

# NATIONAL Assessment Centre Services.

(w/ 1 Jan 05)

151541906531

Date In: 12/04/2019 10:35

Job description

Date & Time Completed

Done by

Ref No: 151541906531/4

SAS e-filing

Veh No: SCW 7137S

E-mail (to file this, AIC this)

D.O.A: 12/04/2019 06:55

I-Motor Claim Form

OID (TP) Reporting Only

I-Motor W/O (Within 60 Days, TP 4hrs)

I-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax / Hand to Owner/When

TP Insurer:

Preferred Wksp / INC Assign Wksp / QW:

Tel:

Fax:

TP Particulars:

Veh No: SBU 9128R

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 ( )

( ) Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repair.

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

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

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury:

Payment:

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NA1902686

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engi-In-Charge):

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1) AR: Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100)	INC (\$30)
3) TP: Towing Fee	\$40/\$45
4) PT: Follow-Through Survey	\$120
5) PT: Follow-Through Survey (Resurvey)	\$30
Forfeiting against INC Only (w/ 10 Jan 2005)	
6) TR: Re-inspection	\$75
7) NI: Idm DA + SMRT Survey	\$160
8) NTUC Additional Services:	
ON:	
• NG: Courtesy Car / TPR Allowance	\$5
• NG: Repair Coordination	\$10
• NG: Post Repair Inspection	\$25
• NG: DV / Collect Excess Coordination	\$5
TP (NI) / TP (N-in INC)	\$20
9) NI: Idm Mobile	
Invoice dated	
Invoice dated	

Fee Charged

Fee Charged

FOR:



## 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	12/04/2019 10:39
Date Of Accident	12/04/2019 06:55
Exact Location Of Accident	ALONG TPE TOWARDS CTE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW7137S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM SIANG PENG
NRIC No	S1452006F
Email Address	DANIELLIMSP@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-91690537
Alternative Phone No	OTHERS-91690537

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 L CVT (A)
Exact Purpose for which vehicle was being used at time of accident	DRIVING TO WORK
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	PRIVATE CAR

### Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 29039573 AT2
Cover Note Number	

### Driver

Name of Driver	LIM SIANG PENG
NRIC No	S1452006F
Date Of Birth	05/11/1960
Occupation	INDOOR
Date Of Driving Pass	26/12/1979
Driving Experience	39 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91690537
Fax Number	
Contact Number	OTHERS-91690537
EMail Address	DANIELLIMSP@YAHOO.COM.SG

Address	122 PUNGGOL WALK #06-48
Postcode	828771
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?	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)	2
Passenger 1	NAME: : DAUGHTER GENDER: : FEMALE

#### 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	SBQ9129R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MICHAEL
NRIC/Passport Number	
Contact Number	86087291
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.

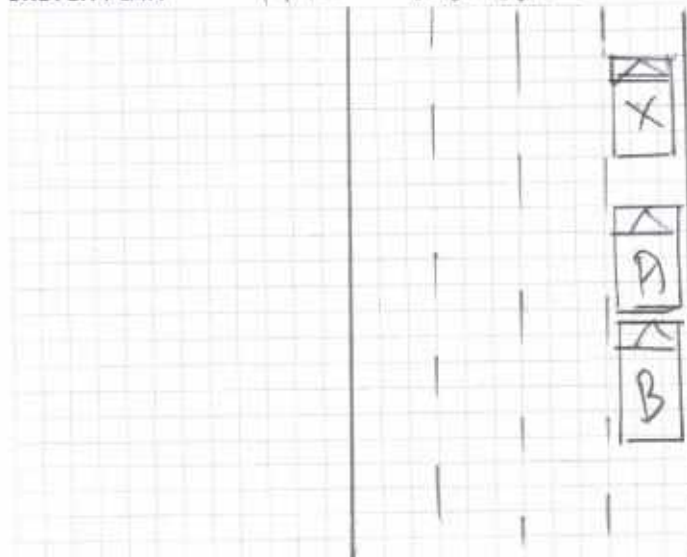
Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN

TPE TOWARDS CTE



A) SKW 7137S

B) SBO 9129R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 12/4/19 06:55 I was travelling along TPE toward CTE. Traffic was heavy, the front car stopped and I also stopped. A few second I felt a bang & I came out from my car and saw a car SBO 9129R bang the rear of my car.

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.:

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1452006F



Name

LIM SIANG PENG

林善平

Race

CHINESE

Date of birth

05-11-1960

Country/Place of birth

SINGAPORE

Sex

M



5479119

NRIC No. S1452006F

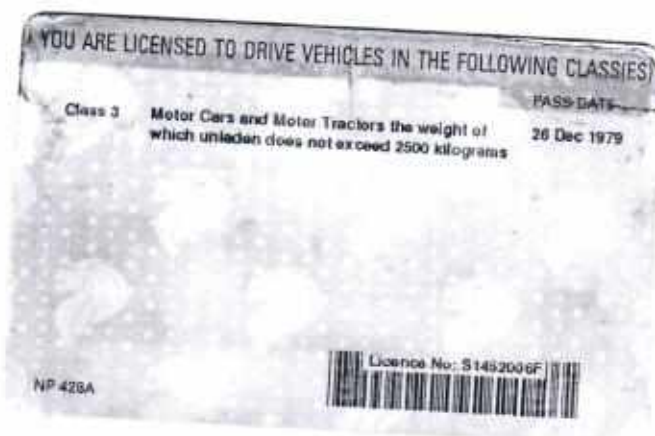


Date of issue

21-10-2015

Address

122 PUNGGOL WALK  
#06-48  
SINGAPORE 828771





# ACCIDENT STATEMENT

ACCIDENT DATE: 12/04/2019 (DD/MM/YYYY), TIME: 06:55 (HH:MM)

LOCATION: TPE toward CTE

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKW 71379  
 b) INSURANCE COMPANY: MSIG  
 c) POLICY NUMBER: A29039573 AT2  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: TOTOIA Altis 1.6L CVT  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: To work place  
 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: Lim Siang Peng (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 9142006F CONTACT: 91690537  
 c) ADDRESS: HK 122, Bungeo Walk #06-48  
S 8287781

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

## DRIVER

- a) NAME: Same as above (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: 05/11/1960 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS: 26/12/2019

## 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) clear

b) ROAD SURFACE: (DRY / WET / OTHERS) Dry

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: SBQ 9129 R MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: Michael  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 86087291

## 9. THIRD PARTY VEHICLE

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

email = daniellimsp@yahoo.com.sg

VIDEO



**MSIG**

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

**Toyota DriveElite 360****RENEWAL CERTIFICATE**

Policy Number	Period of Insurance	Place of Issue
A 29039573 AT2	12/11/2018 to 11/11/2019	SINGAPORE
Name and Address of Insured		Date of Issue
Lim Siang Peng 122 Punggol Walk #06-48 Singapore 828771		26/10/2018
		Account Number
		156368
Premium	GST	Total Due
SGD644.28	SGD45.10	SGD689.38

**RISK NUMBER 1****Toyota DriveElite 360****OCCUPATION**

Assistant Engineer

**SCOPE OF COVER** Comprehensive**INTEREST INSURED**

REGISTRATION NO.	SKW71375	SUM INSURED	MARKET VALUE
MAKE/MODEL	Toyota Corolla Altis 1.6L CVT	INCL. COE/PARF	YES
ENGINE NUMBER	1ZRY223439	OFF-PEAK CAR	NO
CHASSIS NUMBER	MR053REH104541000	NO CLAIM DISCOUNT	50.00% (or F/D)
YEAR OF MFG	2015	GOOD DRIVER'S	
CAPACITY	1598 C.C.	DISCOUNT	SGD33.91
SEATING CAPACITY	4 (INCL. DRIVER)	NCD PROTECTOR	NOT COVERED
WINDSCREEN	UNLIMITED	EXCESS	SGD500
		ANNUAL PREMIUM	SGD644.28

**ACCESSORIES** Aircon, radio/cassette/compact disc player, in-vehicle unit, rust-proofing and other accessories that are factory fitted.

**AUTHORISED DRIVERS**

Lim Siang Peng

Tan Hong Siang, Lim Yi Han Danielle, Lim Yi Xin

Any other person provided he is driving on the Insured's order or with the Insured's permission.