

# NATIONAL Assessment Centre Services

Part 1 Jan 09

MMA 120049546

Date In: 4/6/20 14:55	Job description	Date & Time Completed	Done by
Ref No: MAI MSG 2000 6138144	SAS e-filing		
Veh No: FU 5617 G	E-mail (within 3hrs, A/C 2hrs)		
TPA: 4/6/20 07:05	I-Motor Claim Form		
CHI: TP / Reporting 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: SMF 6628 P	INC ( ) / Non-INC ( )
Owner / Driver: ( )	Tel: ( )	
Policy No: ( )	Period: ( )	Cover Type: ( )
Confirmed by: ( )	Date: ( )	Time: ( )
Insured/Driver Liability: ( )	% [Not-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 100000 6/11/2019)	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: ( )	
Location: ( )	

MA 2003135

Claimant's Particulars:	Invoice Particulars Checklist	Amount (\$)	PAID (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30)	30.00	
Contact No:	2) DA: Damage Assessment (\$100)		
Damaged Portion:	3) TP: Towing Fee (\$40/\$45)		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey (\$120)		
Auditors' Comments:	5) PT: Follow-Through Survey (Resurvey) (\$30)		
	For claiming against INC Only (wef 10 Jan 2009)		
	6) TR: Re-inspection (\$75)		
	7) NI: Idao DA + SMRT Survey (\$160)		
	8) NTUC Additional Services:		
	ON:		
	• N5: Courtesy Car / Tpt Allowance (\$5)		
	• N6: Repair Co-ordination (\$10)		
	• N7: Post Repair Inspection (\$25)		
	• N8: DV / Collect Excess Coordination (\$5)		
	• TP (NT1): TP (Non 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	04/06/2020 14:55
Date Of Accident	04/06/2020 07:05
Exact Location Of Accident	UPP CHANGI RD E TWDS PIE TUAS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FU5617G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM AH TIONG
NRIC No	SXXXX755I
Email Address	MICHAELLIM35573@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98700258
Alternative Phone No	OFFICE-98700258

### Vehicle Particulars

Manufacturer	KAWASAKI
Model	ZX
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	MOTORCYCLE

### Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	MSD/VMT/19-502613-WTT
Cover Note Number	

### Driver

Name of Driver	LIM AH TIONG
NRIC No	SXXXX755I
Date Of Birth	10/08/1962
Occupation	INDOOR
Date Of Driving Pass	10/08/1979
Driving Experience	40 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98700258
Fax Number	
Contact Number	OFFICE-98700258
EEmail Address	MICHAELLIM35573@HOTMAIL.COM

Address	BLK 366 TAMPINES STREET 34 #10-165
Postcode	520366
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	WET

#### 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?	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

REFER TO 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	SMF6628P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ISMAIL
NRIC/Passport Number	
Contact Number	93820030
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	LIM AH TIONG
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Approximate Age

Injuries Sustain

ABRASION

Injured person in which vehicle?

FU5617G

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode



## 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.



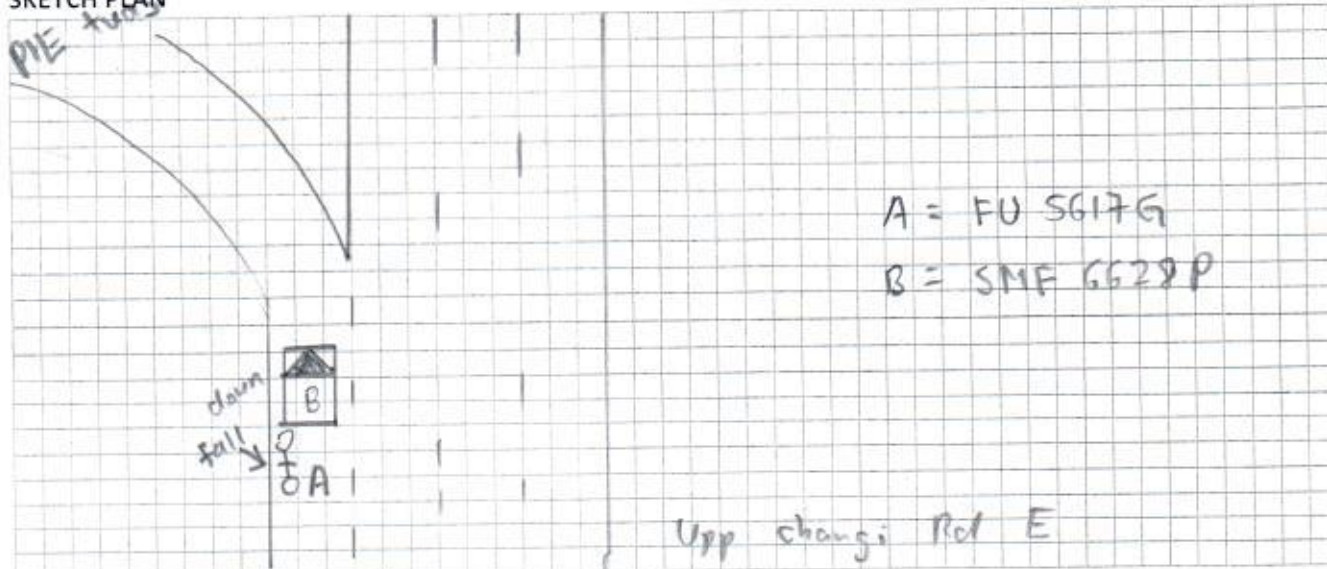
Policyholder's Signature  
Date & Time:

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



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

# SKETCH PLAN




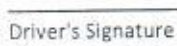
## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was riding along Up changi Rd E twds PIE  
 twas, Veh B infront of me stop, I Apply my  
 brake, but due to road surface wet, I  
 lost balance and fall down to the left. my  
 motor cycle skidded toward Veh B and touch  
 onto Veh B left rear portion.

## 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.:



## ACCIDENT STATEMENT

ACCIDENT DATE: 4 / 6 / 20 (DD/MM/YYYY), TIME: (07: 05) (HH:MM)

LOCATION: Opp Changi Rd E twds PIE

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FU 5617 G.  
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: Lim Ah Tiong (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 98700258  
c) ADDRESS: \_\_\_\_\_

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

### DRIVER

- a) NAME: As Above. (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
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: owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) \_\_\_\_\_  
b) ROAD SURFACE: (DRY / WET / OTHERS) wet

6. WAS ANYBODY INJURED (YES / NO) abrasion.

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMP 6628P MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: Ismail  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 93820030

### 9. THIRD PARTY VEHICLE

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

Email = michaellim35573@hotmail.com

fax =

VIDEO = No

**MSIG**

MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200412212G)  
4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807  
Tel +65 6827 7888, Fax +65 6827 7800  
msig.com.sg

**MOTORCYCLE INSURANCE SCHEDULE****DATE OF ISSUE:** 15/08/2019**AGENCY:** A0633-001-W0825  
WTT Insurance Agencies Pte Ltd**POLICY NO:** MSD/VMT/19-502613-WTT**INSURED:****NAME:** LIM AH TIONG  
**ADDRESS:** BLK 366 TAMPINES ST 34  
#10-165  
S520366**NRIC NO:** S15667551  
**DATE OF BIRTH:** 10/08/1962 (57 yrs)  
**DRIVING EXP:** 10/04/1979 (40 yrs)  
**CONTACT NO:** ~~67884375~~ 98700258 69693800**BUSINESS OR PROFESSION:** TECHNICAL SUPPORT OFFICER**PERIOD OF INSURANCE FROM:** 27/08/2019 **TO** 26/08/2020  
00:01AM**REGISTRATION NUMBER:** FU5617G**CUBIC CAPACITY:** 148**MAKE OF VEHICLE:** KAWASAKI ZX**YEAR OF REGISTRATION:** 2002**INSURED ESTIMATE OF VALUE:** TPL**SEATING CAPACITY:** 2**AUTHORISED DRIVERS:**

THE INSURED ONLY.

**ENDORSEMENTS APPLICABLE:** 3P PA INSURED MEMO MCFM**EXCESS:****PREMIUM:** 144.00**GST @ 7%:** 10.08**TOTAL :** 154.08**NO CLAIM BONUS OF 20% IS ALLOWED****NAME OF EMPLOYER AND/OR  
HIRE PURCHASE OWNER:** NIL (36.00)**MSIG Insurance (Singapore) Pte. Ltd.****REPLACING POLICY NO:** MSD/VMT/18-993886-WTT**Sanction Limitation and Exclusion Clause**

No Insurer shall be deemed to provide cover and no Insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that Insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or United Kingdom or United States of America.

**Approved Insurers**