

NATIONAL Assessment Centre Services

[Form 1 Jan'09]

11/04/2019 14:49:59

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 19/07/2019 12:46 | Job description | Date & Time Completed | Done by |
| Ref No: N/A 180121614 | SAS e-filing | | |
| Veh No: SU 675E | E-mail (within 8hrs. A/C 2hrs) | | |
| D.O.A: 18/07/2019 13:55 | 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 / MNC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: SW 9276Y

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 |
|-----------|---------|
| | |
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| | | | | |
|--|---|--|---------------------------------|-----------------------------------|
| <p>11/0905508</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. J:</p> <p>Cal. 2/3:</p> | <p>Invoice Preparation Checklist</p> | | <p>Am't (\$)</p> <p>In Bill</p> | <p>Am't (\$)</p> <p>Add. Bill</p> |
| | 1) AR: Accident Reporting (\$30): | | | |
| | 2) DA: Damage Assessment (\$100): INC (\$80) | | | |
| | 3) TP: Towing Fee \$40/\$45 | | | |
| | 4) FT: Follow-Through Survey \$120 | | | |
| | 5) PT: Follow-Through Survey (Resurvey) \$30 | | | |
| | For claimant against INC Only (waf 10 Jan 2009) | | | |
| | 6) TR: Re-inspection \$75 | | | |
| | 7) NI: Idm DA + SMRT Survey \$160 | | | |
| | 8) NTUC Additional Services: | | | |
| <p>9) NI: Idm Mobiles</p> <p>Invoice dated</p> <p>For Charged</p> | | <p>\$5</p> <p>\$10</p> <p>\$25</p> <p>\$5</p> <p>\$20</p> <p>\$0</p> | <p>For Charged</p> | |

07-MAY-2018 16:38

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 | 19/07/2019 12:46 |
| Date Of Accident | 18/07/2019 13:55 |
| Exact Location Of Accident | ALONG RAFFLES BOULEVARD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------------------------|
| Vehicle Registration Number | SLU6775E |
| Insured/Policyholder | |
| Name Of Registered Owner | DANDELION MOYEU PTE LTD |
| Co Reg No | 201230264N |
| Email Address | CHENG@GLOBALHEALTHCARE.SG |
| Mobile Phone No | (LOCAL) +65-97777369 |
| Alternative Phone No | OFFICE-67023360 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | AUDI |
| Model | Q7 |
| 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 | COMMERCIAL VEHICLE |

Insurance Company

| | |
|---------------------------|--------------------------------------|
| Name of Insurance Company | AIG ASIA PACIFIC INSURANCE PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 999994431/100859580-00000 |
| Cover Note Number | |

Driver

| | |
|----------------------|---------------------------|
| Name of Driver | CHENG KENG LIANG |
| NRIC No | S2575952D |
| Date Of Birth | 01/11/1963 |
| Occupation | INDOOR |
| Date Of Driving Pass | 18/10/1984 |
| Driving Experience | 34 YEARS AND 9 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97777369 |
| Fax Number | |
| Contact Number | OTHERS-64988002 |
| Email Address | CHENG@GLOBALHEALTHCARE.SG |

| | |
|---|------------------------------|
| Address | 38 CHAY YAN STREET #10-06 |
| Postcode | 169907 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OTHER - HIRER |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|------------|
| Type Of Accident | SIDE SWIPE |
| 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) | 2 |
| Passenger 1 | NAME: : KEON CHEE GENDER: : MALE |

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? | NO |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|--------------------|
| Vehicle Registration Number | SJW9276Y |
| Vehicle Make/Model/Colour | BMW 630I |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | CLINT HAN EUNG LEE |
| NRIC/Passport Number | 20670339 |
| Contact Number | 90554609/96366962 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |

| | |
|-------------------------------------|---|
| No. Of Passenger (Including Driver) | 1 |
|-------------------------------------|---|

SKETCH PLAN

Veh A: 9LV 6775 E
Veh B: 8JW 9276 Y

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.

** I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY (I WILL CHECK MY POLICY FOR MORE DETAILS)

DANDELION MOYEU PTE LT

ROC NO : 201230264N

Policyholder's Signature:

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

18/7/19
6.10 pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

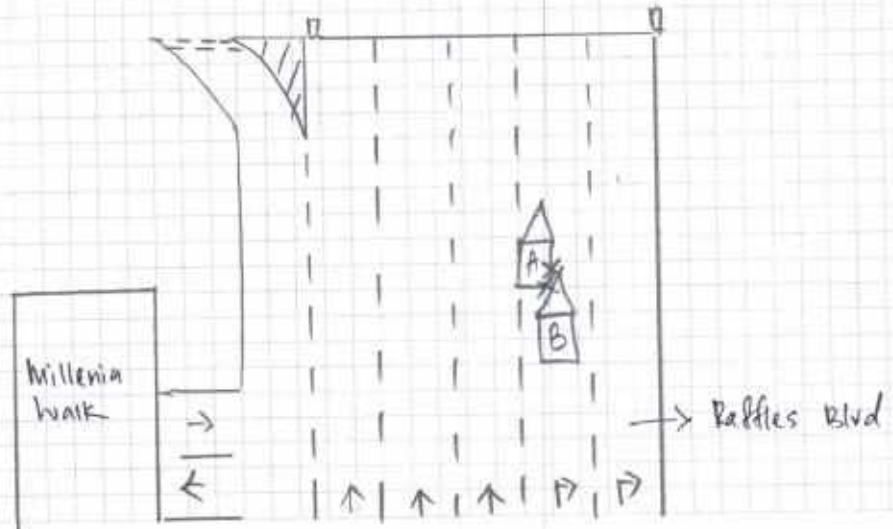
19/07/2019

Reda Hassan

SKETCH PLAN

Veh A: SLV 6775 E

Veh B: SJW 9276 Y



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

About 1.55 pm I ~~was turning~~ ^{drove} out from Millenia Walk car park along Raffles Blvd and driving towards Temasek Ave. As the traffic was heavy along the two turning lanes (right) & the traffic light was red, I was driving along third lane from the right and signalled to filter into the second lane and stop briefly to wait for cars to give way. The car driven by the driver of SJW 9276 Y was stationary and the driver was ^{busy} on his mobile phone, thus I proceeded to filter into lane two at less than 15 km/h. After a brief moment of about half a minute, the red light turned green I ~~heard~~ felt my car was hit by SJW 9276 Y and his car continue to be in motion for a few seconds along my rear wheel driver side towards the rear passenger door. I stopped my car to ask him to give me his contact details and admitted verbally he was not paying attention as he was using his mobile phone. I obtained his Australian driving licence and mobile contact details. He told me to contact his mother to private settle the claim with us. I took pictures of the cars and accident site for reference to claim against the driver/owner. I gave him a missed call 2.00 pm.

DECLARATION

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

DANDELION MOYEU PT- (L)
ROC NO : 201230264N

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 18/2/19
6.10 pm

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

19/07/2019
Roshan Contractor

Accord Auto Services Pte Ltd

Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: avclaims@mycarworkshop.com

Particular Of Insured/Driver & Details Of The Accident Motor Accident Report

*Date of Accident: 18 JULY 2018 *Time of Accident: About 1.58 pm (Raffles Blvd)
*Accident Location: After the carpark exit of Raffles Blvd about 150 meters away from the traffic light intersection with Temasek Ave
Vehicle Details
*Vehicle Number: SLU 6775E *Make & Model: Audi Q7

Insured / Policyholder

*Owner Name: Dandien Moyan Pte Ltd *NRIC: 201230264H
*Address: _____ *HP: _____
*Email: _____ *Tel / H / Other: 6702 3360
*Occupation: _____ (Indoor / Outdoor)

Driver () same as above

*Driver Name: CHENG KENG LIANG *NRIC: S2575952D
*Address: 38 CHAY YAN ST #10-06
*Date of Birth: 1/11/1963 *Driving Pass Date: 18 OCT 1984 *HP: 97777369
*Email: cheng@globalhealthcare.sg *Gender: Male / Female
*Occupation: DIRECTOR (Indoor / Outdoor) *Tel / H / Other: 64988002
*Driver an employee: Yes / No (*If no, what is relationship with the policyholder: _____)

Passengers Details

*P/Name: KEON CHEE (Male/Female) *P/Name: _____ (Male/Female)
*P/Name: _____ (Male/Female) *P/Name: _____ (Male/Female)

Insurance Company

*Insurer: _____ *Coverage: C / TPFT / TPO *Policy No: _____

Detail of other vehicle / Property 1

Vehicle No.: SJW9276 Y
Make & Model: BMW 630i
Vehicle Category: CAB 791
Name of Driver: CLINT HAN EUNG LEE
NRIC: AUSTRALIAN DRIVING LIC NO 20670339
HP: 90554609 & 96366962
No. of Passengers (Including Driver): 1

Detail of other vehicle / Property 2

Vehicle No.: _____
Make & Model: _____
Vehicle Category: _____
Name of Driver: _____
NRIC: _____
HP: _____
No. of Passengers (Including Driver): _____

For Official Use Only

*Claiming against Own Ins.: Yes / No (If No, Reporting Only / TP Claims)

General Information of the accident

*Type of accident: Head-Rear / Side swipe / others: _____
*Weather conditions: Clear / Raining / others: _____ *Any video cam: Yes / No
*Road Surface: Dry / Wet / others: _____
*Witness: Yes / No (Name: _____ NRIC: _____ HP: _____)
*Accident reported to police: Yes / No *Summon against whom: _____
*Injured party: Yes / No *No. of passengers (include driver): _____
-I/Name: _____ *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No
-I/Name: _____ *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S2575952D**
Name:

CHENG KENG LIANG

For LKK/NAC Use Only

Birth Date: 01 Nov 1963
Issue Date: 12 Jun 2003



000566449G

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S2575952D



For LKK/NAC Use Only



CHENG KENG LIANG

鍾 庆 亮

Race
CHINESE

Date of Birth
01-11-1963

Sex
M

Country of Birth
MALAYSIA



VEHICLES IN THE FOLLOWING CLASS(ES)

| | PASS DATE |
|--|-------------|
| 1. Motorcycles not exceeding 200 cc | 18 Oct 1984 |
| 2. Cars and Light Tractors the weight of | 18 Oct 1984 |
| which does not exceed 2500 kilograms | |

For LKK/NAC Use Only

Licence No: S2575952D

NP 428A

8



NRIC No: S2575952D

For LKK/NAC Use Only

Nationality
MALAYSIAN

Blood Group: AB+ Date of Issue: 17-03-2001

38 CHAY YAN STREET #10-06
SINGAPORE 169907

NRIC No: S2575952D Date: 27/11/2010 No: 65449



HOTLINE TEL: (65) 6419-3000
FAX: (65) 6415-3723

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.Z.400

COMPREHENSIVE COMMERCIAL MOTOR
CERTIFICATE NO. 999994431/100859580-00000

OWN DAMAGE EXCESS S\$1,500.00 (I & II)
WINDSCREEN EXCESS S\$100.00
(for policies with effect from 1st November 2002)
SUM INSURED S\$1.00
INSURING WITH COE/PARF YES

- 1) VEHICLE REGISTRATION NO. SLU6775E
- 2) NAME OF INSURED Dandeton Moyeu Pte Ltd
- 3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT 14 Sep 2018
- 4) DATE OF EXPIRY OF INSURANCE 13 Sep 2019
- 5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE *

Any person who is driving on the Insured's order or with their permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6) LIMITATION AS TO USE *

Use for the carriage of passengers or goods in connection with the Insured's business.
Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.
The Policy does not cover
1) Use for racing, pace-making, reliability trial or speed-testing.
2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.
~~3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.~~

LOSS OF USE NOT INCLUDED

* NAMED DRIVER N/A

HIRE PURCHASE COMPANY AUTO LEASE PTE LTD

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.



I / We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued At Singapore 27 Sep 2018

AIG ASIA PACIFIC INSURANCE PTE. LTD.

000064-000
DIRECT CLIENTS 01.4.95
AIG BUILDING
78 SHENTON WAY #07-16
SINGAPORE 079120

Authorised Representative

ORIGINAL

SSFYTP