

NATIONAL Assessment Centre Services

[ver 1 Jan'05]

MNA 119106877

Date In: 15/8/19 14:22	Job description	Date & Time Completed	Done by
Ref No: MAI AIG 19014202164	SAS e-filing		
Veh No: SKR 4499Z	E-mail (within 8hrs, AIG 2hrs)		
DDA: 12/8/19 12:40	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/Whse		

Preferred Wksp / INC Assign Wksp / GW: (Tel:	Fax:
TP Particulars:	Veh No: WD 2335C	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: YBS () / NO ()	
Excess: (\$	Loading: \$1,000 () / \$2,000 ()	

General Remarks:
() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repolier.
() Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

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

Injury: _____

Date/Time	Action

NA1905970

Claimant's Particulars:	Invoice No: ()	Amount: ()
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120	
Auditors Comments:	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (ver 10 Jan 2005)	
	6) TR: Re-inspection \$75	
	7) NI: Idau DA + SMRT Survey \$160	
	8) NTUC Additional Services:-	
	OD:	
	*N5: Courtesy Car / Tpt Allowance \$5	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$5	
	TP (N11): TP (N11 INC) against INC \$20	
	9) N12: Idau 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 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	15/08/2019 14:22
Date Of Accident	12/08/2019 12:40
Exact Location Of Accident	PRIMA TOWER CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKQ4499Z
Insured/Policyholder	
Name Of Registered Owner	CHOW TOONG CHEE
NRIC No	S0122463H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97608845
Alternative Phone No	OFFICE-97608845

Vehicle Particulars

Manufacturer	AUDI
Model	A4
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	2100393584-04
Cover Note Number	-

Driver

Name of Driver	CHOW AH TECK
NRIC No	S2606583F
Date Of Birth	17/08/1949
Occupation	INDOOR
Date Of Driving Pass	26/12/1990
Driving Experience	28 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90028020
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 49 STRATHMORE AVE #20-219
Postcode	140049
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	RELATIVE
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?	
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 STATEMENT.

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	WD2335C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	YU XUE BEN
NRIC/Passport Number	G2249752P
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

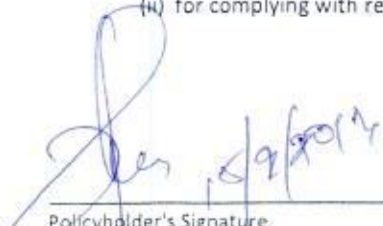
SKETCH PLAN

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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.

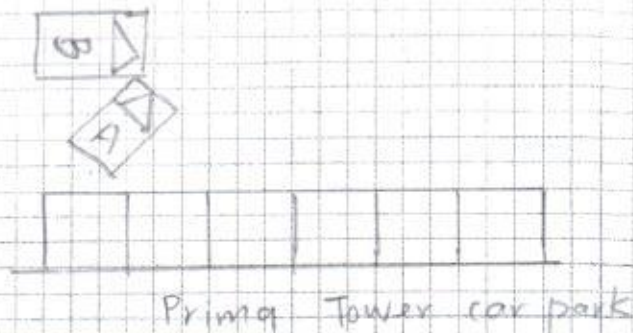

Policyholder's Signature
Date & Time:

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


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

SKETCH PLAN

Veh A: SKQ 4499 Z
Veh B: WD 2335 C



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

was

I ^{was} reversing to the lot of Prima Tower car park on 12.08.2019

@ 1238 hrs. Suddenly, I heard a bang sound and felt an impact from my front side. Vehicle B was collided onto front left portion of my vehicle.

DECLARATION

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

Policyholder's Signature

Date & Time: 12/08/19

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

VEHICLE NO: SKQ 4499Z MAKE & MODEL: Audi A4

DATE OF ACCIDENT 12 / 08 / 2019

TIME OF ACCIDENT 1238 AM (PM)

LOCATION OF ACCIDENT Prima Tower Car park

Exact Purpose use during accident

NAME OF OWNER Chow Toong Chee

TELP NO 9760 8845

NRIC S0122463 H

CLAIM TYPE OD / THIRD PARTY / Reporting Only

INSURANCE CO. AIG

TYPE OF CAVERAGE Comprehensive / Third Party / Third Party Fire & Theft

POLICY NO. 2100393584-04

NAME OF DRIVER As above / If No. Chow Ah Teck

NRIC S2606583 F Any passengers: -

DATE OF BIRTH 17 / Aug / 1979

OCCUPATION Outdoor / Indoor

DATE OF DRIVING PASS 26 / Dec / 1990

GENDER Male / Female

CONTAC NO. 90028020 Office: Home: .

ADDRESS Blk 49 Strathmore Ave # 20-219 S (140049)

DRIVER HAVE ANY OWN Vehicle NO / If yes, Reg No.

RELATIONSHIP Employee / If No.

WEATHER CONDITION Clear / Raining / Other:

ROAD SURFACE Dry / Wet / Other:

ANY INJURIES No / If yes, Who?

CONTAC NO.

POLICE REPORT No / If yes, Where?

VEHICLE B NO. WD 2335 C Any Passenger:

NAME Yu Xue Ben (Fin No: G2249752P)

CONTAC NO.

VEHICLE C NO. Any Passenger:

VEHICLE D NO. Any Passenger:

VEHICLE E NO. Any Passenger:

VEHICLE F NO. Any Passenger:

ANY WITNESS

WITNESS CONTACT NO.

Have you been approach by unknown person soliciting (s) / offering accident claims assistance? YES / NO

PARTICULAR WORKSHOP huameng@live.com.sg

TELP NO

CONTACT PERSON

FAX NO.

Driver

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2606583F



Name
CHOW AH TECK

周亞德

Race
CHINESE

Date of birth
17-08-1949

Sex
M

Country of birth
MALAYSIA



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S2606583F

Name
CHOW AH TECK

Birth Date: 17 Aug 1949

Issue Date: 25 Feb 2003



1000233621B

4481922



NRIC No. S2606583F



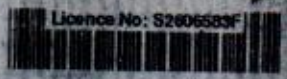
Date of issue
26-08-2009

Address
APT BLK 49 STRATHMORE AVENUE
#20-219
SINGAPORE 140049

ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	26 Dec 1990

Licence No: S2606583F



HP 428A

owner

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S0122463H**

Name: **CHOW TOONG CHEE**

Birth Date: **21 Oct 1954**

Issue Date: **29 Apr 2016**

002562448K

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S0122463H**

Name: **CHOW TOONG CHEE**

Chinese Name: **巢同志**

Race: **CHINESE**

Date of Birth: **21-10-1954**

Sex: **M**

Country of Birth: **SINGAPORE**

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

	EFFECTIVE DATE
Class 2B Motorcycles =< 200 cc	06 Mar 1981
Class 3 Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	12 Jul 1977

NP 428A

Licence No: **S0122463H**

1956487

S0122463H

21 PUNGGOL FIELD WALK #09-14

SINGAPORE 828749

NRIC No: **S0122463H**

Date: **31/01/2016**



CERTIFICATE OF INSURANCE

AUDI AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : CHOW TOONG CHEE
Period of Insurance : 28 Nov 2018 To 27 Nov 2019
Engine No. : CJE087042
Chassis No. : WAUZZZ8K9FA018889

Vehicle No. : SKQ4499Z
Policy No. : 2100393584-04
Endorsement No. :
Issued Date : 19 Nov 2018

ABOUT THE COVER

Make/Model : AUDI A4 1.8 TFSI MU (LITE EDITION)
Engine Capacity/Tonnage : 1,798.00 CC
Driver Restriction : NA
Person or Classes of Persons Entitled to Drive* :
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2014
Insuring with COE/PAF : Yes

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 1500cc - 1600cc 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)

CHOW TOONG CHEE - \$800 (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: DBS BANK LTD

I/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).

0504125208

PREMIUM LEASING - SLOH

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

SPG000

1001659217/AC4