NATIONAL Assessment Centre Services	S. pret coarcos	MMA 118075524.00			
Date In 11/6/18 14:27 Jeb descrip	ption	Date & Time Completed	Done	bj	
Res No. NA 18010575144 SAS e-11	ling				
	vidiu Shrs, AIC 2hrs)			000	
2 N × 3 8 0 0 1	Claim Form				
i-Motor	W/O (Within: OD 2h)	r. TP 4brs)		21	
(DD) IP Reporting Only	Uploaded				
Assessme	Assessment/Survey Report				
TP Insurer: Ass't Rep	ort by Fax / Hand	to Owner/Wksp		100	
Preferred Wksp / INC Assign Wksp / QW: (Tel: Fax)	
TP Particulars: Veh No: Wall.	INC ()/Non-INC()			
Owner / Driver: (Tel:)		
Policy No: () Period: ()	Cover Type ()		
Confirmed by : (Date:	Time:)		
Insured/Driver Liability: (%) [Note-Est. State	us (WO): N: 0-2	0%; P. 21-79%. F: 80-100	%]		
Year of Registration: () Warranty: YE	S()/NO()			
Excess: (S) Loading: \$1,000 ()/\$2	,000()				
General Remarks;-	17 (17)				
() Walk-In Customer : Customer's information strictly	/ Confidential & St	rictly NO refer of repairer.			
() Total Loss Case : to e-mail Insurer URGENTI					
		owing Co: ()	
			TO THE RESERVE		
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		eles es la superior de la company de la comp			
Date Aime Actions					
		•			
	Invoice Pro	paration Checklist	Anit (\$)	Amt (1)	
MA 1803676	2004.00		Ist Bill	Add Bill	
Claimant's Particulars :-	1) AR : Acciden 2) DA : Damage	t Reporting (\$30); Assessment (\$100); INC (\$80)	30.00		
Driver/Owner:	3) TF : Towing I 4) FT : Fallow-T				
Contact No:	5) FT : Follow-I	'hrough Survey (Resurvey) 53	-		
	6) TR : Re-inspe	ction \$7.	51		
Damaged Portion:	7) N1 : Idao DA	+ SMRT Survey \$16	-		
	8) NTUC Additi	onal Services			
C Checked by (Engr-In-Charge):	*NS: Courtes)	Cor/Tpt Allowance 1			
CONTRACTOR AND SERVICE OF A CONTRACTOR OF A CO	*N6: Repair C *N7: Fost Rep	AND AND THE RESIDENCE OF THE PARTY OF THE PA			
auditors' Comments :-	State of the state	illect Excess Coordination 32	-		
at. 1)	TP (N11) : TH 9) N12: Idea Ma	(Non INC) against INC \$2 bile 3			
11. 2/3	Invalce dated	Pee Chargesi		THE RE	
	Invalue dated	Fee Charged	西西亚	0.01(1)	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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 witholding 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.				
physical distribution of the second	ACCIDENT STATEMENT			
Date Of Report	11/06/2018 14:27			
Date Of Accident	11/06/2018 12:30			
Exact Location Of Accident	UPPER SERANGOON VIADUCT TWDS CITY			
Country/State of Loss	SINGAPORE			
AND DESCRIPTION OF THE PARTY OF	DETAILS OF OWN VEHICLE			
Vehicle Registration Number	SKQ3666P			
Insured/Policyholder				
Name Of Registered Owner	QUAH TUANG KIT @LEE TUANG KIT			
NRIC No	S0164076C			

Email Address NOEMAIL (LOCAL) +65-90628793 Mobile Phone No.

Alternative Phone No OFFICE-90628793

Vehicle Particulars

AUDI Manufacturer

A4 1.4 TFSI S TRONIC Model

Exact Purpose for which vehicle was being used at PRIVATE USE time of accident

Are you claiming under your own insurance policy

for repair to your vehicle? If No, Please state action to be taken

PRIVATE CAR Vehicle Category

Insurance Company

Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD.

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

Policy Number 1700087591

Cover Note Number

Driver

Name of Driver TIANG LENG ING

NRIC No S0197402E 05/05/1950 Date Of Birth Occupation INDOOR Date Of Driving Pass 22/07/1977

40 YEARS AND 10 MONTHS Driving Experience

Gender FEMALE

Mobile Number (LOCAL) +65-97609837

Fax Number

Contact Number

NOEMAIL **EMail Address**

Address BLK 234 HOUGANG AVE 1 #04-262

Postcode 530234

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident NO 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

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

NO

NO

1

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

I WAS TRAVELLING ALONG UPPER SERANGOON VIADUCT TWDS CITY, WHEN I WAS DRIVING ON THE RIGHT LANE, SUDDENLY I NOTICED AN UNKNOWN OBJECT APPEAR ON THE ROAD WHICH WAS ON MY LANE, I PANIC THEN SWERVED TO THE RIGHT, UNFORTUNATELY MY VEH RIGHT SIDE HIT ONTO THE WALL. NO DAMAGE ON THE WALL.

Attachment(s)

Are accident photos available for attachment? YES YES

Was there any video captured by Car Camera?

Remarks/ Reasons: HAVENT RETRIEVE

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number WALL

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category GOVERNMENT

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
 - 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.:

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1 Cus	e Refer to Statement
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eclare the foreg	oing particulars are true in every respect.
XXX	trust
11.	
older's Signature	Driver's Signature Reporting Centre Personnel's Signature

Date & Time:

(If driver is not the policyholder)

Date & Time:

Name:

NRIC/FIN No.:



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

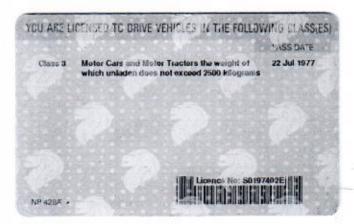
6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: 566550020G / GST Reg. No.: M400017735

<u>IMPORTANT NOTE</u>: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

			Α	DDENDU	М			
PARTICULA	ARS OF PER	SONMAKIN	GTHEAME	NDMENTS:				
Original Re	port No :	MMA III	07552	+	Vehicle Registration	n No:	KQ 3666 P	,
Name(as sho	ownin NRIC) :	Quah	Tuang	Kit	NRIC/FIN/Passport	No: 5	01640760	3
(*Vehicle D	Driver/Veh	icle Owner)	(*) Please d	elete as app	ropriate			
Address	:,					Si	ngapore(
Contact (Te	el) :				Mobile No.: 9	0628793	3 .	
Email Addr	ress :							
Date of Acc	cident :	11/6/	18		Time of Accident :	12:3	0.	
Place of Ac	cident :	Орр	er Se	rangoov	viaduct	twois	City	
Insurance (Company:	All	5 .	25500				
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	F.					fruit		
Policyholde Date:	er / Driver's	Signature			And the state of t	Personnel's	Signature	
1 /					NRIC/FIN No.:			
	Original Re Name(as sho (*Vehicle II Address Contact (To Email Addi Date of Acc Place of Acc Insurance (II ADDITION I have mad make the f	Original Report No: Name(as shownin NRIC): (*Vehicle Driver / Vehicle Dr	Original Report No: MNA 115 Name(as shownin NRIC): Quah (*Vehicle Driver / Vehicle Owner) Address:	PARTICULARS OF PERSON MAKING THE AME Original Report No: MMA 118075521 Name(as shown in NRIC): Quab Tuang (*Vehicle Driver / Vehicle Owner) (*) Please d Address: Contact (Tel): Email Address: Date of Accident: 11/6/18 Place of Accident: Upper Sell Insurance Company: AIG. ADDITIONAL INFORMATION / AMENDMENT I have made a report on the above mentioned make the following amendments: * Amend to Change AIG Instead of	PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: MNA 118075524. Name(as shownin NRIC): Quah Tuang kit (*Vehicle Driver/Vehicle Owner)(*) Please delete as app Address: Contact (Tel): Email Address: Date of Accident: Upper Serangoon Insurance Company: A1G. ADDITIONAL INFORMATION / AMENDMENTS: I have made a report on the above mentioned accident armake the following amendments: * Amend to Change the A1G Instead of China Policyholder / Driver's Signature	Original Report No: MNA 118075524. Vehicle Registration Name(as shownin NRIC): Quah Tuang kit NRIC/FIN/Passport (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate Address: Contact (Tel): Mobile No.: 9. Email Address: Date of Accident: 11/6/18 Time of Accident: Place of Accident: Upper Serangeon Viaduct Insurance Company: A1G. ADDITIONAL INFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to inclumake the following amendments: * Amend to Change the Insurance A1G Instead of China taiping. Policyholder / Driver's Signature Reporting Centre	PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: MMA 118075524. Vehicle Registration No: 5 Name (as shown in NRIC): Quab Tuang kit NRIC/FIN/Passport No: 5 ((*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate Address: Si Contact (Tel): Mobile No: 90628713 Email Address: Time of Accident: 12:3 Place of Accident: Upper Serangen Viaduct twoss Insurance Company: AIG. ADDITIONAL INFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include addition make the following amendments: * Amend to Change the Insurance Compandation of China taiping. Policyholder / Driver's Signature Reporting Centre Personnel's Reporting Centre Personnel's	PARTICULARSOFPERSONMAKINGTHEAMENDMENTS: Original Report No: MNA 118075524. Vehicle Registration No: SKQ 3666 F Name(as shownin NRIC): Quah Tuang kit NRIC/FIN/Passport No: 50164076 C (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate Address: Singapore(Contact (Tel): Mobile No.: 90628793. Email Address: Date of Accident: 11/6/18 Time of Accident: 12:30. Place of Accident: Upper Serangoon Viaduct twols City Insurance Company: A1G. ADDITIONAL INFORMATION / AMENDMENTS: Thave made a report on the above mentioned accident and would like to include additional information make the following amendments: * Amend to Change the Insurance company to A1G Instead of China taiping. Policyholder / Driver's Signature Reporting Centre Personnel's Signature









REPUBLIC OF SINGAPORE

IDENTITY CARD NO. SO164076C





QUAH TUANG KIT @LEE TUANG KIT











CERTIFICATE OF INSURANCE

AUDI AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder Period of Insurance

: QUAH TUANG KIT @ LEE TUANG KIT

: 11 Dec 2017 To 10 Dec 2018

Engine No.

: CVN049863

Chassis No. : WAUZZZF4XJA041949 Vehicle No. Policy No.

Issued Date

: SKQ3666P : 1700087591

Endorsement No.

: 21 Dec 2017

ABOUT THE COVER

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/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 trusiness 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 95 of the Road Transport Act. 1987 (Malaysia), are not to be included under these headings.

EXCESS

Section 1

Fire - 50 Own Damage - \$600 Theft - 50 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

QUAH TUANG KIT @ LEE TUANG KIT - \$600 (Own Damage)

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

1 Audi Customer Service Center, Add: 55 Ubi Road 1 Singapore 408599 63652323

For other Approved Reporting Centres/AIG Authorised Repairers, please conject 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: OVERSEA-CHINESE BANKING CORPN LTD

I/We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the previsions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap., 189), Part IV of the Road Transport Act, 1997 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1969 (Malaysia).

0504125256

PREMIUM LEASING -LSYA

281 ALEXANDRA ROAD AUDI CUSTOMER SERVICE CENTRE

SINGAPORE 159938

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE Steffeny Lish

0 2018