

# NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 15/04/19	Job description	Date & Time Completed	Done by
Ref No NA/161900 6622/13	SAS e-filing		
Veh No 542 11137	E-mail (w/thin 8hrs, AIC 2hrs)		
DOA 13/04/19 1525	i-Motor Claim Form		
OD <input checked="" type="radio"/> 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: ( ) Tel: Fax: )

TP Particulars: Veh No: GB6 7972M 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

NA1900804	<b>Invoice Preparation Checklist</b>		Amt (\$) 1st Bill	Amt (\$) 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			
	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	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			
Cat. 1:	Invoice dated	Fee Charged		
Cat. 2 / 3:	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	15/04/2019 11:44
Date Of Accident	13/04/2019 15:25
Exact Location Of Accident	PIE TWDS TUAS B4 PAYA LEBAR EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ1113Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHUA KWANG HOCK(CAI GUANGFU)
NRIC No	S7140057C
Email Address	I_IBELIEVE@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97272288
Alternative Phone No	OTHERS-97272288

### Vehicle Particulars

Manufacturer	AUDI
Model	Q2
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	1800039427-01
Cover Note Number	

### Driver

Name of Driver	CHUA KWANG HOCK(CAI GUANGFU)
NRIC No	S7140057C
Date Of Birth	17/11/1971
Occupation	INDOOR
Date Of Driving Pass	07/08/2002
Driving Experience	16 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97272288
Fax Number	
Contact Number	OTHERS-97272288
Email Address	I_IBELIEVE@YAHOO.COM.SG

Address	BLK 87 YISHUN AVE 1 #12-06
Postcode	769133
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 (including own vehicle) involved in the accident	3
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)	2
Passenger 1	NAME: : YANG JUAN GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BISHAN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5529999 - FAX NO: 65561905
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190414/2030

#### 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	GBG7972M
Vehicle Make/Model/Colour	NISSAN CABSTAR
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	YE JIANPING
NRIC/Passport Number	G6868129X

Contact Number 94389040  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GBE8514G  
Vehicle Make/Model/Colour TOYOTA HIACE  
Details Of Properties  
Vehicle Category COMMERCIAL VEHICLE  
Name of Driver SOON ZEE KANG  
NRIC/Passport Number 970308016429  
Contact Number 90374566  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name CHUA KWANG HOCK(CAI GUANGFU)  
Approximate Age  
Injuries Sustain SERIOUS  
Injured person in which vehicle? SLZ1113Y  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name YANG JUAN  
Approximate Age  
Injuries Sustain SLIGHT  
Injured person in which vehicle? SLZ1113Y  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode



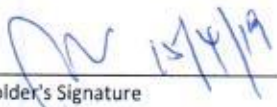
## SKETCH PLAN


### 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:

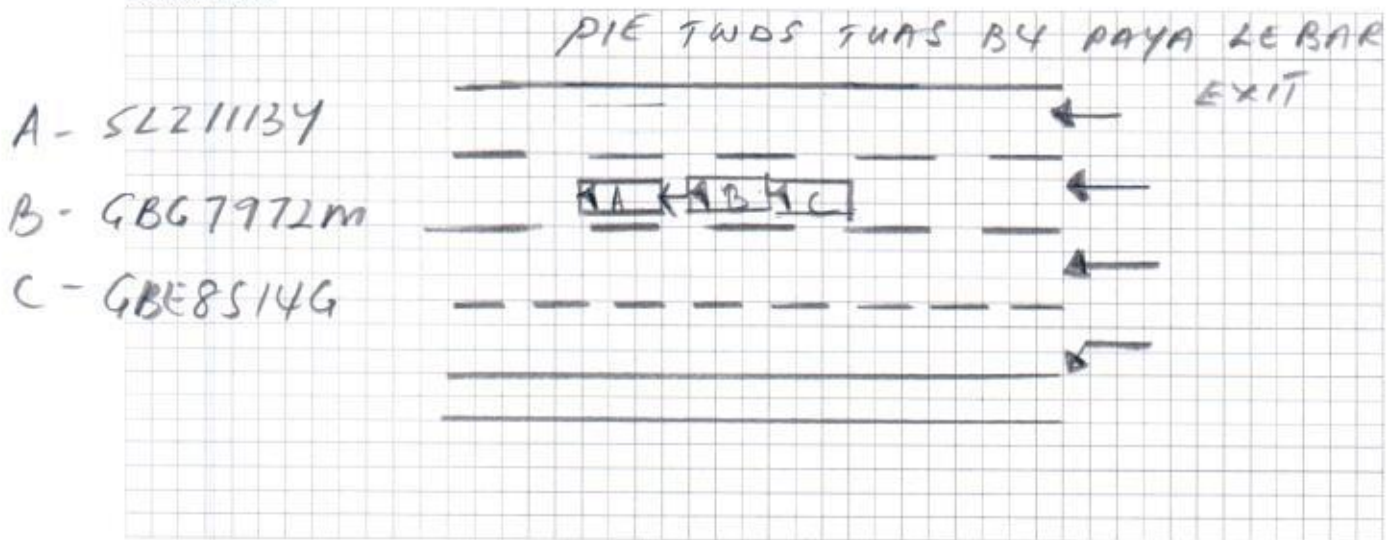
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

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

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the police report: T/20190414/2030

## DECLARATION

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

Policyholder's Signature  
 Date & Time: 15/4/19

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

Reporting Centre Personnel's Signature  
 Name: shw 15/04/19  
 NRIC/FIN No.:





# SINGAPORE POLICE FORCE



T/20190414/2030

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

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Report No. T/20190414/2030

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/04/2019 12:01	Vide Report No.:	Station Diary No.: 28
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### Informant's Particulars

Name of Informant: CHUA KWANG HOCK			Address: APT BLK 87 YISHUN AVENUE 1 #12-06 SINGAPORE 769133	
ID Type / ID No.: NRIC NO / S7140057C			Contact No.: Home/Office: Mobile: 97272288	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 47	Date of Birth: 17/11/1971	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: STRATEGIC PLANNING DIRECTOR			Driving Licence Information: Class: 3 Date of Expiry:	

### General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/04/2019 15:25	Type of Location: Straight Road
Location: Along Road 1 KALLANG PAYA LEBAR EXPRESSWAY <i>PIC TWO S TUES BY PAYA LEBAR EXT</i> Occurred along Paya Lebar Expressway on 3rd lane from the left on a 4 lane road.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE8514G	Van	TOYOTA	HIACE DX 3.0 M	Silver	Seriously Damaged	2
GBG7972M	Lorry	NISSAN	CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5	White	Slightly Damaged	0
SLZ1113Y	Car	AUDI	Q2 1.0 TFSI S TRONIC	Red	Slightly Damaged	1



**SINGAPORE  
POLICE FORCE**



T/20190414/2030

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

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Report No. T/20190414/2030

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLZ1113Y	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1800039427	27/04/2018	26/04/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	SOON ZEE KANG		ID No.	970308016429
Related Vehicle	GBE8514G (Van)		Contact No.	90374566
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
Driver				
Name	YE JIANPING		ID No.	G6868129X
Related Vehicle	GBG7972M (Lorry)		Contact No.	94389040
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
Passenger				
Name	YANG JUAN		ID No.	S8278362H
Related Vehicle	SLZ1113Y (Car)		Contact No.	86089650
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	13/04/2019		Date Discharge	13/04/2019
No. of Days granted Medical Leave		04	Degree of Injury	Slight





**SINGAPORE  
POLICE FORCE**



T/20190414/2030

Police Station Of Origin:

Bishan N.P.C

20 Bishan Street 23 SINGAPORE 579757

Tel No: 1800-5529999

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Report No. T/20190414/2030

**CONTINUATION OF REPORT**

Driver			
Name	CHUA KWANG HOCK	ID No.	S7140057C
Related Vehicle	SLZ1113Y (Car)	Contact No.	97272288
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	13/04/2019	Date Discharge	13/04/2019
No. of Days granted Medical Leave	07	Degree of Injury	Serious

**Brief Details.**

*DIE TWAS THAS BY PAPA LEBAR EXIT*

On 13/04/2019 at about 1525hrs, I was travelling along ~~Sengkang Expressway~~ on the 3rd lane from the left on a 4 lane road in my vehicle(SLZ1113Y). Suddenly, I felt 2 consecutive collisions to the rear of my vehicle, and I thus proceeded to stop my vehicle and exit to make a check. I thus discovered that another vehicle(GBG7972M), having been hit on the rear by a van(GBE8514G), had been caused to collide into the rear of my vehicle twice. Police was subsequently at scene, and all parties exchanged particulars. Feeling pain on my neck, shoulders, back and waist, I thus proceeded to Sengkang General Hospital for medical attention, and there received 7 days of MC from 13/04/2019 to 19/04/2019. My passenger at that time(Yang Juan) also felt pain on her neck and back, and also sought medical attention at the same hospital, and received 4 days of MC from 13/04/2019 to 16/04/2019. I do have in-car camera directed towards the front and back of my vehicle, and both were recording during the incident. I am lodging this report insurance and record purposes.



**SINGAPORE  
POLICE FORCE**



T/20190414/2030

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

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Report No. T/20190414/2030

**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:

E /  
Sgt 2 LEE QI, THEODORE

Signature Of Interpreter:

Not applicable

Signature Of Informant:

Date/Time:

14/04/2019 12:01

Officer In Charge Of Case:

TP / GIT /  
Staff Sgt MOHAMED HUSNUL TAUFIQ BIN MD  
YUSOF

Contact No.: 65476358

Classification Of Case:

Authentication Stamp  
NP168



SINGAPORE  
P

SN 061



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7140057C**

Name: **CHUA KWANG HOCK (CAI GUANGFU)**

Birth Date: **17 Nov 1971**

Issue Date: **16 Jul 2003**

000672980C




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7140057C**

Name: **CHUA KWANG HOCK (CAI GUANGFU)**

Race: **CHINESE**

Date of Birth: **17-11-1971**



Country of Birth: **SINGAPORE**

Sex: **M**

006135D

vitava

S7140057C


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

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

PASS DATE: **07 Aug 2002**

NP 428A

Licence No: **S7140057C**



0064216

NRIC No: **S7140057C**

Blood Group: **A+**

Date of Issue: **29-08-1991**

APT BLK 87 YISHUN AVENUE 1 #12-08  
SINGAPORE 769133

NRIC No: **S7140057C**

Date: **08/06/2014**




## AUDI AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : CHUA KWANG HOCK (CAI GUANGFU)  
 Period of Insurance : 27 Apr 2019 To 26 Apr 2020  
 Engine No. : CHZ 609745  
 Chassis No. : WAUZZZGA2JA046647

Vehicle No. : SLZ1113Y  
 Policy No. : 1800039427-01  
 Endorsement No. : 000000000267623  
 Issued Date : 28 Mar 2019

## ABOUT THE COVER

Make/Model : AUDI Q2/ Q2 Sport 1.0 TFSI S tronic  
 Engine Capacity/Tonnage : 999.00 CC Sum Insured : Market Value First Year of Registration : 2018  
 Driver Restriction : NA Off Peak Car : No 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 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)

CHUA KWANG HOCK (CAI GUANGFU) - \$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

I/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).

0504125220

PREMIUM LEASING - MH  
 281 ALEXANDRA ROAD AUDI CUSTOMER SERVICE CENTRE  
 SINGAPORE 159938

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

*Manile*

AIG Asia Pacific Insurance Pte. Ltd.  
 AUTHORISED REPRESENTATIVE

SSCNMD