

NATIONAL Assessment Centre Services. MAY 2009/1597

Date In: 19/10/2008 18:18	Job description	Date & Time Completed	Done by
Ref No: XBA/MS2001/330/4	SAS e-illing		
Veh No: G56 2748	E-mail (by date, AIO date)		
D.O.A: 18/10/2008 12:00	I-Motor Claims Form		
OID: TP: Reporting Only	I-Motor W/O (Withlet OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Victim		

Preferred Wreck / INC Assign Wreck / OW: (	Tel:	Fax:
TP Policy No: (	Veh No: FBL 8159K	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 > \$9000) ()		

Injury:	
Damage:	

Driver/Owner:	1) All Accident Reporting (\$30)	
Contact No:	2) DA Damage Assessment (\$100)	INC (\$10)
Damage Portion:	3) Towing Fee	\$120
QC Checked by (Engr-In-Charge):	4) PT Yellow Through Survey	\$30
	5) PT Yellow Through Survey (Resurvey)	\$30
	6) TR: Re-inspection	\$75
	7) NI: IDA DA + EMRT Survey	\$160
	8) NTUC Additional Services	
	9) NI: IDA Mobile	\$30
	10) NI: IDA Mobile	\$30
	11) NI: IDA Mobile	\$30
	12) NI: IDA Mobile	\$30
	13) NI: IDA Mobile	\$30
	14) NI: IDA Mobile	\$30
	15) NI: IDA Mobile	\$30
	16) NI: IDA Mobile	\$30
	17) NI: IDA Mobile	\$30
	18) NI: IDA Mobile	\$30
	19) NI: IDA Mobile	\$30
	20) NI: IDA Mobile	\$30
	21) NI: IDA Mobile	\$30
	22) NI: IDA Mobile	\$30
	23) NI: IDA Mobile	\$30
	24) NI: IDA Mobile	\$30
	25) NI: IDA Mobile	\$30
	26) NI: IDA Mobile	\$30
	27) NI: IDA Mobile	\$30
	28) NI: IDA Mobile	\$30
	29) NI: IDA Mobile	\$30
	30) NI: IDA Mobile	\$30
	31) NI: IDA Mobile	\$30
	32) NI: IDA Mobile	\$30
	33) NI: IDA Mobile	\$30
	34) NI: IDA Mobile	\$30
	35) NI: IDA Mobile	\$30
	36) NI: IDA Mobile	\$30
	37) NI: IDA Mobile	\$30
	38) NI: IDA Mobile	\$30
	39) NI: IDA Mobile	\$30
	40) NI: IDA Mobile	\$30
	41) NI: IDA Mobile	\$30
	42) NI: IDA Mobile	\$30
	43) NI: IDA Mobile	\$30
	44) NI: IDA Mobile	\$30
	45) NI: IDA Mobile	\$30
	46) NI: IDA Mobile	\$30
	47) NI: IDA Mobile	\$30
	48) NI: IDA Mobile	\$30
	49) NI: IDA Mobile	\$30
	50) NI: IDA Mobile	\$30
	51) NI: IDA Mobile	\$30
	52) NI: IDA Mobile	\$30
	53) NI: IDA Mobile	\$30
	54) NI: IDA Mobile	\$30
	55) NI: IDA Mobile	\$30
	56) NI: IDA Mobile	\$30
	57) NI: IDA Mobile	\$30
	58) NI: IDA Mobile	\$30
	59) NI: IDA Mobile	\$30
	60) NI: IDA Mobile	\$30
	61) NI: IDA Mobile	\$30
	62) NI: IDA Mobile	\$30
	63) NI: IDA Mobile	\$30
	64) NI: IDA Mobile	\$30
	65) NI: IDA Mobile	\$30
	66) NI: IDA Mobile	\$30
	67) NI: IDA Mobile	\$30
	68) NI: IDA Mobile	\$30
	69) NI: IDA Mobile	\$30
	70) NI: IDA Mobile	\$30
	71) NI: IDA Mobile	\$30
	72) NI: IDA Mobile	\$30
	73) NI: IDA Mobile	\$30
	74) NI: IDA Mobile	\$30
	75) NI: IDA Mobile	\$30
	76) NI: IDA Mobile	\$30
	77) NI: IDA Mobile	\$30
	78) NI: IDA Mobile	\$30
	79) NI: IDA Mobile	\$30
	80) NI: IDA Mobile	\$30
	81) NI: IDA Mobile	\$30
	82) NI: IDA Mobile	\$30
	83) NI: IDA Mobile	\$30
	84) NI: IDA Mobile	\$30
	85) NI: IDA Mobile	\$30
	86) NI: IDA Mobile	\$30
	87) NI: IDA Mobile	\$30
	88) NI: IDA Mobile	\$30
	89) NI: IDA Mobile	\$30
	90) NI: IDA Mobile	\$30
	91) NI: IDA Mobile	\$30
	92) NI: IDA Mobile	\$30
	93) NI: IDA Mobile	\$30
	94) NI: IDA Mobile	\$30
	95) NI: IDA Mobile	\$30
	96) NI: IDA Mobile	\$30
	97) NI: IDA Mobile	\$30
	98) NI: IDA Mobile	\$30
	99) NI: IDA Mobile	\$30
	100) NI: IDA Mobile	\$30

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	19/10/2020 18:18
Date Of Accident	18/10/2020 12:00
Exact Location Of Accident	BLK 139 TAMPINES STREET 11 DROP OFF POINT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG2748C
Insured/Policyholder	
Name Of Registered Owner	GREEN CARE SERVICES PTE. LTD.
Co Reg No	2XXXXX784C
Email Address	STACY@GREENCARE.SG
Mobile Phone No	(LOCAL) +65-88268510
Alternative Phone No	OFFICE-88268510

Vehicle Particulars

Manufacturer	NISSAN
Model	NV200
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 300327117 MKC
Cover Note Number	

Driver

Name of Driver	LIM LOY HOCK
NRIC No	SXXXX532I
Date Of Birth	16/08/1961
Occupation	OUTDOOR
Date Of Driving Pass	22/08/1979
Driving Experience	41 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-88268510
Fax Number	
Contact Number	OTHERS-88268510

Address	BLK 872B TAMPINES STREET 86 #11-75
Postcode	522872
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	COLLISION - OPENING DOOR OF VEHICLE
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)	4
Passenger 1	NAME: : WIFE GENDER: : FEMALE
Passenger 2	NAME: : MOTHER IN LAW GENDER: : FEMALE
Passenger 3	NAME: : SON GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 6 TAMPINES AVE 4 , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5871999 - FAX NO: 65871699
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20201018/2039

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	FBL8759E
-----------------------------	----------

Details Of Properties

Vehicle Category

MOTORCYCLE

Name of Driver

NRIC/Passport Number

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: 19/10/2020 5:45pm

 19/10/2020
Driver's Signature
(If driver is not the policyholder)
Date & Time: 17:50pm

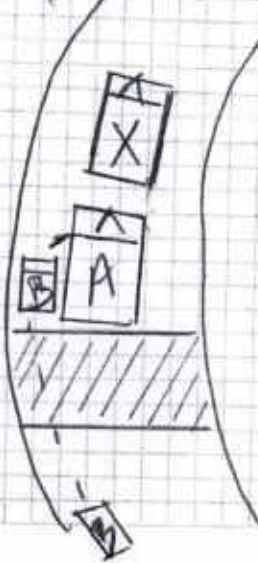
 19/10/2020
Reporting Centre Personnel's Signature
Name: 
NRIC/FIN No.: 

SKETCH PLAN

BK 139 TAMPAKES STREET 11 DROP OFF POINT

A) GBG 2142C

B) KBL 8759E



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


REFER TO POLICE REPORT. T/20201068/2039

DECLARATION

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

X  

Policyholder's Signature

 19/10/2020

Driver's Signature

 19/10/2020

Reporting Centre Personnel's Signature

ACCIDENT STATEMENT

ACCIDENT DATE: 18/10/2020 (DD/MM/YYYY), TIME: 12:00 (HH:MM)

LOCATION: 139, Tampine Street 11

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: G8G 2748 C
 b) INSURANCE COMPANY: M816
 c) POLICY NUMBER: A300327117 MKC
 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: _____
 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: Greencare Services (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 200201748 C CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Lim Loy Hock (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 34489532 H CONTACT: 88208510
 c) ADDRESS: 872B Tampine Street 86
#11-75

* d) DATE OF BIRTH: 16/08/1961 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 23/10/1979

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: _____

B. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: FBL 8759 E MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

Email =

VIDEO

mother in car
with
boy

No of passengers
(including driver)
(4)

No of passenger
(including driver)
()

No of passenger
(including driver)
()



SINGAPORE POLICE FORCE



T/20201018/2039

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

1 of 3

Report No. T/20201018/2039

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
18/10/2020 14:10

Vide Report No.:
G/20201018/0154

Station Diary No.:
56

Informant's Particulars

Name of Informant:
LIM LOY HOCK

Address:
APT BLK 872B TAMPINES STREET 86 #11-75 SINGAPORE
522872

ID Type / ID No.:
NRIC NO / S1489532I

Contact No.:
Home/Office: Mobile: 88268510

Nationality:
SINGAPORE CITIZEN

Email:
limdaniellh@gmail.com

Sex: Age: Date of Birth:
Male 59 16/08/1961

Type of Informant:
Driver

Race:
Chinese

Language: Institution / School Name:
English

Occupation:
CLEANER SUPERVISOR

Driving Licence Information:
Class: 3 Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 18/10/2020 12:00	Type of Location: Drop off point
-------------------	------------------------------	-----------------	---	----------------------------------

Location:

TAMPINES STREET 11

Weather:
Clear

Road Surface:
Dry

Road Speed Limit:

Traffic Flow:
One Way

Traffic Control:
Not Controlled

Traffic Volume:

Type of Collision:
Opened car door and hit motorcyclist

Anyone conveyed by ambulance:
Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL8759E	Motorcycle					0
GBG2748C	Van	NISSAN		Black	Slightly Damaged	2

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20201018/2039

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

2 of 3

Report No. T/20201018/2039

CONTINUATION OF REPORT

Driver			
Name	LIM LOY HOCK	ID No.	S1489532I
Related Vehicle	NIL	Contact No.	88268510
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 18/10/2020 at about 1200hrs, I was driving GBG2748C and I was at the drop off point near to block 139 Tampines Street 11. There was a taxi in front of me that was alighting passengers. My mother who was sitting at the rear left passenger seat then wanted to alight from the van.

She then opened the door, but there was a motorcyclist, FBL8759E, that was coming from the left of my van. As such, he hit the van door and he fell. The motorcycle fell onto his left leg and he was in pain. I immediately called the police and ambulance for him.

Traffic Police came to take his particulars, and also gave me a case card, reference G/20201018/0154 (officer in charge IO Intan, tel: 65476415). The motorcyclist was also conveyed to the hospital by the ambulance.



**SINGAPORE
POLICE FORCE**



T/20201018/2039

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

3 of 3

Report No. T/20201018/2039

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

G /

SI NURUL HUDA BINTE HASHIM

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SI YEO CHUN JIAN

Contact No.: 65476213

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

18/10/2020 14:10

Classification Of Case:

**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
A Member of **MS&AD** INSURANCE GROUP

CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA), ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)
(REPUBLIC OF SINGAPORE)
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

COMMERCIAL VEHICLE
Comprehensive

Certificate No. A 300327117 MKC

Excess : SGD500

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle
GBG2748C2. Name of Policyholder
Green Care Services Pte. Ltd.3. Effective Date of the Commencement of Insurance for the purposes of the Act
05/07/20204. Date of Expiry of Insurance
04/07/2021

5. Persons or Classes of Persons entitled to drive*

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 in connection with the Policyholder's business. Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business. Use for social domestic and pleasure purposes. The Policy does not cover

(1) Use for hire or reward or for racing pace-making reliability trial or speed-testing

(2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risk and Compensation) Act (Chapter 189) and Chapter 45 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

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.

MSIG Insurance (Singapore) Pte. Ltd.
Approved Insurers

Craig Ellis
Chief Executive Officer