

NATIONAL Assessment Centre Services [wef 10 Jan 2005]

Date In: 01/04/19	Job description	Date & Time Completed	Done by
Ref No: NA/A1619005665/13	SAS e-filing		
Veh No: SKL9739A	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 25/03/19 09:30	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: (HUP SOON) Tel: () Fax: ()

TP Particulars:	Veh No: SKL9899X	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 repairer.
 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

NA1902310	Invoice Preparation Checklist		Ant (\$) 1st Bill	Ant (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);			
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF : 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)			
Cat. 1:	6) TR : Re-inspection \$75			
Cat. 2/3:	7) N1 : Idac 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 \$5			
	TP (N11) : TP (Non INC) against INC \$20			
	9) N12: Idac 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 willful 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 fofesaid.

ACCIDENT STATEMENT	
Date Of Report	01/04/2019 10:08
Date Of Accident	25/03/2019 09:30
Exact Location Of Accident	OPEN AIR CARPARKNEXT TO CIVIL SERVICE COLLEGE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKL9739A
Insured/Policyholder	
Name Of Registered Owner	CHAN TSAN(ZENG CAN)
NRIC No	S7338700J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91590558
Alternative Phone No	OTHERS-91590558

Vehicle Particulars	
Manufacturer	AUDI
Model	Q7
Exact Purpose for which vehicle was being used at time of accident	PARKED VEH
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	2100492398-02
Cover Note Number	

Driver	
Name of Driver	CHAN TSAN(ZENG CAN)
NRIC No	S7338700J
Date Of Birth	22/10/1973
Occupation	INDOOR
Date Of Driving Pass	26/07/1999
Driving Experience	19 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91590558
Fax Number	
Contact Number	OTHERS-91590558
EMail Address	NOEMAIL

Address	41A SIMON PLACE
Postcode	545989
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 (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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI POLICE DIVISIONAL HQ (D DIVISION)
Police Station Address	ROAD: 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7740000 - FAX NO: 67741705
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: D/20190328/7027

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 Witness 1

Name	MR SK TANG
Phone Number	96387291
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKL9899X
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)**

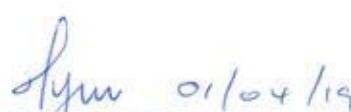
I understand, acknowledge, agree and consent that:

- (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 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:

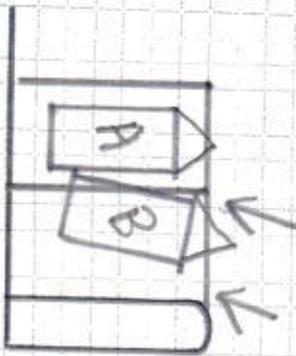


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



A. PKL 9739A
B. SKL 9299X

OPEN AIR CAR PARK NEXT TO

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

CIVIL SERVICE COLLEGE

REFER TO POLICE REPORT.

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:

 01/04/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20190328/7027

at around 9.30am in the right rear bumper while reversing into the parking lot next to the one where my car was parked. He went up to confront the driver of the vehicle SKL9899X. The driver, an elderly man, came down to look at my car and his and told Mr Tang that the damage on his car was pre-existing and denied hitting my car. He then drove his car away. Mr Tang took photos of both my car and the culprit's car before it could drive away. Mr Tang then sought his insurance company's help to contact me and to leave me his contact number.

Mr Tang sent me the photos that he took. They are attached in the report. First one shows both cars side by side. Second photo shows damage on my right rear bumper. Third photo shows damage on the culprit's car.

My in car camera's footage from 25 Mar had already been overwritten

Subjects Involved			
Suspect			
Person Name	Unknown		
Gender	Male	Habits & Oddities	Driver of SKL 9899X on 25 Mar at 9.30am
Victim			
Person Name	CHAN TSAN		
ID Type	NRIC NO	ID No	S7338700J
Gender	Male	Age	45
Race	Chinese	Language	English

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 28/03/2019 21:50
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20190328/7027

Occupation	Management executive	Address Type	
Address	41A SIMON PLACE SINGAPORE 545989	Mobile No	91590558
Is Informant A Victim?	Yes		
Person Name	CHAN TSAN (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 28/03/2019 21:50
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number: **S7338700J**
 Name: **CHAN TSAN (ZENG CAN)**
 Birth Date: **22 Oct 1973**
 Issue Date: **08 Jul 2003**

000538744J

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. **S7338700J**



Name: **CHAN TSAN (ZENG CAN)**
 曾 添
 Race: **CHINESE**
 Date of birth: **22-10-1973** Sex: **M**
 Country of birth: **SINGAPORE**

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

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

PASS DATE: **26 Jul 1999**

NP 428A

License No: **S7338700J**

3433161



NRIC No: **S7338700J**



Date of issue: **21-11-2003**

41A SIMON PLACE
SINGAPORE 545989

NRIC No: **S7338700J** Date: **22/09/2009** No: **6174952**



HS AUTOMOTIVES PTE LTD

Blk 2 KAKI BUKIT AVE 2 @ KAKI BUKIT AUTOHUB #02-25 SINGAPORE 417921.

TEL: 6538 1368 FAX: 6538 1367 Email add: hsautomotivespl@gmail.com

VEHICLE NO: SKL9739A.

MAKE/MODEL: AUDI Q7

DATE OF ACCIDENT 25/03/2019 TIME 09 HR 30 MIN AM PM

LOCATION OF ACCIDENT OPEN AIR CAR PARK NEXT TO CIVIC SERVICE COLLEGE
EXACT PURPOSE USE DURING ACCIDENT PARKED

CAR OWNER

NAME OF CAR OWNER CHAN TAN

CONTACT NO 91590558

NRIC S7338700J

CLAIM TYPE OD THIRD PARTY REPORTING ONLY

INSURANCE COMPANY AIG

TYPE OF COVERAGE COMPREHENSIVE THIRD PARTY THIRD PARTY FIRE & THEFT

POLICY NO _____

ACCIDENT DRIVER

AS ABOVE IF NOT- KINDLY FILL IN BELOW

NAME OF DRIVER As Above.

NRIC S7338700J NO OF PASSENGER/S 0

DATE OF BIRTH 22-10-1973

OCCUPATION _____ OUTDOOR INDOOR

DATE OF DRIVING PASS 26, Feb 1999

GENDER MALE FEMALE

CONTACT NO 91590558

ADDRESS A1A SIMON BLAKE RD SINGAPORE 545989

DRIVER OWN ANY VEHICLE NO/ IF YES- REGISTRATION NO _____

RELATIONSHIP EMPLOYEE/SPOUSE IF NOT: OWNER.

WEATHER CONDITION CLEAR RAINING OTHER: _____

ROAD SURFACE DRY WET OTHER: _____

ANY INJURIES NO/ IF YES- NAME: _____

CONTACT NO _____

POLICE REPORT NO/ IF YES- LOCATION: _____

VIDEO FOOTAGE NO/ YES _____

3RD PARTY INFO

VEHICLE B NO SKL9899X NO OF PASSENGER/S unknown

NAME _____

CONTACT NO _____

VEHICLE C NO _____ NO OF PASSENGER/S _____

VEHICLE D NO _____ NO OF PASSENGER/S _____

VEHICLE E NO _____ NO OF PASSENGER/S _____

VEHICLE F NO _____ NO OF PASSENGER/S _____

ANY WITNESS _____

WITNESS CONTACT NO _____



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : CHAN TSAN(ZENG CAN)
Period of Insurance : 29 Nov 2018 To 28 Nov 2019
Engine No. : CYR023369
Chassis No. : WAUZZZ4M9HD019498

Vehicle No. : SKL9739A
Policy No. : 2100492398-02
Endorsement No. :
Issued Date : 09 Nov 2018

ABOUT THE COVER

Make/Model : AUDI Q7 2.0 TFSI
Engine Capacity/Tonnage : 1,984.00 CC
Driver Restriction : NA
Person or Classes of Persons Entitled to Drive* :
 Sum Insured : Market Value
 Off Peak Car : No
 First Year of Registration : 2016
 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 "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition : 40 years old and above

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 - \$1000 Theft - \$0 Flood Cover - \$0

Section 2
 Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

CHAN TSAN(ZENG CAN) - \$1000 (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 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. 189), Part IV of the Road Transport Act, 1967 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0424003000

KELVIN KHOO FOO WAH
 MY MAIL BOX 882929
 SINGAPORE 919191 SP-JIMMYWONG

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Manile

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE
 KHOO FOO WAH KELVIN