300 CC

Class 3 Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg

S / No. 9000087934

001380948G



**MOTOR INSURANCE COVER NOTE**  
**Cover Note No. 10119896**

The Insured named in the Schedule below having proposed for insurance in respect of the Motor Vehicle described in the Schedule below the risk is hereby **HELD COVERED** in the terms of the Company's usual form of Policy applicable thereto for the period as stated below unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

**SCHEDULE**

**Agent No.** : 212165  
**Name of Insured** : LOH YONG LIM  
**Make and Description of Vehicle** : BMW 528i 2.0L AT D/AB 2WD 4DR GAS/D NAV  
**Vehicle Registration No.** : SGN5513Y  
**Year of Manufacture** : 2012  
**Engine No.** : A0790315N20B20A  
**Chassis No.** : WBAXG32020DX83109  
**Capacity** : 1,997 Cubic Capacity  
**Cover Type** : Comprehensive  
**Sum Insured (SGD)** : Market Value  
**Period of Insurance** : 30/10/2018 to 29/10/2019  
**Excess (SGD)** : 1,000  
**Finance Company** : BMW FINANCIAL SERVICES SINGAPORE PTE. LTD.

I/We hereby certify that this Cover Note is issued in accordance with the Provisions of the Motor Vehicles (Third Party Risks & Compensation) Act (Cap. 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

Not valid unless countersigned by the  
Company's Authorised Representative



Sime Darby Insurance Brokers (Singapore) Pte. Ltd.

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

Katherine Yeo  
Senior Vice President, Brokers

**Date of Issue :** 04/10/2018

**This Cover Note is valid for 30 days from the date of issue.**