

# NATIONAL Assessment Centre Services

(wef 1 Jan'05)

NA117157657

Date In: 29/11/17-15:44	Job description	Date & Time Completed	Done by
Ref No: NA/AIG7022712/24	SAS e-filing		
Veh No: SKP6002R	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 12/11/17-18:25	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: SM1776C	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

NA1767371	<b>Invoice Preparation Checklist</b>	Ant (\$) 1st Bill	Ant (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	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:-		
	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 (N-in INC) against INC \$20		
Dat. 1:	9) N12: Idac Mobile 30		
Dat. 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 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 ability.
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 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	29/11/2017 15:44
Date Of Accident	12/11/2017 18:25
Exact Location Of Accident	BLK 261 WATERLOO ST BASEMENT CARPARK NEAR EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP6002R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	IN THE ESTATE OF LAI ELRENCE @ MARY LAI LI MING
NRIC No	S0259431E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96630515
Alternative Phone No	OFFICE-96630515

### Vehicle Particulars

Manufacturer	AUDI
Model	A3 SEDAN 1.4 TFSI (AMBIENTE)
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	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100387331-03
Cover Note Number	

### Driver

Name of Driver	CHEAH ELEANOR @ HSIEH YUN-HUNG ELEANOR
NRIC No	S1634385D
Date Of Birth	20/01/1964
Occupation	INDOOR
Date Of Driving Pass	02/09/1981
Driving Experience	36 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-82646423
Fax Number	
Contact Number	OFFICE-82646423
EMail Address	NOEMAIL

Address	4 RAMSGATE ROAD
Postcode	437451
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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
Was any body injured in the Accident?	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	MARINE PARADE NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 74 MARINE DRIVE #01-35 , POSTCODE: 440074 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4409999 - FAX NO: 64474182
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20171128/2094.

#### 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	SLM1776C
Vehicle Make/Model/Colour	HONDA VEZEL
Details Of Properties	
Name of Driver	DEREK
NRIC/Passport Number	
Contact Number	92713983
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

#### Details of Witness

Name	
Phone Number	

Email Address



## 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: 28/11/17

Driver's Signature

(If driver is not the policyholder)

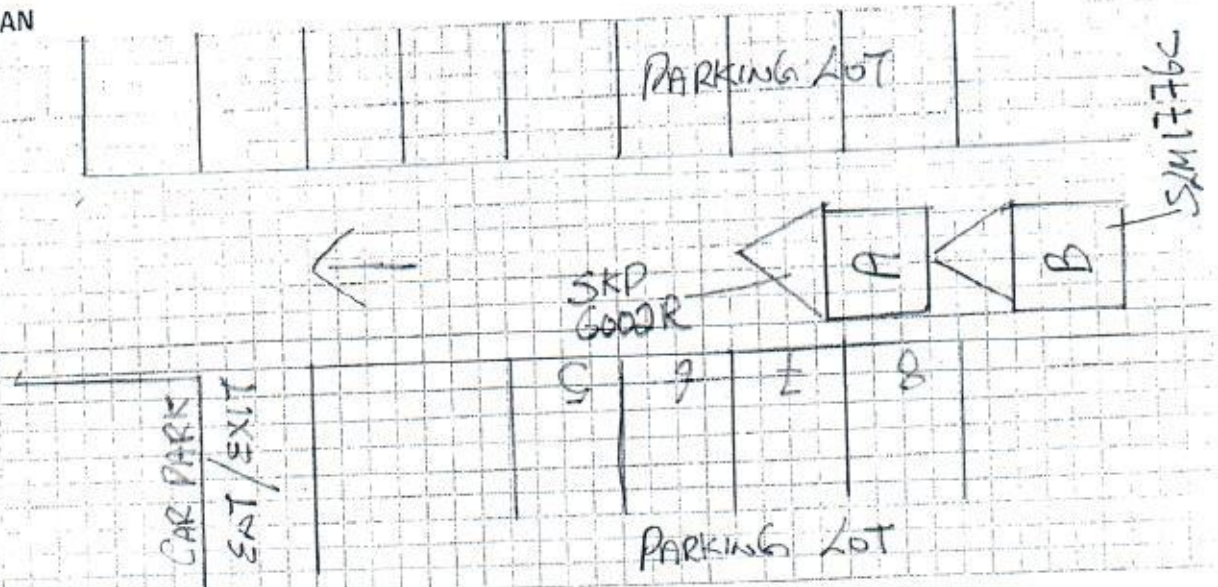
Date & Time: 28/11/17

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER POLICE REPORT ATTACHED

## DECLARATION

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

Policyholder's Signature

Date & Time: 28/11/17

Driver's Signature

(If driver is not the policyholder)

Date & Time: 28/11/17

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



Date of Accident : 12/11/17 Accident Time: 18:30 (24-HR-FORMAT)  
 Accident Place : 261 Waterloo Street Basement Carpark near the exit  
 Vehicle Reg. No (Car plate No.) : SKP 6002 R  
 Vehicle Make/Model : Audi A3  
 Insurance Company : AIG Policy No. 2100387331-03  
 Owner or Company Names /IC NO: LAI ELENCE @ MARY LAI LI MING SO259431E  
 Owner or Company Contact No. : 9663 0511 Owner's HP - Company Tel  
 DRIVER'S Name & IC no. : ELEANOR CHEAH S1634385 D  
 DRIVER'S Date of Birth : 20-1-64 DRIVER'S License Pass Date 2/7/31  
 Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others:  
 DRIVER'S Address : 4 RAMSGATE ROAD S437451  
 DRIVER'S Contact No./ Alt No. : 1) 82646423 2) \_\_\_\_\_  
 DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)  
 Email Address : cheah20@gmail.com  
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
 Reporting Type : Reporting Only \ Claim-Other Party \ Claim-Own Ins  
 Number of Passengers (including Driver): 01  
 Was the accident reported to the police? YES \ NO  
 Was there any video Captured by car camera: YES \ NO  
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

**Other Party Driver's Particulars (if any)**

Vehicle Reg No: SLM 1776 C  
 Vehicle Make/Model: Honda Vezel  
 Name DRIVER: Derek  
 IC No, DRIVER: \_\_\_\_\_  
 DRIVER'S Contact & add: 9271 3983

Vehicle Reg No: \_\_\_\_\_  
 Vehicle Make/Model: \_\_\_\_\_  
 Name DRIVER: \_\_\_\_\_  
 IC NO, DRIVER: \_\_\_\_\_  
 DRIVER'S Contact & add: \_\_\_\_\_





# SINGAPORE POLICE FORCE



T/20171128/2094

1 of 3

Report No. T/20171128/2094

Police Station Of Origin:  
Marine Parade NPP  
74 Marine Drive #01-35 SINGAPORE 440074  
Tel No: 1800-4409999

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:  
26/11/2017 16:02

Vide Report No.:

Station Diary No.:  
29

### Informant's Particulars

Name of Informant:  
CHEAH ELEANOR

Address:

4 RAMSGATE ROAD SINGAPORE 137151

ID Type / ID No.:  
NRIC NO / S1634385D

Contact No.:  
Home/Office:

Mobile: 82646423

Nationality:  
SINGAPORE CITIZEN

Email:

Sex: Age: Date of Birth:  
Female 53 20/01/1964

Type of Informant:  
Driver

Race:  
Chinese

Language:  
English

Institution / School Name:

Occupation:  
Lawyer (excluding advocate and  
solicitor)

Driving Licence Information:  
Class: 3

Date of Expiry:

### General Information of the Accident

Type of  
Accident: Non-Injury  
Others

Drink  
Drive:  
No

Date/Time of  
Accident:  
12/11/2017 18:30

Type of Location:  
Car Park

Location:  
Along Road 1  
WATERLOO STREET

WATERLOO CENTRE AT 261 WATERLOO STREET BASEMENT CARPARK NEAR THE EXIT

Weather:  
Clear

Road Surface:  
Dry

Road Speed Limit:

Traffic Flow:  
One Way

Traffic Control:  
Not Controlled

Traffic Volume:  
Moderate

Type of Collision:  
Between Moving Vehicles - Head To Rear

Anyone conveyed by  
ambulance:  
No

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
SKP6002R	Car	AUDI	A3	White	Slightly Damaged	0
SLM1776C	Car	HONDA	VEZEL	Silver	Slightly Damaged	0

### Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA





# SINGAPORE POLICE FORCE



T/20171128/2094

2 of 3

Police Station Of Origin:  
Marine Parade NPP  
74 Marine Drive #01-35 SINGAPORE 440074  
Tel No: 1800-4409999

Report No. T/20171128/2094

## CONTINUATION OF REPORT

Driver		ID No.		S1634385D	
Name	CHEAH ELEANOR	Contact No.		82646423	
Related Vehicle	SKP6002R (Car)	Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL	
Hospital/Clinic	NIL	Date Treatment		NIL	
No. of Days granted Medical Leave		Date Discharge		NIL	
NIL		Degree of Injury		NIL	
Driver					
Name		ID No.		NIL	
DEREK		Contact No.		92713983	
Related Vehicle	SLM1776C (Car)	Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Hospital/Clinic	NIL	Date Treatment		NIL	
No. of Days granted Medical Leave		Date Discharge		NIL	
NIL		Degree of Injury		NIL	

### Brief Details.

On 12/11/2017 at about 1830hrs, I was about to exit the carpark at the above mentioned address whereby when I was heading towards the exit, I saw a car in front of my vehicle that was about to reverse whereby I then started reversing my car in which I heard a bump sound whereby I realized that my car's rear had hit into the Honda Vezel that was behind my vehicle. I then came off of my vehicle whereby the respective parties took pictures and videos of the damages to the car. After assessing the damages, I drove my vehicle forward and observed that the other vehicle's front registration number plate was cracked. My car had a scratch at the rear bumper area and some paint was chipped off from my rear bumper. I then took down his name and number and then we left on our own separate ways. I then went off to England on 13/11/2017 and I called him on 13/11/2017 whereby I informed my brother will contact him. Subsequently my brother also contacted Derek whereby he informed that he will contact my brother back but never did so. I had already fixed up my vehicle whereby the cost was SGD\$400/-. I am lodging this report for insurance claim purpose and there were no injuries on that day.

I would like to add on that the other party's vehicle had a front in-car camera as informed by the driver.



**SINGAPORE  
POLICE FORCE**



T/20171128/2094

3 of 3

Report No. T/20171128/2094

Police Station Of Origin:  
Marine Parade NPP  
74 Marine Drive #01-35 SINGAPORE 440074  
Tel No: 1800-4409999

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 /

Sgt 2 SEAN TAY

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIA /  
Staff Sgt TANG SIEW PING  
Contact No.: 65476430

Authentication Stamp  
NP168

NP168

Signature Of Informant:

Date/Time:  
28/11/2017 16:02

Classification Of Case:



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1634385D



Name

CHEAH ELEANOR  
@HSIEH YUN-HUNG ELEANOR

謝韻紅

Race

CHINESE

Date of Birth

20-01-1964

Sex

F

Country of Birth

SINGAPORE



2234333



IDENT. NO. S1634385D



Blood Group  
O+

Date of issue  
01-08-1994

Address

4 RAMSGATE ROAD  
SINGAPORE 1543

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor Cars ≤ 3000kg with ≤ 7 passengers, exclusive of the driver; and other motor vehicles ≤ 2500kg 02 Sep 1981



Licence No: S1634385D

NP 428A



REPUBLIC OF SINGAPORE DRIVING LICENCE

S1634385D

CHEN ELEANOR  
CHEN YUN-HUNG ELEANOR

Date: 20 Jan 1964  
Valid: 29 Aug 2012

002100290D





# CERTIFICATE OF INSURANCE

## AUDI AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : In The Estate of LAI ELRENCE @ MARY LAI LI MING  
 Period of Insurance : 25 Sep 2017 To 24 Sep 2018  
 Engine No. : CXS070552  
 Chassis No. : WAUZZZ8V3E1027158

Vehicle No. : SKP6002R  
 Policy No. : 2100387331-03  
 Endorsement No. :  
 Issued Date : 28 Sep 2017

### ABOUT THE COVER

Make/Model : AUDI A3 SEDAN 1.4 TFSI (AMBIENTE)  
 Engine Capacity/Tonnage : 1,395.00 CC  
 Driver Restriction : NA  
 Sum Insured : Market Value  
 Off Peak Car : No  
 First Year of Registration : 2014  
 Insuring with COE/PARF : Yes

#### Person or Classes of Persons Entitled to Drive\*

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.  
 You have to pay an additional sum of \$3,000 as "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition : 40 years old and above

#### 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.

#### Loss of Use

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

### EXCESS

Section 1  
 Fire - \$0 Own Damage - \$1000 Theft - \$0 Flood Cover - \$0

Section 2  
 Property Damage - \$0

Windscreen : \$100

#### Named Driver and Excess (where applicable)

In The Estate of LAI ELRENCE @ MARY LAI LI MING - \$1000 (Own Damage)

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

1. Audi Customer Service Center Add. 55 Ubi Road 1, Singapore 408699 63962323  
 For other 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.com.sg](http://www.aig.com.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: MayBank

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, the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504125200

PREMIUM LEASING - AP  
 281 ALEXANDRA ROAD AUDI CUSTOMER SERVICE CENTRE  
 SINGAPORE 159938  
 Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

*Janile*

AIG Asia Pacific Insurance Pte. Ltd.  
 AUTHORISED REPRESENTATIVE

AIG Asia Pacific Insurance Pte. Ltd.