

# NATIONAL Assessment Centre Services

[ver 1 Jan 05]

MAA 119088181

Date In: 8/7/19 09:01	Job description	Date & Time Completed	Done by
Ref No: NAI AIG 19011961/64	SAS e-filing		
Veh No: SKE 1639 U	E-mail (within 2hrs, AIC 2hrs)		
DDA: 5/7/19 08:00	I-Motor Claim Form		
OD: <input checked="" type="radio"/> Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksn		

Preferred Wksp / INC Assign Wksp / GW: (

Tel:

Fax:

TP Particulars:

Veh No:

Gx 7436X

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: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: ( )

Date/Time: ( )

Signature: ( )

Signature: ( )

Signature: ( )

Signature: ( )

Signature: ( )

Signature: ( )

Signature: ( )

Signature: ( )

Signature: ( )

Signature: ( )

Signature: ( )

Signature: ( )

Signature: ( )

Signature: ( )

Signature: ( )

Signature: ( )

Signature: ( )

Signature: ( )

Signature: ( )

NAI905065

Item	Description	Amount	Remarks
1)	AR: Accident Reporting (\$30)		
2)	DA: Damage Assessment (\$100)		INC (\$50)
3)	TP: Towing Fee	\$40/\$45	
4)	PT: Follow-Through Survey	\$120	
5)	PT: Follow-Through Survey (Resurvey)	\$30	
For claiming against INC Only (wef 10 Jan 2005)			
6)	TR: Re-inspection	\$75	
7)	NI: Ideal DA + SMRT Survey	\$160	
8)	NTUC Additional Services:		
ON:			
*N5:	Courtesy Car / Tpt Allowance	\$5	
*N6:	Repair Coordination	\$10	
*N7:	Post Repair Inspection	\$25	
*N8:	DV / Collect Excess Coordination	\$5	
TP (NI):	TP (NI) INC against INC	\$20	
9) NI2:	Ideal Mobile	\$0	
Invoice dated		Fee Charged	
Invoice dated		Fee Charged	

Customer's Signature:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Additional Comments:

Ref 1:

Ref 2/3:



## 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	08/07/2019 09:01
Date Of Accident	05/07/2019 08:00
Exact Location Of Accident	LENTOR FLYOVER TWDS SLE CTE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKE1639U
Insured/Policyholder	
Name Of Registered Owner	LING ZHI ERN @ TRAVIS LING ZHI ERN
NRIC No	S8016349E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97487499
Alternative Phone No	OFFICE-97487499
Vehicle Particulars	
Manufacturer	AUDI
Model	A5
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	1900021279
Cover Note Number	-
Driver	
Name of Driver	LING ZHI ERN @ TRAVIS LING ZHI ERN
NRIC No	S8016349E
Date Of Birth	13/05/1980
Occupation	OUTDOOR
Date Of Driving Pass	14/04/2000
Driving Experience	19 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97487499
Fax Number	
Contact Number	OFFICE-97487499
Email Address	NOEMAIL

Address	BLK 17 CANBERRA DR #11-36
Postcode	768074
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?	
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 ATTACHED STATEMENT.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GX7436X
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)	



## SKETCH PLAN

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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

Sketch Plan diagram showing vehicle positions and directions:

- Vehicle A: SKE1639U
- Vehicle B: GX7436X
- Direction: Lenter Flyover Towards SLE CTE
- Vehicle positions: A and B are shown in a vertical column, with A above B.

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 05/07/19 at about 8am, I was travelling along Lenter Flyover Towards SLE CTE. I was stationary due to the front traffic. Suddenly vehicle B hit my rear.

## 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.:



Date of Accident : 05/07/19 Accident Time: 8am (24-HR-Format)  
Accident Place : Lenter flyover towards SLE CTE  
Vehicle. No. (Car Plate No.) : SKE1639U Make/Model: Audi A5  
Insurance Company : AIG Policy No: 1900021279  
Owner or Company Name /IC No. : S801634AE Ling Zhu Ern.  
Owner or Company Contact No. : 97487499 Owner's Hp Company Tel  
DRIVER'S Name / IC No. : As above  
DRIVER'S Date Of Birth : 05/07/19 13/05/1980 DRIVER'S License Pass Date 13/14/04/2000  
Relationship of Owner & Driver : Spouse | Parents | Children | Sibling | Employee | Others: Owner  
DRIVER'S Address : Blk 17 Canberra Drive #11-36 S768074  
DRIVER'S Contact No./ Alt No. : 1) 2)  
DRIVER'S Occupation : INDOOR | OUTDOOR (e.g. working inside or outside office)  
Email Address :  
Weather & Road Surface : CLEAR & DRY | RAINING & WET | AFTER RAIN & WET  
Reporting Type : Reporting Only | Claim Other Party | Claim Own Insurance  
Number of Passengers (Including Driver): Driver only  
Was there any video Captured by car camera: YES | NO  
Exact purpose for which vehicle was being used at the time of accident: Private use | Work purpose  
Any Injury (If YES, Pls state): No injury

Other Party Driver's Particular (if any)

Vehicle. No:	GX7436X	Vehicle. No:	
Vehicle Make/Model:		Vehicle Make/Model:	
Name Driver:		Name Driver:	
IC No. Driver/Contact:		IC No. Driver/Contact:	

\* NEW - Passenger's name & gender:

*[Signature]*

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8016349E



Name  
LING ZHI ERN  
@TRAVIS LING ZHI ERN

Race  
CHINESE

Date of birth  
13-05-1980

Sex  
M

Country of birth  
SINGAPORE

4604751

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8016349E

Name  
LING ZHI ERN  
(LING ZHIEN)

Birth Date 13 May 1980

Issue Date 13 Feb 2004

061120609C



4604751



NRIC No. S8016349E



Date of issue  
20-07-2010

APT BLK 17 CANBERRA DRIVE #11-36  
SINGAPORE 768074

NRIC No: S8016349E Date: 13/11/2015

For LKK/NAC Use Only

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  
14 Apr 2000

NP 428A

Licence No: S8016349E





## AUDI AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : LING ZHI ERN @ TRAVIS LING ZHI ERN  
 Period of Insurance : 27 Feb 2019 To 26 Feb 2021  
 Engine No. : CVK 074728  
 Chassis No. : WAUZZZF52KA016649

Vehicle No. : SKE1639U  
 Policy No. : 1900021279  
 Endorsement No. :  
 Issued Date : 15 Mar 2019

## ABOUT THE COVER

Make/Model : AUDI A5 Sportback 2.0TFSI S Tronic (Design)  
 Engine Capacity/Tonnage : 1,984.00 CC  
 Driver Restriction : NA  
 Sum Insured : Market Value  
 Off Peak Car : No  
 First Year of Registration : 2019  
 Insuring with COE/PAF : 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 - \$1600 Theft - \$0 Flood Cover - \$0

Section 2  
 Property Damage - \$0

Windscreens : \$100

## Named Driver and Excess (where applicable)

LING ZHI ERN @ TRAVIS LING ZHI ERN - \$1600 (Own Damage)

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

1. Audi Customer Service Center Add: 55 Ubi Road 1 Singapore 408699 63862323

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6339 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: OVERSEA-CHINESE BANKING CORPN LTD

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, 1956 (Malaysia).

0504125251

PREMIUM LEASING -LES  
 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

See Barry Loh