

NATIONAL Assessment Centre Services (last 1 Jan 2008)

Date In: 25/04/2018 16:14	Job description	Date & Time Completed	Done by
Ref No: NA/AIG18007638/K4	SAS e-Milling		
Veh No: S6102CD	E-mail (within 3hrs, A/C 3hrs)		
D.O.A: 04/04/2018 09:00	I-Motor Claim Form		
OD / TP / Reporting Only	I-Motor W/O (within 00 3hrs, TP 3hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass'l Report by Fax/ Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: (Tel: (Fax: (
TP Particulars: Vch No: SKA7181D 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 6060)	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

NA 1802619	Invoice Preparation Charge	Bill	Good Bill
Human's Particulars:	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$30)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
C Checked by (Engn-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$10		
	For claim against INC Only (wef 10 Jan 2008)		
	6) TR: Re-inspection \$75		
	7) NT: (See DA + SMRT Survey \$160		
	8) NTUC Additional Services		
	OT:		
	*NT: Courtesy Car / Tpl Allowance \$5		
	*NT: Repair Coordination \$10		
	*NT: Post Repair Inspection \$15		
	*NT: DV / Collect Excess Coordination \$5		
	TP (NT): TP (Non INC) against INC \$10		
	9) NT: (See Mobile \$10		
	Invoice dated	File Charged	
	Invoice dated	File 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 25/04/2018 16:14
 Date Of Accident 04/04/2018 09:00
 Exact Location Of Accident EAST COAST ROAD TWDS CITY
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number S6102CD
Insured/Policyholder
 Name Of Registered Owner EMBASSY OF THE STATE OF QATAR SINGAPORE
 Co Reg No -
 Email Address WILLIAM.TEO10@GMAIL.COM
 Mobile Phone No (LOCAL) +65-81138377
 Alternative Phone No OFFICE-81138377

Vehicle Particulars

Manufacturer TOYOTA
 Model ALPHARD 2.5 CVT ELEGANCE S/R
 Exact Purpose for which vehicle was being used at time of accident WORK
 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 1700066306
 Cover Note Number

Driver

Name of Driver TEO WEE JIAU
 NRIC No S1539184G
 Date Of Birth 29/09/1962
 Occupation OUTDOOR
 Date Of Driving Pass 28/06/1991
 Driving Experience 26 YEARS AND 9 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-81138377
 Fax Number
 Contact Number OTHERS-81138377
 Email Address WILLIAM.TEO10@GMAIL.COM

Address BLK 19 TECK WHYE LANE
#12-29
Postcode 680019
Was driver an employee of the Insured's Company YES
If No, Relationship of the Driver with the Insured
Vehicle Registration Number of Driver's Own Vehicle -
Vehicle -
Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident CHAIN COLLISION
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) 3
Passenger 1 NAME: : NIL
GENDER: : FEMALE
Passenger 2 NAME: : NIL
GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name ROCHER N.P.C
Police Station Address ROAD: 11 KAMPONG KAPOR ROAD , POSTCODE: 208678 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: 1800-2949999 - FAX NO:
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180425/2101

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 SKA7181D
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver LOW NAI BOON, LAWRENCE (LUO NAIWEN, LAWRENCE)

NRIC/Passport Number	S7909987B
Contact Number	91681812
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKM6579J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	PAN BIFU
NRIC/Passport Number	S8311007D
Contact Number	91726209
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN


IMPORTANT NOTICE

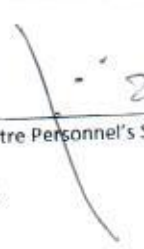
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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.

X 
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

Along East Coast Highway toward City. On 4/4/18
About 0905 am my car applying emergency brake
Due to the front vehicle stop.
My car A was first slight dent.

Pls Refer to the Police Report
T/20180425/2101

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.:





SINGAPORE POLICE FORCE



T/20180425/2101

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

1 of 4

Report No. T/20180425/2101

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/04/2018 15:31		Vide Report No.:		Station Diary No.: 79	
Informant's Particulars					
Name of Informant: TEO WEE JIAU			Address: APT BLK 19 TECK WHYE LANE #12-29 SINGAPORE 680019		
ID Type / ID No.: NRIC NO / S1539184G			Contact No.: Home/Office: Mobile: 81138377		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 55	Date of Birth: 29/09/1962	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 04/04/2018 09:00	Type of Location: Straight Road
Location: Along Road 1 EAST COAST ROAD East Coast Road towards City				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume:
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 Passenger
S6102CD	Car	TOYOTA	ALPHARD 2.5 CVT ELEGANCE S/R	Black	Slightly Damaged	2
SKA7181D	Car	CHEVROLET	CRUZE 1.6L AUTO ABS D/AB 2WD 4DR	Grey	Slightly Damaged	1



SINGAPORE POLICE FORCE



T/20180425/2101

Police Station Of Origin:

Rochor N.P.C

11 Kampong Kapur Road SINGAPORE

208678

Tel No: 1800-2949999

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Report No. T/20180425/2101

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKM6579J	Car	PEUGEOT	508 1.6 (A) E -HDI ALLURE SEDAN	Black	Slightly Damaged	0

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	TEO WEE JIAU		ID No.	S1539184G
Related Vehicle	S6102CD (Car)		Contact No.	81138377
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	LOW NAI BOON, LAWRENCE		ID No.	S7909987B
Related Vehicle	SKA7181D (Car)		Contact No.	91681812
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	PAN BIFU		ID No.	S8311007D
Related Vehicle	SKM6579J (Car)		Contact No.	91726209
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL



**SINGAPORE
POLICE FORCE**



T/20180425/2101

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

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Report No. T/20180425/2101

CONTINUATION OF REPORT

Brief Details.

On the 04/04/2018, at approximately 0900hrs. I was driving along East Coast Road towards City.

While travelling, suddenly the vehicle (SKA7181D) ahead of me did a emergency brake and as such, I collided with to the rear of the vehicle.

Before I collided with the vehicle ahead of me, I saw vehicle SKA7181D hit to the rear of vehicle (SKM6579J) and as such, vehicle ahead of me perform an emergency brake which I am able to stop in time and as such, hit against the rear of (SKA7181D).

I would like to state that I have two passenger in my vehicle however both of them are not injured.

I would like to mentioned that no one was injured at that point in time and no police assistance was required.

That's all.



**SINGAPORE
POLICE FORCE**



T/20180425/2101

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

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Report No. T/20180425/2101

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:

A /

Sgt 2 KOH YEOW MING, EZEKIEL

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

25/04/2018 15:31

Officer In Charge Of Case:

TP / GIA /

Staff Sgt TANG SIEW PING

Contact No.: 65476430

Classification Of Case:

Authentication Stamp

NP168

Singapore Police Force

Reported on 17/4/2018
@ 1430hrs

ACCIDENT STATEMENT

ACCIDENT DATE: 4/4/2018 (DD/MM/YYYY), TIME: 09.05 AM (HH:MM)

LOCATION: East Coast Highway, toward city

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: S6102CD
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 81138377
c) ADDRESS: _____

d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) _____
b) ROAD SURFACE: (DRY / WET / OTHERS) _____

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKA7181D MODEL: _____
b) DRIVER'S NAME: Low Nai Boon Lawrence (Luo Naiwen Lawrence)
c) NRIC/FIN/PASSPORT: S7909987B CONTACT: 91681812

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SKM65798J MODEL: _____
e) DRIVER'S NAME: Pan Bifu
f) NRIC/FIN/PASSPORT: S8311007D CONTACT: 91726209

* No. of passengers
(including driver)

Passenger (3)
1 - male
1 - female

* No. of passengers
(including driver)

* No. of passengers
(including driver)

Call on 18/4/2018 @ 1600
Next week
Vehicle come to take photos
and certificate sending
by Email ASAP.

Email = william.teo10@gmail.com

Fax = william.teo10@gmail.com

(some photo taken from Handphone)

Waiting for Vehicle Photos

& Certificate ALG?

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1539184G



TEO WEE JIAU
張為昭
CHINESE
Date of Birth: 29-09-1962 Sex: M
Country of Birth: SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S1539184G
Name: TEO WEE JIAU
Birth Date: 29 Sep 1962
Issue Date: 28 Dec 2002



2285499



2285499



APR 15 2009 S1539184G

APR 15 2009


APT BLK 19 TECK WHYE LANE #12-20
SINGAPORE 680019

NRIC No: S1539184G Date: 07/07/2009 (P) No: 6143635

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

CLASS	VEHICLE CLASS	ISSUE DATE
Class 2B	Motorcycles not exceeding 200 cc	22 Aug 1984
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	28 Jun 1991

NP 428A



CERTIFICATE OF INSURANCE

AUTOPLAN PRIVATE VEHICLE

Name of Policyholder : EMBASSY OF THE STATE OF QATAR SINGAPORE
Period of Insurance : 16 Oct 2017 To 15 Oct 2018
Engine No. : 2ARH987202
Chassis No. : JTNGF3DH508012169

Vehicle No. : S6102CD
Policy No. : 1700066306
Endorsement No. : 000000000151769
Issued Date : 16 Oct 2017



ABOUT THE COVER

Make/Model : TOYOTA ALPHARD 2.5 [MPV]
Engine Capacity/Tonnage : 2,494.00 CC
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2017
Insuring with COE/PAF : Yes

Person or Classes of Persons Entitled to Drive*

Any person who is driving on the Policyholder's order or with their 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.

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

Section 2
 Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

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

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs)
 Any accident repairs to the Vehicle can be carried out at the repairer of Your choice (unless specifically excluded by Us).
 For 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 or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

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).

0501295000

INSURE LINK PTE LTD
 2 KALLANG AVE #08-16 CT HUB
 SINGAPORE 339407

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Insure Link Pte Ltd
 2 Kallang Avenue #08-16
 CT Hub S(339407)
 Off: 6444 6644
 Fax: 6444 0040

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

SSPJAN