

# NATIONAL Assessment Centre Services (wef 1 Jan 2003) **MMA 118101309.**

Date In: <b>6/8/18 13:55</b>	Job description	Date & Time Completed	Done by
Ref No: <b>MA/AG18014249/h4</b>	SAS e-filing		
Veh No: <b>SKX 3993H</b>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <b>4/8/18 02:50.</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 Owner/Wksp		

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

TP Particulars:	Veh No: <b>Y2 9368X.</b>	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

<b>MA 1804994</b>	<b>Invoice Preparation Checklist</b>	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);	<b>30.00</b>	
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) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2003)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services :-		
QC Checked by (Engr-In-Charge):	QD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments :-	TP (N11) : TP (Non INC) against INC \$20		
Ref 1:	9) N12: Idac Mobile \$0		
Ref 2 / 3:	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 willful 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	06/08/2018 13:55
Date Of Accident	04/08/2018 02:50
Exact Location Of Accident	ALONG UBI AVE 3 TO EUNOS LINK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX3993H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LOK YEE MIN
NRIC No	S6835776D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96559101
Alternative Phone No	OFFICE-96559101

### Vehicle Particulars

Manufacturer	AUDI
Model	Q7 3.0 TFSI QU (333 BHP)
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	2100436519-02
Cover Note Number	-

### Driver

Name of Driver	LOK YEE MIN
NRIC No	S6835776D
Date Of Birth	22/09/1968
Occupation	INDOOR
Date Of Driving Pass	10/12/1997
Driving Experience	20 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96559101
Fax Number	
Contact Number	OFFICE-96559101
Email Address	NOEMAIL



Address	BLK 130 BEDOK RESERVOIR RD #04-1351
Postcode	470130
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	COLLISION - CROSS JUNCTION
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?	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)	2
Passenger 1	NAME: : SAMANTHA
	GENDER: : FEMALE

#### 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

PLEASE REFER TO ATTACHED STATEMENT.

#### 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	YL9368X
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)

**DETAILS OF INJURED PERSON 1**

Name	LOK YEE MIN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SKX3993H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

**DETAILS OF INJURED PERSON 2**

Name	SAMANTHA
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SKX3993H
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

Please

Refer

to

Sketch

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on stated date and time I vehicle A was traveling along the stated venue as I was approaching the junction, I stopped before turning right as the light was red. When the 'Green' arrow came out in my favour, I proceeded to turn right into Ennos Link. But veh B (YL936BX) came from my right, without stopping when the light was red and hit onto mine, causing damages to the entire right portion of my vehicle. I would like to state that there was an in-car camera on board my vehicle that captured the entire accident.

## DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature

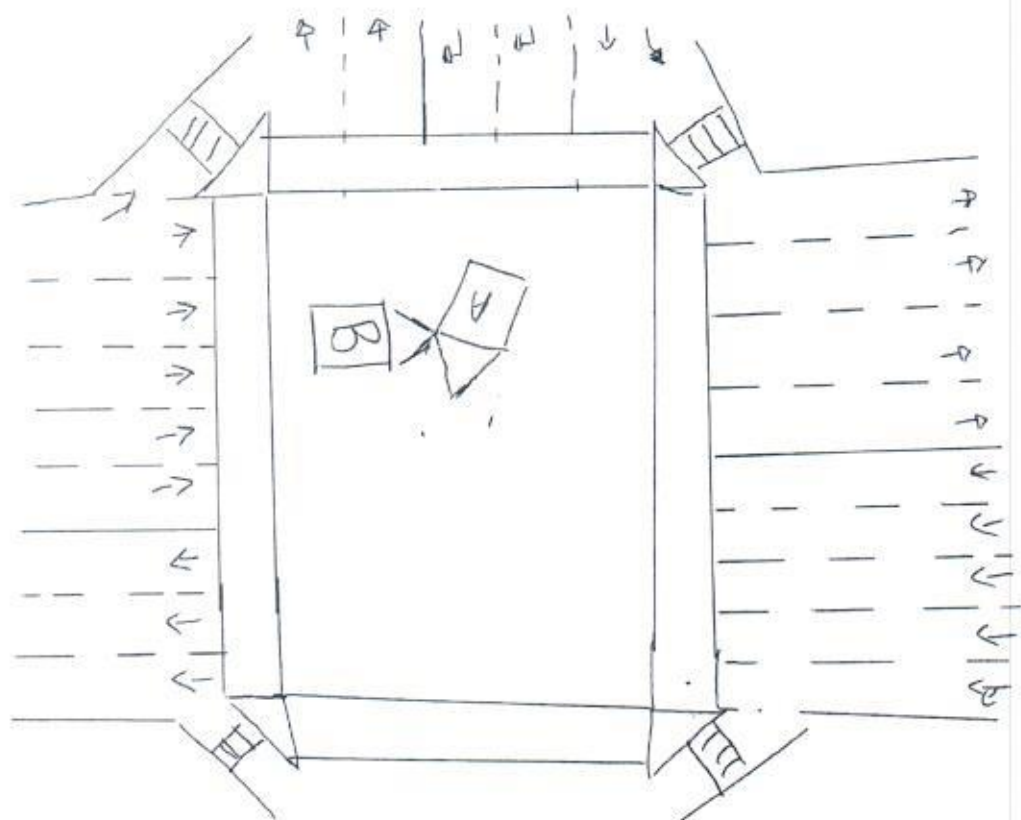
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



Date of Accident : 4/8/2018 Accident Time: 0950 (24-HR-Format)  
Accident Place : ALONG UBI AVE 3 > EUNOS LINK  
Vehicle No. (Car Plate No.) : SKX 3993H Make/Model: AUDI Q7  
Insurance Company : ALL Policy No: \_\_\_\_\_  
Owner or Company Name / IC No. : LOK YEE MIN S6835776D  
Owner or Company Contact No. : 96559101 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : AS above  
DRIVER'S Date Of Birth : 22/09/1968 DRIVER'S License Pass Date 10/12/1997  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: OWNER  
DRIVER'S Address : 130 BEDOK RESERVE RD #04-1351 S470130  
DRIVER'S Contact No. / Alt No. : 1) \_\_\_\_\_ 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : \_\_\_\_\_  
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): 02  
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

Vehicle: 4L 9368 X - Other Party Driver's Particular (if any)

Vehicle No: _____	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

\* NEW - Passenger's name & gender:

Samantha (F)



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S6835776D



Name

LOK YEE MIN

Race

CHINESE

Date of Birth

22-09-1968

Sex

M

Country of Birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S6835776D

Name

LOK YEE MIN

Birth Date: 22 Sep 1968

Issue Date: 07 Nov 2003



1483049

NRIC No. S6835776D



Blood Group: O+ Date of issue: 03-12-1993

APT BLK 130 BEDOK RESERVOIR ROAD #04-1351  
SINGAPORE 470130

NRIC No: S6835776D

Date: 27-01-2004

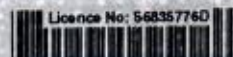
No: 4826990

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

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

PASS DATE

10 Dec 1997



Licence No: S6835776D

NP 428A



# CERTIFICATE OF INSURANCE

## AUDI AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : LOK YEE MIN  
Period of Insurance : 30 Oct 2017 To 29 Oct 2018  
Engine No. : CRE049022  
Chassis No. : WAUZZZ4M2GD008163

Vehicle No. : SKX3993H  
Policy No. : 2100436519-02  
Endorsement No. :  
Issued Date : 10 Oct 2017

### ABOUT THE COVER

Make/Model : AUDI Q7 3.0 TFSI QU (272BHP&333BHP)  
Engine Capacity/Tonnage : 2,995.00 CC  
Driver Restriction : NA  
Sum Insured : Market Value  
Off Peak Car : No  
First Year of Registration : 2015  
Insuring with COE/PAF : 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 \$2,000 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 local, 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 1500cc - 1600cc Optional

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 188) and Section 85 of the Road Transport Act, 1987 (Malaysia) are not to be included under these headings

### EXCESS

#### Section 1

Fire - \$0 Own Damage - \$1400 Theft - \$0 Flood Cover - \$0

#### Section 2

Property Damage - \$0

Windscreen : \$100

#### Named Driver and Excess (where applicable)

LOK YEE MIN - \$1400 (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: United Overseas Bank 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. 188), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504125207

PREMIUM LEASING - SLEE

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

651209K