

# NATIONAL Assessment Centre Services. [wef 1 Jan'05]

Date In: 15/11/22	Job description	Date & Time Completed	Done by
Ref No: CA/MSG22011426/13	SAS e-filing		
Veh No: ABG78125	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 25/10/22 1545	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: GBJ5882L 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: 67886616)	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	Am't (\$) In Bill	Am't (\$) 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		
	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: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:	TP (N11): TP (Non INC) against INC \$20		
at 1:	9) N12: Idao Mobile 30		
at 2 / 3:	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 Actual 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	15/11/2022 08:45 (SGT)
Reported by	Both
Date of Accident	25/10/2022 15:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	UBI AVE 3 B4 EUNOS LINK
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG7812S
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### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM CHIEW KEE
NRIC No	SXXXX769F
Email Address	xionglim@hotmail.com
Mobile Phone No	(Phone) +65-97925361
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	JUPITER 135 MANUAL
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	Motorcycle
Transmission	Manual
CC	134

### INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	A 300493092 VMP

### DRIVER

Name of Driver	LIM CHIEW KEE
NRIC No	SXXXX769F
Date Of Birth	21/05/1953
Occupation	Outdoor

Date Of Driving Pass .....	22/09/1975
Driving experience .....	47 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-97925361
Alt. Phone Number .....	-
Email Address .....	xionglim@hotmail.com
Address .....	BLK 139 LORONG AH SOO
Address complement .....	#13-195
Postcode .....	530139
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	Yes
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
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20221025/7078

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GBJ5882L
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

### INJURED PERSONS DETAILS

#### INJURED 1

Name of injured person .....	LIM CHIEW KEE
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT
Injured person in which vehicle? .....	FBG7812S
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes



## 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 Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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:

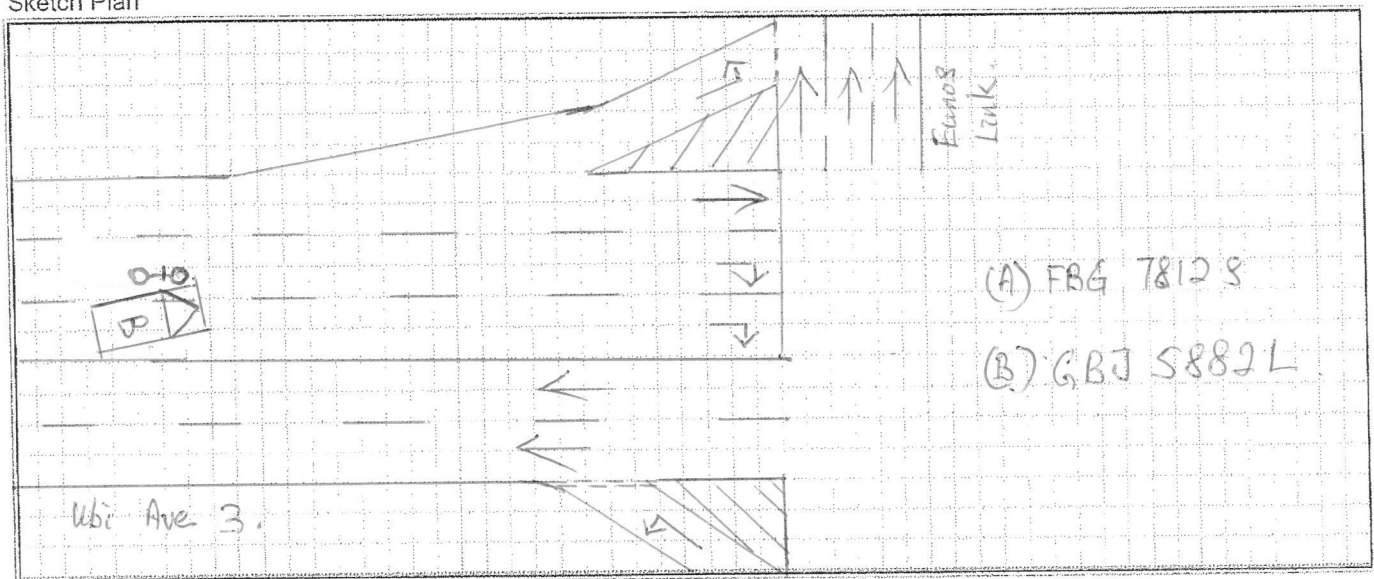
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

### Sketch Plan



Describe Circumstance of the Accident

P/s refer to Police Report No:

T/20221025/7078.

&

F/20221114/2031

Declaration

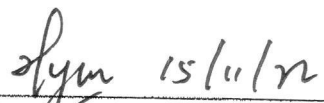
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



Driver's Signature (if driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)



# SINGAPORE POLICE FORCE



T/20221025/7078

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20221025/7078

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 25/10/2022 21:29			Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>						
Name of Informant: LIM CHIEW KEE			Address: 139 LORONG AH SOO #13-195 SINGAPORE 530139			
ID Type / ID No.: NRIC NO / S0203769F			Contact No.: Home/Office: Mobile: 97925361			
Nationality: SINGAPORE CITIZEN			Email: xionglim@hotmail.com			
Sex: Male	Age: 69	Date of Birth: 21/05/1953	Type of Informant: Rider			
Race: Chinese			Language: English		Institution / School Name:	
Occupation:			Driving Licence Information: Class: Date of Expiry:			

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 25/10/2022 15:45	Type of Location: T-Junction
Location:  UBI ROAD 4				
Weather: Cloudy		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBG7812S	Motorcycle	YAMAHA	JUPITER 135 MANUAL	Red		0
GBL5882	Lorry			Beige		2

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**



T/20221025/7078

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T/20221025/7078

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBG7812S	MSIG INSURANCE (SINGAPORE) PTE. LTD.	300493092	20/11/2021	19/11/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	LIM CHIEW KEE		ID No. S0203769F
Related Vehicle	FBG7812S (Motorcycle)		Contact No. 97925361
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	25/10/2022		Date 25/10/2022
No. of Days granted Medical Leave	14	Degree of	Slight

Brief Details.

Riding along Ubi Ave 3 towards Eunos link. Lorry (GBL5882) cut to the left from outer lane to middle lane without checking and collided into me. LTA officer and ambulance arrived on scene around 1610H



**SINGAPORE  
POLICE FORCE**



T/20221025/7078

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20221025/7078

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
MOHAMMED FEROUZ BIN HUSSEIN  
Contact No.: 65476206

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
25/10/2022 21:29

Classification Of Case:





# SINGAPORE POLICE FORCE



F/20221114/2031

1 of 1

## POLICE REPORT (NP299)

Report No. F/20221114/2031

Police Station Of Origin  
Hougang NPP  
357 Hougang Avenue 7 #01-805  
SINGAPORE 530357  
Tel No: 1800-2869999

Date/Time Report Made 14/11/2022 12:59	Vide Report No. T/20221025/7078	Station Diary No. 5
Name Of Informant LIM CHIEW KEE	Address APT BLK 139 LORONG AH SOO #13-195 SINGAPORE 530139	
ID Type / ID No. NRIC NO / S0203769F	Contact No. Home/Office Mobile 97925361	
Nationality SINGAPORE CITIZEN	Email Address	
Occupation DELIVERY DRIVER	Sex Male	Age 69
Institution/School Name	Date of Birth 21/05/1953	Race Chinese
	Language	
Date/Time Of Incident 25/10/2022 15:45	Location Of Incident UBI ROAD 4 SINGAPORE	

### Brief details.

With reference to T/20221025/7078, I am lodging this report to state that the correct vehicle registration plate number for the other party's vehicle is GBJ5882L. This report is lodged for my insurance claim purposes. That is all.

Signature Of Officer Recording The Report:  
F / SGT 1 Tay Yong Kiat

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
14/11/2022 12:59

Officer In-Charge Of Case:  
F / Hougang N.P.C /  
SI MUHAMMAD HELMI BIN MOHD KHALID  
Contact No.: 62180000

Classification Of Case:

VEHICLE NO:	FBG 7812 S		MAKE & MODEL	Jupiter 135	AUTO (MANUAL)
DATE OF ACCIDENT:	25/10/2022		CC. 135		
TIME OF ACCIDENT:	1545 HRS				
LOCATION OF ACCIDENT:	Ubi Ave 3 before Eunos Link.				
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE				
NAME OF OWNER:	Lim CHIEW KEE				
TEL NO:	H/P: 9792 5361		OFFICE:	HOME:	
NRIC:	S0203769F				
ADDRESS:	BLK 139 Lorong Ah Soo #13-195 (S) 530139				
EMAIL:	xionglim@hotmail.com				
CLAIM TYPE:	OD / THIRD PARTY / REPORTING ONLY				
FLEET POLICY:	YES / NO?				
INSURANCE COMPANY:	MSIG				
TYPE OF COVERAGE:	Comprehensive / Third Party / Third Party Fire & Theft				
POLICY NO:	A300493092 VMP				
NAME OF DRIVER:	AS ABOVE / IF NO:				
NRIC:			ANY PASSENGER:	N.A.	
DATE OF BIRTH:	21/05/1953		LICENCE PASSED DATE:	22/09/1975	
OCCUPATION:	OUTDOOR / INDOOR				
GENDER:	MALE / FEMALE				
CONTACT NO:	H/P:		OFFICE:	HOME:	
ADDRESS:					
EMAIL:					
DOES DRIVER OWNED ANY VEHICLE:	NO / IF YES, REG NO:		INSURER:		
RELATIONSHIP:	Owner				
WEATHER CONDITION:	CLEAR / RAINING / OTHERS:				
ROAD SURFACE:	DRY / WET / OTHER:				
ANY INJURIES:	NO / IF YES, WHO? Lim CHIEW KEE (H/P: 9792 5361)				
NAME & CONTACT:					
NAME & CONTACT:					
POLICE REPORT:	NO / IF YES, WHERE?		Traffic Police (On-line)		
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO?				
VEHICLE B REG NO:	GBJ 5882 L		ANY PASSENGERS: 02 (M)		
NAME OF DRIVER:			CONTACT NO:		
VEHICLE C REG NO:			ANY PASSENGERS:		
VEHICLE D REG NO:			ANY PASSENGERS:		
VEHICLE E REG NO:			ANY PASSENGERS:		
VEHICLE F REG NO:			ANY PASSENGERS:		
VEHICLE G REG NO:			ANY PASSENGERS:		
ANY WITNESS? IF YES, NAME:	N.A.		WITNESS CONTACT: N.A.		
WAS THERE ANY VIDEO CAPTURE?	YES / NO				
WAS THERE ANY AUDIO RECORDED?	YES / NO				
ACCIDENT SCENE PHOTOS TAKEN?	YES / NO				
ACCIDENT PORTION:	Right side and left side				
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO				
WORKSHOP PARTICULAR:	MOTO 51				
CONTACT NO:	68420051 / 67440510				
CONTACT PERSON:	Jackie Seah				
FAX NO:	67410510				
WORKSHOP EMAIL:	sales@n51.com.sg				





**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 **MSIG 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.

#### MOTORCYCLE Third Party Only

Certificate No.: A 300493092 VMP

Excess : NIL

Windscreen Excess : NIL

1. Index Mark and Registration Number of Vehicle  
FBG7812S

2. Name of Policyholder  
LIM CHIEW KEE

3. Effective Date of the Commencement of Insurance for the purposes of the Act  
20/11/2021

4. Date of Expiry of Insurance  
19/11/2022

5. Persons or Classes of Persons entitled to drive\*  
LIM CHIEW KEE

\*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 for social domestic and pleasure purposes and in connection with the Policyholder's business or profession. The Policy does not cover

(1) Use for hire or reward.

(2) Use for racing pace-making reliability trial or speed-testing.

(3) Use for the carriage of goods (other than samples) in connection with any trade or business.

(4) 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 turned 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).

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