

NATIONAL Assessment Centre Services

Date In: 17/02/2022 15:01	Job description	Date & Time Completed	Done by
Ref No: NA / FCI 22001545 / m4	SAS e-filing		
Veh No: SBZ 16 U	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 16/02/2022 09:45	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:	Veh No: SMR 434H	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%; F: 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

NA 2200461

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Ref. 1:

Ref. 2 / 3:

Invoice Preparation Checklist

	Ant (\$)	Ant (\$)
1st Bill	Add Bill	
1) AR: Accident Reporting (\$30);		
2) DA: Damage Assessment (\$100); INC (\$80)		
3) TF: Towing Fee \$40/\$45		
4) FT: Follow-Through Survey \$120		
5) FT: Follow-Through Survey (Resurvey) \$30		
For claiming against INC Only (wef 10 Jan 2005)		
6) TR: Re-inspection \$75		
7) N1: Idac DA + SMRT Survey \$160		
8) NTUC Additional Services:-		
OD*		
*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: Idac Mobile 30		

Invoice dated

Invoice dated

Fee Charged

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 Submission	17/02/2022 15:01 (SGT)
Date of Accident	16/02/2022 09:45 (SGT)
Exact Location of Accident	Upper Changi Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBZ16U
-----------------------------	--------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM ELSIE NEE TAN AH MEE
NRIC No	SXXXX802H
Email Address	elsielim7@hotmail.com
Mobile Phone No	(Phone) +65-96440686
Alternative Phone No	+65-96440686

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E200
Variant	-
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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1991

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D-21097798MVPC
Cover Note Number	-

DRIVER

Name of Driver	LIM GUAN CHWEE ERIC
NRIC No	SXXXX549F

Date Of Birth	19/10/1946
Occupation	Indoor
Date Of Driving Pass	06/09/1973
Driving experience	48 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96420298
Alt. Phone Number	-
Email Address	vacauto@singnet.com.sg
Address	16 BEDOK RIA CRESCENT
Address complement	-
Postcode	489832
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT AND POLICE REPORT : G/20220217/7006.

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	SMR434H
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	SHAWN TAN
Contact Number	(Phone) +65-97979779
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
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 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.

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.

[Signature]

Policyholder's Signature / Date &
Time 17/02/2022

[Signature]

Driver's Signature (If driver is not the policyholder) / Date
& Time 17/02/2022

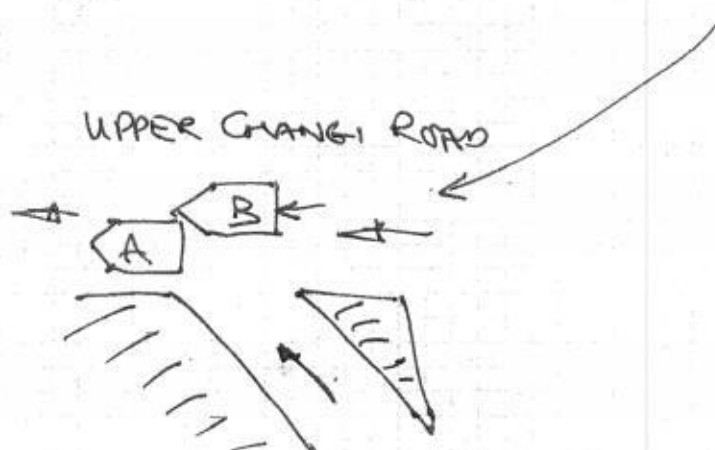
[Signature] 17/02/2022

Witnessed by Reporting Centre
Personnel

Sketch Plan

A SBZ16U

B SMR434H



Describe Circumstances of the Accident

ON 16/02/2022 AT ABOUT 0945HRS, I DROVE DOWN
UPPER CHANGI ROAD TOWARDS THE CHANGI FIRE
STATION. I MADE A LEFT TURN AT THE SLIP ROAD
ONTO BEDOK NORTH AVENUE VERY CAUTIOUSLY.
A MERCEDES E200 LICENCE PLATE (SMR434H) DRIVEN
BY SHAWN ~~ENG~~^{TAN} DROVE VERY QUICKLY AND HIT THE
RIGHT REAR BACK OF THE CAR SBZ16U OWNED
BY MY WIFE ELSIE LIM.

— AS police report attached : G/20220217/7006. —

Declaration

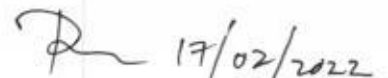
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time 17/02/2022



Driver's Signature (If driver is not the policyholder) / Date
& Time 17/02/2022



Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



G/20220217/7006

1 of 2

POLICE REPORT (NP299)

Report No. G/20220217/7006

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Date/Time Report Made 17/02/2022 09:44	Vide Report No.	Station Diary No.
Name Of Informant LIM GUAN CHWEE ERIC	Address 16 BEDOK RIA CRESCENT SINGAPORE 489832	
ID Type / ID No. NRIC NO / S1039549F	Contact No. Home/Office: Mobile: 96420298	
Nationality SINGAPORE CITIZEN	Email Address ERICLIM16@GMAIL.COM	
Occupation Retiree	Sex Male	Age 75
	Date of Birth 19/10/1946	Race Chinese
Institution/School Name	Language English	
Date/Time Of Incident 16/02/2022 00:00 - 17/02/2022 00:00	Location Of Incident 16 BEDOK RIA CRESCENT SINGAPORE 489832	

Brief details.

My name is Lim Guan Chwee Eric.

This is an incident report which I would like to file. On 16 February at around 9.45 am , I drove down Upper Changi Road towards the Changi fire Station. I made a left turn at the slip road onto Bedok North Avenue very cautiously. A Mercedes E200 license plate SMR 434 H driven by Shawn Ong drove very quickly and hit the right rear back of the car SBZ16U owned by my wife Elsie Lim.

Subjects Involved
Victim

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 17/02/2022 09:44
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



G/20220217/7006

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20220217/7006

Person Name	LIM GUAN CHWEE ERIC		
ID Type	NRIC NO	ID No	S1039549F
Gender	Male	Age	75
Race	Chinese	Language	English
Occupation	Retiree	Address	16 BEDOK RIA CRESCENT SINGAPORE 489832
Mobile No	96420298	Is Informant A Victim?	Yes
Person Name	LIM GUAN CHWEE ERIC (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 17/02/2022 09:44
Officer In-Charge Of Case:	Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: 16/02/2023 (DD/MM/YYYY), TIME: 09:45 (HH:MM)

LOCATION: UPPER CHANGI ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: S8Z 16 U
 b) INSURANCE COMPANY: MS First Capital
 c) POLICY NUMBER: D-21097798MUPC
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: Mercedes Benz (E240) Auto (1991cc)
 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 ELISIE NEE TAN AH MEE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S0066802H CONTACT: 9644 0686
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: LIM GUAN CHWEE ERIC (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1039549F CONTACT: 9642 0298
 c) ADDRESS: 16 Bedok Ria Crescent (S) 489832

* d) DATE OF BIRTH: 19/10/1946 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR
 f) YEARS OF DRIVING EXPERIENCE: 06/9/1973

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 / NOT)

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

IF YES, PLEASE STATE WHICH POLICE STATION: Police Station of Origin

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMR 434H MODEL: Mercedes
 b) DRIVER'S NAME: Shawn Tan
 c) NRIC/FIN/PASSPORT: _____ CONTACT: 9797 9779

9. THIRD PARTY VEHICLE

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

Email = Vacauto@singnet.com.sg

Fax = elsielim7@hotmail.com

Video = NO

* No of passenger
 (including driver)
(1)

* No of passenger
 (including driver)
()

* No of passenger
 (including driver)
()

CERTIFICATE OF INSURANCE

ORIGINAL

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Type of Policy : PRIVATE MOTOR CAR INSURANCE
Type of Cover : Comprehensive
Certificate No. : D-21097798MVPC
Vehicle No / Chassis No : SBZ16U / WDD2120342A960780
Name of Insured : LIM ELSIE NEE TAN AH MEE
Period Of Insurance : 12.06.2021 To 11.06.2022
Insured Estimated Value : Market Value At Time Of Loss
Financial Institution : N.A

Excess :

SGD850.00 SECTION I FOR NAMED DRIVER
SGD950.00 SECTION I FOR UNNAMED DRIVER
SGD3,500.00 SECTION I & II SEPARATELY IS IMPOSED ON THOSE DRIVERS WHO ARE
BELOW 22 YEARS OLD AND/OR WHO HAVE LESS THAN 2 YEARS OF DRIVING EXPERIENCE

Authorised Driver*

LIM ELSIE NEE TAN AH MEE AND LIM GUAN CHWEE ERIC

Persons or classes of persons entitled to drive*

1) The Insured.

The Insured may also drive a Motor Car not belonging to or hired (under a hire purchase agreement or otherwise) to him or his employer or his partner.

2) Any other person who is driving on the Insured's order or with his permission.

* Provided that the person driving is permitted in accordance with the licensing or other 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.

Limitations as to use*

Use only for social, domestic and pleasure purposes and for the Insured's business.

The Policy does not cover use for hire or reward, racing, pacemaking, 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 Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

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)

MS First Capital Insurance Limited
(Approved Insurers)

ITHMINAH/A0001/MX1F

Issued at Singapore On 09.07.2021

Authorised Signature

CERTIFICATE OF INSURANCE

ORIGINAL

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Type of Policy. : PRIVATE MOTOR CAR INSURANCE
Type of Cover. : Comprehensive
Certificate No. : D-21097798MVPC
Vehicle No / Chassis No : SBZ16U / WDD2120342A960780
Name of Insured : LIM ELSIE NEE TAN AH MEE
Period Of Insurance : 12.06.2022 To 07.08.2022
Insured Estimated Value : Market Value At Time Of Loss
Financial Institution : N.A.

Excess :

SGD850.00 SECTION I FOR NAMED DRIVER
SGD950.00 SECTION I FOR UNNAMED DRIVER
SGD3,500.00 SECTION I & II SEPARATELY IS IMPOSED ON THOSE DRIVERS WHO ARE
BELOW 22 YEARS OLD AND/OR WHO HAVE LESS THAN 2 YEARS OF DRIVING EXPERIENCE

Authorised Driver*

LIM ELSIE NEE TAN AH MEE AND LIM GUAN CHWEE ERIC

Persons or classes of persons entitled to drive*

1) The Insured.

The Insured may also drive a Motor Car not belonging to or hired (under a hire purchase agreement or otherwise) to him or his employer or his partner.

2) Any other person who is driving on the Insured's order or with his permission.

* Provided that the person driving is permitted in accordance with the licensing or other 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.

Limitations as to use*

Use only for social, domestic and pleasure purposes and for the Insured's business.

The Policy does not cover use for hire or reward, racing, pacemaking, 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 Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

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)

MS First Capital Insurance Limited
(Approved Insurers)

KARENS/A0001/MX1F

Issued at Singapore On 14.01.2022


Authorised Signature