

# NATIONAL Assessment Centre Services

[Ref: J3102]

Date In: 14/02/2019 10:38	Job description	Date & Time Completed	Done by
Ref No: NA/AG19002719/K4	SAS e-filing		
Veh No: SM9330M	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 04/02/2019 13:00	i-Motor Claim Form		
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner / Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: FBK9911E	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%; F: 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 repalrer.

( ) 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

NA1901215	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	Inc Bill	Add Bill
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) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)		
Ref 1:	6) TR: Re-inspection \$75		
Ref 2/3:	7) N1: 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 \$5		
	TP (N11): TP (Non 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	14/02/2019 10:38
Date Of Accident	04/02/2019 13:00
Exact Location Of Accident	WOODLANDS AVE 2 TWDS WOODLANDS AVE 9 DIRECTION
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD9330M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KEOK SU SENG ( GUO SHUSHENG )
NRIC No	S7314139G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94524686
Alternative Phone No	OTHERS-94524686

#### Vehicle Particulars

Manufacturer	AUDI
Model	Q2 1.4 TFSI COD S TRONIC
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	1800111161
Cover Note Number	

#### Driver

Name of Driver	KOH SIAU FONG ( XU XIAOFENG )
NRIC No	S7331648J
Date Of Birth	05/09/1973
Occupation	INDOOR
Date Of Driving Pass	20/02/1992
Driving Experience	26 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98593292
Fax Number	
Contact Number	OTHERS-98593292
Email Address	NOEMAIL

Address	BLK 893A WOODLANDS DRIVE 50
	#10-123
Postcode	730893
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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 (including own vehicle) involved in the accident	3
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?	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

PLS REFER TO THE POLICE REPORT : T/20190204/2140

#### 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	FBK9911E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SLN3553K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

91878769

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:



14/2/2019  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

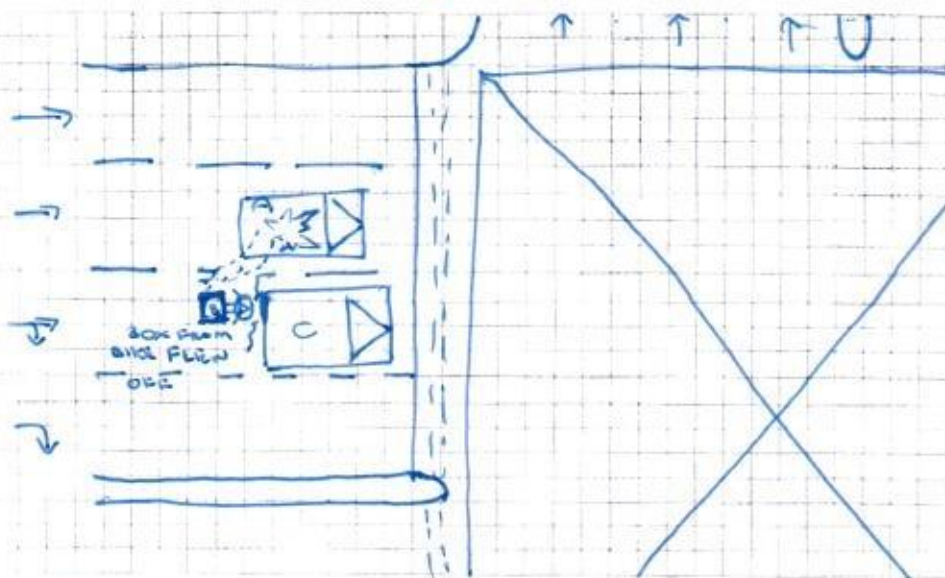
# SKETCH PLAN

WOODLANDS AVE 2 TOWARD AVE 9 DIRECTION

VEHICLE A  
- SMD 9330M

VEHICLE B  
- FBK 9911E

VEHICLE C  
- SLN 3553K



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER POLICE REPORT

REPORT NUMBER

T/20190204/2140

VEHICLE A - SMD 9330M

VEHICLE B - FBK 9911E

VEHICLE C - SLN 3553K

## 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.:

14/2/2019





# SINGAPORE POLICE FORCE



T/20190204/2140

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

1 of 4

Report No. T/20190204/2140

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/02/2019 18:34	Vide Report No.:	Station Diary No.:
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### Informant's Particulars

Name of Informant: KOH SIAU FONG	Address: APT BLK 893A WOODLANDS DRIVE 50 #10-123 SINGAPORE 730893		
ID Type / ID No.: NRIC NO / S7331648J	Contact No.: Home/Office: Mobile: 98593292		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 45	Date of Birth: 05/09/1973	Type of Informant: Driver
Race: Chinese	Language: English		Institution / School Name:
Occupation: Housewife	Driving Licence Information: Class: 3 Date of Expiry:		

### General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 04/02/2019 13:00	Type of Location: Straight Road
Location: Along Road 1 WOODLANDS AVENUE 2				
Weather: Sunny		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: Yes	

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK9911E	Motorcycle	YAMAHA	MT-03 ABS (MTN320-A)	Black		0
SLN3553K	Car	MERCEDES BENZ	A200 FL AMG LINE (R18 HLG)	Black		1
SMD9330M	Car	AUDI	Q2 1.4 TFSI COD S TRONIC	Grey		0



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

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	DRIVER OF SLN3553K	ID No.	NIL
Related Vehicle	SLN3553K (Car)	Contact No.	91878769
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
<b>Driver</b>			
Name	KOH SIAU FONG	ID No.	S7331648J
Related Vehicle	SMD9330M (Car)	Contact No.	98593292
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

**Brief Details.**

ON THE ABOVE MENTIONED DATE AND TIME,

I WAS DRIVING ALONG WOODLANDS AVENUE 2, IN MY VEHICLE SMD9330M, ON THE 2ND LANE FROM THE LEFT OF 4 LANE ROAD. I WAS DRIVING PRETTY SLOWLY AND SAW THAT SLN3553K WAS ON MY RIGHT. A LITTLE WHILE LATER, I HEARD A LOUD THUD FROM MY RIGHT SO I LOOKED TO THE DIRECTION OF THE THUD AND WITNESSED A COLLISION BETWEEN FBK9911E AND SLN3553K. DURING THE ACCIDENT, I HEARD A LOUD BANG FROM MY CAR ROOF AND FOUND OUT LATER THAT THE STORAGE BOX FROM THE FBK9911E WAS DISLODGED AND WAS FLUNG ONTO MY ROOF FROM THE COLLISION.

AS I WAS IN THE MIDDLE OF THE CROSS JUNCTION WHEN THE STORAGE BOX WAS FLUNG ONTO MY VEHICLE, I DROVE ACROSS THE JUNCTION BEFORE I STOPPED MY VEHICLE AND WALKED BACK TO THE SCENE TO RENDER ASSISTANCE.

I EXCHANGE PARTICULARS WITH THE DRIVER OF SLN3553K AND LEFT THE SCENE BEFORE THE POLICE CAME. AFTERWARDS, I RECEIVED A MESSAGE FROM THE DRIVER OF SLN3553K THAT THE INVESTIGATION OFFICER ASSIGNED TO THE CASE IS IO SHAHRIL.





**SINGAPORE  
POLICE FORCE**



T/20190204/2140

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

3 of 4

Report No. T/20190204/2140

**CONTINUATION OF REPORT**



SINGAPORE  
POLICE FORCE



T/20190204/2140

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

4 of 4

Report No. T/20190204/2140

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.

Signature Of Officer Recording The Report:  
TP /  
ZENG ZI CONG

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
SI MOHAMMAD SHAHRIL BIN ABDULLAH  
Contact No.: 65476083

Signature Of Informant:

Date/Time:  
04/02/2019 18:34

Classification Of Case:



SINGAPORE  
POLICE FORCE

Signature:

Authentication Stamp  
NP168



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

<b>Class 2B</b>	Motorcycles not exceeding 200 cc	<b>PASS DATE</b>
<b>Class 3</b>	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	27 Mar 2000 21 Apr 2001

NP 428A

Licence No: S7314139G

OWNER

5636921



NRIC No. S7314139G



Date of issue

18-08-2016

Address

893A WOODLANDS DRIVE 50  
#10-123  
SINGAPORE 730893

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: S7314139G

Name: KEOK SU SENG (GUO SHUSHENG)

Birth Date: 22 Apr 1973  
Issue Date: 13 Mar 2003

000380723C

**REPUBLIC OF SINGAPORE**  
IDENTITY CARD NO. S7314139G



Name

KEOK SU SENG  
(GUO SHUSHENG)

郭 书 生

Race

CHINESE

Date of birth

22-04-1973

Country/Place of birth

SINGAPORE

Sex

M

S7314139G

**REPUBLIC OF SINGAPORE**  
**IDENTITY CARD NO. S7331648J**



Name



**KOH SIAU FONG**  
**(XU XIAOFENG)**

**許小鳳**

Race

**CHINESE**

Date of Birth

**05-09-1973**

Sex

**F**

Country of Birth

**SINGAPORE**



**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

Licence Number

Name

**S7331648J**



**KOH SIAU FONG**  
**(XU XIAOFENG)**

Birth Date: **05 Sep 1973**Issue Date: **11 Mar 2003**

**1000287181E**



2991340



NRIC No. S7331648J



Blood Group: O+ Date of issue: 22-11-1997

APT BLK 893A WOODLANDS DRIVE 50 #10-123  
SINGAPORE 730893

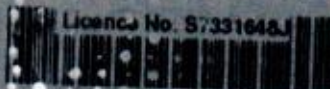
NRIC No: S7331648J Date: 26/03/2017

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

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

PASS DATE  
20 Feb 1992

NP 428A



Licence No. S7331648J





# CERTIFICATE OF INSURANCE

## AUDI AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : KEOK SU SENG (GUO SHUSHENG)  
Period of Insurance : 12 Sep 2018 To 11 Sep 2020  
Engine No. : CZE655819  
Chassis No. : WAUZZZGA0JA084734

Vehicle No. : SMD9330M  
Policy No. : 1800111161  
Endorsement No. : 000000000229956  
Issued Date : 25 Sep 2018

### ABOUT THE COVER

Make/Model : AUDI Q2/ Q2 Sport 1.4 TFSI COD S tronic  
Engine Capacity/Tonnage : 1,395.00 CC  
Driver Restriction : NA  
Person or Classes of Persons Entitled to Drive\* :  
Sum Insured : Market Value  
Off Peak Car : No  
First Year of Registration : 2018  
Insuring with COE/PARF : Yes

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" ("YIDE") 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 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 Trips.

Loss of Use 1800cc - 2000cc 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 - \$800. Theft - \$0. Flood Cover - \$0.

#### Section 2

Property Damage - \$0.

Windscreen : \$100.

Named Driver and Excess (where applicable)

KEOK SU SENG (GUO SHUSHENG) - \$800 (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](http://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: DBS BANK 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. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1999 (Malaysia).

0504125286

PREMIUM LEASING - ALL

281 ALEXANDRA ROAD AUDI CUSTOMER SERVICE CENTRE

SINGAPORE 159938

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.  
AUTHORISED REPRESENTATIVE

8305AN

1001543865AD

1001543865AD