

NATIONAL Assessment Centre Services

(wef 1 Jan 2005) **NA 1907058**

Date In: 24/1/19 - 16:22	Job description	Date & Time Completed	Done by
Ref No: NA/1/19/009852/24	SAS e-filing		
Veh No: 5J02833X	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 24/1/19 - 08:10	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 <u>Fax / Hand</u> to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: **06LV9869X** 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: ()

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

NA 1904059	Invoice Preparation Checklist		Am't (\$) Est. Bill	Am't (\$) Add. Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);			
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
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)			
Dat. 1:	6) TR: Re-inspection \$75			
Dat. 2/3:	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	Q1:			
	*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: 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 aforesaid.

ACCIDENT STATEMENT

Date Of Report	29/05/2019 16:22
Date Of Accident	29/05/2019 08:10
Exact Location Of Accident	TAMPINES AVE 1 TWDS TAMPINES AVE 10
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU2833X
Insured/Policyholder	
Name Of Registered Owner	ONG CHENG TENG (WANG JINGTING)
NRIC No	S8236872H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91855304
Alternative Phone No	OFFICE-91855304

Vehicle Particulars

Manufacturer	AUDI
Model	A4 SEDAN 2.0 TFSI S TRONIC (NAV)
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	
Cover Note Number	1800091882

Driver

Name of Driver	CHUA WEIPING, DEREK (CAI WEIBIN, DEREK)
NRIC No	S8222904C
Date Of Birth	20/07/1982
Occupation	INDOOR
Date Of Driving Pass	03/05/2001
Driving Experience	18 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91855304
Fax Number	
Contact Number	OFFICE-91855304
EMail Address	NOEMAIL

Address	BLK 891A TAMPINES AVENUE 8 #15-74
Postcode	521891
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 - CHANGE/CROSS LANE
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?	
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: : - GENDER: : FEMALE

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

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGL9569X
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)

1

SKETCH PLAN

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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:



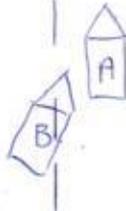
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN

Tampines
Ave 1



DOA: 29/5/19

A: SJU 2833X

B: SGL 9569X

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving straight along Tampines Ave 1, suddenly
veh B cut into my lane without signalling

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.:

Personal Particulars

Date of Accident: 29/5/19 Time of Accident: 8:10am
Exact Location of Accident: Tampines Ave 1 towards Tampines Ave 10
Owner's Name: Ong Cheng Teng NRIC No: S8256872H HP No:
Driver's Name: Chua Weiping Derek NRIC No: HP No: 91855304
Date of Birth: 20/7/1982 Driving Licence Passing Date: 3/5/2001 Occupation: Indoor / Outdoor
Address: 891A Tampines Ave 8 #15-74 (521891)
Relationship of Driver with Insured: Spouse Email Address:
Vehicle No: SJU 2833X Make & Model: Audi
Insurance Co: AIG Coverage: Policy No:

*Purpose of Reporting? Own Damage Claim / 3rd Party Claim / No Claiming, Just Reporting Only

*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: Private Use / Work

*Weather Condition? Clear / Raining / Others: Wet / Dry / Others:

* Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:
A: 1 + 1 B: 1 + 0 C: D:

*Was Anybody Injured? (Yes / No) If yes,
Name / NRIC / In Vehicle:

*Was The Accident Reported To The Police?
No Yes, Which Police Station?

*Does the Driver Own Any Other Vehicle?
No Yes, Vehicle Registration No: insurer:

*Was any foreign vehicle involved? (Yes / No) If yes, Vehicle No & Category:

*Was there any video captured by Car Camera? (Yes/No)

Third Party Driver's Particulars

Vehicle B No: SGL 9569X Make & Model:
Driver's Name: NRIC No: HP No:
Vehicle C No: Make & Model:
Driver's Name: NRIC No: HP No:

Witness Particulars

Name: NRIC No: HP No:

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S8222904C
Name:
CHUA WEIPING, DEREK
(CAI WEIBIN, DEREK)

Birth Date: 20 Jul 1982
Issue Date: 14 May 2011



001965024D

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8222904C



Name
CHUA WEIPING, DEREK
(CAI WEIBIN, DEREK)
蔡 伟 彬

Race
CHINESE

Date of birth
20-07-1982

Country/Place of birth
SINGAPORE

Sex
M



S8222904C

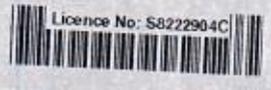
For LKK/NAC Use Only

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

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 03 May 2001

NP 428A



License No: S8222904C

5171343



NRIC No: S8222904C



Date of Issue
15-05-2013

APT BLK 891A TAMPINES AVENUE 8 #15-74
SINGAPORE 521891

NRIC No: S8222904C Date: 29/12/2018

For LKK/NAC Use Only



COVER NOTE

AUDI AUTO PROTECTOR PRIVATE VEHICLE

The following risk details are covered hereunder. **FIELD COVERED** by the terms and conditions of the policy subject to the Policyholder.

Name of Policyholder : **ONG CHENG TENG (WANG JINGTING)**
 Period of Insurance : **4 Aug 2018 to 6 Aug 2019**
 Engine No. : **CVK 064660**
 Chassis No. : **WAUZZZF44JN015405**

Vehicle No. : **STU3823X**
 Cover Note No. : **1800091882**
 Endorsement No. :
 Issued Date : **30 Jul 2018**

ABOUT THE COVER

Make/Model : **AUDI A4 sedan 2.0 TFSI**
 Engine Capacity : **1,984.00 CC**
 Driver Restriction : **NA**
 Person or 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 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.

Sum Insured : Market Value
 Off Peak Car : No
 First Year of Registration : 2018
 Insuring with COE/PARF : Yes

Age Condition : **All Age Condition**
Limitation as to use*

Use only for local, 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. 183) and Section 95 of the Road Transport Act, 1987 (Malaysia); we not to be excluded under these headings.

EXCESS

Section 1
Fire - \$0 Own Damage - \$1600 Theft - \$0 Flood Cover - \$0

Section 2
Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)
ONG CHENG TENG (WANG JINGTING) - \$1800 (Own Damage)

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

1. Audi Customer Service Center, Add: 55 Ubi Road 1 Singapore 408999 63862323
For other Approved Reporting Centres/AUG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 9338 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: **DBS BANK LTD**

If you do not receive your Certificate of Insurance and policy documents within 30 days from the inception date of this cover note, please contact AIG immediately. We hereby certify that this Cover Note is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 183), Part IV of the Road Transport Act (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia). For Corporate Policies, this Cover Note is valid for 90 days from the commencement date of the period of insurance.

0504125280
PREMIUM LEASING -NJE
281 ALEXANDRA ROAD AUDI CUSTOMER SERVICE CENTRE
SINGAPORE 159938
Underwritten by AIG Asia Pacific Insurance Pte. Ltd.



M. Nik
AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE