

# NATIONAL Assessment Centre Services

[wef 1 Jan'05]

MVA 195586

Date In: 18/1/19-11:49	Job description	Date & Time Completed	Done by
Ref No: NA/msh 1920 49 12/24	SAS e-filing		
Veh No: R27564K	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 9/1/18-07:30	i-Motor Claim Form		
OD: 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/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: 025307C

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:- (INC 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] ( )

Injury: \_\_\_\_\_

Date/Time	Actions

NA/1901962

## Invoice Preparation Checklist

Ant (\$)

Ant (\$)

Int Bill

Add Bill

Claimant's Particulars:-

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TF: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

5) FT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (wef 10 Jan 2005)

6) TR: Re-inspection \$75

7) N1: Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

QD:

\*N5: Courtesy Car / Tpt Allowance \$5

\*N6: Repair Co-ordination \$10

\*N7: Post Repair Inspection \$25

\*N8: DV / Collect Excess Coordination \$5

TP (N11): TP (Non INC) against INC \$20

9) N12: Idac Mobile 30

Invoice dated

Fee Charged

Invoice dated

Fee Charged

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Pat. 1:

Pat. 2 / 3:



**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	18/03/2019 11:47
Date Of Accident	09/12/2018 03:50
Exact Location Of Accident	SLE (BKE) AFTER THOMSON RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FZ7564K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ABDUL HALIM LIM @ LIM SEYO MENG
NRIC No	S0749159Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82027448
Alternative Phone No	OFFICE-82027448
<b>Vehicle Particulars</b>	
Manufacturer	YAMAHA
Model	YBR125
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
<b>Insurance Company</b>	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	MSD/VMT/18-389345-CA
Cover Note Number	
<b>Driver</b>	
Name of Driver	ABDUL HALIM LIM @ LIM SEYO MENG
NRIC No	S0749159Z
Date Of Birth	18/11/1950
Occupation	OUTDOOR
Date Of Driving Pass	24/04/1979
Driving Experience	39 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82027448
Fax Number	
Contact Number	OFFICE-82027448
EMail Address	NOEMAIL

Address	BLK 96 GEYLANG BAHRU #05-3150
Postcode	330096
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 - HEAD TO REAR
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	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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	KOLAM AYER NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 72 GEYLANG BAHRU #01-3038 , <b>POSTCODE:</b> 330072 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2969999 - <b>FAX NO:</b> 62937659
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20190311/2101.

#### 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	SJZ5307C
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

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	ABDUL HALIM LIM @ LIM SEYO MENG
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FZ7564K
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	



Email: [sm@idac.com.sg](mailto:sm@idac.com.sg)

Tel no: 6555 6888 Fax no: 6454 3279

### Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 09/12/2019 (dd/mm/yy) Time of Accident: 03:50 (24-HR-FORMAT)

Vehicle No.: FZ 7564K Vehicle Make & Model: \_\_\_\_\_

Exact location of Accident: SLE BKE After Thomson Exit

Policyholder's Name / IC No.: Abdul Halim Lim

Driver's Name / IC No.: \_\_\_\_\_ (As Above) ☒

Driver's Contact No.: 82027448 Company Contact No.: \_\_\_\_\_

Driver's Address: \_\_\_\_\_

Insurance Company: MSIG Email address (if any): \_\_\_\_\_

**Relationship between Owner & Driver:** (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: \_\_\_\_\_

**What do you wish to claim? (Please **TICK** one only)**

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

**Exact purpose for which the vehicle was being used at time of accident?**

☒ Private use / ☐ Work purpose

**Occupation (nature of job)** ☐ Indoor / ☒ Outdoor

**No. of Passengers (Including Driver):** 01

**Weather condition & Road conditions? (On the day of accident)**

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: \_\_\_\_\_

**Was there any video captured by your Car Camera?** ☐ Yes / ☐ No

**Any Injuries:** ☐ Yes / ☐ No (If YES) Injured Person's Name: \_\_\_\_\_

Injuries Sustain: \_\_\_\_\_ Injured Person in Which Vehicle: \_\_\_\_\_

**Police Report filed:** ☒ Yes / ☐ No (If YES) Which Police Station: Kolam Ayer NPP.

### The Other Party(s) Details:

1. Driver's Name / IC No.: \_\_\_\_\_ Vehicle No.: SJZ 5307C

Driver's Contact No.: \_\_\_\_\_ Insurance Company (If any): \_\_\_\_\_

2. Driver's Name / IC No.: \_\_\_\_\_ Vehicle No.: \_\_\_\_\_

Driver's Contact No.: \_\_\_\_\_ Insurance Company (If any): \_\_\_\_\_

\*Independent Witness (If Any): \_\_\_\_\_ Contact No.: \_\_\_\_\_

Preferred Workshop Name: \_\_\_\_\_ Contact No.: \_\_\_\_\_

\*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.

## 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:

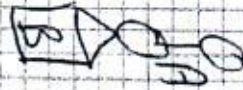
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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



SKETCH PLAN

SLE - BKE After Thomson Exit

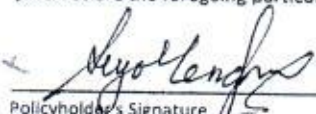


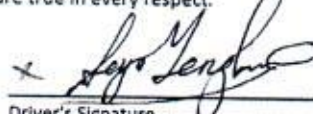
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS a police Report T/20190311/2101

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:

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



# SINGAPORE POLICE FORCE



T/20190311/2101

1 of 3

Police Station Of Origin:  
Kolam Ayer NPP  
72 Geylang Bahru #01-3038 SINGAPORE  
330072  
Tel No: 1800-2969999

Report No. T/20190311/2101

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 11/03/2019 14:13	Vide Report No.:	Station Diary No.: 14
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<b>Informant's Particulars</b>			
Name of Informant: ABDUL HALIM LIM		Address: APT BLK 96 GEYLANG BAHRU #05-3150 SINGAPORE 330096	
ID Type / ID No.: NRIC NO / S0749159Z		Contact No.: Home/Office: Mobile: 82027448	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 68	Date of Birth: 18/11/1950	Type of Informant: Rider
Race: Chinese		Language: English	Institution / School Name:
Occupation: DELIVERY SUPERVISOR		Driving Licence Information: Class: 2B,2A,2,3,4	Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 09/12/2018 03:50	Type of Location: Straight Road
Location: Along Road 1 SELETAR EXPRESSWAY  towards BKE near lamp post no 185F, after Thomson exit Lamp Post Number: 185F				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 90 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FZ7564K	Motorcycle	YAMAHA	YBR125	Red	Slightly Damaged	0
SJZ5307C	Car	VOLKSWAGO N	SCIROCCO 1.4L	Black		0

Details of Vehicle Insurance			
Vehicle No.	Insurance Company	Insurance No.	Effective Expiry Date





Police Station Of Origin:

Kolam Ayer NPP

72 Geylang Bahru #01-3038 SINGAPORE

330072

Tel No: 1800-2969999

Report No. T/20190311/2101

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FZ7564K	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDTMT18389345	21/11/2018	20/11/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	ABDUL HALIM LIM		ID No.	S0749159Z
Related Vehicle	FZ7564K (Motorcycle)		Contact No.	82027448
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	09/12/2018		Date Discharge	17/01/2019
No. of Days granted Medical Leave		21	Degree of Injury	Serious
Driver				
Name	Unknown Driver		ID No.	NIL
Related Vehicle	SJZ5307C (Car)		Contact No.	NIL
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.**

On the 09/12/2018 I was travelling at Seletar Expressway on my motorcycle FZ7564K towards BKE. Suddenly I felt that something had hit my motorcycle from behind. I then skidded and fell from my motorcycle. I was unconscious. I believed I was conveyed unconscious to Khoo Teck Puat Hospital. I was warded in ICU for two to three days. After about 1 week, I realized that I had suffered the following injuries; blood clot on my brain, my neck broken and multiple injuries on the hands, legs and head. I was discharged from KTP Hospital on the 17/01/2019. I was then sent to a Bright Vision Home on the same day. I was discharged from the Home on the 02/02/2019. I was then given a 21 days medical leave. When I collected my motorcycle at Traffic Police, I realized that the front cowling was damaged and the body have some scratches. I do not know about the damages to the other car, SJZ5307C. That's all.



**SINGAPORE  
POLICE FORCE**



T/20190311/2101

3 of 3

Police Station Of Origin:  
Kolam Ayer NPP  
72 Geylang Bahru #01-3038 SINGAPORE  
330072  
Tel No: 1800-2969999

Report No. T/20190311/2101

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:  
A /  
Sr Staff Sgt MUNAWIR BIN MOHAMMAD  
TAHIR

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Staff Sgt MOHAMED SUFIAN BIN SUDIN  
Contact No.: 65476395

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
11/03/2019 14:13

Classification Of Case:



Signature: \_\_\_\_\_

Singapore Police Force



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S0749159Z



Name

ABDUL HALIM LIM  
@LIM SEYO MENG



Race

CHINESE

Date of Birth

18-11-1950

Country of Birth

SINGAPORE

Sex

M





3175063



NRIC No. S0749159Z



Blood Group	Date of Issue
B+	20-07-2000

Address

APT BLK 96 GEYLANG BAHRU  
#05-3150  
SINGAPORE 330096



REPUBLIC OF SINGAPORE DRIVING LICENCE

80749159Z

ABDUL HALIM LIM

Birth Date: 18 Nov 1950

Issue Date: 10 Dec 2003





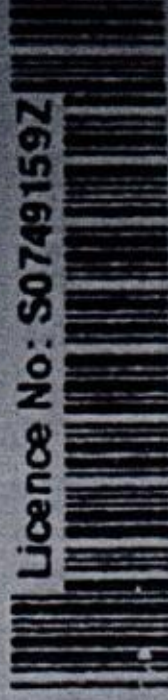
**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES**

**PASS DATE**

Class 2B	Motorcycles not exceeding 200 cc	24 Apr 1979
Class 2A	Motorcycles between 201 cc and 400 cc	24 Apr 1979
Class 2	Motorcycles exceeding 400 cc	24 Apr 1979
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	03 Jan 1974
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	04 Apr 1979

NP 428A

Licence No: S0749159Z







Call No X CA 513527  
MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200412712G)  
4 Shenton Way, # 21-01, SGX Centre2, Singapore 068807  
Tel +65 6827 7888, Fax +65 6827 7800  
msig.com.sg

## 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 Risks and Compensation) Rules, 1996 Edition (Republic of Singapore)  
Or any Amendment, Act or Acts passed in substitution thereof.

CERTIFICATE NO : MSD/VMT/18-389345-CA A0074-001/10021

SUM INSURED : TPL

EXCESS : NIL

1. Index mark and Registration Number of Vehicle FZ7564K  
YAMAHA 124 c.c.
2. Name of Policyholder ABDUL HALIM LIM @ LIM SEYO MENG
3. Effective date of the Commencement of Insurance  
for the purposes of the Act 1201AM 21/11/2018
4. Date of Expiry of Insurance 20/11/2019
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 or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered and licensed under the Road Traffic Act and its registration and licensing under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

6. Limitation as to Use

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 reward.
2. Use for racing, pace-making, reliability trial or speed-testing.
3. 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 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.

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 the Road Transport Act, 1987 (Malaysia).



COMMERCIAL AGENCY PTE. LTD.

Underwriting Agent

For MSIG Insurance (Singapore) Pte. Ltd.

26/09/2018 (BB)

CA/CI-03 (05/13)