

**NATIONAL Assessment Centre Services** [wef 1 Jan 2005]

Date In: <b>23/05/18</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/A1418009375/13</b>	SAS e-filing		
Veh No: <b>SKN/424A</b>	E-mail (Within 8hrs, AIC 2hrs)		
D.O.A <b>23/05/18</b> <b>0940</b>	i-Motor Claim Form		
OD <b>(TP)</b> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to <b>Owner/Wksp</b>		

Preferred Wksp / INC Assign Wksp / QW: ( **M-GARAGE** ) Tel: Fax: )

TP Particulars: Veh No: **SGM55515** 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)**

Remarks:-	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

Claimant's Particulars :-	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
		1st Bill	Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF : Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120		
Auditors' Comments :-	5) iT : Follow-Through Survey (Resurvey) \$30		
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 2 / 3:	6) TR : Re-inspection \$75		
	7) NI : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*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 Anted	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	23/05/2018 14:21
Date Of Accident	23/05/2018 09:40
Exact Location Of Accident	BARTLEY RD E TWD AIRPORT RD B4 KAKI BUKIT AVE 4 EX
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN1424A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ASIA-OCEANIA CORPORATION PTE.LTD
Co Reg No	200612532D
Email Address	MOHAN@OCEANIA.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-96482115

### Vehicle Particulars

Manufacturer	AUDI
Model	A4 1.8
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	2100373494-04
Cover Note Number	

### Driver

Name of Driver	MAHALLIL PURAM MOHAN
NRIC No	S2668699G
Date Of Birth	01/04/1965
Occupation	INDOOR
Date Of Driving Pass	03/07/2006
Driving Experience	11 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96482115
Fax Number	
Contact Number	
Email Address	MOHAN@OCEANIA.COM.SG

Address 61 TAMPINES AVE 1  
 #09-02  
 Postcode 529776  
 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 -  
 -  
 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: : BEENA MOHAN  
 GENDER: : FEMALE  
 Passenger 2 NAME: : BINISH MOHAN  
 GENDER: : MALE

**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 SGM5551S  
 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)

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

GBC3367H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

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 Authorized 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 lodging 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.

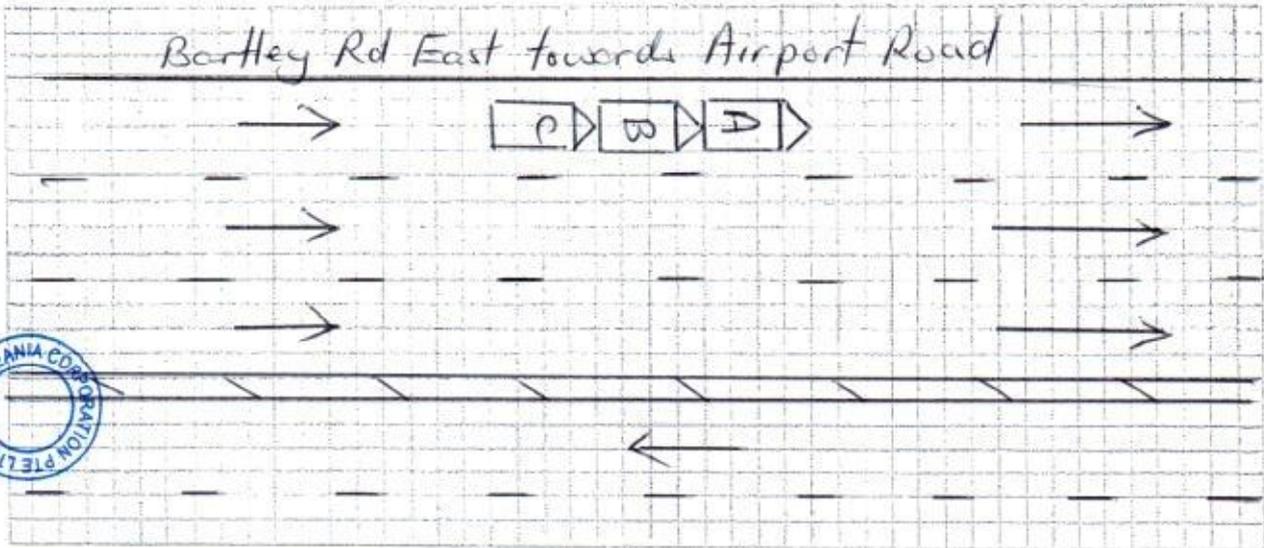


Policyholder's Signature  
Date & Time:

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 23/05/2018 at about 0940 hrs at along Bartley Road East towards Airport Road before Kaki Bukit Ave 4 exit. I was travelling on the extreme left lane and when my front vehicle slow down and stop due to heavy traffic hence I follow suit. 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. I have 2 passengers inside my vehicle. It was a chain collision of total

3 vehicles involved.

- (A) SKN1424A
- (B) SGM 5551 S
- (C) GBC 3367H

DECLARATION

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



Holder's Signature  
Date & Time:

*[Signature]*

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

*[Signature]* 23/05/18

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

- mohan @ oceania . com . sg  
 - mg3solution@gmail.com

SINGAPORE ACCIDENT STATEMENT

Accident Date: 23/05/2018	Time: 0940	(hh:mm) 24 hr format
Location Bartley Road East towards Airport Road before Kaki RT Ave 4 exit		
Vehicle Number	SKN424 A	
Insured Name	ASIA - OCEANIA CORPORATION Pte Ltd	
NRIC / FIN	200612532D	Contact Number
Make	Audi	Model A4 1.8
Are you claiming under your own insurance policy for repair to your vehicle?		
( ) Yes If No, Pls select: ( / ) Third Party ( ) Reporting		
Insurance Company	AIG	
Type of Policy	( / ) Comprehensive ( ) Third Party Fire & Theft ( ) TP Only	
Policy Number	2100373494 - 04	
Name of Driver	MANAMI PUNAM MOHAN	( ) Same as Insured
NRIC / FIN	S2668699 G	Contact Number 9648 2115
Date of Birth	01/04/1965	
Driving Pass Date	03/07/2006	
Occupation	( / ) Indoor ( ) Outdoor	
Gender	( / ) Male ( ) Female	
Email Address	mohan@oceania.com.sg	( ) NO EMAIL
Address of Driver	61 Tampines Ave 1 #09-02 S(529776)	
Was driver an employee of the Insured's Company? ( / ) Yes ( ) No		
If No, Relationship of the Driver with the Insured EMPLOYEE		
( ) 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	SGM 5551S	
Veh C	GBC 3367H	
Veh D		
Veh E		
Veh F		

3 person include driver:  
 i(f) BEENA MOHAN  
 i(m) BINISH MOHAN

DRIVER  
SEN1424A

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S2668699G



Name  
MAHALLIL PURAM MOHAN

Race  
INDIAN  
Date of birth      Sex      S2668699G  
01-04-1965      M  
Country of birth  
INDIA

4915048



NRIC No. S2668699G

Date of issue  
19-12-2012

Address  
61 TAMPINES AVENUE 1  
#09-02  
SINGAPORE 529778

Driver

SKN 1424A

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S2668699G**  
Name: **MAHALLIL PURAM MOHAN**



Birth Date: 01 Apr 1965  
Issue Date: 03 Jul 2006

001429511A



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

	PASS DATE
Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	03 Jul 2006

NP 428A

Licence No: S2668699G





# CERTIFICATE OF INSURANCE

## AUDI AUTO PROTECTOR PRIVATE VEHICLE

**Name of Policyholder** : ASIA-OCEANIA CORPORATION PTE. LTD.  
**Period of Insurance** : 16 May 2018 To 15 May 2019  
**Engine No.** : CJE070206  
**Chassis No.** : WAUZZZ8K2EA072453

**Vehicle No.** : SKN1424A  
**Policy No.** : 2100373494-04  
**Endorsement No.** :  
**Issued Date** : 24 Apr 2018

### ABOUT THE COVER

**Make/Model** : AUDI A4 1.8 TFSI MU (LITE EDITION)  
**Engine Capacity/Tonnage** : 1,798.00 CC  
**Driver Restriction** : NA  
**Sum Insured** : Market Value  
**Off Peak Car** : No  
**First Year of Registration** : 2014  
**Insuring with COE/PARF** : 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 Authorized 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 1800cc - 2000cc Optional

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 65 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)

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

1. Audi Customer Service Center Add: 55 Ubi Road 1 Singapore 408599 63862323

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 8200. 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:** United Overseas Bank Limited

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).

0504125241

PREMIUM LEASING -SC

281 ALEXANDRA ROAD AUDI CUSTOMER SERVICE CENTRE  
 SINGAPORE 159938

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

*Manile*

AIG Asia Pacific Insurance Pte. Ltd.  
 AUTHORISED REPRESENTATIVE  
 AIGSGMOBILEAPP