

NATIONAL Assessment Centre Services.

[ver 1 Jan 2005]

NA/9039606

Date In: 28/05/2009 17:31	Job description	Date & Time Completed	Done by
Ref No: NA/9039606/94974	SAS e-filing		
Veh No: SL5 95432	E-mail (W/dia 2hrs, A/C 2hrs)		
D.O.A: 28/05/2009 11:50	I-Motor Claim Form		
OD: TP: Reporting Only	I-Motor W/O (Withdr: 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: SKC 7534J	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: ()

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time:	Ass't:	Done by:

NA/9039606	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$10)
Contact No:	3) TP: Towing Fee	\$40/45
Damaged Portion:	4) FT: Follow-Through Survey	\$120
	5) FT: Follow-Through Survey (Resurvey)	\$30
	For claiming against INC Only (ver 10 Jan 2005)	
	6) TR: Re-inspection	\$75
	7) NI: Idco DA + SMRT Survey	\$160
	8) NTUC Additional Services:	
	ON:	
	*NS: Courtesy Car / Tpl Allowance	\$5
	*NG: Repair Co-ordination	\$10
	*NT: Post Repair Inspection	\$25
	*ND: DV / Collect Excess Coordination	\$5
	TP (Nil) / TP (N-INC) against INC	\$30
	9) NI: Idco Mobile	
	Invoice dated	
	Invoice dated	
	Fee Charged	
	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	28/05/2019 17:31
Date Of Accident	28/05/2019 11:50
Exact Location Of Accident	JEWEL CHANGI BASEMENT 3 LOBBY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS9543Z
Insured/Policyholder	
Name Of Registered Owner	MAI KAOJIE
NRIC No	S8200402E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87866000
Alternative Phone No	OTHERS-87866000

Vehicle Particulars

Manufacturer	AUDI
Model	A4-1.4 TFSI S TRONIC (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	1700063007-01
Cover Note Number	

Driver

Name of Driver	MAI KAOJIE
NRIC No	S8200402E
Date Of Birth	12/01/1982
Occupation	INDOOR
Date Of Driving Pass	12/01/2004
Driving Experience	15 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87866000
Fax Number	
Contact Number	OTHERS-87866000
Email Address	NOEMAIL

Address	BLK 124 TAMPINES STREET 11 #06-404
Postcode	521124
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 - 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?	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 SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKC7534J
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


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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**.
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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

Jewel Changi Basement 3 Lobby

Reversed



(A) CLS 95438

(B) SKC 7534J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 28.05.2019 at about 1150hrs, I was at Jewel Changi Basement 3 Lobby. As I was heading straight, I saw a vehicle ahead of me SKC 7534J slow down & stop, I follow suit. While waiting for the said vehicle to move, all of a sudden the said vehicle make a reverse. I wanted to warn her but she reversed and collided onto my front portion.

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:

28/05/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 28 MAY 2019		TIME: 1150HRS		(hh:mm) 24 hrs Format
LOCATION JENEL CHANGI BASEMENT 3 LOBBY				
VEHICLE NUMBER SLS 9543Z				
INSURED NAME Mai Kaifu				
NRIC / FIN 89200402E		CONTACT: 8786 6000		
MAKE Audi A4		MODEL 1.4 TFSI S TRONIC		
Are you claiming under your own insurance policy for repair to your vehicle?				
() Yes, If No, Pls Select : (/) Third Party () Reporting Only				
INSURANCE COMPANY				
TYPE OF POLICY (/) COMPREHENSIVE () THIRD PARTY () TPFT				
POLICY NUMBER :				
NAME DRIVER :				
() SAME AS INSURED				
NRIC / FIN		CONTACT:		
DATE OF BIRTH: 12-01-1982				
DRIVING PASS DATE: 01-07-2004				
OCCUPATION : (/) INDOOR () OUTDOOR				
GENDER : (/) MALE () FEMALE				
EMAIL ADDRESS: () NO EMAIL				
ADDRESS OF DRIVER: 124 Tampine St 11 #06-404 S(721124)				
Number Of Passenger Include Driver: 01 DRIVER				
Was driver an employee of the Insured's Company? () YES (/) NO				
If No, Relationship Of The Driver With The Insured				
(/) Owner () Spouse () Friend () Relative () Children () Sibling () Others				
Does The Driver Own Any Other Vehicle? : () YES (/) NO				
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:				
Insurance Company Of Driver's Own Vehicle				
Weather Conditions: (/) Clear () Raining () Drizzling () Others				
Road Surface : (/) Dry () Wet () Others				
Was Any Foreign Vehicle Involved In This Accident? () YES (/) NO				
Was Anybody Injured In The Accident? () YES (/) NO				
If YES, Injured details :				
Convey By Ambulance: () YES (/) NO				
Was There Any Video Capture By Car Camera? (/) YES () NO WITH OWNER				
Was There Accident Reported To The Police? () YES (/) NO If Yes Attach Police Report				
Police Report Number (if any) NIL				
Details Of 3rd Party		Name / NRIC		Contact
Veh B	SILC 7534 J			() / Not Sure ()
Veh C				() / Not Sure ()
Veh D				() / Not Sure ()
Veh E				() / Not Sure ()
Veh F				() / Not Sure ()
Veh G				() / Not Sure ()

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8200402E



Name

MAI KAOJIE

麥 考 杰

Race

CHINESE

Date of birth

12-01-1982

Country/Place of birth

SINGAPORE

Sex
M

S8200402E

For LKK/NAC Use Only

6176272



NRIC No. S8200402E



Date of issue

22-04-2019

Address

APT BLK 124 TAMPINES STREET 11
#06-404
SINGAPORE 521124

REPUBLIC OF SINGAPORE DRIVING LICENCE

 Licence Number: **S8200402E**
Name: **MAI KAOJIE**
Birth Date: **12 Jan 1982**
Issue Date: **14 Jun 2010**

 001865498E

For LKK/NAC Use Only

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

	EFFECTIVE DATE
Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg	01 Jul 2004

 Licence No: S8200402E

NP 428A

AUDI AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : MAI KAOJIE
 Period of Insurance : 11 Oct 2018 To 10 Oct 2019
 Engine No. : CVN041179
 Chassis No. : WAUZZZF40HN072307

Vehicle No. : SLS9543Z
 Policy No. : 1700063007-01
 Endorsement No. :
 Issued Date : 26 Sep 2018

ABOUT THE COVER

Make/Model : AUDI A4 1.4 TFSI 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 : 2017
 Insuring with COE/PARF : Yes

at The Policyholder
 to 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" ("IDEX") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition : 35 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, game-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)

MAI KAOJIE - \$800 (Own Damage)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

1. Audi Customer Service Center Add: 55 Ubi Road 1 Singapore 408663 6362323

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 90 Mobile App. Simply search and download "AIG 90" from (iTunes or Google Play).

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MALAYAN BANKING BERHAD

(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).)

0504125210

PREMIUM LEASING - VL

281 ALEXANDRA ROAD AUDI CUSTOMER SERVICE CENTRE

SINGAPORE 119938

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

> **Back to OneMotoring**

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	0402E
Vehicle Details	
Vehicle No.:	SLS9543Z
Vehicle to be Exported:	No
Intended Deregistration Date:	31 May 2019
Vehicle Make:	AUDI
Vehicle Model:	A4 1.4 TFSI S TRONIC
Primary Colour:	White
Manufacturing Year:	2017
Engine No.:	CVN041179
Chassis No.:	WAUZZZF40HN072307
Maximum Power Output:	110.0 kW (147 bhp)
Open Market Value:	\$32,097.00
Original Registration Date:	11 Oct 2017
First Registration Date:	11 Oct 2017
Transfer Count:	0
Actual ARF Paid:	\$26,936.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	10 Oct 2027
PARF Rebate Amount:	\$20,202.00
Intended COE Rebate Details	
COE Expiry Date:	10 Oct 2027
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$48,109.00
COE Rebate Amount:	\$40,220.00
Total Rebate Amount:	\$60,422.00

The information contained herein is correct as at 28 May 2019

OK