

NATIONAL Assessment Centre Services. [ver 1 Jan'05]

Date In: 24/10/08	Job description	Date & Time Completed	Done by
Ref No: NA/A1418019379/13	SAS e-filing		
Veh No: SKH3790K	E-mail (within 8hrs, AIC 2hrs)		
DOA: 23/10/08 1840	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: (TWINKAR	Tel:	Fax:
TP Particulars:	Veh No: SLM8431B	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 repaler.
() 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

NA1806896	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idao 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 (N-in INC) against INC \$20		
	9) N12: Idao Mobile 30		
	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 24/10/2018 17:20
 Date Of Accident 23/10/2018 18:40
 Exact Location Of Accident BLK 107 JLN BUKIT MERAH OPEN CARPARK
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKH3790K
Insured/Policyholder
 Name Of Registered Owner WEE CHEE HUA,JACKSON(HUANG ZHIHUA,JACKSON)
 NRIC No S8403359F
 Email Address NOEMAIL
 Mobile Phone No (LOCAL) +65-83229288
 Alternative Phone No OTHERS-83229288

Vehicle Particulars

Manufacturer AUDI
 Model A5 2.0
 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 2100323467-05
 Cover Note Number

Driver

Name of Driver WEE CHEE HUA,JACKSON(HUANG ZHIHUA,JACKSON)
 NRIC No S8403359F
 Date Of Birth 06/01/1983
 Occupation OUTDOOR
 Date Of Driving Pass 27/08/2004
 Driving Experience 14 YEARS AND 1 MONTH
 Gender MALE
 Mobile Number (LOCAL) +65-83229288
 Fax Number
 Contact Number OTHERS-83229288
 Email Address NOEMAIL

Address	966 DUNEARN ROAD #03-14
Postcode	589488
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	COLLIDED INTO PARKED VEHICLE
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?	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.	YES
Number of Passengers (Including Driver)	0

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

PLS REFER TO THE ATTACHED STATEMENT.

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	SLM8431B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SEE BEE KUAN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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

BLK 107
Jalan Bukit Merah

9A



(A) SKH 3790 K.

(B) SLM 8431 B.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 23/10/18 at @ 1840 hrs, I parked my vehicle (SKH 3790K) in front of BLK 107, Jalan Bukit Merah Open carpark lot. 9A. I was talking with my friend opposite the block. Suddenly, I saw a vehicle (SLM 8431B) reversed and collided onto the front right portion of my vehicle. The said vehicle then drove off. I then run and chase after the car. After chasing about 200m near the gantry, I stopped the vehicle and, get up to the car and ask the driver to drive back to the accident scene. I then show her the damaged and her damaged. She then admit at fault and agreed to go by insurance claims.

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:
Date & Time:

Vehicle No.	SKH 3790 K Model / Make Audi A5 2.0.		
Date of Accident	23/10/18		
Time of Accident	1840 HRS		
Location of Accident	BLK 107, Jalan Bukit Merah Open carpark.		
Exact purpose use during accident	Private Used.		
Name of Owner	Wee Chee Hua, Jackson.		
Telephone No.	H/P : 8322 9288	Home :	Office :
NRIC	S 8403359 F.		
Address	BLK 321, Ubi Ave 1 # 03-587 (S) 400321.		
Claim type	OD	<u>THIRD PARTY</u>	REPORTING ONLY
Insurance Company	AIG.		
Type of Coverage	<u>Comprehensive</u>	Third Party	Third Party / Fire / Theft
Policy No.	2100323467-05		
Name of Driver	As Above If No, Wee Chee Seng.		
NRIC	S 8301535 G.	Any Passengers:	N.A.
Date of birth	06/01/1983.		
Occupation	<u>Outdoor</u>	/	Indoor
Driving License Pass Date	27/08/2004.		
Gender	<u>Male</u>	/	Female
Contact No.	H/P : 9890 9265	Home :	Office :
Address	966, Dunearn Road # 03-14 (2) 589488.		
Driver have any own vehicle	<u>No.</u>	If yes, Reg No.	
Relationship	Employee,	If no, state	Brother.
Weather condition	<u>Clear</u>	Raining	Other
Road Surface	<u>Dry</u>	Wet	Other
Any Injuries	<u>No.</u>	Who?	
Name And Contact No.			
Name And Contact No.	1		
Police Report	<u>No.</u>	If Yes, Where?	
Vehicle B No.	SLM 8431 B	Any Passengers :	
Name of Driver	See Bee Kuan.	Contact No. :	
Vehicle C No.		Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name	N.A.	Witness Contact : N.A.	
Accident Portion	Front Right Portion.		
Camera Recorder	Yes / <u>No</u>		
Email Address			
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?			
			Yes / <u>No</u>
PARTICULAR WORKSHOP	Twincar.		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Huixin.		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8301535G**
 Name: **WEE CHEE SIANG (HUANG ZHIXIANG)**
 Birth Date: **06 Jan 1983**
 Issue Date: **27 Aug 2004**

001279660C



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8301535G

Name: **WEE CHEE SIANG (HUANG ZHIXIANG)**
 黄志翔
 Race: **CHINESE**
 Date of birth: **06-01-1983** Sex: **M**
 Country/Place of birth: **SINGAPORE**

58301535G






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

3 Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg

PASS DATE: **27 Aug 2004**

NP 428A

Licence No: **S8301535G**



5232367

S8301535G

NRIC No. **S8301535G**

Date of issue: **24-10-2013**

Address: **966 DUNEARN ROAD #03-14 SINGAPORE 589488**






CERTIFICATE OF INSURANCE

AUDI AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder	: WEE CHEE HUA, JACKSON (HUANG ZHIHUA, JACKSON)	Vehicle No.	: SKH3790K
Period of Insurance	: 30 Nov 2017 To 29 Nov 2018	Policy No.	: 2100323467-05
Engine No.	: CDN255806	Endorsement No.	:
Chassis No.	: WAUZZZ8T3CA035286	Issued Date	: 31 Oct 2017

ABOUT THE COVER

Make/Model	: AUDI A5 SPORTBACK 2.0 TFSI QU	Sum Insured	: Market Value	First Year of Registration	: 2012
Engine Capacity/Tonnage	: 1,984.00 CC	Off Peak Car	: No	Insuring with COE/PARF	: Yes
Driver Restriction	: NA				

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 \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDER") 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 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 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

* Limitations rendered inoperative by Section II 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 - \$1400 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

WEE CHEE HUA, JACKSON (HUANG ZHIHUA, JACKSON) - \$1400 (Own Damage), Wee Chee Siang - \$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 or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MayBank

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

261 ALEXANDRA ROAD AUDI CUSTOMER SERVICE CENTRE

SINGAPORE 159938

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Mobile

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

SSPEBL