

NATIONAL Assessment Centre Services [wef 1 Jan'05] MNA120103618

Date In: 23/11/20-15:12	Job description	Date & Time Completed	Done by
Ref No: NA1206356	SAS e-filing		
Veh No: 5687B	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 21/11/20-15:30	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/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: 4B01843B 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 ()

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 hotline: 6788 6616)	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

Claimant's Particulars :-	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
			for Bill	Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);			
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TF : Towing Fee	\$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey	\$120		
Auditors' Comments:-	5) FT : Follow-Through Survey (Resurvey)	\$30		
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR : Re-inspection	\$75		
	7) N1 : Idao DA + SMRT Survey	\$160		
	8) NTUC Additional Services:-			
	OJ)*			
	*N5: 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: Idao 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	23/11/2020 10:17
Date Of Accident	20/11/2020 15:30
Exact Location Of Accident	PIE TWDS TUAS ENTERING BKE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGB2B
Insured/Policyholder	
Name Of Registered Owner	TANG CHEUK CHEE
NRIC No	SXXXX193E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82287888
Alternative Phone No	OFFICE-82287888

Vehicle Particulars

Manufacturer	BENTLEY
Model	CONTI FS
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	B300319166MPP
Cover Note Number	

Driver

Name of Driver	LIM KIM LEONG (LIN JINLONG)
NRIC No	SXXXX420C
Date Of Birth	09/08/1972
Occupation	OUTDOOR
Date Of Driving Pass	18/07/1996
Driving Experience	24 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81007675
Fax Number	
Contact Number	OFFICE-81007675
Email Address	NOEMAIL

Address	BLK 168 PETIR ROAD #12-132
Postcode	670168
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 - CHANGE/CROSS LANE
Weather Conditions	DRIZZLING
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?	YES
If Yes, Please state which Police Station	
Police Station Name	RIVER VALLEY NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 4 DELTA AVENUE , POSTCODE: 161004 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2789999 - FAX NO: 62786427
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20201120/2122 & T/20201121/2033.

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	GBJ1843B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MOHD FAIROZ BIN SALIM
NRIC/Passport Number	SXXXX716E
Contact Number	97816667
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name	LIM KIM LEONG (LIN JINLONG)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SGB2B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

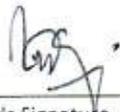
IMPORTANT NOTICE

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:

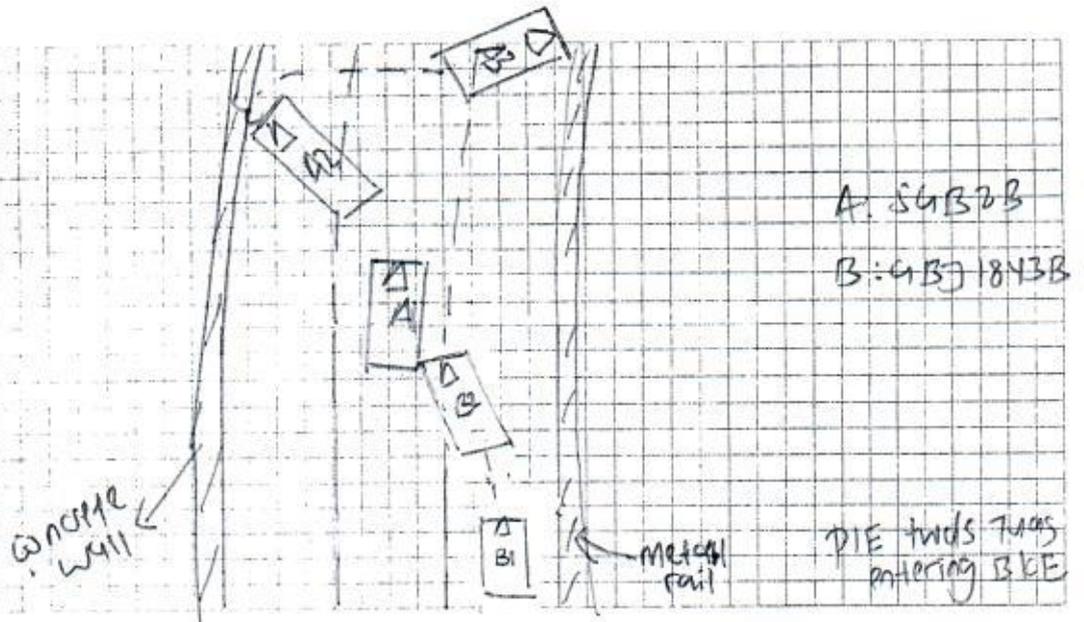


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/2021/2012 & 7/2021/21/2033

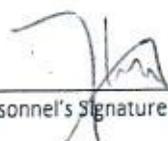
DECLARATION

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: (20 / 11 / 20) (DD/MM/YYYY), TIME: (15 : 30) (HH:MM)

LOCATION: PIE tuds Tuds enter BICE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SAB2B
b) INSURANCE COMPANY: MJIG
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
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: Teng cheuk chee (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7285193E CONTACT: 82287888
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 81007675
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: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) Drizzling

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: River valley HPP

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: G3J1843B MODEL: _____
b) DRIVER'S NAME: Mohd Fairuz Bin Sulim
c) NRIC/FIN/PASSPORT: S8018716E CONTACT: 9781667

9. THIRD PARTY VEHICLE

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

* No of passengers
(including driver)
(1)

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
()

Email = calvin2277@gmail.com

fax =

video = X



Police Station Of Origin:
River Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999

CONTINUATION OF REPORT

Driver			
Name	Mohd Fairoz Bin Salim	ID No.	S8018716E
Related Vehicle	GBJ1843B (Van)	Contact No.	97816667
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	LIM KIM LEONG	ID No.	S7229420C
Related Vehicle	SGB2B (Car)	Contact No.	81007675
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	20/11/2020	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 20/11/2020 at about 1500hrs, I was driving my bosses car (SGB2B) along PIE Tuas towards BKE Woodlands. After I enter BKE Woodlands through the slip road, I heard a loud bang from the rear. I then turned my head to the right to see what happened and saw a van (GBJ1843B) coming towards me and hit my car. I then tried to swift away from the van but I could not. After the car was hit by the van on the right, my car was out of control and my car drifted to the left side and hit onto the concrete. I tried to counter react but the car went back to the right and crashed into the metal railings on the side of the road.

This caused my car to sustain dents and scratches on both left and right side. The van had front its bumper dislodged.

I then got out of my car and went to make a check on the van driver. Both of us had no visible injuries. I observe that the van had a camera in it. It might have recorded the entire incident.

Subsequently the police and ambulance came over to scene. No one was conveyed in the ambulance and I was issued with a case card by the traffic police.

I wish to state that I visited the doctor and was informed that I do not have any fracture but I still feel some pain on my left back and my left thumb joints.

I am lodging this report for record and insurance claims purposes.



**SINGAPORE
POLICE FORCE**



T/20201120/2122

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Police Station Of Origin:
River Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999

Report No. T/20201120/2122

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20201120/2122

Police Station Of Origin:
River Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999

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Report No. T/20201120/2122

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: E / Sr Staff Sgt NADARAJAH S/O PONMUDI	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 20/11/2020 21:32
Officer In Charge Of Case: TP / GIT / SI VILTON HIA WEE SIANG Contact No.: 65476232	Classification Of Case:

Authentication Stamp
NP168


SIGNATURE



T 20201121 2033

1 of 3

Report No. T/20201121/2033

Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No T/20201120/2122
Report Number T/20201121/2033
Vide Report Number T/20201120/2122
Date/Time of Report Made 21/11/2020 11:58
Place Report Lodged Traffic Police
Type of Informant Driver
Name of Informant LIM KIM LEONG
ID Type / ID No. NRIC NO / S7229420C
Home/Office
Mobile 81007675
Email
Type of Accident Non-Injury / Attended by Police
Drink Drive No
Anyone conveyed by ambulance No
Date/Time of Accident 20/11/2020 15:30
Accident Location BUKIT TIMAH EXPRESSWAY

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBJ1843B	Van				Seriously Damaged	0
SGB2B	Car				Seriously Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



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Report No. T/20201121/2033

Continuation of CSF For NP168

Driver			
Name	LIM KIM LEONG	ID No.	S7229420C
Related Vehicle	SGB2B (Car)	Contact No.	81007675
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Facts.

On 20/11/2020 at about 1530hrs, I was driving my bosses car (SGB2B) along PIE Tuas towards BKE Woodlands. After I enter BKE Woodlands through the slip road, firstly I heard a loud bang from the rear but it is not from my car. I then check the right side mirror, to see what happened and saw a van (GBJ1843B) steering to its left coming towards me and hit the right side of my car. After my car was hit by the van on the right, my car was out of control and my car drifted to the left side and hit onto the concrete. I tried to counter react but the car went back to the right and crashed into the metal railings on the side of the road.

This caused my car to sustain dents and scratches on all sides. The van had front its bumper dislodged.

I then got out of my car and went to make a check on the van driver. I realize that my left back is painful and my left thumb joints have bruises. I observe that the van had a camera in it. It might have recorded the entire incident.

Subsequently the police and ambulance came over to scene. No one was conveyed in the ambulance and I was issued with a case card by the traffic police.

I wish to state that I visited the doctor and did an x-ray, I was informed that I do not have any fracture but I still feel some pain on my left back and my left thumb joints. I also substantiated some abrasions on my left thumb.

I am lodging this report for record and insurance claims purposes.



T 20201121 2033

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Report No. T/20201121/2033

Continuation of CSF For NP168

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.

Case Sensitivity	No
Officer-In-Charge of Case	TP / GIT / VILTON HIA WEE SIANG
Classification of Case	1) NON-INJURY / ATTENDED BY POLICE



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.

PRIVATE MOTOR CAR Third Party

Certificate No. B 300319166 MPP

Excess : NIL

Windscreen Excess : NIL

1. **Index Mark and Registration Number of Vehicle**
SGB2B

2. **Name of Policyholder**
Tang Cheuk Chee

3. **Effective Date of the Commencement of Insurance for the purposes of the Act**
28/06/2020

4. **Date of Expiry of Insurance**
27/06/2021

5. **Persons or Classes of Persons entitled to drive***
Tang Cheuk Chee, Allan Yap, Tang Chi Ming, Lim Kim Leong Bradon

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

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risk and Compensation) Act (Chapter 189) and Chapter 95 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 offense 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