

NATIONAL Assessment Centre Services [Print / Jargon] NA419094623			
Date In: 19/07/2019 15:08	Job description	Date & Time Completed	Done by
Ref No: 189/MSG/19012001/4	SAS e-filing		
Veh No: 8CU 329H	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 18/07/2019 17:35	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/Wkaj		

Preferred Wksp / MNC Assign Wksp / QW: (		Tel: (	Fax: (
TP Particulars:	Veh No: SMC 3268E	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%; F: 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 () / Non-INC ()	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

NA1905504		Invoice Preparation Checklist		Am't (\$)	Am't (\$)
Claimant's Particulars:				In Bill	Add. Bill
Driver/Owner:		1) AR: Accident Reporting (\$30)			
Contact No:		2) DA: Damage Assessment (\$100)	INC (\$80)		
Damaged Portion:		3) TP: Towing Fee	\$40/\$45		
QC Checked by (Engr-In-Charge):		4) FT: Follow-Through Survey	\$120		
		5) FT: Follow-Through Survey (Resurvey)	\$30		
		For claiming against INC Only (wef 10 Jan 2019)			
		6) TR: Itc-Inspection	\$75		
		7) NI: Idau DA + SMRT Survey	\$160		
		8) NTUC Additional Services:			
		* N3: 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: Idau Mobile	\$0		

Cal. 2/3:	Invoice dated	Pen Charged
1/1/1		Fee Charged

07-MAY-2019 16:39

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	19/07/2019 15:08
Date Of Accident	18/07/2019 17:35
Exact Location Of Accident	ALONG PIE TOWARDS BKE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU339H
Insured/Policyholder	
Name Of Registered Owner	NAM LEONG CO PTE. LTD.
Co Reg No	195800019C
Email Address	GODFREY@NAMLEONG.COM.SG
Mobile Phone No	(LOCAL) +65-90040577
Alternative Phone No	OFFICE-90025951

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	GLC 250
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 29115379 MCY
Cover Note Number	

Driver

Name of Driver	LIM MUI KHIM (LIN MEIQIN)
NRIC No	S7442442B
Date Of Birth	22/12/1974
Occupation	INDOOR
Date Of Driving Pass	16/06/1997
Driving Experience	22 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90040577
Fax Number	
Contact Number	OTHERS-90025951
EEmail Address	GODFREY@NAMLEONG.COM.SG

Address	3D SARKIES ROAD
Postcode	258122
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
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	3
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)	3
Passenger 1	NAME: : DAUGHTER GENDER: : FEMALE
Passenger 2	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?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMC3268E
Vehicle Make/Model/Colour	TOYOTA VIOS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KEVIN SEOW JUN HAO
NRIC/Passport Number	S9446766G
Contact Number	81010335
Address	

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SFQ9399E
Vehicle Make/Model/Colour MINI COOPER
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver JIA JUN
NRIC/Passport Number
Contact Number 97774132
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver) 2
Passenger 1

NAME: :

GENDER: :

SKETCH PLAN

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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.


LEONG CO PUEU
MYN

Policyholder's Signature
Date & Time:

19 Jul 2019
2.45pm

SketchPlanForm_V1



Driver's Signature
(If driver is not the policyholder)

Date & Time: 19 Jul 2019
2.45pm


19/07/2019

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

SKETCH PLAN

PIE TOWARDS RKE

A) SKU 339H

B) SMC 3268 E

C) SFQ 9399 E



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along PIE (RKE) headed towards Old Choa Chu Kang road. As traffic was heavy, the vehicles on the road were moving slowly.

The driver behind me, SMC 3268 E, must have been distracted and crashed heavily into my rear bumper. The results of the crash was quite disastrous.

As a result of this crash, the impact pushed my SUV car forward, causing my car to be impacted on the car, SFQ 9399 E, which was in front of me.

Hence, there was further damage caused to my front bumper and areas too.

This was a chain collision between 3 cars, of which mine was sandwiched in the middle.

DECLARATION

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

Policyholder's Signature

Date & Time:

19 Jul 2019

2:45pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

19 Jul 2:45pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

19/07/2019

ACCIDENT STATEMENT

ACCIDENT DATE: 18/07/2019 (DD/MM/YYYY), TIME: 17:34 (HH:MM)

LOCATION: PTE heading to BKE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKU 339H
 b) INSURANCE COMPANY: MSTG
 c) POLICY NUMBER: A 29115376 MLY
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Mercedes Benz GLC 250
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PERSONAL
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE THIRD PARTY CLAIM / REPORTING ONLY

INSURED / POLICY HOLDER

- A) NAME: Nam Leong Co Pte Ltd (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 195800019C CONTACT: 62482474 90040577
 c) ADDRESS: 339 Jalan Besar (Singapore 208984)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Lim Mei Khim (Lin Meigim) (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S744244213 CONTACT: 90025551
 c) ADDRESS: 3D Sarkies Road (Singapore 258122)

*d) DATE OF BIRTH: 22/12/1974 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 16 Jun 1997

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: SMC3268E MODEL: Toyota Vios
 b) DRIVER'S NAME: Kevin Seng Jun Hao
 c) NRIC/FIN/PASSPORT: S94467666 CONTACT: 81010335

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SFQ 9399 E MODEL: Mini Cooper S Park Lane
 e) DRIVER'S NAME: Ben Fea Jia Jun
 f) NRIC/FIN/PASSPORT: CONTACT: 97774132

email = godfrey@namleong.com.sg
 VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7442442B

For LKK/NAC Use Only

Name: LIM MUI KHIM
(LIN MEIQIN)
林美琴

Race: CHINESE

Date of birth: 22-12-1974

Sex: F

Country of birth: SINGAPORE






REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7442442B

Name: LIM MUI KHIM
(LIN MEIQIN)

For LKK/NAC Use Only

Birth Date: 22 Dec 1974

Issue Date: 17 Mar 2004




3702378



NRIC No: S7442442B

For LKK/NAC Use Only

Date of issue: 15-04-2005

30 SARKIES ROAD
SINGAPORE 258122

NRIC No: S7442442B Date: 29/04/2010 No: 6487081



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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE: 16 Jun 1997

For LKK/NAC Use Only

NP429A

Licence No: S7442442B



**MSIG**

MSIG Insurance (Singapore) Pte. Ltd.
 4 Shenton Way, # 21-01, S.O.K Centre 2, Singapore 068907
 Tel: +65 6827 7888, Fax: +65 6827 7800
 Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

**Tan Brothers**

Insurance Agencies Pte Ltd

10 Anson Road #11-16 International Plaza, Singapore 079902

Tel: 62201822 Fax: 62246806

CO. REG. NO. 197500491N

MOTORMAX PLUS-COMMERCIAL**THE SCHEDULE**

Policy Number	Period of Insurance	Place of Issue
A 29115376 MCY	23/01/2019 to 22/01/2020	SINGAPORE
Name and Address of Insured		Date of Issue
Nam Leong Co Pte. Ltd. 119 Jalan Besar Singapore 208984		30/01/2019
		Account Number
		140295
Premium	GST	Total Due
SGD2,328.93	SGD163.03	SGD2,491.96

RISK NUMBER 1**MOTORMAX PLUS-COMMERCIAL****FINANCIAL INTEREST**

Maybank Singapore Limited
 as Hire Purchase Owners

SCOPE OF COVER Comprehensive**INTEREST INSURED**

REGISTRATION NO. SKU319H
 MAKE/MODEL Mercedes Benz As Stated Below
 ENGINE NUMBER 27492031598498
 CHASSIS NUMBER WDC2533462P499468
 YEAR OF MFG 2018
 CAPACITY 1991 C.C.
 SEATING CAPACITY 5 (INCL. DRIVER)
 WINDSCREEN NIL

SUM INSURED
 INCL. COE/PARF YES
 OFF-PEAK CAR NO
 NO CLAIM DISCOUNT NIL
 NCD PROTECTOR NOT COVERED
 EXCESS SGD1,000
 ANNUAL PREMIUM SGD2,328.93

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

AUTHORISED DRIVERS

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

LIMITATION AS TO USE