

# NATIONAL Assessment Centre Services (not a form)

|                                    |  |                       |         |
|------------------------------------|--|-----------------------|---------|
| Date In: <b>16/04/18</b>           | Job description                          | Date & Time Completed | Done by |
| Ref No: <b>NA/A1618007015/13</b>   | SAS e-filing                             |                       |         |
| Veh No: <b>SLR2230C</b>            | E-mail (within 8hrs, A/C 2hrs)           |                       |         |
| P.O.A: <b>14/04/18</b> <b>2150</b> | i-Motor Claim Form                       |                       |         |
| OD <b>(TP)</b> Reporting Only      | i-Motor W/O (Within: OL: 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: ( <b>M GARAGE</b> )                               | Tel:                               | Fax:                  |
| TP Particulars:  | Veh No: <b>SLT8298H</b>            | 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

|                                 |   |                      |                      |
|---------------------------------|---|----------------------|----------------------|
| <b>NA-802370</b>                | <b>Invoice Preparation Checklist</b>            | Ant (\$)<br>1st Bill | Ant (\$)<br>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) NI: Idac DA + SMRT Survey \$160              |                      |                      |
|                                 | 8) NTUC Additional Services:-                   |                      |                      |
| QC Checked by (Engr-In-Charge): | OD*   |                      |                      |
|                                 | *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         |                      |                      |
| Cat. 1:                         | 9) N12: Idac Mobile 30                          |                      |                      |
| Cat. 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 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             | 16/04/2018 17:57                         |
| Date Of Accident           | 14/04/2018 21:50                         |
| Exact Location Of Accident | SLIP RD FROM TPE(PIE)TWDS PASIR RIS DR 8 |
| Country/State of Loss      | SINGAPORE                                |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLR2230C             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | HU JIAQI             |
| Passport No/FIN             | G1389521Q            |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-82373299 |
| Alternative Phone No        | OTHERS-82373299      |

### Vehicle Particulars

|  |               |
|--|---------------|
| Manufacturer   | MERCEDES-BENZ |
| Model  | BENZ C180     |
| 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             | 1700032602                           |
| Cover Note Number         |                                      |

### Driver

|                      |                      |
|----------------------|----------------------|
| Name of Driver       | HU JIAQI             |
| Passport No/FIN      | G1389521Q            |
| Date Of Birth        | 18/11/1976           |
| Occupation           | INDOOR               |
| Date Of Driving Pass | 20/10/2014           |
| Driving Experience   | 3 YEARS AND 5 MONTHS |
| Gender               | FEMALE               |
| Mobile Number        | (LOCAL) +65-82373299 |
| Fax Number           |                      |
| Contact Number       | OTHERS-82373299      |
| EMail Address        | NOEMAIL              |



|   |  |
|---|--|
| Address   | 11 PASIR RIS LINK<br>#09-25 SEA STRAND |
| Postcode  | 518180                                 |
| 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   |     |
| Was any body injured in the Accident?   | NO  |
| 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         | SLT8298H    |
| 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.
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.

Hu Jia Qi

Policyholder's Signature  
Date & Time:

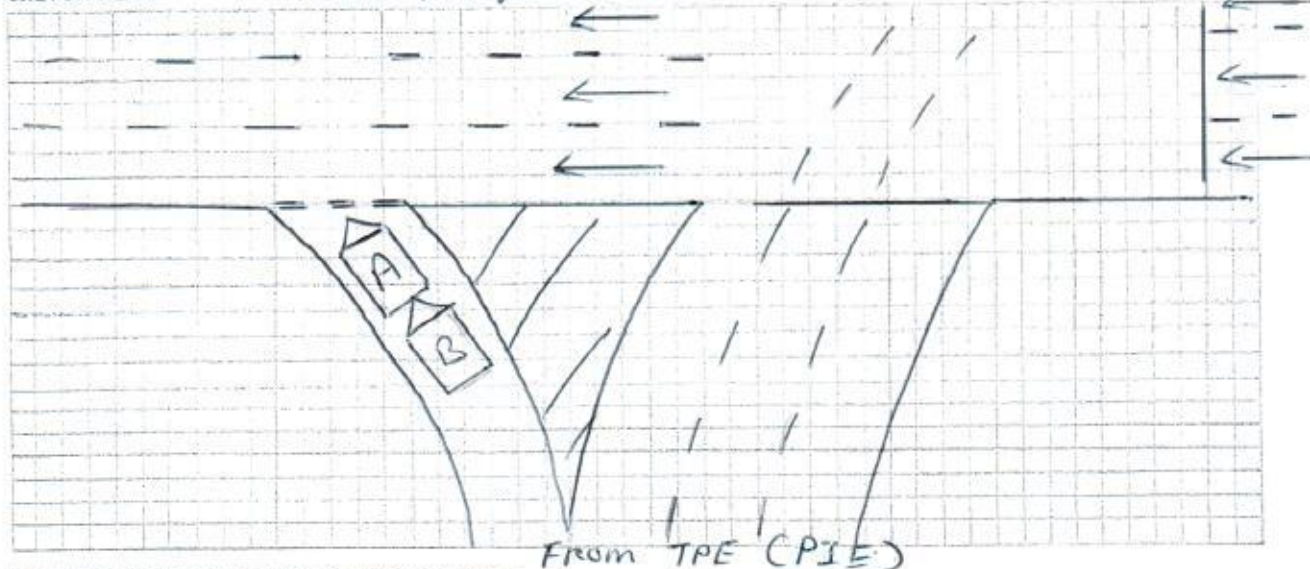
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

16/04/18  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



# SKETCH PLAN

Pasir Ris Drive 8



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 14/04/2018 at about 2150 hrs at Slip Road from TPE (PIE) towards Pasir Ris Dr 8. I was travelling on the above mentioned slip road and came to a stop while giving way to the main traffic along Pasir Ris Drive 8. Suddenly I heard a loud bang from behind and when I alighted, I realised that it was Vehicle (B) who hit onto my Rear Portion of my Vehicle (A) causing damages to my Vehicle.

(A) S+R 2230 C

(B) SLT 8298 H

## DECLARATION

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

Hu Jia Qi

Policyholder's Signature  
Date & Time:

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

16/04/18  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SINGAPORE ACCIDENT STATEMENT

|   |                          |                      |
|---|--------------------------|----------------------|
| Accident Date: 14/04/2018   | Time: 2150 hr            | (hh:mm) 24 hr format |
| Location Slip road from TPE (PIE) towards Pasir Ris Dr 8                              |                          |                      |
| Vehicle Number SLR2230C   |                          |                      |
| Insured Name HU JIAQI   |                          |                      |
| NRIC / FIN G1389521G  | Contact Number 8237 3299 |                      |
| Make Mercedes   | Model Benz C180          |                      |
| Are you claiming under your own insurance policy for repair to your vehicle?          |                          |                      |
| ( ) Yes If No, Pls select: ( / ) Third Party ( ) Reporting                            |                          |                      |
| Insurance Company AIG ASIA PACIFIC  |                          |                      |
| Type of Policy ( / ) Comprehensive ( ) Third Party Fire & Theft ( ) TP Only           |                          |                      |
| Policy Number 1700032602  |                          |                      |
| Name of Driver HU JIAQI   |                          | ( ) Same as Insured  |
| NRIC / FIN G1389521G Contact Number 8237 3299   |                          |                      |
| Date of Birth 18/11/1976  |                          |                      |
| Driving Pass Date 20/10/2014  |                          |                      |
| Occupation ( / ) Indoor ( ) Outdoor   |                          |                      |
| Gender ( ) Male ( / ) Female  |                          |                      |
| Email Address ( / ) NO EMAIL  |                          |                      |
| Address of Driver 11 PASIR RIS LINK #09-25 SEA STRAND<br>SC 5181807                   |                          |                      |
| Was driver an employee of the Insured's Company? ( ) Yes ( / ) No                     |                          |                      |
| If No, Relationship of the Driver with the Insured                                    |                          |                      |
| ( / ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling               |                          |                      |
| Does the Driver Own Any Other Vehicle? ( ) Yes ( / ) No                               |                          |                      |
| If Yes, Vehicle Registration Number of Driver's Own Vehicle                           |                          |                      |
| Insurance Company of Driver's Own Vehicle   |                          |                      |
| Weather Conditions ( / ) Clear ( ) Raining ( ) Others                                 |                          |                      |
| Road Surface ( / ) Dry ( ) Wet ( ) Others   |                          |                      |
| Was any foreign vehicle involved in this accident? ( ) Yes ( / ) No                   |                          |                      |
| Was anybody injured in the accident? ( ) Yes ( / ) No                                 |                          |                      |
| If yes, injured detail  |                          |                      |
| Was there any video captured by Car Camera? ( ) Yes ( / ) No                          |                          |                      |
| Was the Accident reported to the Police? ( ) Yes ( / ) No If yes attach police report |                          |                      |
| DETAILS OF 3 <sup>rd</sup> party  | Name / Nric              | Contact              |
| Veh B   | SLT8298H                 |                      |
| Veh C   |                          |                      |
| Veh D   |                          |                      |
| Veh E   |                          |                      |
| Veh F   |                          |                      |

1 person including driver



REPUBLIC OF SINGAPORE  
FIN G1389521Q



Name  
HU JIAQI

Date of Birth  
18-11-1978  
Nationality  
CHINESE

Sex  
F



Owner - J Driver

SLR 2230C

FA2065428

**VISIT PASS**  
Immigration Regulations

FIN G1389521Q



MULTIPLE JOURNEY VISA ISSUED

Date of Issue: 01-03-2018 Date of Expiry: 01-03-2019



YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: G1389521Q

Name: BU JIAQI

Birth Date: 18 Nov 1976

Issue Date: 26 Feb 2018

Valid Till: 19/10/2019

002776602D




Owner & Driver

SLR 2230C

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

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) with unladen weight  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight  $\leq$  2500kg 20 Oct 2014

NP 428A







# CERTIFICATE OF INSURANCE

## MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : HU JIAQI  
 Period of Insurance : 04 Aug 2017 To 03 Aug 2018  
 Engine No. : 27491030975733  
 Chassis No. : WDD2050408R285020

Vehicle No. : SLR2230C  
 Policy No. : 1700032602  
 Endorsement No. :  
 Issued Date : 22 Aug 2017

### ABOUT THE COVER

Make/Model : MERCEDES BENZ C180 SEDAN AVANTGARDE / EXCLUSIVE  
 Engine Capacity/Tonnage : 1,595.00 CC  
 Driver Restriction : NA

Sum Insured : Market Value  
 Off Peak Car : No

First Year of Registration : 2017  
 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 "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition

#### 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 2000cc

\* 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 - \$800 Theft - \$0 Flood Cover - \$0

#### Section 2

Property Damage - \$0

Windscreen : \$100

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

HU JIAQI - \$800 (Own Damage)

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

1. Euros Service Center (For accident reporting only) Add: 330 Ubi Road 3 Singapore 408650 67412338
2. Pandan Loop Service Center - Body Care & Repair (For accident repair & accident reporting) Add: 168 Pandan Loop Singapore 120378 67776368

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: MERCEDES-BENZ FINANCIAL SERVICES (S) LTD

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

0504380224

CYCLE & CARRIAGE - EVELIM

239 ALEXANDRA ROAD

SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

*Manile*

AIG Asia Pacific Insurance Pte. Ltd.  
 AUTHORISED REPRESENTATIVE

53CHFY