

184137466

Preferred Whsp / INC Assign Whsp / OW: ()		Tel: ()	Fax: ()
TP Particulars: ()	Yell No: SLX51812	INC () / Non-INC ()	
Owner / Driver: ()		Tel: ()	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by: ()		Date: ()	Time: ()
Insured/Driver Liability: ()	(%) [Note: BSL 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 repeller.
 () Total Loss Case: To e-mail Insurer URGENTLY.
 Drive-In () / Towed-In (): Invoice: YES () / NO (); Towing Co: ()

Remarks	PLIN Code (e.g. 5788 0015)	Date Time Completed	Initiated by	Done by
1) Apply for Transport Allowance () / Courtesy Car ()				
2) QC Check / Post Repair Inspection ()				
3) Upload Resurvey Photo (Repair Cost > \$3000) ()				

Infancy:

[illegible]

217806845

Human's Particulars		Invoice Preparation Check/Is		Notes	
river/Owner:		1) AR: Accident Reporting (\$30)	\$3		
contact No:		2) DA: Damage Assessment (\$100)	INC (\$30)		
damaged Portion:		3) TP: Towing Fee	\$40 (\$4)		
		4) FT: Follow-Through Survey	\$120		
		5) FT: Follow-Through Survey (Resurvey)	\$20		
		Excluded from report INC Only (w/ef 10 Jan 2003)			
		6) TR: Re-inspection	\$13		
		7) NI: IDA + SMRT Survey	\$140		
		8) NTUC Additional Services			
		9) NI: IDA			
		10) NI: Courtesy Car / Tpl Allowance	\$3		
		11) NI: Repair Coordination	\$10		
		12) NI: Post Repair Inspection	\$13		
		13) NI: DY / Collect Unsettled Compensation	\$3		
		TP (NI) / TP (NI) INC against INC	\$20		
		14) NI: Idm Mobile	10		
		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 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. 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	23/10/2018 11:41
Date Of Accident	22/10/2018 00:00
Exact Location Of Accident	ALONG SIMS AVENUE TOWARDS BEDOK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN5181Z
Insured/Policyholder	
Name Of Registered Owner	QUEK KUAN YAM @ NG SOON LYE
NRIC No	S0193478C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90664500
Alternative Phone No	OTHERS-90664500

Vehicle Particulars

Manufacturer	AUDI
Model	A4-1.4 TFSI S TRONIC (A)
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	1700090818
Cover Note Number	

Driver

Name of Driver	QUEK KUAN YAM @ NG SOON LYE
NRIC No	S0193478C
Date Of Birth	31/05/1953
Occupation	INDOOR
Date Of Driving Pass	23/01/1973
Driving Experience	45 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90664500
Fax Number	
Contact Number	OTHERS-90664500
EEmail Address	NOEMAIL

Address	BLK 422 FAJAR ROAD #06-501
Postcode	670422
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?	NO
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: : CATHERINE CHEW(WIFE) GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT PANJANG
Police Station Address	ROAD: 1 SEGAR ROAD , POSTCODE: 677738 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8929999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20181022/2057

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	SLX4794Y
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)

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 assessing, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
 - (ii) for complying with legal demands under any regulations, laws or ordinances.



Policyholder's Name
Date



Authorised Driver's Name
Date

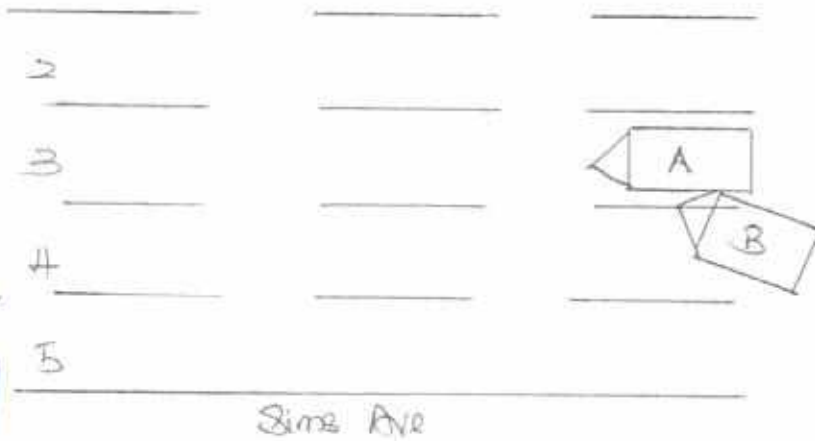


23/10/2018
Registrar

SKETCH PLAN

A) SKN 51812

B) SLX 47947



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 22 Oct 2018 at 1200 am, I was travelling along Upper Soon Kong Road towards Sims Ave. After travelling straight about 150 metres, I felt a collision impact from my left. Vehicle B collided into my vehicle while changing lanes.

Case Reported at Subt Panjany N.P.C

Traffic Police Report No. G/2018/032/0005

IO : ALEV 66470198

Report No. T/2018/032/0057

DECLARATION

I hereby declare that the information provided is true and correct.



Signature of Driver



Signature of Witness

 23/10/2018
Police Officer



**SINGAPORE
POLICE FORCE**



T/20181022/2057

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

1 of 3

Report No. T/20181022/2057

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/10/2018 13:04	Vide Report No.: G/20181022/0003	Station Diary No.: 68
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Informant's Particulars			
Name of Informant: QUEK KUAN YAM		Address: APT BLK 422 FAJAR ROAD #06-501 SINGAPORE 670422	
ID Type / ID No.: NRIC NO / S0193478C		Contact No.: Home/Office: Mobile: 90664500	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 65	Date of Birth: 31/05/1953	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Optician		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: 22/10/2018 00:00	Type of Location: Straight Road
Location: Along Road 1 SIMS AVENUE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
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
SKN5181Z	Car	AUDI	A4 1.4 TFSI S TRONIC	White	Seriously Damaged	0
SLX4794Y	Car					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKN5181Z	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1700090818	22/12/2017	21/12/2018



**SINGAPORE
POLICE FORCE**



T/20181022/2057

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

2 of 3

Report No. T/20181022/2057

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	QUEK KUAN YAM	ID No.	S0193478C
Related Vehicle	SKN5181Z (Car)	Contact No.	90664500
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
Other Person Involved			
Name	Unknown	ID No.	NIL
Related Vehicle	SLX4794Y (Car)	Contact No.	NIL
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

Brief Details.

On 22/10/2018 at about 0000hrs, I was driving my vehicle SKN5181Z along Sims ave after making out a left turn from Geylang Lor 1. I was travelling to Kallang way direction and suddenly, a car SLX4794Y collided onto my left side of my car. I was in front of the lady driver and I made a stop. We both then came down but she refused to give her particulars. I then called for Police to come to my scene and took photographs of her car plate. My car left side from the front mudguard to the rear was damaged. Before Police arrive, she sped away.



**SINGAPORE
POLICE FORCE**



T/20181022/2057

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

3 of 3


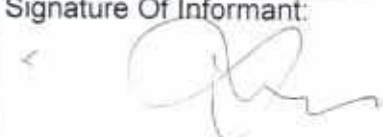
Report No. T/20181022/2057

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

<p>Signature Of Officer Recording The Report: J A Sgt 2 CHIN WEI JIE Signature : </p>	<p>Signature Of Informant: </p>
<p>Signature Of Interpreter Not applicable</p>	<p>Date/Time: 22/10/2018 13:04</p>
<p>Officer In Charge Of Case: TP / GIT / Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN Contact No.: 65476185</p>	<p>Classification Of Case:</p>

Authentication Stamp
NP168

VEHICLE NO: SKN 5181ZMAKE & MODEL: Audi A4 TFSI

DATE OF ACCIDENT	<u>22 / 10 / 2018</u>
TIME OF ACCIDENT	<u>0000</u> <u>AM</u> / PM
LOCATION OF ACCIDENT	<u>8ms Ave towards Sedok</u>
Exact Purpose use during accident	<u>Private</u>
NAME OF OWNER	<u>Deek Kuan Yam</u>
TELP NO	<u>9066 4500</u>
NRIC	<u>80193478C</u>
CLAIM TYPE	OD / <u>THIRD PARTY</u> / Reporting Only
PRIVATE HIRE	YES / <u>NO</u>
INSURANCE CO.	<u>AIG</u>
TYPE OF CAVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft
POLICY NO.	
NAME OF DRIVER	As above / If No: <u>/</u>
NRIC	
DATE OF BIRTH	<u>31 / 05 / 1953</u> Any passengers: <u>01</u>
OCCUPATION	Outdoor / <u>Indoor</u> <u>C</u>
DATE OF DRIVING PASS	<u>23 / 01 / 1973</u>
GENDER	<u>Male</u> / Female
CONTAC NO.	Office: Home:
ADDRESS	<u>31K 422 Fajar Road #06-501 8670422</u>
DRIVER HAVE ANY OWN Vehicle	<u>NO</u> / If yes: Reg No:
RELATIONSHIP	Employee / If No: <u>-</u>
WEATHER CONDITION	<u>Clear</u> / Raining / Other:
ROAD SURFACE	<u>Dry</u> / Wet / Other:
ANY INJURIES	<u>No</u> / If yes: Who?
CONTAC NO.	
POLICE REPORT	No / If <u>Yes</u> : Where? <u>Bukit Panjang V.P.C</u>
VEHICLE B NO.	<u>81X 4794Y</u> Any Passenger:
NAME	
CONTAC NO.	
VEHICLE C NO.	Any Passenger:
VEHICLE D NO.	Any Passenger:
VEHICLE E NO.	Any Passenger:
VEHICLE F NO.	Any Passenger:
ANY WITNESS	
WITNESS CONTACT NO.	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES <u>NO</u>
PARTICULAR WORKSHOP	
TELP NO	<u>JCH AUTOSOLUTION PTE LTD</u>
CONTACT PERSON	<u>erik@jcngrp.com</u>
FAX NO.	<u>96775772</u>

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0193478C



Name

QUEK KUAN YAM
@NG SOON LYE

Race

CHINESE

Date of birth

31-05-1953

Sex

M

Country/Place of birth
SINGAPORE

S0193478C

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S0193478C

Name

QUEK KUAN YAM

Birth Date 31 May 1953

Issue Date: 21 Jul 2003



000671229H

6021989



NRIC No. S0193478C



Date of issue

13-09-2018

Address

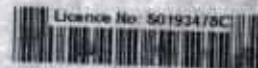
APT BLK 422 FAJAR ROAD
#06-301
SINGAPORE 670422

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

23 Jan 1973



Licence No: S0193478C

NP 428A



CERTIFICATE OF INSURANCE

AUDI AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : QUEK KUAN YAM @NG SOON LYE
 Period of Insurance : 22 Dec 2017 To 21 Dec 2018
 Engine No. : CVN047644
 Chassis No. : WAUZZZF40JA038607

Vehicle No. : SKN5181Z
 Policy No. : 1700090818
 Endorsement No. :
 Issued Date : 28 Dec 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
 b) Any other person when 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 (YIDEX) if you are or your Authorised Driver (named or unnamed) is under the age of 21 and/or has not had 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, roadwork, trial or speed testing, the damage 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. 196) and Section 14 of the Road Transport Act (1987) (Malaysia) and not to be included under these headings.

EXCESS

Section 1

Fire: \$0; Own Damage: \$500; Theft: \$0; Flood Cover: \$0

Section 2

Property Damage: \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

QUEK KUAN YAM @NG SOON LYE: \$500 (Own Damage)

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

Audi Customer Service Center: Add 55, Ulu Road, Singapore 408699, 93862727

For other Approved Reporting Centres/Authorised Repairers, please contact our 24-hour and semi-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: 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. 196) Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1998 (Malaysia).

0504125200

PREMIUM LEASING - AP

281 ALEXANDRA ROAD AUDI CUSTOMER SERVICE CENTRE
 SINGAPORE 159938

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

M. J. J. J.

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE