

NATIONAL Assessment Centre Services

[ver: 1 Jan 05]

MMA 118080053

Date In: 21/6/18 14:03	Job description	Date & Time Completed	Done by
Ref No: MA1AIG 1841277164	SAS e-filing		
Veh No: SKV317 R.	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 2016/18 18:00	i-Motor Claim Form		
OD: <input checked="" type="checkbox"/> 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:

SKP 3888x

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

Invoice Preparation Checklist

Amt (\$)

Amt (\$)

1st Bill

Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Pat 1:

Pat 2/3:

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TF: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

5) FT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (wef 10 Jan 2005)

6) TR: Re-inspection \$75

7) N1: Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

QD:

*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 \$0

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	21/06/2018 14:03
Date Of Accident	20/06/2018 18:00
Exact Location Of Accident	KPE TWDS TPE AT BUANGKOK EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV317R
Insured/Policyholder	
Name Of Registered Owner	TIANG KWAN HERR
NRIC No	S7805903F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82281091
Alternative Phone No	OFFICE-82281091

Vehicle Particulars

Manufacturer	AUDI
Model	A4 1.8 TFSI MU ATTRACTION
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	2100426354-02
Cover Note Number	-

Driver

Name of Driver	TIANG KWAN HERR
NRIC No	S7805903F
Date Of Birth	01/03/1978
Occupation	INDOOR
Date Of Driving Pass	29/05/2002
Driving Experience	16 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82281091
Fax Number	
Contact Number	OFFICE-82281091
EMail Address	NOEMAIL

Address	BLK 36 FERNVALE LINK #04-19
Postcode	797533
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	SIDE SWIPE
Weather Conditions	CLOUDY
Road Surface	WET

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?	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	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKP3888X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	98335989
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	TIANG KWAN HERR
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SKV317R
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:

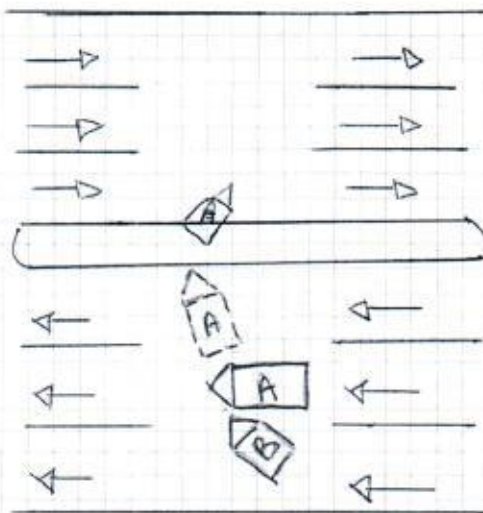
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.


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

Vehicle A - SKV317R

Vehicle B - SKP3888X



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time, I was driving on the stated venue.


Vehicle B SKP3888X was driving in front of me at the Center Lane.

Vehicle B SKP3888X change lane to the extreme left lane. Suddenly his car swerve towards my direction & hit onto my vehicle SKV317R. The sudden impact causes my car to swerve all the way to my right side and landed at the opposite Road. Video footage was submitted for accident reporting.

DECLARATION

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.:

Date of Accident : 20/6/2018 Accident Time: 6pm (24-HR-Format)
Accident Place : KPE Towards TPE at Buangkok Exit
Vehicle No. (Car Plate No.) : SKV 317R Make/Model: Audi A4
Insurance Company : AIG Policy No: 2100426354-02
Owner or Company Name /IC No. : Trang Kwan Herr / 57805903F
Owner or Company Contact No. : 82281091 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : 57805903F
DRIVER'S Date Of Birth : 01/03/1978 DRIVER'S License Pass Date 29/5/2002
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner
DRIVER'S Address : Blk 36 Fernvale Link #04-19 (S) 797533
DRIVER'S Contact No / Alt No. : 1) 82281091 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : kwanherr@hotmail.com
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 1
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any Injury (If YES, Pls state): Yes

Other Party Driver's Particular (if any)

Vehicle No: SKP 3888 X (woI)	Vehicle No: _____
Vehicle Make/Model: Hyundai Elantra	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: 98335989	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:



SINGAPORE POLICE FORCE



T/20180620/7009

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20180620/7009

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/06/2018 21:03		Vide Report No.: G/20180620/0190		Station Diary No.:	
Informant's Particulars					
Name of Informant: TIANG KWAN HERR			Address: APT BLK 36 Fernvale Link #04-19 SINGAPORE 797533		
ID Type / ID No.: NRIC NO / S7805903F			Contact No.: Home/Office: Mobile: 82281091		
Nationality: SINGAPORE CITIZEN			Email: kwanherr@hotmail.com		
Sex: Male	Age: 40	Date of Birth: 01/03/1978	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Trade broker (including oil and bunker trader)			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/06/2018 18:00	Type of Location: Straight Road
Location: BUANGKOK EAST DRIVE KPE towards TPE at Buangkok Exit				
Weather: Cloudy		Road Surface: Wet		Road Speed Limit: 70 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKP3888X	Car	HYUNDAI	Elantra	Gold	Seriously Damaged	0
SKV317R	Car	AUDI	A4 1.8 TFSI MU ATTRACTIO N	White	Seriously Damaged	0

Details of Vehicle Insurance			
Vehicle No.	Insurance Company	Insurance No.	Effective Expiry Date



**SINGAPORE
POLICE FORCE**



T/20180620/7009

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Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20180620/7009

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKV317R	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100426354-02	26/08/2017	25/08/2018

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TIANG KWAN HERR		ID No. S7805903F
Related Vehicle	SKV317R (Car)		Contact No. 82281091
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 20/6/2018 at 6pm , I was driving on the stated venue . Vehicle B (SKP3888X) was driving in front of my car (SKV317R) at the center Lane. Vehicle B (SKP3888X) change lane from center lane to extreme left lane . Suddenly his car (SKP3888X) swerve towards my direction that was at the center lane & collide twice onto my vehicle (SKV317R). The sudden & 2nd impact pushes my car to swerve all the way to the right side and landed at the opposite road facing the opposite direction.. Video footage was submitted.



**SINGAPORE
POLICE FORCE**



T/20180620/7009

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20180620/7009

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

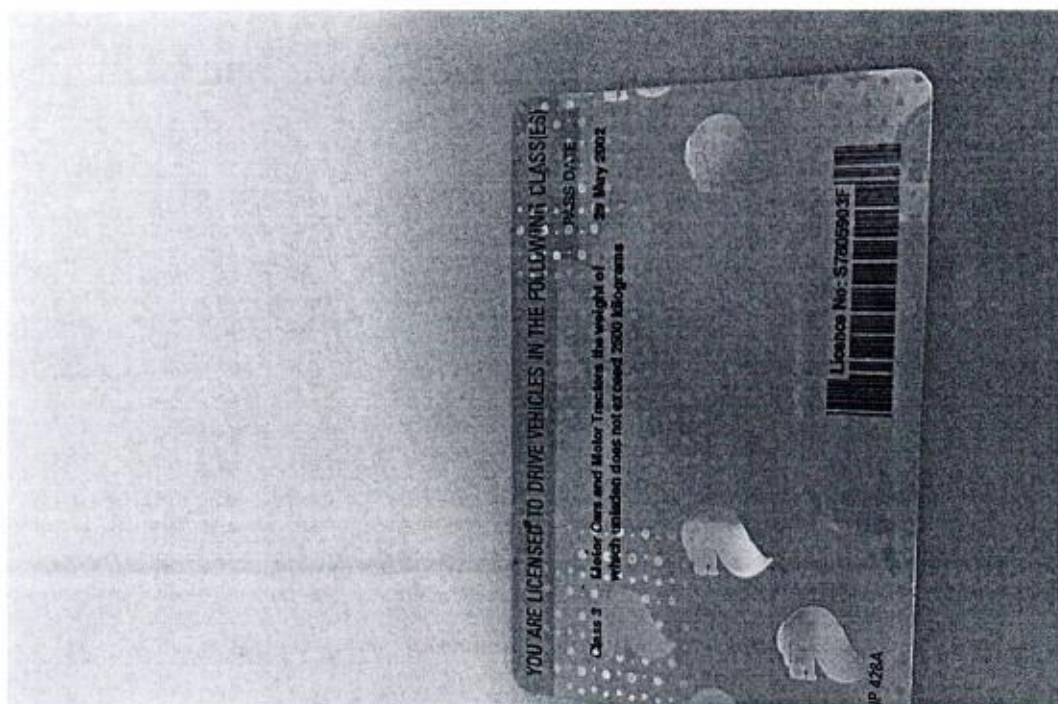
Officer In Charge Of Case:
TP / TP1B /
YEO CHUN JIAN
Contact No.: 65476213

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
20/06/2018 21:03

Classification Of Case:



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7805903F



Name
TIANG KWAN HERR

张光禾

Race
CHINESE

Date of birth
01-03-1978

Sex
M

Country of birth
SINGAPORE



4201998



NRIC No. S7805903F



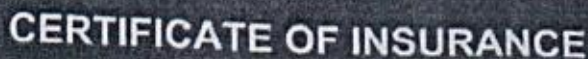
Date of issue
09-04-2008

BLK 38 FERNVALE LINK #04-19
SINGAPORE 797533

NRIC No. S7805903F

Date 02/10/2016





Name of Policyholder : TIANG KWAN HERR
Period of Insurance : 26 Aug 2017 To 25 Aug 2018
Engine No. : CJE102983
Chassis No. : WAUZZZBK9FA130561

Vehicle No. : SKV317R
Policy No. : 2100426354-02
Endorsement No. :
Issued Date : 16 Aug 2017

Make/Model	: AUDI A4 1.8 TFSI MU ATTRACTION (WBW)		
Engine Capacity/Tonnage	: 1,798.00 CC	Sum Insured	: Market Value
Driver Restriction	: NA	Off Peak Car	: No
		First Year of Registration	: 2015
		Insuring with COE/PARF	: Yes

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 "Inexperienced Driver Excess" (IDE) if You are or Your Authorised 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 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

* 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 - \$0 Own Damage - \$1200 Theft - \$0 Flood Cover - \$0

Section 2
Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

TIANG KWAN HERR - \$1200 (Own Damage)

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

1. Ask Customer Service Center, Add: 55 Ubi Road 1 Singapore 408699 63662323

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

1959) hereby certify that the policy in 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 Motor Vehicles Act, 1959 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

AIRPORT ROAD AND CUSTOMER SERVICE CENTRE

WILLIS TOWERS WATKINS

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

59514

AIG Asia Pacific Insurance Ptd. Ltd.