

NATIONAL Assessment Centre Services (wef 1 Jan'05) **NA117167167**

Date In: 20/12/17-13:28	Job description	Date & Time Completed	Done by
Ref No: NA/1617624177124	SAS e-filing		
Veh No: SLU2696B	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 19/12/17-17:15	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: SFW9318H	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

NA1707851	Invoice Preparation Checklist:	Ant (\$) Int 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:-		
QC Checked by (Engr-In-Charge):	OD*		
	*N5: Courtesy Car / Tpl 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		
Sat. 1:	9) N12: Idac Mobile 30		
Sat. 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	20/12/2017 13:28
Date Of Accident	19/12/2017 17:15
Exact Location Of Accident	PIE TWDS CHANGI BEFORE EUNOS FLYOVER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU2696B
Insured/Policyholder	
Name Of Registered Owner	QUEK WEE TZIANG ALEXANDER
NRIC No	S7712368G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90304348
Alternative Phone No	OTHERS-90304348

Vehicle Particulars

Manufacturer	BMW
Model	730LI AT ABS D/AB 2WD 4DR NAV HID SR
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1700091421
Cover Note Number	

Driver

Name of Driver	QUEK WEE TZIANG ALEXANDER
NRIC No	S7712368G
Date Of Birth	26/04/1977
Occupation	INDOOR
Date Of Driving Pass	08/04/1999
Driving Experience	18 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90304348
Fax Number	
Contact Number	OTHERS-90304348
Email Address	NOEMAIL

Address	14 WAK HASSAN PLACE
Postcode	757099
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

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	SFW9318H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHF654L
Vehicle Make/Model/Colour	

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SLK7913U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number

SHC910M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number

SLE2383M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 6

Vehicle Registration Number	SJM8419L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 7

Vehicle Registration Number	SJP8073J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 8

Vehicle Registration Number	SLK8774Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	QUEK WEE TZIANG ALEXANDER
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLU2696B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN


IMPORTANT NOTICE

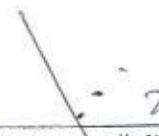
1. Please report correctly the details of the accident to speed up the claims process.
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5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established 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:

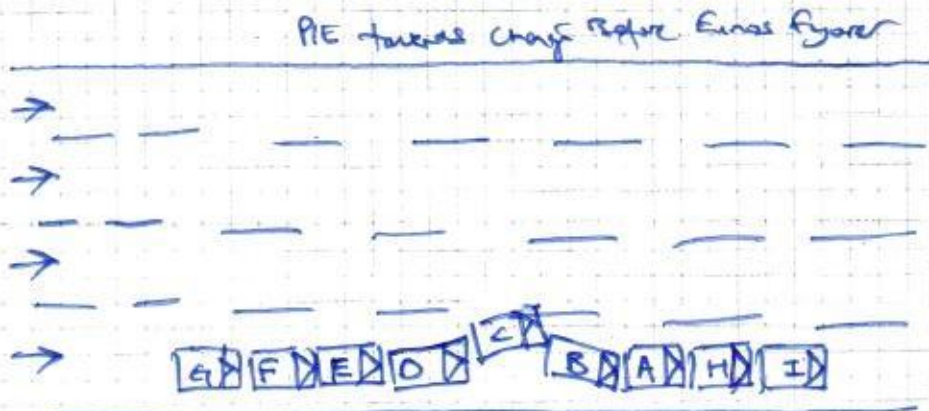
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

 20/12/2017
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along PIE towards Chang on the extreme right lane of a 4 lanes, expressway. Just before Eunos Flyover, vehicle ahead of me slowed down and stopped. As such, I applied brake and stopped accordingly. After I stopped, veh (B) came from the rear and collided into the rear portion of my vehicle. Upon the impact, my vehicle was being pushed forward and redirected onto veh (H). After the accident, I alighted and realised a total of 9- vehicles were involved in this accident.

A - SLN 2696 R

F - SLE 2383 M

B - SFN 9518 H

G - SIM 8449 L

C - SHF 654 L

H - STP 8073 J

D - SLK 7913 U

I - SLK 8774 Y

E - SHC 910 M

DECLARATION

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

Policyholder's Signature
Date & Time:

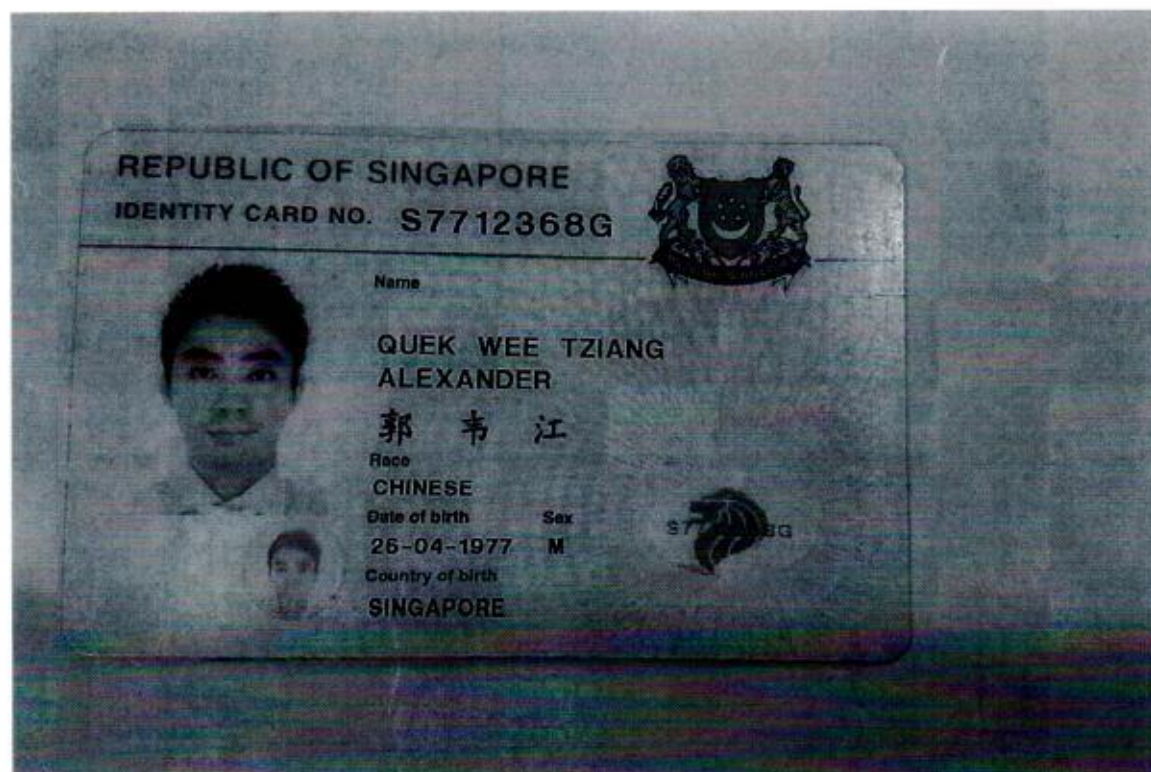
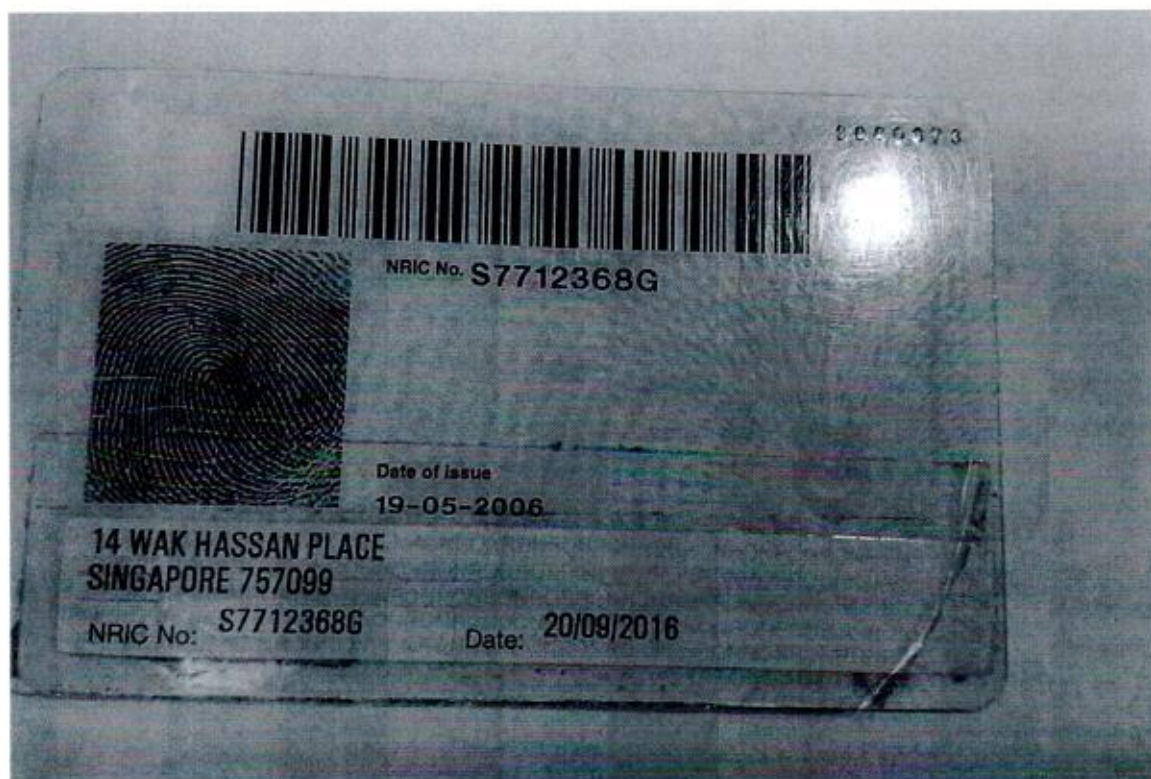
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

20/12/2017

Vehicle No.	SLU 2696 B	Model / Make	Bmw 730 LT
Date of Accident	19/12/17	Time of Accident	5.15pm HRS 5.15pm
Location of Accident	PIE towards Changs before Enns flower		
Exact purpose use during accident	Pre use		
Name of Owner	Quek Wee Tzing, Alexander		
Telephone No.	H/P: 9030 4348	Home :	Office :
NRIC	S77123684		
Address	14 Wark Hussan Place S (757099)		
Claim type	OD (THIRD PARTY) REPORTING ONLY		
Insurance Company	Aik		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	1700091421		
Name of Driver	As Above If No,		
NRIC	Any Passengers: Nil		
Date of birth			
Occupation	Outdoor	/	Indoor
Driving License Pass Date	8/4/1999		
Gender	Male / Female		
Contact No.	H/P :	Home :	Office :
Address			
Driver have any own vehicle	No If yes, Reg No.		
Relationship	Employee, If no, state Owner		
Weather condition	Clear Raining Other		
Road Surface	Dry Wet Other		
Any Injuries	No, If Yes, Who?		
Name And Contact No.			
Name And Contact No.			
Police Report	No If Yes, Where?		
Vehicle B No.	SFW 9318 H	Any Passengers :	
Name of Driver		Contact No. :	
Vehicle C No.	SIF 654L	Any Passengers :	
Vehicle D No.	SLK 79.34	Any Passengers :	
Vehicle E no.	SHC 910M	Any Passengers :	
Vehicle F No.	SLE 2383M	Any Passengers : Veh (H): SJP 9673 J	
Vehicle G No.	SJM 8419L	Any Passengers : Veh (I): SLK 8744 Y	
Witness Name	Witness Contact :		
Accident Portion	Front & Rear		
Camera Recorder	Yes / (No)		
Email Address	Alexander.Quek@gmail.com		
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?			
			Yes / (No)
PARTICULAR WORKSHOP	N51 Automotive SL		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	HERS 8484 0051		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	Sales @ n51.com.sg		

waiting for DL?



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number:

S7712368G

Name:

**QUEK WEE NANG
(GUO WEIJIANG)**

Birth Date: **26 Apr 1977**

Issue Date: **23 Apr 2003**



000417873C



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

PASS DATE

08 Apr 1999

**Class 3 Motor Cars and Motor Tractors the weight of
which unladen does not exceed 2500 kilograms**

Licence No: S7712368G



NP 428A



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : QUEK WEE TZIANG ALEXANDER
 Period of Insurance : 19 Dec 2017 To 18 Dec 2018
 Engine No. : 10877568N52B30AF
 Chassis No. : WBAKB22020CN74686

Vehicle No. : SLU28968
 Policy No. : 1700091421
 Endorsement No. :
 Issued Date : 19 Dec 2017

ABOUT THE COVER

Make/Model	BMW 730 LI	Sum Insured	Market Value	First Year of Registration	2010
Engine Capacity/Tonnage	2.996.00 CC	Off Peak Car	No	Insuring with COE/PARF	Yes
Driver Restriction	NA				

Person or Classes of Persons Entitled to Drive*

a) The Policyholder

b) Any other person who is driving on the Policyholder's behalf or with the permission of the Policyholder.

This Policy will not cover any person who is driving on the Policyholder's behalf or with the permission of the Policyholder.

You must pay an additional sum of \$1,000,000 for the first year of the policy. This sum is payable in full at the time of the first year of the policy.

Age Condition All Age Condition

Limitation as to use*

Use only for social, domestic and pleasure purposes and for the first 1000 km of the policy.

This Policy does not include any form of insurance for the first 1000 km of the policy. This sum is payable in full at the time of the first year of the policy.

Loss of Life (150,000) (150,000) (Optional)

* Limitation: Maximum sum payable for the first 1000 km of the policy. This sum is payable in full at the time of the first year of the policy.

EXCESS

Section 1

Fire - \$0; Own Damage - \$500; Theft - \$0; Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen - \$100

Named Driver and Excess (where applicable)

QUEK WEE TZIANG ALEXANDER - \$500 (Own Damage)

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

Approved Reporting Centres (ARC) Authorised Repairers (For claims related repairs)

Any accident repairs to the vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the vehicle in Singapore, you have the option of having the accident repairs carried out at the Sole Agent's workshop.

For other Approved Reporting Centres/Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 0200. Alternatively, you may refer to AIG website www.aig.com.sg or AIG 50 Mobile App. Simply search and download AIG 50 from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: HUI HUA CREDIT PTE LTD

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. 166) Part IV the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1968 (Malaysia).

0503972000

INSURHUB LLP

2 TEMASEK BOULEVARD 31/F SUNTEC TOWER 2

SINGAPORE 038999

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

M. Anil

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE