

NATIONAL Assessment Centre Services

Form 1 (Jan 2011)

MNA409060926

Date In: 10/05/2019 16:13	Job description	Date & Time Completed	Done by
Ref No: N/A/MNA19008847/Y	SAS e-filing		
Veh No: SKB 4478M	E-mail (within 4hrs, AIC 2hrs)		
D.O.A: 09/05/2019 19:45	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: (Tel:	Fax:
TP Particulars:	Veh No: WC 4742C	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

<p>N/A1903323</p> <p>Claimant's Particulars:-</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:-</p> <p>Cal 1:</p> <p>Cal 2/3:</p> <p>1/1/1</p>	<p>Invoice Preparation Checklist</p> <p>1) AR: Accident Reporting (\$30);</p> <p>2) DA: Damage Assessment (\$100); INC (\$80)</p> <p>3) TP: Towing Fee \$40/\$45</p> <p>4) FT: Follow-Through Survey \$120</p> <p>5) RT: Follow-Through Survey (Resurvey) \$30</p> <p>For claimant against INC Only (wef 10 Jan 2005)</p> <p>6) TR: Re-inspection \$75</p> <p>7) N1: Idnu DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:-</p> <p>* N3: Courtesy Car / Tpt Allowance \$5</p> <p>* N6: Repair Co-ordination \$10</p> <p>* N7: Post Repair Inspection \$25</p> <p>* N8: DV / Collect Excess Coordination \$5</p> <p>TP (N11): TP (N-in INC) against INC \$20</p> <p>* N12: Idnu Mobile \$0</p>		<p>Ami (\$)</p> <p>Int Bill</p>	<p>Ami (\$)</p> <p>Add Bill</p>
	<p>Invoice dated</p> <p>Fee Charged</p>			
	<p>Invoice dated</p> <p>Fee Charged</p>			

07-MAY-2019 18:39

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	10/05/2019 16:13
Date Of Accident	07/05/2019 19:45
Exact Location Of Accident	TOMLINSON ROAD TOWARDS TANGLIN ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB4478M
Insured/Policyholder	
Name Of Registered Owner	JACQUEMOTTE JACQUES ROBERT J
Passport No/FIN	G5848590Q
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93398835
Alternative Phone No	OTHERS-93398835

Vehicle Particulars

Manufacturer	AUDI
Model	Q5 3.2 FSI
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	2100260989-07
Cover Note Number	

Driver

Name of Driver	DA COSTA SILVA ANA CRISTINA
Passport No/FIN	G5853371N
Date Of Birth	19/09/1968
Occupation	INDOOR
Date Of Driving Pass	19/12/2006
Driving Experience	12 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93398835
Fax Number	
Contact Number	OTHERS-93398835
Email Address	NOEMAIL

Address	NO.8 MINBU ROAD
Postcode	308162
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	COLLISION - HEAD TO REAR
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?	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KAMPONG JAVA NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 21 KAMPONG JAVA ROAD , POSTCODE: 228892 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2959999 - FAX NO: 63918499
Was notice of Intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20190508/2215

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	WC4742C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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	DA COSTA SILVA ANA CRISTINA
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SKB4478M
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:



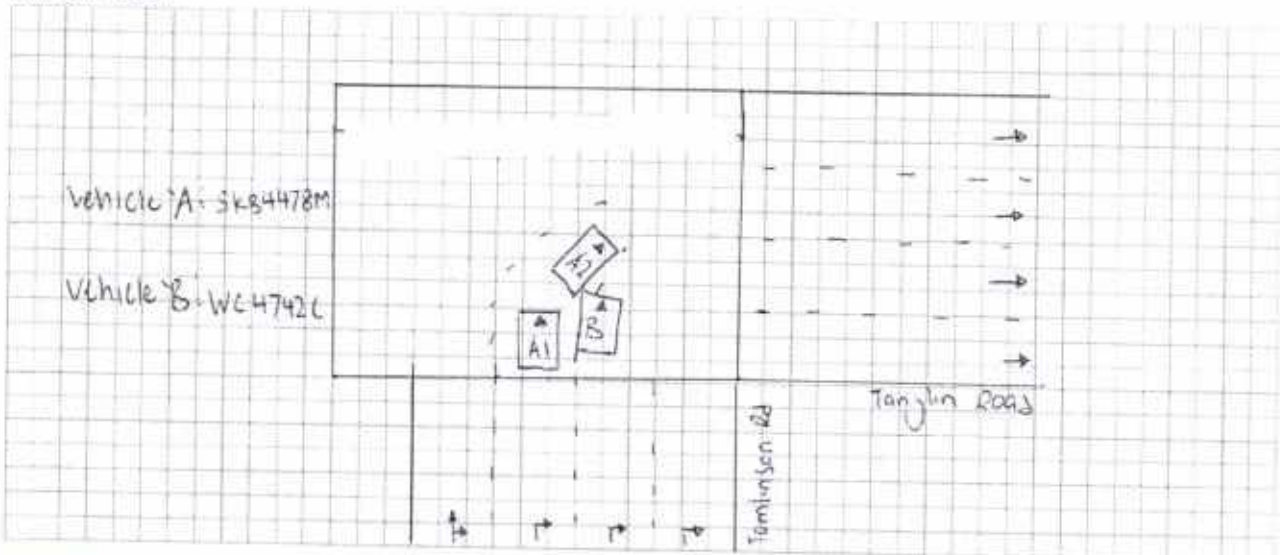
Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on the stated date and time, i vehicle 'A' was travelling on my designated lane along Tanlinson Road. I was turning right onto Tanlin Road when suddenly i felt a impact on my rear right portion. I got down from my vehicle to realised that vehicle 'B' has collided into me while turning. That is all.

Police Report 7/20190508/2215

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.:



SINGAPORE POLICE FORCE



T/20190508/2215

1 of 3

Report No. T/20190508/2215

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
08/05/2019 19:53

Vide Report No.:
E/20190507/0126

Station Diary No.:
411

Informant's Particulars

Name of Informant: DA COSTA SILVA ANA CRISTINA		Address: APT BLK 8 MINBU ROAD #28-05 MONTEBLEU SINGAPORE 308162	
ID Type / ID No. FIN NO / G5853371N		Contact No.: Home/Office: Mobile: 93398835	
Nationality: PORTUGUESE		Email:	
Sex: Female	Age: 50	Date of Birth: 19/09/1968	Type of Informant: Driver
Race: Others		Language: English	Institution / School Name:
Occupation: Housewife		Driving Licence Information: Class: 3	
Date of Expiry: 18/12/2021			

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive No	Date/Time of Accident: 07/05/2019 19:45	Type of Location: T-Junction
Location: Along Road 1 Traveling Toward Road 2 TOMLINSON ROAD TANGLIN ROAD JUNCTION OF TOMLINSON ROAD AND TANGLIN ROAD, BESIDE ST REGIS HOTEL				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Traffic Light - Working		Traffic Volume: Moderate	
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
SKB4476M	Car				Slightly Damaged	0
WC4742C	TRUCK					0

No. of Pedestrians Involved: 0
No. of Pedestrians Injured: 0

No. of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20190508/2215

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

2 of 3

Report No. T/20190508/2215

CONTINUATION OF REPORT

Driver			
Name	DA COSTA SILVA ANA CRISTINA	ID No.	G5853371N
Related Vehicle	SKB4478M (Car)	Contact No.	93398835
Hospital/Clinic	ATLAS SPINE & ORTHOPAEDIC SURGERY SURGERY CENTRE	Class of Driving Licence & Expiry Date	Class 3 Date of Expiry: 18/12/2021
Date Treatment	08/05/2019	Date Discharge	08/05/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

07/05/2019, at about 1945hrs, I was driving my vehicle SKB4478M along Tomlinson Road back home. After which, I stopped at the junction of Tomlinson Road and Tanglin Road as the traffic light was not in my favour. I recalled I was on lane 3 out of 4 lanes.

As I moved off by making a right turn, I felt an impact from the rear. I alighted from the vehicle and discovered a truck WC4742C collided into the rear right wheel of my vehicle. The driver of WC4742C also alighted from the vehicle and we exchanged particulars. I made a check on my vehicle and discovered there was a dent on my rear right wheels, rear right passenger door, rear right fender and rear right bumper. There were also some scratches on the rear right rims.

After the accident, I called for Police assistance, but subsequently the driver and me left the location as we are causing a massive jam. At that juncture, I did not experience any discomfort.

On 08/05/2019, I experienced strain on my neck and also mentally stress due to the accident. As such, I sought medical attention and was given 3 days of Medical Certificate from the period of 08/05/2019 to 10/05/2019. The medical center that I visited was Atlas Spine & Orthopaedic Surgery Centre located at No 3 Mount Elizabeth, Mount Elizabeth Centre #06-02 S(228510).

Lastly, my vehicle does not have any in built camera.



**SINGAPORE
POLICE FORCE**



T/20190508/2215

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

3 of 3

Report No: T/20190508/2215

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

No

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 65474685 stating the report number as reference.

Signature Of Officer Recording The Report
E/
Sgt 2 TAN JUN WEN

Signature Of Interpreter
Not applicable

Officer In Charge Of Case:
TH / AEIT /
STANG YI TING, STEPHANIE
Contact No: 65476414

Authentication Stamp
NR186

Signature Of Informant

Date/Time
11/05/2019 19:53

Classification Of Case

Email: sm@idac.com.sg
Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 07/05/2019 (dd/mm/yy) Time of Accident: 19:45 (24-HR-FORMAT)
Vehicle No.: SKB4478M Vehicle Make & Model: AUDI Q5 3.2 FSI
Exact location of Accident: TOMLINSON ROAD TOWARDS TANGLIN ROAD
Policyholder's Name / IC No.: JACQUEMOTTE JACQUES ROBERT JEAN MARIE
Driver's Name / IC No.: DA COSTA SILVA ANA CRISTINA G5853371N (As Above) ☐
Driver's Contact No.: 9339 8835 Company Contact No.:
Driver's Address: NO.8 MINBU ROAD, S(308162)
Insurance Company: AIG Email address (if any):

Relationship between Owner & Driver: Spouse

or Others specify: _____

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

**Exact purpose for which the vehicle
Was being used at time of accident?**

☒ Private use / ☐ Work purpose

Occupation (nature of job) ☒ Indoor / ☐ Outdoor

No. of Passengers (Including Driver): 1

Passenger Name : _____

Gender : _____

Passenger Name : _____

Gender : _____

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☒ No

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: WC4742C (B)

Driver's Contact No: _____ Insurance Company (If any): _____

2. Driver's Name / IC No: _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company (If any): _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.

REPUBLIC OF SINGAPORE
FIN G5853371N

Name
DA COSTA SILVA ANA CRISTINA

Date of Birth
19-Sep-1968

Sex
F

Nationality
PORTUGUESE






REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number
G5853371N

Name
DA COSTA SILVA ANA CRISTINA

Birth Date
19-Sep-1968

Issue Date
06-Dec-2016

Valid Till
18/12/2021



002636622K



GA0033832

DEPENDANT'S PASS
Immigration Regulations

Download SGWVisa/Pass App to check status

FIN G5853371N





MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU

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

Class	Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg	EFFECTIVE DATE 19 Dec 2006
Class 3		

NP 428A

Licence No: G5853371N





MINISTRY OF
MANPOWER

EMPLOYMENT PASS

Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer

TEMENOS SINGAPORE PTE. LTD.



Name

JACQUEMOTTE JACQUES ROBERT J

FIN

Q5848590Q



Q5848590Q



K0540775

VISIT PASS
Immigration Regulations

02-07-2018

Name
JACQUEMOTTE JACQUES ROBERT J

FIN
G5848590Q

Date of Birth Sex
30-03-1989 M

Nationality
BELGIAN

MULTIPLE JOURNEY VISA ISSUED

**YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED
OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.**

Download SGWorkPass
App to check status





CERTIFICATE OF INSURANCE

AUDI AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Jacquemotte Jacques Robert Jean-Marie
Period of Insurance : 30 May 2018 To 29 May 2019
Engine No. : CAL084734
Chassis No. : WAUZZZ8RXBA103828

Vehicle No. : SKB4478M
Policy No. : 2100260989-07
Endorsement No. :
Issued Date : 14 May 2018

ABOUT THE COVER

Make/Model : AUDI Q5 3.2 FSI
Engine Capacity/Tonnage : 3,197.00 CC
Driver Restriction : NA

Sum Insured : Market Value
Off Peak Car : No

First Year of Registration : 2011
Insuring with COE/PAF : No

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

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Jacquemotte Jacques Robert Jean-Marie - \$1600 (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 or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES


Hire Purchase Company/Employer's Loan: MayBank

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).

0504125200

PREMIUM LEASING - AP
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

SSP/MS