

# NATIONAL Assessment Centre Services. XINAY20091387

Date In: 19/10/2020 15:05	Job description	Date & Time Completed	Done by
Ref No: NBS/AIG20011331/Y	SAS e-illing		
Veh No: SGB 3446U	E-mail (by date time, AIG time)		
D.O.A: 16/10/2020 18:28	1-Motor Claims Form		
(D) (TP) Reporting Only	1-Motor W/O (Withlet OD sheet, TP sheet)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Victim		

Preferred Wreck / INC Assign Wreck / QW: (	Tel:	Fax:
TP Endorsement:	Veh No: FBF 4471B	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: \_\_\_\_\_

Driver/Owner:	1) All Accident Reporting (\$30)	
Contact No:	2) DA1 Damage Assessment (\$100)	INC (\$10)
Damage Portion:	3) TP1 Towing Fee	\$120
QC Checked by (Engr-In-Charge):	4) PT1 Follow-Through Survey	\$30
	5) PT1 Follow-Through Survey (Resurvey)	\$30
	6) PT1 Follow-Through Survey (Resurvey) (For claiming against INC Only (Yes/No Jan 2010))	\$10
	7) TR1 Re-inspection	\$100
	8) NI11000 DA + EMRT Survey	
	9) NIUC Additional Services	
	ON:	
	* NI1 Courtesy Car / Tpl Allowance	\$30
	* NI1 Repairs Coordination	\$20
	* NI1 Post Repair Inspection	\$30
	* NI1 DV / Collect Uncovers Coordination	\$20
	TP (NI1) TP ONWING INC, by email DRG	\$0
	2) NI1111000 Mobile	
	Invoice dated	
	Invoice dated	

Fee Charged

Fee Charged

2/2



## 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 15:05
Date Of Accident	16/10/2020 18:25
Exact Location Of Accident	JALAN BUKIT MERAH OUTSIDE NEA BUILDING
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGS3446U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM GEOK LIN
NRIC No	SXXXX677I
Email Address	LIMMORGAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96809886
Alternative Phone No	OTHERS-96614671

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER
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	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	2100009202-13
Cover Note Number	

### Driver

Name of Driver	LIM HUNG YEOW
NRIC No	SXXXX219F
Date Of Birth	07/08/1954
Occupation	OUTDOOR
Date Of Driving Pass	25/07/1985
Driving Experience	35 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	+65-96809886
Fax Number	
Contact Number	OTHERS-96614671

Address	BLK 621 YISHUN RING ROAD #09-3162
Postcode	760621
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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)	2
Passenger 1	NAME: : WIFE GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20201016/2102

#### 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	FBF4477B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	MOHAMAD SAFARI BIN ZAINUDIN
NRIC/Passport Number	GXXXX579X
Contact Number	94655793
Address	
Postcode	
Insurance Company Name	

\* 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.

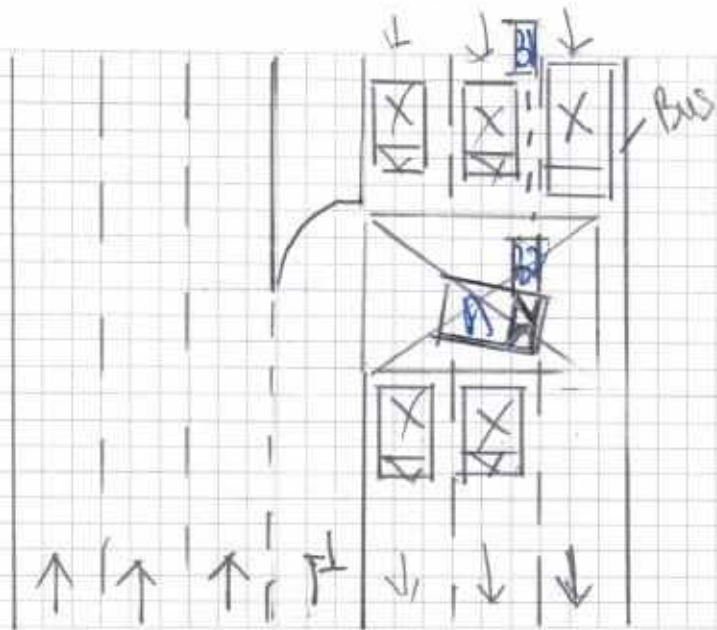
Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN

(B) FBF 4477B  
(A) SGR 3446U



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

JALAN BUKIT MARAH

REFER TO POLICE REPORT. T/20201016/2102

## 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: 16/10/2020 (DD/MM/YYYY), TIME: 18:25 (HH:MM)

LOCATION: Jalan Buloh Meriah, outside NEA Hdg.

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGS 3446 U  
 b) INSURANCE COMPANY: AIG  
 c) POLICY NUMBER: 2100009202-13  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Mitsubishi Lancer  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: for 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 Geok Lin (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S1556677 I CONTACT: 9080 9886  
 c) ADDRESS: 621 Yishun Ring Road  
#09-3162, 5760621

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

## DRIVER

- a) NAME: Lim Hung Yee W (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S0232219 F CONTACT: 9661 4671  
 c) ADDRESS: 621 Yishun Ring Road  
#09-3162, 5760621

\* d) DATE OF BIRTH: 07/08/1985 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 25/07/1985

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Spouse

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: Yishun South NP

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: FBF 4477B MODEL: Motorcycle  
 b) DRIVER'S NAME: Mohamad Safam bin Zamrudin  
 c) NRIC/FIN/PASSPORT: Q2984579 X CONTACT: 9465 5793

## 9. THIRD PARTY VEHICLE

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

Email = limmorgana@gmail.com

VIDEO



**SINGAPORE  
POLICE FORCE**



T/20201016/2102

1 of 3

Report No. T/20201016/2102

Police Station Of Origin:  
Yishun South N.P.C  
32 Yishun Street 81 SINGAPORE 768456  
Tel No: 1800-8522999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 16/10/2020 21:33		Vide Report No.:		Station Diary No.: 93	
<b>Informant's Particulars</b>					
Name of Informant: LIM HUNG YEOW			Address: APT BLK 621 YISHUN RING ROAD #09-3162 SINGAPORE 760621		
ID Type / ID No.: NRIC NO / S0232219F			Contact No.: Home/Office: Mobile: 96614671		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 66	Date of Birth: 07/08/1954	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: DELIVERY DRIVER			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 16/10/2020 18:25	Type of Location: Straight Road
Location:  JALAN BUKIT MERAH				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: HEAD TO SIDE				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBF4477B	Motorcycle				No Damage	0
SGS3446U	Car				Slightly Damaged	1





**SINGAPORE  
POLICE FORCE**



T/20201016/2102

Police Station Of Origin:

Yishun South N.P.C

32 Yishun Street 81 SINGAPORE 768456

Tel No: 1800-8522999

2 of 3

Report No. T/20201016/2102

**CONTINUATION OF REPORT**

**Brief Details.**

On the 16 October 2020 at 1825hrs, I was driving my vehicle bearing plate number SGS 3446U along Jln Bukit Merah (infront of the NEA building). I wanted to make a U-turn as I wanted to enter Bukit Merah Lane 4. As the vehicle from the opposite direction were at stand still (yellow box, not sure if the traffic light was red or green), I slowly make a u turn. Suddenly a motorcycle from Sarpinos Pizza bearing plate number FBF 4477B from the opposite direction hit onto the front left side bumper of my car which caused it to dislodge. We then parked at the side and both of us were not injured. I would like to said that he managed to balance himself after hitting the front left side of my car.

Both of us then exchanged particular. We also take photos of the damages. There were also no damages on the motorcycle. We then proceed to my workshop located at Blk 1005 Jln Bukit Merah. The mechanic informed that they will fixed the bumper for me. The rider then told the mechanic that he will leave the motorcycle outside the workshop so that his company will activate tow truck to tow his motorcycle away.

I am lodging the Police report as the rider informed that the motorcycle that he rode was a rental one and his company need a Police report. I would like to state that I did not have any in car camera in my car.



**SINGAPORE  
POLICE FORCE**



T/20201016/2102

Police Station Of Origin:  
Yishun South N.P.C  
32 Yishun Street 81 SINGAPORE 768456  
Tel No: 1800-8522999

3 of 3

Report No. T/20201016/2102

**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:  
L /  
Staff Sgt NASRI BIN JUMARI

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIA /  
Staff Sgt WONG SIEU LUI  
Contact No.: 65476151

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
16/10/2020 21:33

Classification Of Case:



## PRIVATE AUTO THIRD PARTY FIRE AND THEFT PRIVATE VEHICLE

**Name of Policyholder** : Lim Geok Lin  
**Period of Insurance** : 13 Mar 2020 To 12 Mar 2021  
**Engine No.** : 4G18HT5081  
**Chassis No.** : JMYSTCS3A7U007245

**Vehicle No.** : SGS3446U  
**Policy No.** : 2100009202-13  
**Endorsement No.** :  
**Issued Date** : 11 Feb 2020

### ABOUT THE COVER

**Make/Model** : MITSUBISHI LANCER 1.6 GLX S  
**Engine Capacity/Tonnage** : 1,584.00 CC  
**Driver Restriction** : NA  
**Person or Classes of Persons Entitled to Drive\*** :  
**Sum Insured** : Market Value  
**Off Peak Car** : No  
**First Year of Registration** : 2007  
**Insuring with COE/PARF** : Yes

a) The Policyholder  
b) Any other person who is driving on the Policyholder's order or with his/her permission.  
This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

**Age Condition** : All Age Condition  
**Limitation as to use\*** :

Use only for social, domestic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

### EXCESS

**Section 1**  
**Fire - \$0 Theft - \$0**  
**Section 2**  
**Property Damage - \$0**  
**Windscreen** : NA

**Named Driver and Excess** (where applicable)  
 Lim Geok Lin

### APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs)  
 Any accident repairs to the Vehicle can be carried out at the repairer of Your choice (unless specifically excluded by Us).  
 For Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website [www.aig.sg](http://www.aig.sg) or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

### IMPORTANT NOTES

**Hire Purchase Company/Employer's Loan**: NA

We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0000064000  
 DIRECT CLIENTS 01.4.95

AIG BUILDING 78 SHENTON WAY #07-16  
 SINGAPORE 079120

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

**AIG Asia Pacific Insurance Pte. Ltd.**  
 This computer generated document does not require a signature.

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

## ADDENDUM

### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MHA920091387 Vehicle Registration No: SGS 34464  
 Name (as shown in NRIC) : LIM HUNEY KUN NRIC/FIN/Passport No : \_\_\_\_\_  
 (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
 Address : \_\_\_\_\_ Singapore ( )  
 Contact (Tel) : \_\_\_\_\_ Mobile No. : 96614671  
 Email Address : \_\_\_\_\_  
 Date of Accident : 16/10/2020 Time of Accident : 18:25  
 Place of Accident : JLW BUKIT MARAH OUTSIDE KMA BUILDINGS  
 Insurance Company : AIG

### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Vehicle (A) SGS 34464 & Vehicle (B) FRB 4477B ON  
SKARAD PLAN

Policyholder / Driver's Signature  
Date:

29/10/2020

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

20/10/2020  
Redi Ho Boon