

NATIONAL Assessment Centre Services (with 1 hour) **MAA418058367**

Date In: 04/05/2018 15:58	Job description	Date & Time Completed	Done by
Ref No: NBA/ALG/000820417	QAS e-illing		
Veh No: SLS 95432	E-mail (with photo, Alcatraz)		
P.O.A: 03/05/2018 19:25	1-Motor Claim Form		
OD: TP Reporting Only	1-Motor V/O (within 30 days, if any)		
	1-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Assl Report by Fax/Hand to Owner/VWR		

Preferred Wksp / INC Assign Wksp / CWI:	Tel:	Fax:
TP Particulars: Yeh No: SGV 90789 INC () / Non-INC ()		
Owner / Driver ()	Tel:	
Policy No: () Period: () Cover Type: ()		
Confirmed by: () Date: Time: ()		
Insured/Driver Liability: () % (Note: B/L, Slave (WO): N/O 20%, P1 21.79%, P1 30.100%)		
Year of Registration: () Warranty: YES () / NO ()		
Excess: (\$) Loading: \$1,000 () / \$2,000 ()		

General Remarks: ()

() Work-in-Guarantee: Customers information strictly Confidential & strictly NO refer of repeller.

() Total Loss Case: 1 to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () Invoice: YES () / NO () Towing Co: ()

Remarks: ()	Done by
1) Apply for Transition Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Recovery Photo (Repair Cost > \$3000) ()	

Injury: ()

Driver/Tow: ()

MA18029117	Invoice Preparation Checklist
1) AR: Accident Reporting (300)	
2) DA: Damage Assessment (300) INC (45)	
3) TP: Towing Fee	
4) PT: Follow Through Survey	
5) RT: Follow Through Survey (Recovery)	
6) TR: Bill of Materials	
7) NTUC Additional Survey	
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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	04/05/2018 15:58
Date Of Accident	03/05/2018 19:25
Exact Location Of Accident	PIE TOWARDS TUAS 12.5KM LANE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS9543Z
Insured/Policyholder	
Name Of Registered Owner	MAI KAOJIE
NRIC No	S8200402E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87866000
Alternative Phone No	OTHERS-87866000

Vehicle Particulars

Manufacturer	AUDI
Model	A4-1.4 TFSI S TRONIC (A)
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	1700063007
Cover Note Number	

Driver

Name of Driver	MAI KAOJIE
NRIC No	S8200402E
Date Of Birth	12/01/1982
Occupation	OUTDOOR
Date Of Driving Pass	01/07/2004
Driving Experience	13 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87866000
Fax Number	
Contact Number	OTHERS-87866000
Email Address	NOEMAIL

Address	BLK 124 TAMPINES STREET 11 #04-418
Postcode	521142
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?	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?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2449999 - FAX NO: 62447258
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180504/2085

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	SGV9073G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	MAI KAOJIE
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SLS9543Z
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.
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.:

PIE toward
Twas At
12.5 CM

A - SLS 9543Z
B - SGV 9073 G

A

B


B - SGV 9073 G

PIE toward
Twas At
12.5 km



Refer to Police Report No: 7120180504/2065

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

X 

Driver's Signature

Name: _____

NRIC/FIN No.:

04/05/2018

Centre Personnel's Signature



SINGAPORE POLICE FORCE



T/20180504/2085

1 of 3

Report No. T/20180504/2085

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

REPORT OF A TRAFFIC ACCIDENT		Station Diary No.: 118	
Date/Time Report Made: 04/05/2018 15:19		Vide Report No.:	
Informant's Particulars		Address: APT BLK 124 TAMPINES STREET 11 #04-418 SINGAPORE 521124	
Name of Informant: MAI KAOJIE		Contact No.: Mobile: 87866000	
ID Type / ID No.: NRIC NO / S8200402E		Home/Office: Email:	
Nationality: SINGAPORE CITIZEN		Type of Informant: Driver	
Sex: Male	Age: 36	Date of Birth: 12/01/1982	Institution / School Name:
Race: Chinese		Language: English	
Occupation: Real estate agent		Driving Licence Information: Class: 3	
		Date of Expiry:	

General Information of the Accident			
Type of Accident: Collision	Injury: Others	Drink Drive: No	Date/Time of Accident: 03/05/2018 19:30
Location: Jalan Road 1 ISLAND EXPRESSWAY		Type of Location: Expressway	
AT LANE 1, 12.5KM MARK HEADING TOWARDS TUAS		Road Speed Limit:	
Weather: Clear	Road Surface: Wet	Traffic Volume: Moderate	
Traffic Flow: Dual Carriage Way	Traffic Control: Not Controlled	Anyone conveyed by ambulance: No	
Type of Collision: Between Moving Vehicles - Head To Rear			

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGV8073G	Car	TOYOTA	Altis	Silver	Seriously Damaged	1
SL89543Z	Car	AUDI	A4 1.4 TFSI S TRONIC	White	Slightly Damaged	0

Details of Vehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective / Expiry Date
SL89543Z	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1700063007	11/10/2017 / 10/10/2018



**SINGAPORE
POLICE FORCE**

Police Station Of Origin
Bedok North N.P.C.
30 Bedok North Road SINGAPORE 469878
Tel No: 1800-2449999



2 of 3
Report No: TQ1605040205

CONTINUATION OF REPORT

Details of Person Involved:		Use of Pedestrian Crossing: NA	
Any Pedestrian Involved: No		ID No	S8038740G
No. of Pedestrians Injured: NIL		Contact No.	98392120
Name	KOK CHEE KEAN	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Related Vehicle	SGV9073G (Car)		
Hospital/Clinic	NIL	Date Discharge	NIL
		Degree of Injury	NIL
Date Treatment	NIL		
No. of Days granted Medical Leave	NIL	ID No.	S8200402E
Driver Name	MAI KAOJIE	Contact No.	87866000
Related Vehicle	SLS9543Z (Car)	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: Nil
Hospital/Clinic	TAMPINES CLINIC AND SURGERY PTE LTD		
Date Treatment	04/05/2018	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 03/05/2018 at about 1930hrs, I was driving my car (SLS 9543Z) at lane 1 along Pan Island Expressway (PIE) heading towards TUAS. Subsequently at the 12.5km marking, there was taxi ahead of me which slowed down. I then slowed down and eventually came to a stop. After awhile, the taxi then moved off, there was another car that suddenly hit my rear bumper.

I made a check and there was a slight dent at my car's rear bumper. However, the front portion of the other car was seriously damaged. I suffered some back pain and I felt that my chest was tight. No ambulance was at scene but I was given a three days medical certificate. I managed to get the other driver's particulars. Thus I am lodging this accident report.



**SINGAPORE
POLICE FORCE**



T/20180504/2085

3 of 3

Report No. T/20180504/2085

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

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:

Sgt ZARIFAH ADILAH BINTE ZAINOL

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
04/05/2018 15:19

Officer In Charge Of Case:
TP / ASIT /
Sgt 2 YEO KIA HUAT
Contact No: 65476325

Classification Of Case:

Authentication Stamp
NF103



SINGAPORE
POLICE FORCE

SIGNATURE

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE:	03/05/18	TIME:	1927hr6	(hh:mm) 24 hrs Format
LOCATION:	P.I.E toward Tuas 12.5km (Lane 1).			
VEHICLE NUMBER	SL59543 Z			
INSURED NAME	MAI KAO JIE			
NRIC / FIN	S8200402E	CONTACT:	8786 6000	
MAKE	Audi	MODEL	A4 1.4 TFSI STRONIC	
Are you claiming under your own insurance policy for repair to your vehicle?				
() Yes, If No, Pls Select : (<input checked="" type="checkbox"/>) Third Party () Reporting Only				
INSURANCE COMPANY	AIG			
TYPE OF POLICY (<input checked="" type="checkbox"/>) COMPREHENSIVE () THIRD PARTY () TPFT				
POLICY NUMBER:	TA00063007			
NAME DRIVER:	(<input checked="" type="checkbox"/>) SAME AS INSURED			
NRIC / FIN	S8200402E	CONTACT:	87866000	
DATE OF BIRTH:	12-01-1983			
DRIVING PASS DATE:	01-07-2004			
OCCUPATION:	() INDOOR (<input checked="" type="checkbox"/>) OUTDOOR			
GENDER:	(<input checked="" type="checkbox"/>) MALE () FEMALE			
EMAIL ADDRESS:	() NO EMAIL			
ADDRESS OF DRIVER:	12A Tampines St 11 #04-418 S(521124)			
Number Of Passenger Include Driver:	Driver only			
Was driver an employee of the Insured's Company? () YES (<input checked="" type="checkbox"/>) NO				
If No, Relationship Of The Driver With The Insured				
(<input checked="" type="checkbox"/>) Owner () Spouse () Friend () Relative () Children () Sibling () Others				
Does The Driver Own Any Other Vehicle?: () YES (<input checked="" type="checkbox"/>) NO				
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:				
Insurance Company Of Driver's Own Vehicle				
Weather Conditions: (<input checked="" type="checkbox"/>) Clear () Raining () Drizzling () Others				
Road Surface : () Dry (<input checked="" type="checkbox"/>) Wet () Others				
Was Any Foreign Vehicle Involved In This Accident? () YES (<input checked="" type="checkbox"/>) NO				
Was Anybody Injured In The Accident? (<input checked="" type="checkbox"/>) YES () NO				
If YES, Injured details:	Neck Back Pain			
Convey By Ambulance: () YES (<input checked="" type="checkbox"/>) NO				
Was There Any Video Capture By Car Camera? (<input checked="" type="checkbox"/>) YES () NO				
Was There Accident Reported To The Police? (<input checked="" type="checkbox"/>) YES () NO If Yes Attach Police Report				
Police Report Number (if any)				
Details Of 3rd Party	KOE Chee Han Name / NRIC S8038740 G Contact			
Veh B	SGV 9073 G DIRECT ASIA			
Veh C				
Veh D				
Veh E				
Veh F				
Veh G				

REPUBLIC OF SINGAPORE
IDENTITY CARD NO S8200402E



NAME

MAI KAOJIE

CHINESE

DATE OF BIRTH

12-01-1982

SINGAPORE

SEX

M

EXPIRATION DATE



IDENTITY CARD NO

S8200402E



DATE OF BIRTH

28-12-2000

APT BLK 124 TAMPINES STREET 11
#01-01B
SINGAPORE 521124

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8200402E**
Name: **MAI KAO JIE**

Birth Date: **12 Jan 1982**
Issue Date: **14 Jun 2010**

001865498E



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

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

EFFECTIVE DATE: 01 Jul 2004

NP 428A



CERTIFICATE OF INSURANCE

AI AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : MAI KAOJIE
 Period of Insurance : 11 Oct 2017 To 10 Oct 2018
 Engine No. : CVN041179
 Chassis No. : WAUZZZF40HN072307

Vehicle No. : SLS9543Z
 Policy No. : 1700063007
 Endorsement No. :
 Issued Date : 12 Oct 2017

ABOUT THE COVER

Make/Model : AUDI A4 1.4 TFSI S tronic
 Engine Capacity/Tonnage : 1,395.00 CC
 Driver Restriction : NA
 Sum Insured : Market Value
 Off Peak Car : No
 First Year of Registration : 2017
 Insuring with COE/PARE : Yes

Person or Classes of Persons Entitled to Drive*

As the policyholder, you are entitled to drive the vehicle with a full licence.
 Any other person who is driving the vehicle must have a full licence and be at least 21 years old.
 This policy does not cover any person who is driving the vehicle who is under the age of 21 and/or has less than 2 years of driving experience.

Age Condition : All Age Condition

Limitation as to use*

Use only for social, domestic and pleasure purposes and for the purpose of a business.
 This policy does not cover use for hire or reward, including taxi, delivery, courier, or other commercial purposes.
 The use of the vehicle for any purpose other than those stated above is excluded.

Limit of Use

* Limitations regarding compliance with Section 4 of the Motor Vehicle Third Party Risk and Compensation Act (Cap. 181) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be applied under these headings.

EXCESS

Section 1

Part - 1: Own Damage - \$500 Theft - \$0 Flood - \$0

Section 2

Property Damage - \$0

Wardenship - \$100

Named Driver and Excess (where applicable)

MAI KAOJIE - \$500 (Own Damage)

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

1. Axis Customer Service Centre: All 55 Upper Road 1 Singapore 436599 63622323
 For other Approved Reporting Centres/Authorised Repairers, please contact the 24-hour accident emergency hotline at +65 6338 6000. 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: MALAYAN BANKING BERHAD
 We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicle Third Party Risk and Compensation Act (Cap. 181) Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicle Third Party Risk Rules, 1969 (Malaysia).

0904129210

PREMIUM LEADERSHIP
 241 ALEXANDRIA ROAD AXI CUSTOMER SERVICE CENTRE
 SINGAPORE 119934
 Underwritten by: AIG Axis Pacific Insurance Pte. Ltd.



AIG Axis Pacific Insurance Pte. Ltd.
 AUTHORIZED REPRESENTATIVE

Enquire PARF/COE Rebate for Registered Vehicle**Vehicle Owner Particulars**

Owner ID Type: Singapore NRIC
Owner ID: 0402E

Vehicle Details

Vehicle No.: SLS9543Z
Vehicle to be Exported: No
Intended De-registration Date: 31 May 2018
Vehicle Make: AUDI
Vehicle Model: A4 1.4 TFSI S TRONIC
Primary Colour: White
Manufacturing Year: 2017
Engine No.: CVN041179
Chassis No.: WAUZZZF40HN072307
Maximum Power Output: 110.0 kW (147 bhp)
Open Market Value: \$32,097.00
Original Registration Date: 11 Oct 2017
First Registration Date: 11 Oct 2017
Transfer Count: 0
Actual ARF Paid: \$26,936.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 10 Oct 2027
PARF Rebate Amount: \$20,202.00

Intended COE Rebate Details

COE Expiry Date: 10 Oct 2027
COE Category: B - Car above 1600cc or 97kW (130bhp)
COE Period(Years): 10
QP Paid: \$48,109.00
COE Rebate Amount: \$45,031.00
Total Rebate Amount: \$65,233.00

The information contained herein is correct as at 04 May 2018

OK