

NATIONAL Assessment Centre Services MMA 118075524-01

Date In: 11/6/18 14:27	Job description	Date & Time Completed	Done by
Ref No: MA/5718010575164 AIG	SAS e-filing		
Veh No: SKQ 366GP	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 11/6/18 12:30.	i-Motor Claim Form		
TP: 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 Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: **W911** 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) 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	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
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) FT: Follow-Through Survey (Resurvey) \$30		
	6) TR: Re-inspection \$75		
at 1:	7) N1: Idac DA + SMRT Survey \$160		
at 2/3:	8) NTUC Additional Services -		
	9) N12: Idac Mobile 30		
	TP (N11): TP (Non-INC) against INC		
	Invoice dated	Fee Charged	
	Invoice dated	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	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

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKQ3666P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	QUAH TUANG KIT @LEE TUANG KIT
NRIC No	S0164076C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90628793
Alternative Phone No	OFFICE-90628793

### Vehicle Particulars

Manufacturer	AUDI
Model	A4 1.4 TFSI S TRONIC
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?	YES
If No, Please state action to be taken	
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	1700087591
Cover Note Number	-

### Driver

Name of Driver	TIANG LENG ING
NRIC No	S0197402E
Date Of Birth	05/05/1950
Occupation	INDOOR
Date Of Driving Pass	22/07/1977
Driving Experience	40 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97609837
Fax Number	
Contact Number	
Email Address	NOEMAIL

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	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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?	NO
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)

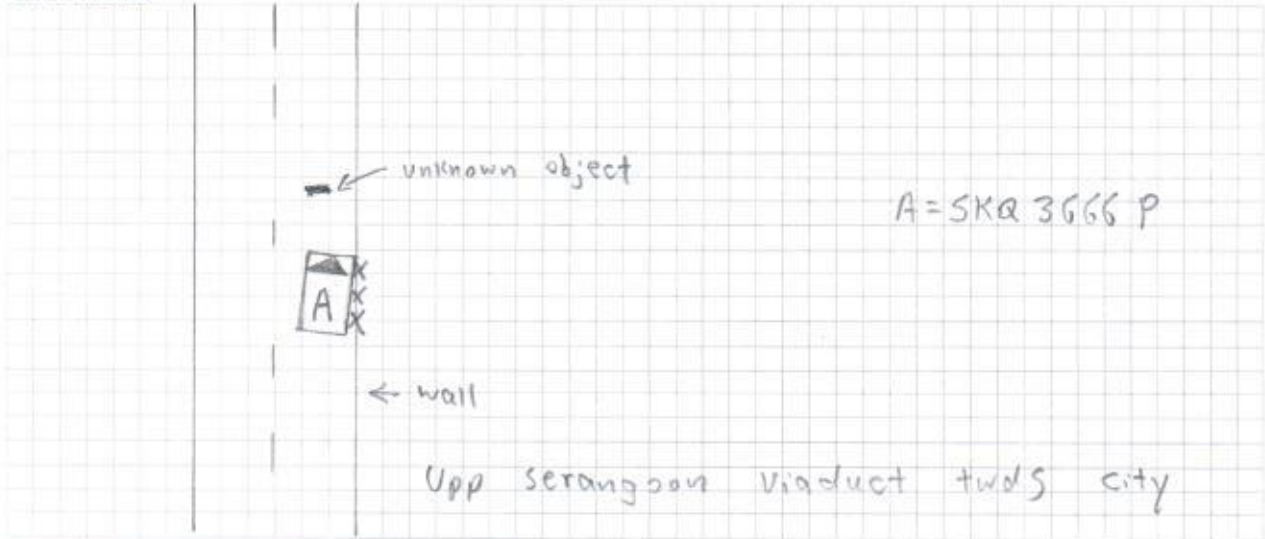
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	HAVENT RETRIEVE
Was there any audio recorded?	NO

#### 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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to statement

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.:

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

### ADDENDUM


**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : MNA 118075524. Vehicle Registration No: SKQ 3666P  
Name (as shown in NRIC) : Quah Tuang Kit NRIC/FIN/Passport No : S 0164076C  
(\*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 twos City  
Insurance Company: AIG.

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

\* Amend to change the insurance company to  
AIG instead of China taiping.

  
\_\_\_\_\_

Policyholder / Driver's Signature

Date:

13/6/18

  
\_\_\_\_\_

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date: 13/6/18.

**REPUBLIC OF SINGAPORE DRIVING LICENCE**



Licence Number **S0197402E**  
 Name  
**TIANG LENG ING**

Birth Date **05 May 1950**  
 Issue Date **23 May 2003**

000504016H

**REPUBLIC OF SINGAPORE**  
 IDENTITY CARD NO. **S0197402E**



Name  
**TIANG LENG ING**  
**程蓮英**

Race  
**CHINESE**

Date of Birth **05-05-1950** Sex **F**  
 Country of Birth  
**SINGAPORE**

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

Class 3 **Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms**

CLASS DATE  
**22 Jul 1977**

Licence No: **S0197402E**

NP 428A

1701056



NRIC No. **S0197402E**



Blood Group **B+** Date of issue **19-02-1994**

**APT BLK 234 HOUGANG AVENUE 1 #04-262**  
**SINGAPORE 530234**

NRIC No: **S0197402E** Date: **23/12/2012** No: **7154040**

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S0164076C



Name

QUAH TUANG KIT  
@LEE TUANG KIT

柯 團 結

Race

CHINESE

Date of birth

22-02-1951

Sex

M

Country/Place of birth

CHINA





## AUDI AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : **QUAH TUANG KIT @ LEE TUANG KIT**  
 Period of Insurance : 11 Dec 2017 To 10 Dec 2018  
 Engine No. : CVN049863  
 Chassis No. : WAUZZZF4XJA041949

Vehicle No. : SKQ3666P  
 Policy No. : 1700087591  
 Endorsement No. :  
 Issued Date : 21 Dec 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/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" ("YIDER") 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.

Loss of Use 1800cc - 2000cc Optional

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 169) 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 - \$600 Theft - \$0 Flood Cover - \$0

#### Section 2

Property Damages - \$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 408699 63662323

For other 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](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: OVERSEA-CHINESE BANKING CORPN 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. 169), Part IV of the Road Transport Act, 1987 (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

Stefany Loh