

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA/1808911

Date In: 10/2/18-17:15	Job description	Date & Time Completed	Done by
Ref No: NA/16/180/2568/24	SAS e-filing		
Veh No: 56677225	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 8/7/18-18:30	i-Motor Claim Form		
OD: 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: Vch No: 56677225 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:	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: ()

Date/Time	Actions

NA/1804357	Invoice Preparation Checklist	Amt (\$) Inc Bill	Amt (\$) Add Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) RT: 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:-		
	OD:		
	*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		
Auditors' Comments:	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	10/07/2018 17:15
Date Of Accident	08/07/2018 18:30
Exact Location Of Accident	BLK 349 CLEMENTI AVE 2 CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGG7722J
Insured/Policyholder	
Name Of Registered Owner	CHIANG SIEW GUET (ZHAN XIUYUE)
NRIC No	S7406747F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93820002
Alternative Phone No	OFFICE-93820002

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?	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	1700054134
Cover Note Number	

Driver

Name of Driver	CHIANG SIEW GUET (ZHAN XIUYUE)
NRIC No	S7406747F
Date Of Birth	14/02/1974
Occupation	INDOOR
Date Of Driving Pass	18/01/1994
Driving Experience	24 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93820002
Fax Number	
Contact Number	OFFICE-93820002
Email Address	NOEMAIL

Address	BLK 349 CLEMENTI AVENUE 2 #10-15
Postcode	120349
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	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?	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 - SINGAPORE CITY
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

REFER TO POLICE REPORT - T/20180710/7004.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLT6998J
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 INJURED PERSON 1

Name

CHIANG SIEW GUET (ZHAN XIUYUE)

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SGG7722J

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN


IMPORTANT NOTICE


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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.

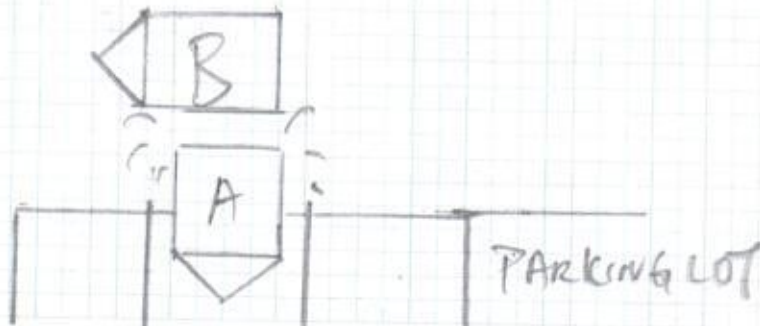

Policyholder's Signature
Date & Time:


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


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

SKETCH PLAN

Vehicle A 96G7722J
Vehicle B ST6998J



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a **Fourteen (14) days clause** whereby the claim must be made within the stipulated timeframe from the day of occurrence.

Reporting Only
Claim OD
Claim TP
Claim OD / TP at other workshop

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.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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ACCIDENT STATEMENT

Date Of Report 10 07 2018
 ☆ Date Of Accident 08 07 2018
 ☆ Exact Location Of Accident Blk 349 Clementi Ave 2 Carpark
 ☆ Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

☆ Vehicle Registration Number SGG 7722 J
Insured/Policyholder
 Name Of Registered Owner / Company Chiang Siew Guet
 RIC No / Work Permit No / ROC No S7406747F
 Email Address ckmy7380@yahoo.com.sg
 Mobile Phone No (LOCAL) 93820002
 Alternative Phone No
 Others-

Vehicle Particulars

☆ Manufacturer Audi
 ☆ Model Audi A4
 ☆ Exact Purpose for which vehicle was being used at time of accident Private Use / Commercial Use / Hirer Use
 ☆ Are you claiming under your own insurance policy for repair to your vehicle?
 If No, Please state action to be taken Yes / No / Third Party
 ☆ Vehicle Category Private Use / Commercial Vehicle / Motorcycle / Taxi / Bus / Goods Vehicle / Tanker / Mobile Equipment / Motor Trade / Government

Insurance Company

Name of Insurance Company AIG
 ☆ Type Of Coverage Comprehensive
 ☆ Policy Number Yes / No 1700054134
 Cover Note Number

Driver

☆ Name of Driver Chiang Siew Guet
 ☆ NRIC No S7406747F
 ☆ Date Of Birth 14021974
 ☆ Occupation Indoor / Outdoor
 ☆ Date Of Driving Pass 18011994
 Driving Experience
 ☆ Gender Female
 ☆ Mobile Number (Local) 93820002
 Fax Number
 Contact Number
 EMail Address Others- pauline.sumnerfeels@gmail.com.sg

☆ Address

☆ Postcode

☆ Was driver an employee of the Insured's Company

☆ If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

Blk 349 Clementi Ave 2 #10-15

S(120349)

Yes / No

Owner / Relative / Friend / Parent / Spouse / Children / Sibling / Hirer

General Information of the Accident

☆ Type Of Accident

☆ Weather Conditions

☆ Road Surface

Other Information

☆ Was any foreign vehicle involved in this accident?

☆ Foreign Vehicle Registration Number

☆ Was any body injured in the Accident?

Was any other material or property damaged?

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?

If Yes, Please state which Police Station

Police Station Name

Police Station Address

Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

Collision :

Rainning / Clear / Other :

Wet / Dry / Other :

Side to Rear

Yes / No

Yes / No

Yes / No

Yes / No

Name:

Chiang Siew Guee

Yes / No

ROAD:

TEL NO:

Yes / No

POSTCODE:

- FAX NO:

COUNTRY:

Attachment(s)

Are accident photos available for attachment?

☆ Was there any video captured by Car Camera?

Was there any audio recorded?

Yes / No

Yes / No

Yes / No

DETAILS OF OTHER VEHICLE PROPERTY 1

☆ Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

SLT 6998J



SINGAPORE POLICE FORCE



T/20180710/7004

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

1 of 3

Report No. T/20180710/7004

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/07/2018 11:26		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHIANG SIEW GUET			Address: APT BLK 349 CLEMENTI AVENUE 2 #10-15 SINGAPORE 120349		
ID Type / ID No.: NRIC NO / S7406747F			Contact No.: Home/Office: Mobile: 93820002		
Nationality: SINGAPORE CITIZEN			Email: pauline.summerfeels@gmail.com		
Sex: Female	Age: 44	Date of Birth: 11/02/1974	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Self-employed - Retail			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/07/2018 18:30	Type of Location: Car Park
Location: CLEMENTI AVENUE 2				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 10 Km/h
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: SIDE TO REAR				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGG7722J	Car	AUDI	A4+1.4+TFS I+S+TRONIC	Blue		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGG7722J	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1700054134	27/09/2017	26/09/2018



**SINGAPORE
POLICE FORCE**



T/20180710/7004

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

2 of 3

Report No. T/20180710/7004

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHIANG SIEW GUET	ID No.	S7406747F
Related Vehicle	SGG7722J (Car)	Contact No.	93820002
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	CHIANG SIEW GUET	ID No.	S7406747F
Related Vehicle	SGG7722J (Car)	Contact No.	93820002
Hospital/Clinic	HORIZON MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	09/07/2018	Date Discharge	09/07/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 8 July 2018 at about 6.30 pm, I was reversing my vehicle SGG7722J out from the carpark lot suddenly when SLT6998J collided into my vehicle. I have a video footage in my car, where the vehicle came too fast speed and collided into my rear. My car was already partially out from the car park lot. The third party was too close to my car. Due to the impact, i suffered injuries.



**SINGAPORE
POLICE FORCE**



T/20180710/7004

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

3 of 3

Report No. T/20180710/7004

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 / TPHQ /
SITIMARSITA BINTE BOHARI
Contact No.: 65476219

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:
10/07/2018 11:26

Classification Of Case:

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7406747F



Name

CHIANG SIEW GUET
(ZHAN XIUYUE)

詹秀月

Race

CHINESE

Date of birth

14-02-1974

Sex

F

Country of birth

SINGAPORE



S7406747F

3619581



NRIC No. S7406747F



Date of issue

15-09-2004

Address

APT. BLK 349 CLEMENTI AVENUE 2
#10-15
SINGAPORE 120349

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

License Number: **S7406747F**

Name: **CHIANG SIEW GUET (ZHAN XIUYUE)**

Birth Date: **14 Feb 1974**

Issue Date: **10 Jan 2003**

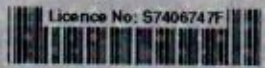




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	PASS DATE
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	18 Jan 1994

NP 428A



AUDI AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : CHIANG SIEW GUET (ZHAN XIUYUE)
 Period of Insurance : 27 Sep 2017 To 26 Sep 2018
 Engine No. : CVN040240
 Chassis No. : WAUZZZF45HA178405

Vehicle No. : SGG7722J
 Policy No. : 1700054134
 Endorsement No. :
 Issued Date : 29 Sep 2017

ABOUT THE COVER

Make/Model : AUDI A4 1.4 TFSI S tronic
 Engine Capacity/Tonnage : 1,395.00 CC Sum Insured : Market Value First Year of Registration : 2017
 Driver Restriction : NA Off Peak Car : No Insuring with COE/PAF : Yes

Person or Classes of Persons Entitled to Drive* :

a) The Policyholder

or 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" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition : 40 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 - \$600 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

CHIANG SIEW GUET (ZHAN XIUYUE) - \$600 (Own Damage)

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

* Audi Customer Service Center Add: 55 Ubi Road 1 Singapore 408699 63862323

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 or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: Standard Chartered Bank (Singapore) Limited

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).

0504125200

PREMIUM LEASING - AP

281 ALEXANDRA ROAD AUDI CUSTOMER SERVICE CENTRE

SINGAPORE 159938

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Monik

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

Cheng Qian Yee