

# NATIONAL Assessment Centre Services (NACS) NA1803103

Date: 08/05/2018 16:22	Job Description	Date & Time Completed	Done by
Ref No: N/A / A/G. 000889514	SAS e-illing		
Veh No: SKG 4117 D	E-mail (within 24hrs, A/C 2hrs)		
D.O.A: 08/05/2018 00:15	1-Motor Claim Form		
OD: TP (MOTOR ONLY)	1-Motor Y/O (Within 24hrs, 17, 18, 19)		
	1-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Rep/Hand to Owner/Whse		

Preferred Whse (INC Assign Whse / OWI)	Tel	Fax
TP Particulars	Yell No: YL 85505	INC ( ) / Non-INC ( )
Owner / Driver ( )	Tel	
Policy No: ( )	Period: ( )	Cover Type: ( )
Confirmed by: ( )	Date	Time
Insured/Driver Liability: ( ) %	(Note: B/L Stand (WO): N1 0-20%, P1 21-79%, P1 80-100%)	
Year of Registration: ( )	Warranty: YES ( ) / NO ( )	
Excess: (\$ )	Loading: \$1,000 ( ) / \$2,000 ( )	

General Remarks:

( ) Work-in Progress: Customer's information strictly Confidential & strictly NO refer of repeller.

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

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

Remarks:	INC ( ) / Non-INC ( )	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )			
2) QC Check / Post Repair Inspection ( )			
3) Upload Recovery Photo (Repair Cost > \$3000) ( )			

Injury: ( )

Driver's Details:

Name	Address	Phone

NA1803103	Invoice Preparation Checklist	Done by
Driver/Owner:	1) AR: Accident Report (300)	
Police No:	2) DA: Damage Assessment (300) INC (20)	
Assessed Part: ( )	3) TP: Towing Fee (100)	
	4) FT: Follow-up Survey (100)	
	5) FT: Follow-up Survey (Recovery) (100)	
	6) TR: Trail-in-Vox (100)	
	7) NTUC Additional (100)	
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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 16:22 ✓
Date Of Accident	04/05/2018 00:15 ✓
Exact Location Of Accident	ALONG FOCH ROAD OUTSIDE FOOD COURT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKG4117D ✓
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHUA PHENG AUN, BENJAMIN ✓
NRIC No	S7712726G
Email Address	BEN-TJOA@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96941065
Alternative Phone No	OTHERS-96941065

### Vehicle Particulars

Manufacturer	AUDI
Model	A6
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	2100312917-05 ✓
Cover Note Number	

### Driver

Name of Driver	CHUA PHENG AUN, BENJAMIN ✓
NRIC No	S7712726G
Date Of Birth	12/05/1977
Occupation	INDOOR
Date Of Driving Pass	11/09/1995
Driving Experience	22 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96941065
Fax Number	
Contact Number	OTHERS-96941065
Email Address	BEN-TJOA@YAHOO.COM.SG



Address	100 KEW DRIVE
Postcode	415887
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	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)	0

#### 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

PLEASE REFER TO SKETCH PLAN

#### 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	YL8550S
Vehicle Make/Model/Colour	MITSUBISHI CANTER
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LIM WEE MENG
NRIC/Passport Number	S6936686D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	3
Passenger 1	NAME: :
	GENDER: :

## 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**.
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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:

4 May 2018  
2.12pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

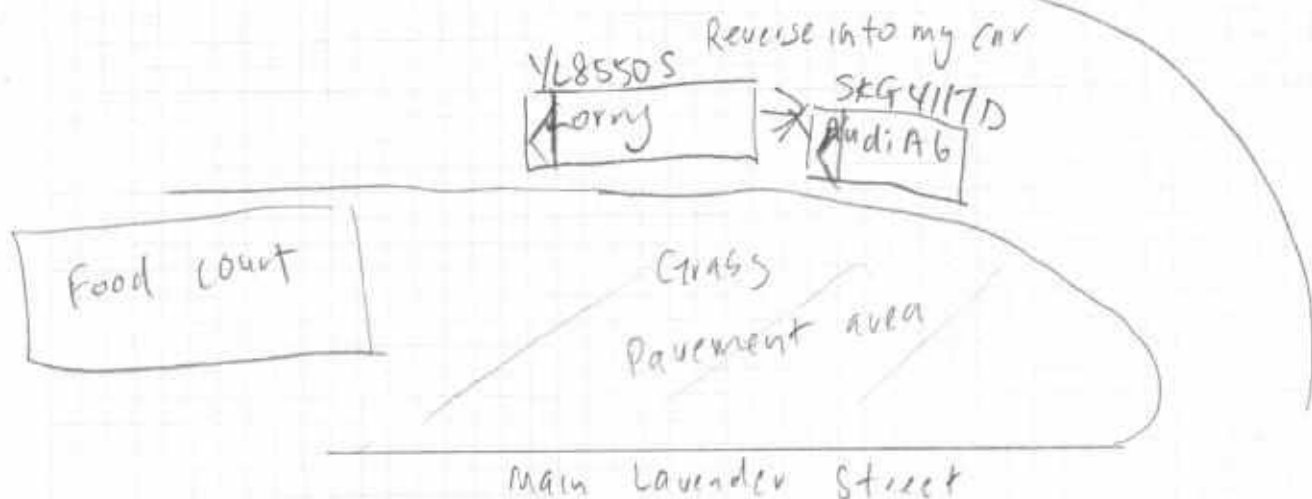
Name:

NRIC/FIN No.

gudarbold  
2081 wth/003

# SKETCH PLAN

Foch Road



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I stopped my car to go to toilet & pick up food. The driver of other vehicle was with 2 other passenger.

He reversed without checking and hit my stationary car. After which I heard the bang just as I was walking back to my vehicle.

He move forward again and hit my car a second time. Some people shouted at him to stop after which he alighted from the lorry.

This time, I discover a hole in my bonnet and my bumper & bumper grill was knocked in.

I took his license number and his photograph & his vehicle picture.

## DECLARATION

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

Policyholder's Signature

Date & Time:

4 May 2018  
2:19pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.

Reported by  
Rashid Wafar



# ACCIDENT STATEMENT

ACCIDENT DATE: 4 May 2018 (DD/MM/YYYY), TIME: 15:15 (HH:MM)

LOCATION: Laurel - outside Food Court

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKG 4117D  
 b) INSURANCE COMPANY: AI  
 c) POLICY NUMBER: \_\_\_\_\_  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Audi A6  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: STATIONARY  
 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: BENJAMIN CHUA PHENG ALIN (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S7712726G CONTACT: 96941065  
 c) ADDRESS: 100 KEW DRIVE S415887

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: 12/05/1977 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 11 Sept 1995

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS CLEAR)

b) ROAD SURFACE: (DRY / WET / OTHERS DRY)

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: YL8550S MODEL: CANTER MITSUBISHI  
 b) DRIVER'S NAME: LIM WEE MENG  
 c) NRIC/FIN/PASSPORT: S6936686D CONTACT: -

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 e) DRIVER'S NAME: \_\_\_\_\_  
 f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

Email = ben-tjoa@yahoo.com.sg

Fax = \_\_\_\_\_

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7712726G



Name

CHUA PHENG AUN, BENJAMIN

Race

CHINESE

Date of birth

12-05-1977

Country of birth

SINGAPORE

Sex

M



NRIC No. S7712726G



Date of issue

13-03-2009

Address

100 KEW DRIVE  
SINGAPORE 465887

4375095

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number S7712726G

CHUA PHENG AUN, BENJAMIN

Birth Date 12 May 1977

Issue Date 06 Aug 2013

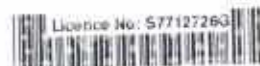


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor Cars  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of the driver; and other motor vehicles  $\leq$  2500kg 11 Sep 1995

NP 428A



AIG

## CERTIFICATE OF INSURANCE

## AUDI AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : CHUA PHENG AUN, BENJAMIN  
 Period of Insurance : 01 Sep 2017 To 31 Aug 2018  
 Engine No. : CDN281554  
 Chassis No. : WAUZZZ4G8DN012291

Vehicle No. : SKG4117D  
 Policy No. : 2100312917-05  
 Endorsement No. :  
 Issued Date : 28 Aug 2017

## ABOUT THE COVER

Make/Model : AUDI A6 C7 2.0 TFSI MU  
 Engine Capacity/Tonnage : 1,984.00 CC  
 Driver Restriction : NA

Sum Insured : Market Value  
 Off Peak Car : No

First Year of Registration : 2012  
 Insuring with COE/PARF : Yes

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

(i) The Policyholder

(ii) Any other person who is driving on the Policyholder's order or with his/her permission.

\* This Policy will indemnify the Policyholder as any authorized driver only if he/she meets the specified age condition.

From 1st Sep 2017, an additional sum of \$3,000 for "Unexperienced Driver Excess" (UDE) if you are a New Authorized Driver (named or unnamed) has less than 2 years driving experience.

Age Condition : 35 years old and above

## Limitation as to use\*

Use only for school, 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 or connection with any trade or business or use for any purpose in connection with Motor Trade.

## Loss of Use

\* Limitations extended 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), and not to be included under these headings.

## 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)

CHUA PHENG AUN, BENJAMIN - \$200 (Own Damage)

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

1. Audi Customer Service Center, Add: 55 Ulu Road 1, Singapore 408691 (0662332)

For other Approved Reporting Centres/AIG Authorized 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 50 Mobile App. Simply search and download "AIG 50" from iTunes or Google Play.

## IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: DBS BANK 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. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1993 (Malaysia).)

0504125200

PREMIUM LEASING - AP  
 281 ALEXANDRA ROAD AUDI CUSTOMER SERVICE CENTRE  
 SINGAPORE 159908  
 Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.  
 AUTHORISED REPRESENTATIVE

AIG Asia Pacific Insurance Pte.