

NATIONAL Assessment Centre Services. [wef 1 Jan 05] MNA 118048984

Date In: 13/4/18-10.17	Job description	Date & Time Completed	Done by
Ref No: NA/A1618066802/24	SAS e-filing		
Veh No: SKA6235	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 12/4/18-13:30	i-Motor Claim Form		
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Vch No: XCF 5489 D 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

	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) 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		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	6) TR: Re-inspection \$75		
Dat. 1:	7) N1: Idac DA + SMRT Survey \$160		
Dat. 2 / 3:	8) NTUC Additional Services:-		
	Q1)*		
	*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	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 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	13/04/2018 10:17
Date Of Accident	12/04/2018 13:30
Exact Location Of Accident	SLIP RD AMK AVE 5 TWDS CTE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA623S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SETOH CHONG FEI
NRIC No	S0040665A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96819793
Alternative Phone No	OFFICE-96819793
<b>Vehicle Particulars</b>	
Manufacturer	AUDI
Model	S5 4.2 FSI QU AT ABS D/AB HID SR 2DR
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
<b>Insurance Company</b>	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100240357-07
Cover Note Number	
<b>Driver</b>	
Name of Driver	SETOH CHONG FEI
NRIC No	S0040665A
Date Of Birth	24/01/1952
Occupation	INDOOR
Date Of Driving Pass	14/09/1976
Driving Experience	41 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96819793
Fax Number	
Contact Number	OFFICE-96819793
EEmail Address	NOEMAIL

Address	24 SELETAR GREEN VIEW
Postcode	805124
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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

REFER TO 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	SKF5489D
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)	

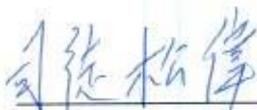
## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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:

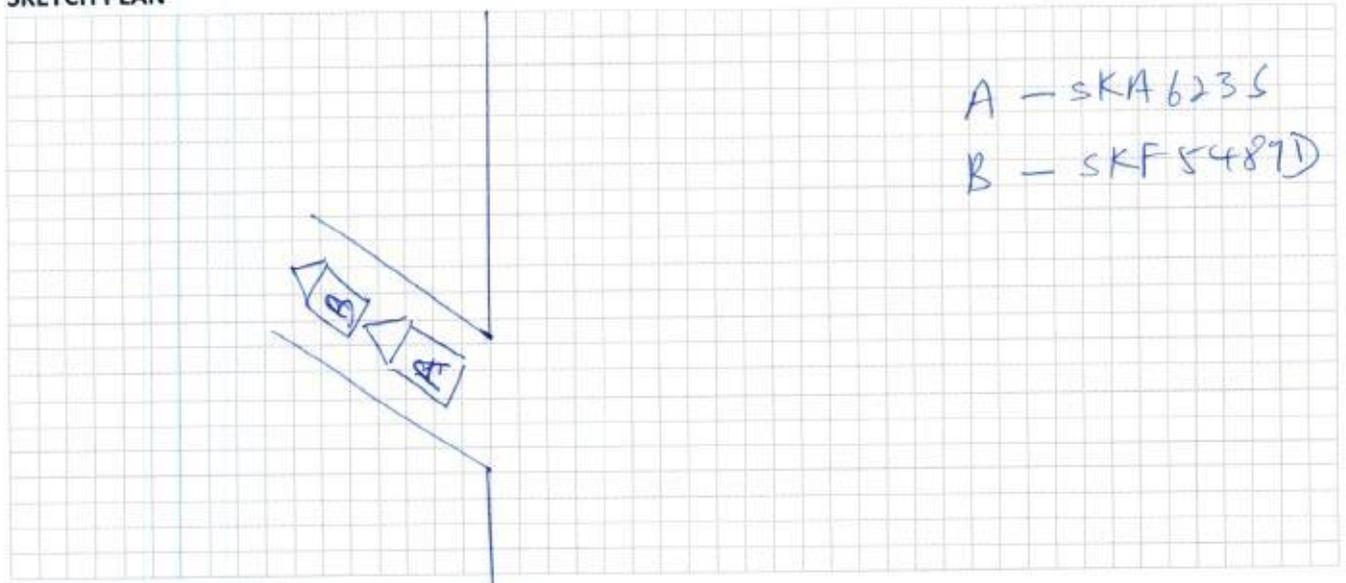


Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 12/4/18 at 1.30pm, I was driving my vehicle A from slip road toward Ang mo Kio Ave 5, suddenly I hit on vehicle B rear portion.

~~司德松偉~~

DECLARATION

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

司德松偉  
Policyholder's Signature  
Date & Time:

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

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

Date of Accident : 12/4/2018 Accident Time: 1.30pm (24-HR-Format)

Accident Place : Slip Road AMK Ave 5 toward CTE AGE

Vehicle No. (Car Plate No.) : SKA 6235 Make/Model: \_\_\_\_\_

Insurance Company : AIU Policy No: 2100240357-07

Owner or Company Name / IC No. : setoh chong Fei / 50040665A

Owner or Company Contact No. : \_\_\_\_\_ Owner's Hp 96819793 Company Tel \_\_\_\_\_

DRIVER'S Name / IC No. : as above

DRIVER'S Date Of Birth : 24/1/1952 DRIVER'S License Pass Date 14/9/1976

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: owner

DRIVER'S Address : 24 skletar Green view 5805124

DRIVER'S Contact No / Alt No. : 1) \_\_\_\_\_ 2) \_\_\_\_\_

DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)

Email Address : \_\_\_\_\_

Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET

Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance

Number of Passengers (Including Driver): 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

Any Injury (If YES, Pls state): NO

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

Vehicle No: <u>SKF 5489D</u>	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

\* NEW - Passenger's name & gender:

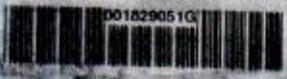
REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S0040665A**

Name: **SETOH CHONG FEI**

Birth Date: **24 Jan 1952**  
Issue Date: **12 Feb 2010**

001829051G

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S0040665A**



Name: **SETOH CHONG FEI**

**司徒松偉**

Race: **CHINESE**

Date of birth: **24-01-1952** Sex: **M**

Country of birth: **SINGAPORE**

50040665A

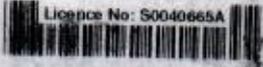


ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg

14 Sep 1978

Licence No: **S0040665A**

472337

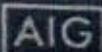


NRIC No: **S0040665A**

Date of issue: **23-05-2011**

**24 SELETAR GREEN VIEW**  
**SINGAPORE 805124**

NRIC No: **S0040665A** Date: **05/02/2013** No: **740235G**



# CERTIFICATE OF INSURANCE

## AUDI AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : **Seloh Chong Fei**  
 Period of Insurance : **08 Dec 2017 To 07 Dec 2018**  
 Engine No. : **CAU025303**  
 Chassis No. : **WAUZZZ6T7BA032132**

Vehicle No. : **9KA623G**  
 Policy No. : **2100240357-07**  
 Endorsement No. :  
 Issued Date : **27 Nov 2017**

### ABOUT THE COVER

Make/Model : **AUDI S5 4.2 FSI QU** Sum Insured : **Market Value** First Year of Registration : **2010**  
 Engine Capacity/Tonnage : **4,163.00 CC** Off Peak Car : **No** Insuring with COE/PARF : **Yes**  
 Driver Restriction : **Named Driver Basis**

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

(i) The Policyholder  
 (ii) Any person who is named as a "named driver" under this Policy.

You have to pay an additional sum of \$81,000 as "Elderly, Young and/or Inexperienced Driver Excess" ("EYIE"), if you are or your Approved Driver (named or unnamed) is during the age of 65 or under the age of 28 and/or has less than 2 years' driving experience.

Age Condition : **Not Applicable**

#### 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 school, delivery van, towing, construction, assembly, but is approved for the carriage of goods other than explosives in accordance with any laws or regulations or use for any purpose in connection with Motor Trade.

#### Notes of Use

\* Limitations imposed respectively by Section 8 of the Motor Vehicle (Third Party Risk and Compensation) Act (Cap. 182) and Section 85 of the Road Transport Act, 1987 (Singapore) are not to be included under these headings.

### EXCESS

Section 1  
 Fire - \$0 / Own Damage - \$200 / Theft - \$0 / Flood Cover - \$0

Section 2  
 Property Damage - \$0

Windscreen - \$100

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

Seloh Chong Fei - \$200 (Own Damage) / CHONG SEW HENG - \$200 (Own Damage)

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

1. Audi Customer Service Centre - Add 35-39A Road 1 Singapore 499082 (a/c/c/c)

For other Approved Reporting Centres/Authorised Repairers, please contact our 24-hour Accident Emergency Helpline at 6888 8228 (24/7). Alternatively, you may refer to AIG website [www.aig.com.sg](http://www.aig.com.sg) or AIG 24/7 Mobile App. Simply search and download "AIG 24/7" from iTunes or Google Play.

### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: **OCBC Bank Ltd**

This certificate is valid only for the period in which this Certificate of Insurance is issued in accordance with the provisions of the Motor Vehicle (Third Party Risk and Compensation) Act (Cap. 182) and the Road Transport Act, 1987 (Singapore) and other relevant laws (Third Party Risk and Compensation) Act (Cap. 182) and the Road Transport Act, 1987 (Singapore).

0504 125250

PREMIUM LEADING / AP

201 ALEXANDRA ROAD AUDI CUSTOMER SERVICES CENTRE  
 SINGAPORE 119909

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

*Janik*

AIG Asia Pacific Insurance Pte. Ltd.  
 AUTHORIZED REPRESENTATIVE