

NATIONAL Assessment Centre Services. [Print + Javis05] MWA 11904470.

| | | | |
|----------------------------|--|-----------------------|---------|
| Date In: 5/4/19 10:15 | Job description | Date & Time Completed | Done by |
| Ref No: NA1MSG.19006034164 | SAS e-filing | | |
| Veh No: SFR 81A | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A: 2/4/19 15:50 | I-Motor Claim Form | | |
| OD / TP / Repairing 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: SMH 3101B.. 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: YBS () / 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: ()

| | |
|---|---------|
| Reminders: (INC Machine 6788 6616) | 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 | Action |
|-----------|--------|
| | |
| | |
| | |
| | |

| | | | |
|---------------------------------|--|-------------|-----------|
| NA1902464 | Invoice/Repairation Charges | Amo (\$) | PAID (\$) |
| Comments Particulars: | 1) AR: Accident Reporting (\$30); | 30.00 | |
| 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 claimant against INC Only (over 10 Jan 2005) | | |
| Tel. 1: | 6) TR: Re-inspection \$75 | | |
| Tel. 2/3: | 7) NI: Idan DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services: | | |
| | Q1* | | |
| | *N5: Courtesy Car / Tpt Allowance \$5 | | |
| | *N6: Repair Co-ordination \$10 | | |
| | *N7: Post Repair Inspection \$25 | | |
| | *N8: DV / Collect Receipt Coordination \$5 | | |
| | TP (N11): TP (vs in INC) against INC \$20 | | |
| | 9) N12: Idan Mobile \$0 | | |
| | Invoice dated | Fax Charged | |
| | Invoice dated | Fax 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 | 05/04/2019 10:15 |
| Date Of Accident | 02/04/2019 15:50 |
| Exact Location Of Accident | JUNC OF STILL RD & CHANGI RD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SFR81A |
| Insured/Policyholder | |
| Name Of Registered Owner | LEE HANG SIANG |
| NRIC No | S0169147C |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-98891089 |
| Alternative Phone No | OFFICE-98891089 |

Vehicle Particulars

| | |
|--|--------------------------------------|
| Manufacturer | BMW |
| Model | 730LI AT ABS D/AB 2WD 4DR NAV HID SR |
| 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 27242372 SMP |
| Cover Note Number | - |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | KOK MUK LIN |
| NRIC No | S2177167H |
| Date Of Birth | 24/06/1952 |
| Occupation | INDOOR |
| Date Of Driving Pass | 19/01/1989 |
| Driving Experience | 30 YEARS AND 2 MONTHS |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-98891089 |
| Fax Number | |
| Contact Number | |
| Email Address | NOEMAIL |

| | |
|---|--------------------|
| Address | 10 KING'S WALK |
| Postcode | 268024 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OTHER - EX HUSBAND |
| 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? | NO |
| Was any injured conveyed to hospital by ambulance? | |
| 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) | 2 |
| Passenger 1 | NAME: : UNKNOWN |
| | GENDER: : MALE |

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 ATTACHED STATEMENT.

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 | SMH3101B |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | CHNG ZHEN WEI |
| NRIC/Passport Number | S9235220Z |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

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:



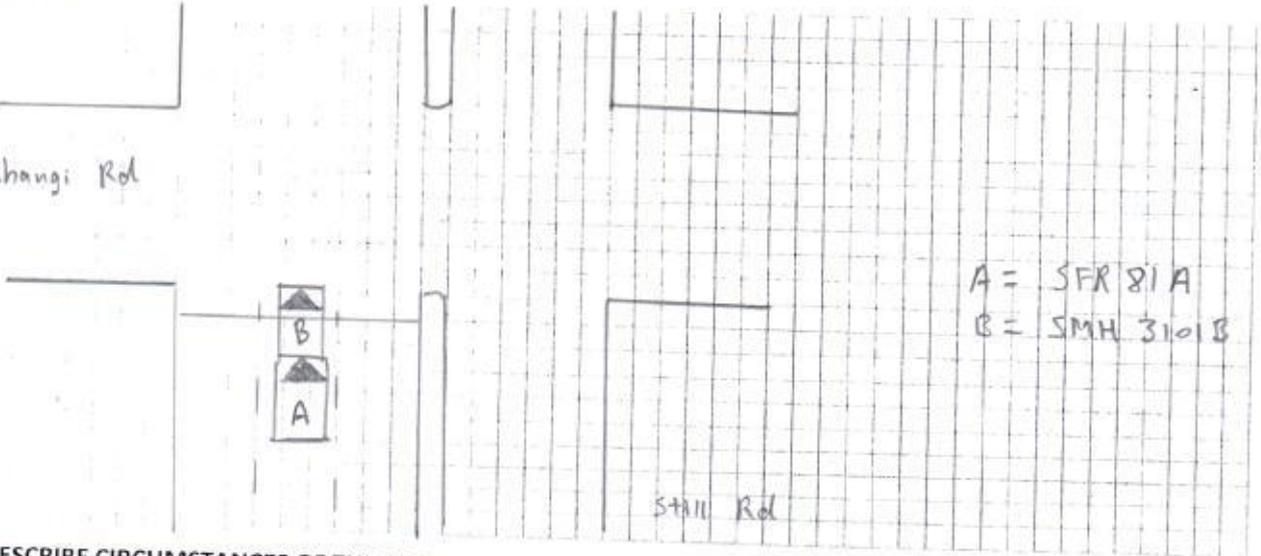
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN

Changi Rd



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Statement

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.:

I WAS TRAVELLING ALONG STILL RD WHILE APPROACHING JUNC OF CHANGI RD, THE LIGHT FROM GREEN TURN EMBER, SUDDENLY VEH B (BEARING NO SMH3101B) WHICH WAS INFRONT OF ME JAMMED BRAKE AND STOP OUT FROM THE STOP LINE, I MANAGE TO STOP BUT CANNOT STOP IN TIME, AS THE RESULT, MY VEH HIT ONTO THE VEH REAR PORTION.

ACCIDENT STATEMENT

ACCIDENT DATE: (2 / 4 / 19) (DD/MM/YYYY), TIME: (15 : 50) (HH:MM)

LOCATION: Junc of Still Rd & Changi Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SFR 81A
b) INSURANCE COMPANY: MSIG
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Private Use
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: Lee Hang Siang (MALE / FEMALE)
B) NRIC/FIN/PASSPORT: S 0169147C CONTACT: 98891089
C) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Kok Muk Lin (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 98891089
c) ADDRESS: _____

*d) DATE OF BIRTH: (___ / ___ / ___) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Ex husband

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: SMH 3101 B MODEL: _____
b) DRIVER'S NAME: Chng zhen wei
c) NRIC/FIN/PASSPORT: S9235220 Z CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
(including driver)

(2)

M.

* No of passenger
(including driver)

()

* No of passenger
(including driver)

()

waiting CI

email = Japz chin 1 @ hotmail . com

fax =

video =

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number: **S2177167H**
 Name: **KOK MUK LIN**

Birth Date: **24 Jun 1952**
 Issue Date: **07 Jan 2003**

000092713D

REPUBLIC OF SINGAPORE 

IDENTITY CARD NO. **S2177167H**

Name: **KOK MUK LIN**



郭沐蓮
 Race: **CHINESE**

Date of Birth: **24-06-1952** Sex: **F**
 Country of Birth: **HONG KONG**

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

| Class | Description | PASS DATE |
|---------|--|-------------|
| Class 3 | Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms | 19 Jan 1999 |

NP 426A

Licence No: **S2177167H**

1821380



NRIC No: **S2177167H**



Blood Group: **B+** Date of issue: **23-03-1994**

TO KING'S WALK
SINGAPORE 268024
S2177167H

NRIC No: **S2177167H** Date: **08-05-2001** No: **3685077**

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

SIME MOTOR PRIVATE
Comprehensive

Certificate No. B 27242372 SMP

Excess : SGD750

1. Index Mark and Registration Number of Vehicle

SFR81A

2. Name of Policyholder

Lee Hang Siang

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

22/12/2018

4. Date of Expiry of Insurance

21/12/2019

5. Persons or Classes of Persons entitled to drive*

Lee Hang Siang

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 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.


Signature _____
Date _____

Counter-Signatory:

Sime Darby Insurance Brokers (Singapore) Pte. Ltd.

MSIG Insurance (Singapore) Pte. Ltd.
Approved Insurers


Katherine Yeo
Senior Vice President, Brokers

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.