

NATIONAL Assessment Centre Services.

(wef 1 Jan 2005)

MAA18145628

| | | | |
|------------------------------|--|-----------------------|---------|
| Date In: 10/11/2008 13:25 | Job description | Date & Time Completed | Done by |
| Ref No: N/A/18145628/20386/Y | SAS e-filing | | |
| Veh No: SLV 5717A | E-mail (within 8hrs, AIC 2hrs) | | |
| D.O.A: 10/11/2008 12:10 | I-Motor Claim Form | | |
| OD (T) : Reporting Only | I-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| | I-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| TP Insurer: | Ass't Report by Fax / Hand to Owner/Wksp | | |

| | | |
|--|--|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: (| Tel: | Fax: |
| TP Particulars: | Veh No: GBF 3303B | 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: | (INC Hotline: 6788 6616) | Completed 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 |
|-----------|---------|
| | |
| | |
| | |
| | |

| | | | |
|---------------------------------|---|-------------|----------|
| Claimant's Particulars: | Invoice | Amount (\$) | Ind/Bill |
| Driver/Owner: | 1) AR: Accident Reporting (\$30) | | |
| Contact No: | 2) DA: Damage Assessment (\$100) | INC (\$80) | |
| Damaged Portion: | 3) TP: Towing Fee | \$40/\$45 | |
| QC Checked by (Engr-In-Charge): | 4) PT: Follow-Through Survey | \$120 | |
| Auditors Comments: | 5) PT: Follow-Through Survey (Resurvey) | \$30 | |
| | For claiming against INC Only (wef 10 Jan 2005) | | |
| | 6) TR: Re-inspection | \$75 | |
| | 7) N1: Idas 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 | \$3 | |
| | TP (N11): TP (N-11) against INC | \$20 | |
| | 9) N12: Idas Mobile | \$0 | |
| | 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 | 10/11/2018 13:25 |
| Date Of Accident | 10/11/2018 12:10 |
| Exact Location Of Accident | CTE TOWARDS AYE BEFORE BRADDELL EXIT |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|------------------------------|
| Vehicle Registration Number | SLV5717A |
| Insured/Policyholder | |
| Name Of Registered Owner | TENG YEN PING (DING YANPING) |
| NRIC No | S7410073B |
| Email Address | TENGYENPING@YAHOO.COM.SG |
| Mobile Phone No | (LOCAL) +65-96302507 |
| Alternative Phone No | OTHERS-96302507 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | MAZDA |
| Model | 2-1.5 (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 | 1800006245 |
| Cover Note Number | |

Driver

| | |
|----------------------|------------------------------|
| Name of Driver | TENG YEN PING (DING YANPING) |
| NRIC No | S7410073B |
| Date Of Birth | 01/04/1974 |
| Occupation | INDOOR |
| Date Of Driving Pass | 03/02/2007 |
| Driving Experience | 11 YEARS AND 9 MONTHS |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-96302507 |
| Fax Number | |
| Contact Number | OTHERS-96302507 |
| Email Address | TENGYENPING@YAHOO.COM.SG |

| | |
|---|--------------------------------------|
| Address | BLK 106 ALJUNIED CRESCENT #03-211 |
| Postcode | 380106 |
| 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 | |
| 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) | 3 |
| Passenger 1 | NAME: : ONG KIM KIAT GENDER: : FEMALE |
| Passenger 2 | NAME: : TENG SING KOON GENDER: : MALE |

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 SKETCH PLAN

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|--------------------|
| Vehicle Registration Number | GBF3303B |
| Vehicle Make/Model/Colour | LORRY |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | SELVAM VIJAYAKUMAR |
| NRIC/Passport Number | G3003913R |
| Contact Number | 83863127 |
| Address | |

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLX7784G
Vehicle Make/Model/Colour AUDI A6
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver MR WONG HONG YANG
NRIC/Passport Number S1517779I
Contact Number 85338208
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number UNKNOWN
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 TENG YEN PING (DING YANPING)
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SLV5717A
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name TENG SING KOON
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SLV5717A
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 3

| | |
|---|--------------|
| Name | ONG KIM KIAT |
| Approximate Age | |
| Injuries Sustain | SLIGHT |
| Injured person in which vehicle? | SLV5717A |
| 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:

10/11/18 1:31pm

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

10/11/18 1:31pm

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

10/11/18

Rishi Kumar

SKETCH PLAN

CTE TOWARDS AYE BEFORE BRADDELL EXIT

- A) SLV 5717 A
- B) GBF 3303 B
- C) SLX 7784 G
- D) UNKNOWN CAR



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 10th Nov 2018, 12:15pm, I was driving along CTE towards AYE, near before Braddeall exit, ~~along~~. The first car SLX 7784 G stopped. I saw, slowed down & stop. A few seconds, a large bang was heard and ~~hit my car~~ forced my car to hit the front car. After accident, My mum exclaimed her hand is in pain and my brother also said he is injured. I also don't feel well. I came down from the car and realised 4 cars were involved in the accident. First car, unknown ~~1st~~ unknown, 2nd car SL

- A) Unknown
- B) SLX 7784 G
- C) SLV 5717 A
- D) GBF 3303 B

DECLARATION

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

Policyholder's Signature

Date & Time:

10/11/2018 1:26pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

10/11/2018 1:26pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

10/11/2018
Koshi Wajon

ACCIDENT STATEMENT

ACCIDENT DATE: (10 / 11 / 2018) (DD/MM/YYYY), TIME: (12 : 10) (HH:MM)

LOCATION: CTE, going to P/E exit

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLV 5717 A
 b) INSURANCE COMPANY: AIG
 c) POLICY NUMBER: 1700085241
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: MAZDA 2
 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: TENG YEN PING (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7410073B CONTACT: 96302507
 c) ADDRESS: R16 106 Aljunied Cres #03-211 S1280106

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT:
 c) ADDRESS:

* d) DATE OF BIRTH: (01 / 04 / 1974) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING: PASS 2007 - 2018

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

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: GBF 3303 B MODEL:
 b) DRIVER'S NAME: SELVAM VIJAYAKUMAR
 c) NRIC/FIN/PASSPORT: G3003913R CONTACT: 93863127

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SLX 7784 G MODEL: AUDI A6
 e) DRIVER'S NAME: MR WONG HONG YANG
 f) NRIC/FIN/PASSPORT: S1517779 I CONTACT: 85338208

4th car: <unknown>

email = tengyenping@yahoo.com.sg
 VIDEO

(F) ONG KIM KAT
 (M) TENG YEN PING

* No of passengers
 (including driver)
 (3)

* No of passengers
 (including driver)
 ()

* No of passengers
 (including driver)
 ()

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7410073B



TENG YEN PING
(DING YANPING)

丁燕萍

Race

CHINESE

Date of birth

01-04-1974

Sex

F

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number S7410073B

Name

TENG YEN PING
(DING YANPING)

Birth Date 01 Apr 1974

Issue Date 03 Feb 2007



3573340

NRIC No. S7410073B



Date of issue
28-06-2004

Address

APT BLK 106 ALJUNIED CRESCENT
#03-211
SINGAPORE 380106

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

PASS DATE

Class 3A Motor cars without clutch pedals (Auto) \leq 3500kg
with \leq 7 passengers, exclusive of the driver; and
other motor vehicles without clutch pedals \leq 2500kg

03 Feb 2007

NP 423A





CERTIFICATE OF INSURANCE

MAZDA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Teng Yen Ping (Ding YanPing)
 Period of Insurance : 02 Jan 2018 To 01 Jan 2020
 Engine No. : P520438552
 Chassis No. : MM6DL2SAAJW354354

Vehicle No. : SLV5717A
 Policy No. : 1800006245
 Endorsement No. :
 Issued Date : 16 Jan 2018

ABOUT THE COVER

Make/Model : MAZDA 2 1.5 SKYACTIV
 Engine Capacity/Tonnage : 1,498.00 CC
 Driver Restriction : NA
 Sum Insured : Market Value
 Off Peak Car : No
 First Year of Registration : 2018
 Insuring with COE/PAF : Yes

Person or Classes of Persons Entitled to Drive*

a) The Policyholder.
 b) Any other person who is named on the AIG vehicle's policy or with his/her permission.
 This Policy will not cover any person who is not named on the policy or with his/her permission.
 c) Any person who is named on the policy as a "Designated Driver" (DDT) (R) (the named driver) must have 2 years' driving experience.

Age Condition : 40 years old and above

Limitation as to use*

Use only for social, domestic and business purposes and for the Policyholder's business.
 This Policy does not cover use for hire or reward, driving under the influence of alcohol, racing, time-keeping, delivery, or speed-testing. The carriage of goods other than samples in commercial vehicles, or use for business or for any purpose inconsistent with Motor Trade.

Loss of Use (5000/- to 16000/- Optional)

Losses are covered in accordance with Section 3 of the Motor Vehicle (Third-Party Risks and Compensation) Act (Cap. 177) and Section 36 of the Road Transport Act, 1997 (Motor Vehicle Act) and in the schedule under item heading.

EXCESS

Section 1
 Fire : 50 (Own Damage) : 5000 (Theft) : 50 (Fixed Cover) : 50

Section 2
 Property Damage : 50

Windscreen : \$100

Named Driver and Excess (where applicable)

Teng Yen Ping (Ding YanPing) : \$400 (Own Damage)

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

* Drive Easyway Pte Ltd, 401, 5, 100, 100, Singapore 400001, 40000000

For other Approved Reporting Centres/Authorised Repairers, please contact our 24-hour accident emergency hotline at 65 6336 6200. Alternatively, you may report to AIG website using app or to AIG 24-hour App. Simply search and download "AIG 24-hour App" from Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

This Certificate of Insurance is issued in accordance with the provisions of the Motor Vehicle (Third-Party Risks and Compensation) Act (Cap. 177) and in the schedule under item heading.

WFO 20180116

ATTN: MAZDA
 2 MAYNELL ROAD MAYNELL ANNEX B MNO COMPLEX
 SINGAPORE 361111

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MWA18145628 Vehicle Registration No: SLV5717A
Name (as shown in NRIC): TENG YEN PING NRIC/FIN/Passport No: S 57410073B
(*Vehicle Driver / Vehicle Owner)(*) Please delete as appropriate
Address: _____ Singapore()
Contact (Tel): _____ Mobile No.: 96302507
Email Address: _____
Date of Accident: 10/11/2018 Time of Accident: 12:10
Place of Accident: C7E TOWARDS AYK BOYFORK BRADDOCK EXIT
Insurance Company: AIU

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Policy number to 1800006245

Policyholder / Driver's Signature
Date:

[Signature]
Reporting Centre Personnel's Signature
Name: Rafael Lim
NRIC/FIN No.:
Date: 12/11/2018