

NATIONAL Assessment Centre Services

[wef 1 Jan 05] MNA11812790

Date In: 1/10/18-15:03	Job description	Date & Time Completed	Done by
Ref No: NA/1618012787/4	SAS e-filing		
Veh No: JEM 14676	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 24/1/18-11:50	i-Motor Claim Form		
OD <u>TP</u> 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: JYV 285	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% P: 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
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury : _____

Date/Time	Actions

NA1806261	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) 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		
QC Checked by (Engr-In-Charge):	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:-		
	Q1*		
	*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 (N-a INC) against INC \$20		
	9) N12: Idac Mobile 30		
Dat. 1:	Invoice dated	Fee Charged	
Dat. 2 / 3:	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	01/10/2018 15:03
Date Of Accident	29/09/2018 11:50
Exact Location Of Accident	CTE (AYE) BEFORE BRADDELL RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKM1467G
Insured/Policyholder	
Name Of Registered Owner	JAYSON CHOY
NRIC No	S7227910G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96911118
Alternative Phone No	OFFICE-96911118
Vehicle Particulars	
Manufacturer	AUDI
Model	A5 SPORTBACK 2.0 TFSI QU
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	2100363593-04
Cover Note Number	

Driver

Name of Driver	JAYSON CHOY
NRIC No	S7227910G
Date Of Birth	03/08/1972
Occupation	INDOOR
Date Of Driving Pass	14/12/1990
Driving Experience	27 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96911118
Fax Number	
Contact Number	OFFICE-96911118
Email Address	NOEMAIL

Address	BLK 661 HOUGANG AVENUE 4 #05-385
Postcode	530661
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	CHAIN 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	3
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)	2
Passenger 1	NAME: : YONG MO CHENG GENDER: : FEMALE

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/20180929/7013.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJY4208S
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)

1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SLG9381L

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)

2

Passenger 1

NAME: :

GENDER: :

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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:

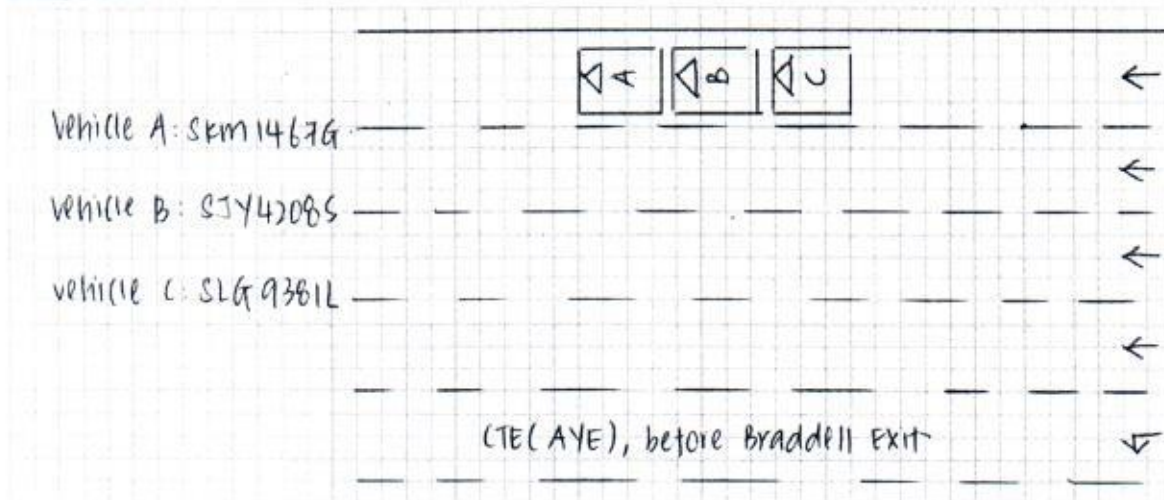


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time, I, vehicle A, SKM1467G, was travelling straight along the stated venue. Due to front vehicle brake, I braked as well. Moments later, I felt an impact on my vehicle's rear portion. I then realised that I was involved in a chain collision of 3 vehicles.


my driver was my passenger: Name YONG MO CHENG
NRIC: S0706524 H

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: 29/09/2018 (DD/MM/YYYY), TIME: 11:50 (HH:MM)

LOCATION: (RELAJE), before Braddell exit

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SFM14676
 b) INSURANCE COMPANY: Alfa
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Audi A5
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Private use
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Janson Choy (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S72279106 CONTACT: 969 11 118
 c) ADDRESS: 661 Hougang Avenue 4, #05-385 S(530661)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Janson Choy (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S72279106 CONTACT: _____
 c) ADDRESS: 661 Hougang Avenue 4, #05-385 S(530661)

* d) DATE OF BIRTH: 03/08/1972 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 28 years

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: 57442085 MODEL: _____

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

THIRD PARTY VEHICLE

d) VEHICLE NUMBER: SLG9381L MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
 (Including driver)
(02)
 passenger female

* No of passenger
 (Including driver)
(01) males

* No of passenger
 (Including driver)
(02) 1 male,
 1 female

email =

fax =



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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/09/2018 19:06	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: JAYSON CHOY			Address: APT BLK 661 HOUGANG AVENUE 4 #05-385 SINGAPORE 530661		
ID Type / ID No.: NRIC NO / S7227910G			Contact No.: Home/Office: Mobile: 96911118		
Nationality: SINGAPORE CITIZEN			Email: jayson@ltstrategic.com		
Sex: Male	Age: 46	Date of Birth: 03/08/1972	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Business consultant			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

General Information of the Accident:				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/09/2018 11:50	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJY4208S	Car	BMW			Seriously Damaged	1
SKM1467G	Car	AUDI	A5 SPORTBACK 2.0 TFSI QU	Grey	Seriously Damaged	2
SLG9381L	Car				Slightly Damaged	2



**SINGAPORE
POLICE FORCE**



T/20180929/7013

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

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Report No. T/20180929/7013

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKM1467G	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100363593-04	09/03/2018	08/03/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	YONG MO CHENG	ID No.	S0706524H
Related Vehicle	SKM1467G (Car)	Contact No.	96911118
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	29/09/2018	Date Discharge	29/09/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	JAYSON CHOY	ID No.	S7227910G
Related Vehicle	SKM1467G (Car)	Contact No.	96911118
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	29/09/2018	Date Discharge	29/09/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

ON 29/09/2018, AT ABOUT 11:50HR, I WAS DRIVING MY VEHICLE - SKM1467G, ALONG LANE 1 OF CTE(AYE). BEFORE THE EXIT TO BRADDELL, FRONT VEHICLE BRAKED, I IMMEDIATELY BRAKE AS WELL. MOMENTS LATER, I FELT AN IMPACT ON MY VEHICLE'S REAR PORTION. I THEN REALISED I WAS INVOLVED IN A CHAIN COLLISION OF 3 VEHICLES.

MY MOTHER & I THEN SEEK MEDICAL ATTENTION AT MOUNT ALVERNIA HOSPITAL AND WERE GIVEN 3 & 5 DAYS MC RESPECTIVELY.



**SINGAPORE
POLICE FORCE**



T/20180929/7013

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

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Report No. T/20180929/7013

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 /
YEO GEAK ENG CECILIA
Contact No.: 65476404

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:
29/09/2018 19:06

Classification Of Case:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7227910G**

Name:

JAYSON CHOY



Birth Date: **03 Aug 1972**

Issue Date: **02 Nov 2005**



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7227910G**



Name

JAYSON CHOY

蔡 知 洧

Race

CHINESE

Date of birth

03-08-1972

Sex

M

Country of birth

SINGAPORE



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

PASS DATE

Class 3 Motor cars \leq 3000 kg with \leq 7 passengers,
exclusive of the driver; and motor tractors
/vehicles \leq 2500 kg

14 Dec 1990

NP 428A



Licence No: S7227910G



3765200



NRIC No. S7227910G

Date of issue
15-08-2005

Address

APT BLK 661 HOUGANG AVENUE 4
#05-385
SINGAPORE 530661



CERTIFICATE OF INSURANCE

AUTOPLAN PRIVATE VEHICLE

Name of Policyholder : Jayson Choy
 Period of Insurance : 09 Mar 2018 To 08 Mar 2019
 Engine No. : CDN142556
 Chassis No. : WAUZZZ8T9BA010715

Vehicle No. : SKM1467G
 Policy No. : 2100363593-04
 Endorsement No. :
 Issued Date : 05 Feb 2018

ABOUT THE COVER

Make/Model : AUDI A5 SPORTBACK 2.0 TFSI QU
 Engine Capacity/Tonnage : 1,984.00 CC
 Driver Restriction : NA
 Sum Insured : Market Value
 Off Peak Car : No
 First Year of Registration : 2010
 Insuring with COE/PAF : Yes

Person or Classes of Persons Entitled to Drive*

1. The Policyholder
 2. 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 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 9 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 - \$1400, Theft - \$0, Flood Cover - \$0

Section 2
 Property Damage - \$0

Windscreen - \$100

Named Driver and Excess (where applicable)

Jayson Choy - \$1400 (Own Damage)

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

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs)
 Any accident repairs to the Vehicle can be carried out at the repairer of Your choice (unless specifically excluded by Us).
 For Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6358 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: HITACHI CAPITAL(S) PTE 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, 1959 (Malaysia).

9602916000

LEE POH KIM AUDREY
 200 CHANGI ROAD #04-01J GREAT EASTERN @ CHANGI
 SINGAPORE 499734
 Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Monile

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

ES/EMC