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Owner / Driver: (Tel:)
Policy No: () Period: ()	Cover Type: (.).
Confirmed by r (Dates,	Tlistas)
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2) QC Check / Post Repair Inspection (·)		- , .
3) Upload Resurvey Photo [Repuir Cost > \$3000] (
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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.
- Information provided must be as <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.

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海上 医水平 医水平 医水平 医水平 医水平	ACCIDENT STATEMENT
Date Of Report	02/09/2020 15:18
Date Of Accident	31/08/2020 20:10
Exact Location Of Accident	JUNCTION OF UPPER BUKIT TIMAH AND CASHEW ROAD
Country/State of Loss	SINGAPORE
The Court of the C	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FBK4933A
Insured/Policyholder	
Name Of Registered Owner	LIM TIAN CHIN
NRIC No	SXXXX342E
Email Address	НННСРНННН@ҮАНОО.СОМ
Mobile Phone No	(LOCAL) +65-82604314
Alternative Phone No	OTHERS-82604314
Vehicle Particulars	
Manufacturer	KYMCO
Model	XCITING 400I-399CC
Exact Purpose for which vehicle was being used at time of accident	GOING HOME AFTER 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	MOTORCYCLE
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MSD/VMS/19-503582-WTT
Cover Note Number	
Driver	
Name of Driver	LIM TIAN CHIN
NRIC No	SXXXX342E
Date Of Birth	14/03/1959
Occupation	INDOOR
Date Of Driving Pass	04/02/1980
Driving Experience	40 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82604314
Fax Number	
Contact Number	OTHERS-82604314
EMail Address	ННННСРНННН@ҮАНОО.СОМ

Address

BLK 449 BUKIT PANJANG RING ROAD

#07-577

Postcode

670449

Was driver an employee of the Insured's Company

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

SIDE SWIPE

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)

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

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

SJM171C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

KANG JEN KWANG

NRIC/Passport Number

SXXXX5841

Contact Number

96880482

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.
- 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 disciosure 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:

2/08/2020

- (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:

NRIC/FIN No.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

1 Cashens	A) 48K-4933A
ROAD -	B) SM MC
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(IDDA)	
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Just go straight and we had a minor s	for scratch and bumb the
green light is in flavor of our way.	
	590
ECLARATION	/

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

02/04/2020

Policyholder's Signature

Date & Time: 14 40 has

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

Date & Time:

Reporting Centre Personnel's Sie

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 31 , 08 ,2"020 (DD/MM/Y	YYYI TIME! O
LOCATION: Junction of leppor Butil Tench	X Calley Ran
1. DETAILS OF VEHICLE	Talle (Carlo)
GIVEHICLE NUMBER SAL HAZZA	
DINSURANCE COMBER: FBK 4923 A	
DINSURANCE COMPANY: MSIE / MSD	
CIPOLICY NUMBER: MSDIVMS/19-50	03512-WTT
D)POLICY TYPE: (COMPREHENSIVE / THIRD F	
FITYPE: (SALOON / COUPE / MPV / VAN / LO	PRV / MOYOR ON
DIPURPOSE OF USING AT A CORP.	RRY / MOTORCYCLE, / OTHERS)
h)PURPOSE OF USING AT ACCIDENT TIME:	CIAL / MOTORCYCLE)
I) ARE YOU CLAIMING UNDER YOUR OWN IN	ATTE WORK
IF NO. PLEASE STATE (THIRD PARTY CLAIM /	SURANCE (YES/NO)
2. INSURED / POLICY HOLDER	REPORTING ONLY)
AJNAME: LIM TIAN CHIM	
DINRIC/FIN/PASSPORT: 5/379343 E	(MALE / FEMALE)
CIADDRESS: BLK 448 Butter Control	CONTACT:_ 82604314
C) ADDRESS: BLK 449 BUKIT PANJA #07-577 \$670449	WG RING ROAD
Who of prissongs, DRIVER DRIVER ALSO POLICY H	IOLDER
(Including driver) CINAME: AS ABOVE.	Modell - Control of the Control of t
() b) NRIC/FIN/PASSPORT:	(MALE / FEMALE)
C)ADDRESS:	CONTACT:
W	
"d) DATE OF BIRTH: 14 103 11959 100	/MM/YYY)
E/OCCUPATION: (INDOOR / OUTDOOR)	33 73
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THE CONDITION NCLEAR PRAINING	OTHERS
DIRUAD SURFACE/IDRY TWEE / OTLIEBE	1
6. WAS ANYBODY INJURED (YES CHOD)	
7. a) REPORTED TO POLICE (YES NO)	T. 15
IF YES, PLEASE STATE WHICH POLICE STATIONS	
o. THIRD PARTY VEHICLE	
The of passinger a) VEHICLE NUMBER: SIM 171C	_MODEL: M
Including driver) b) DRIVER'S NAME: KONG JEN EWONG	
CI NKIC/HN/PASSPORT: 573 2 CE & 4/	CONTACT: 96880482
THE PARTY OF THE P	
No of passanger of VEHICLE NUMBER:	_MODEL:
Including driver) B NOIC/EN/GASSPOOT	1
(NRIC/FIN/PASSPORT;	_CONTACT::
	(F)
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email = hhhhcphhhheyahoo.com.



MSIG Insurance (Singapore) Pte, Ltd. (Co. Reg. No. 2004122120) 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: 20/09/2019

AGENCY: A0633-001-W0867

WTT Insurance Agencies Pte Ltd

POLICY NO: MSD/VMS/19-503582-WTT

INSURED:

NAME: ADDRESS: LIM TIAN CHIN

BLK 449 BUKIT PANJANG RING ROAD

#07-577

S670449

NRIC NO: S1379342E

DATE OF BIRTH: 14 03/1959 (60 vrs) DRIVING EXP:

04 02 1980 (39 yrs)

CONTACT NO:

84511771

BUSINESS OR PROFESSION:

SECURITY OFFICER

PERIOD OF INSURANCE FROM:

10/09/2019

TO

09/09/2020

00:01AM

REGISTRATION NUMBER: FBK4933A

CUBIC CAPACITY: 399

MAKE OF VEHICLE:

KYMCO

YEAR OF REGISTRATION: 2015

INSURED ESTIMATE OF VALUE: PMV

PREVAILING MARKET VALUE

SEATING CAPACITY: 2

AUTHORISED DRIVERS:

THE INSURED ONLY.

ENDORSEMENTS APPLICABLE: 2K-15-2C-3Q PA INSURED MEMO MCFM

PREMIUM:

276.00

EXCESS: \$500(FIRE&THEFT | \$1000(ENDT 2K)

GST @ 7%

19.32

TOTAL:

295.32

NO CLAIM BONUS OF 0% IS ALLOWED

NAME OF EMPLOYER AND/OR

HIRE PURCHASE OWNER: KIM HENG SENG MOTOR

MSIG Insurance (Singapore) Pte. Ltd.

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