

NATIONAL Assessment Centre Services. [ver 1 Jan'03]

MWA 119160428

Date In: 5/12/19 13:23	Job description	Date & Time Completed	Done by
Ref No: MA1 AIG 19021498144	SAS e-filing		
Veh No: SKB 1988C	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 4/12/19 21:30	I-Motor Claim Form		
OD: <input checked="" type="checkbox"/> 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/Wksp		

Prof/Trud Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SMJ 4081H	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 repolar.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks:	INC Ref No:	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	Action

<p>MA190915</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>Ref: 1:</p> <p>Ref: 2/3:</p>	<p>Invoice Preparation Checklist</p> <table border="1"> <tr> <th>Item</th> <th>Amount (\$)</th> <th>Remarks</th> </tr> <tr> <td>1) AR: Accident Reporting (\$30);</td> <td></td> <td></td> </tr> <tr> <td>2) DA: Damage Assessment (\$100); INC (\$80)</td> <td></td> <td></td> </tr> <tr> <td>3) TP: Towing Fee</td> <td>\$40/\$43</td> <td></td> </tr> <tr> <td>4) PT: Follow-Through Survey</td> <td>\$120</td> <td></td> </tr> <tr> <td>5) IT: Follow-Through Survey (Resurvey)</td> <td>\$30</td> <td></td> </tr> <tr> <td colspan="3">For claiming against INC Only (wef 10 Jan 2003)</td> </tr> <tr> <td>6) TR: Re-inspection</td> <td>\$75</td> <td></td> </tr> <tr> <td>7) NI: Idao DA + SMRT Survey</td> <td>\$160</td> <td></td> </tr> <tr> <td>8) NTUC Additional Services:-</td> <td></td> <td></td> </tr> <tr> <td>QD:</td> <td></td> <td></td> </tr> <tr> <td>*N5: Courtesy Car / Tpt Allowance</td> <td>\$5</td> <td></td> </tr> <tr> <td>*N6: Repair Co-ordination</td> <td>\$10</td> <td></td> </tr> <tr> <td>*N7: Post Repair Inspection</td> <td>\$25</td> <td></td> </tr> <tr> <td>*N8: DV / Collect Excess Coordination</td> <td>\$5</td> <td></td> </tr> <tr> <td>TP (N11): TP (Non INC) against INC</td> <td>\$20</td> <td></td> </tr> <tr> <td>9) N12: Idao Mobile</td> <td>\$0</td> <td></td> </tr> <tr> <td>Invoice dated</td> <td>Fee Charged</td> <td></td> </tr> <tr> <td>Invoice dated</td> <td>Fee Charged</td> <td></td> </tr> </table>	Item	Amount (\$)	Remarks	1) AR: Accident Reporting (\$30);			2) DA: Damage Assessment (\$100); INC (\$80)			3) TP: Towing Fee	\$40/\$43		4) PT: Follow-Through Survey	\$120		5) IT: Follow-Through Survey (Resurvey)	\$30		For claiming against INC Only (wef 10 Jan 2003)			6) TR: Re-inspection	\$75		7) NI: Idao DA + SMRT Survey	\$160		8) NTUC Additional Services:-			QD:			*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 (Non INC) against INC	\$20		9) N12: Idao Mobile	\$0		Invoice dated	Fee Charged		Invoice dated	Fee Charged	
Item	Amount (\$)	Remarks																																																								
1) AR: Accident Reporting (\$30);																																																										
2) DA: Damage Assessment (\$100); INC (\$80)																																																										
3) TP: Towing Fee	\$40/\$43																																																									
4) PT: Follow-Through Survey	\$120																																																									
5) IT: Follow-Through Survey (Resurvey)	\$30																																																									
For claiming against INC Only (wef 10 Jan 2003)																																																										
6) TR: Re-inspection	\$75																																																									
7) NI: Idao DA + SMRT Survey	\$160																																																									
8) NTUC Additional Services:-																																																										
QD:																																																										
*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 (Non INC) against INC	\$20																																																									
9) N12: Idao Mobile	\$0																																																									
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	05/12/2019 13:23
Date Of Accident	04/12/2019 21:30
Exact Location Of Accident	PIE TWDS TUAS B4 CTE/SLE EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB1988C
Insured/Policyholder	
Name Of Registered Owner	LEE WEI PING
NRIC No	S7718391D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90177852
Alternative Phone No	OFFICE-90177852

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	2100248759-08
Cover Note Number	

Driver

Name of Driver	CHONG WEE LEE (ZHANG WEILI)
NRIC No	S7510608D
Date Of Birth	05/04/1975
Occupation	INDOOR
Date Of Driving Pass	25/04/2007
Driving Experience	12 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90177852
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	19 SELETAR GREEN VIEW
Postcode	805164
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	CHAIN COLLISION
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	3
Was any body injured in the Accident?	YES
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

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	SMJ4081H
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)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBF7306S
-----------------------------	----------

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)

DETAILS OF INJURED PERSON 1

Name

CHONG WEE LEE (ZHANG WEILI)

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SKB1988C

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN

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.

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

PIE TOWARDS
TUAS BEFORE
CTE/SLE EXIT



(A) SKB 1988C

(B) SMJ 4081H

(C) GBF 7306S

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS travelling along PIE towards TUAS on lane 4 of 4 lanes.

The vehicle in front slowed down and stopped. Noticing that I also slowed down and came to a halt. After a few seconds, I felt an great impact from the rear. I alighted and realised it was a chain collision involving 3 vehicles.

DECLARATION

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

[Signature]

[Signature]

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 : 04.12.2019 Accident Time: 21.30 (24-HR-Format)
Accident Place : PIE Towards Tuas Before CTE /SLE Exit.
Vehicle. No. (Car Plate No.) : SKB 1988C Make/Model: Audi A5
Insurance Company : AIG Policy No: 2100248739-08V1
Owner or Company Name /IC No. : Lee Wei Ping (877183910)
Owner or Company Contact No. : - Owner's Hp - Company Tel
DRIVER'S Name / IC No. : Chong Mee Lee (875106080)
DRIVER'S Date Of Birth : 05.04.1975 DRIVER'S License Pass Date 25.04.2007
Relationship of Owner & Driver : (Spouse) Parents \ Children \ Sibling \ Employee \ Others:
DRIVER'S Address : 19 Seletar Green View Singapore 805164
DRIVER'S Contact No./ Alt No. : 1) 90177852 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): 1 Driver
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): Yes (Neck & Back)

Other Party Driver's Particular (if any)

Vehicle. No: SMTJ 4081 H	Vehicle. No: GRF 7306 S
Vehicle Make/Model:	Vehicle Make/Model:
Name Driver:	Name Driver:
IC No. Driver/Contact:	IC No. Driver/Contact:

* NEW - Passenger's name & gender:

GP



CERTIFICATE OF INSURANCE

AUDI AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Lee Wei Ping
Period of Insurance : 25 Feb 2019 To 24 Feb 2020
Engine No. : CDN172316
Chassis No. : WAUZZZ8T1BA049458

Vehicle No. : SKB1988C
Policy No. : 2100248759-08
Endorsement No. :
Issued Date : 27 Jan 2019

ABOUT THE COVER

Make/Model : AUDI A5 SPORTBACK 2.0 TFSI QU
Engine Capacity/Tonnage : 1,984.00 CC Sum Insured : Market Value First Year of Registration : 2011
Driver Restriction : NA Off Peak Car : No Insuring with COE/PARF : 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, 1997 (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

Windscreen : \$100

Named Driver and Excess (where applicable)

Lee Wei Ping - \$1600 (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, 1997 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504125200

PREMIUM LEASING - AP
281 ALEXANDRA ROAD AUDI CUSTOMER SERVICE CENTRE
SINGAPORE 159938

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Mobile

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE
AIGSGMOBILEAPP