

NATIONAL Assessment Centre Services.

[Ref: Jan09]

NA119017982

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 08/02/2019 10:21 | Job description | Date & Time Completed | Done by |
| Ref No: NA/119002303/4 | SAS e-filing | | |
| Veh No: SJS 888 C | E-mail (within 8hrs, AIC 2hrs) | | |
| D.O.A: 08/02/2019 14:45 | I-Motor Claim Form | | |
| OD: TP: 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: SJS 438L | 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 11001166788/6616)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

| Date/Time | Action |
|-----------|--------|
| | |
| | |
| | |
| | |
| | |

| | |
|---------------------------------|---|
| NA1900919 | Invoice Breakdown (Charged to Customer) |
| Claimant's Particulars: | 1) AR: Accident Reporting (\$30); |
| Driver/Owner: | 2) DA: Damage Assessment (\$100); INC (\$30) |
| 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 (ref 10 Jan 2009) |
| Date: | 6) TR: Re-inspection \$75 |
| 2/3: | 7) NI: Idao DA + SMRT Survey \$160 |
| | 8) NTUC Additional Services:- |
| | ON: |
| | *N5: Courtesy Car / Tpl Allowance \$5 |
| | *N6: Repair Co-ordination \$10 |
| | *N7: Post Repair Inspection \$25 |
| | *N8: DV / Collect Excess Coordination \$3 |
| | TP (Nil): TP (Non INC) against INC \$20 |
| | 9) NI2: Idao 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 | 09/02/2019 10:21 |
| Date Of Accident | 08/02/2019 14:45 |
| Exact Location Of Accident | ALONG SIMEI ROAD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------|
| Vehicle Registration Number | SJS848C |
|-----------------------------|---------|

Insured/Policyholder

| | |
|--------------------------|--|
| Name Of Registered Owner | MRS CHENG PENG CHENG NEE CHOW PENG CHENG |
| NRIC No | S0569449C |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-97979179 |
| Alternative Phone No | OTHERS-97979179 |

Vehicle Particulars

| | |
|--|-----------------|
| Manufacturer | AUDI |
| Model | A4-1.8 TFSI (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 | 2100149039-09 |
| Cover Note Number | |

Driver

| | |
|----------------------|--|
| Name of Driver | MRS CHENG PENG CHENG NEE CHOW PENG CHENG |
| NRIC No | S0569449C |
| Date Of Birth | 12/03/1947 |
| Occupation | INDOOR |
| Date Of Driving Pass | 29/12/1975 |
| Driving Experience | 43 YEARS AND 1 MONTH |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-97979179 |
| Fax Number | |
| Contact Number | OTHERS-97979179 |
| EMail Address | NOEMAIL |

| | |
|---|------------------|
| Address | 63 LUCKY HEIGHTS |
| Postcode | 461767 |
| 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 - MAJOR/MINOR RD |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---|-----|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles (including own vehicle) 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) | 1 |

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 STATEMENT AND ATTACHMENT

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 | SJV438L |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | RAHIMAH BINTE SHUIB |
| NRIC/Passport Number | S1802098Z |
| Contact Number | 96499122 |
| 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 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

REFER TO ATTACHMENT

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHMENT

DECLARATION

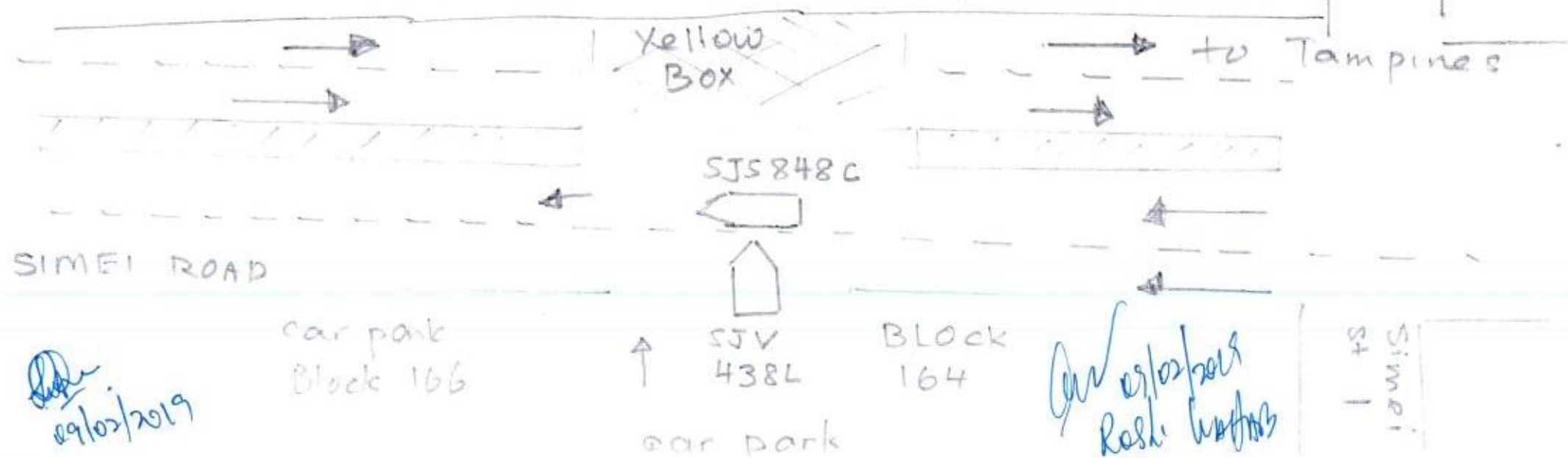
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time: 08/02/2018

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

09/02/2018
Reporting Centre Personnel's Signature
Name: Rosalyn
NRIC/FIN No.:

Vehicle SJS 848 c (Audi 4A) was driving along Simei Road towards Changi Park. When it passed the junction of Block 164 & Block 166, a black Toyota Vios SJV 438 L came out of the car park between BLOCK 164 & BLOCK 166 & hit the left side of SJS 848c on the left side of the car and dented the 2 doors. This happened as vehicle SJV 438L wanted to dash across the main road to make a right turn to go to Simei st. 1. Vehicle SJS848c (Audi 4A) was on the major road (Simei Rd) while Vehicle SJV 438L was from a minor road. This happened on 8th February 2019, around 2.45 p.m



[Signature]
09/02/2019

[Signature]
09/02/2019
Rashid Hassan

Simei
st 1

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0569449C



Name
MRS CHENG PENG CHENG NEE
CHOW PENG CHENG
邹冰贞

Race
CHINESE

Date of Birth
12-03-1947

Sex
F

Country of Birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number
S0569449C



Name
MRS CHENG PENG CHENG NEE
CHOW PENG CHENG

Birth Date
12 Mar 1947

Issue Date
23 Dec 2003

001060684B

1002547



NRIC No. S0569449C



Blood Group
A+

Date of issue
04-06-1993

Address
63 LUCKY HEIGHTS
SINGAPORE 1646

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

PASS DATE
29 Dec 1975

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

NP 428A

Licence No: S0569449C



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Cheng Peng Cheng Nee Chow Peng Cheng
Period of Insurance : 09 Jun 2018 To 08 Jun 2019
Engine No. : CDH050097
Chassis No. : WAUZZZ8K59A228040

Vehicle No. : SJS848C
Policy No. : 2100149039-09
Endorsement No. :
Issued Date : 24 May 2018

ABOUT THE COVER

Make/Model : AUDI A4 1.8T FSI
Engine Capacity/Tonnage : 1,798.00 CC
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2009
Insuring with COE/PARF : 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 \$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 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 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. 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 - \$1300 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Cheng Peng Cheng Nee Chow Peng Cheng - \$1300 (Own Damage), Cheng Sze Yuen - \$1300 (Own Damage), Larissa Tan - \$1300 (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 must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop.

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6336 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: UOB 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. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0692165000

ONG WEI PENG CLAUDIA

371 ALEXANDRA ROAD #05-22 AIA ALEXANDRA

SINGAPORE 159963 SP-LAWRENCELEE

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

88CNFY