

NATIONAL Assessment Centre Services.

Just 1 Jan 05

May 2004 3062

Date In: 21/04/2020 16:07	Job description	Date & Time Completed	Done by
Ref No: N/A/AIG20005527/4	SAS e-filing		
Veh No: SGT 150	E-mail (to data sheet, AIG sheet)		
D.O.A: 26/03/2020 15:25	I-Motor Claim Form		
OID: TP: Reporting Only	I-Motor W/O (Without OD sheet, TP sheet)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/VH32		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SMP 487E	INC () / Non-INC ()
Owner / Driver: (Tel:	
Policy No: (Period: (Cover Type: (
Consented 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 ()	

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repair.
() Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In () / Towed-In () : Invoice: YES () / NO () : Towing Co: (
1) Apply for Transport Allowance () / Courtesy Car ()
2) QC Check / Post Repair Inspection ()
3) Upload Resurvey Photo [Repair Cost > \$9000] ()

Injury:
Date of Injury:
Location:
Weather:
Witness:
Police Report:
Other:

NA2002757	1) All Accident Reporting (\$30)	INC (\$10)
Driver/Owner:	2) DA: Damage Assessment (\$100)	\$100
Contact No:	3) TP: Towing Fee	\$120
Damaged Portion:	4) PT: Follow-Through Survey	\$20
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$20
	For claiming against INC Only (first 10 Jan 2005)	\$75
	6) TR: Re-inspection	\$160
	7) NI: Ideal DA + SMRT Survey	
	8) NIUC Additional Services	
	9) NI: NIUC	\$3
	• NI: Courtesy Car / Tpl Allowance	\$10
	• NI: Repair Coordination	\$25
	• NI: Post Repair Inspection	\$3
	• NI: DV / Collect License Coordination	\$20
	TP (Nil) / TP (Nil) INC against DTC	\$0
	2) NI: NIUC Mobile	
	Invoice dated	
	Invoice dated	
	Fee Charged	
	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	21/04/2020 16:07
Date Of Accident	26/03/2020 15:25
Exact Location Of Accident	BT TIMAH RD JUST B/F PRINCE OF WALES RD JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGT15U
Insured/Policyholder	
Name Of Registered Owner	YONG HSIN YUE
NRIC No	SXXXX787J
Email Address	ARTHMATSANI@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82007032
Alternative Phone No	OTHERS-82007032

Vehicle Particulars

Manufacturer	AUDI
Model	A8L
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	1900118835
Cover Note Number	

Driver

Name of Driver	SANI BIN ARTHMAT
NRIC No	SXXXX279I
Date Of Birth	20/07/1964
Occupation	OUTDOOR
Date Of Driving Pass	25/07/1998
Driving Experience	21 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82007032
Fax Number	
Contact Number	OTHERS-82007032
Email Address	ARTHMATSANI@GMAIL.COM

Address	BLK 707 CLEMENTI WEST STREET 2 #03-341
Postcode	120707
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PAID DRIVER
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?	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?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT TIMAH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 DUKE ROAD , POSTCODE: 268914 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4629999 - FAX NO: 64628933
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200421/2025

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	SMP4187E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	DANIEL
NRIC/Passport Number	
Contact Number	88090078
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:

 21-4-2020 15:10
Driver's Signature
(If driver is not the policyholder)
Date & Time:

 21/04/2020
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

A) SGT15U
B) SMP4187E

A) SGT 15 U

B) SMP4187E

BUKIT TIMAH ROAD

HWA CHONG INSTITUTIONS

QUESTIONS

205

PRINCES OF WALES
2000

SNP4187E
8

SGTBU
A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/20200421/2025

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.:



SINGAPORE POLICE FORCE



T/20200421/2025

1 of 3

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

Report No. T/20200421/2025

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/04/2020 14:06	Vide Report No.:	Station Diary No.: 53
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Informant's Particulars

Name of Informant: SANI BIN ARTHMAT			Address: APT BLK 707 CLEMENTI WEST STREET 2 #03-341 SINGAPORE 120707		
ID Type / ID No.: NRIC NO / S1635279I			Contact No.: Home/Office: Mobile: 82007032		
Nationality: SINGAPORE CITIZEN			Err.ail:		
Sex: Male	Age: 55	Date of Birth: 20/07/1964	Type of Informant: Driver		
Race: Boyanese			Language:		Institution / School Name:
Occupation: PERSONAL DRIVER			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 26/03/2020 15:25	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 BUKIT TIMAH ROAD PRINCE OF WALES ROAD BUKIT TIMAH RD, JUST BEFORE JUNCTION TURNING INTO PRINCE OF WALES RD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control:		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGT15U	Car				No Damage	0
SMP4187E	Car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20200421/2025

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

2 of 3

Report No. T/20200421/2025

CONTINUATION OF REPORT

Driver			
Name	SANI BIN ARTHMAT	ID No.	S1635279I
Related Vehicle	SGT15U (Car)	Contact No.	82007032
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the above mentioned date, time and place, I was traveling straight along BT Timah Rd, with the intention to turn into the junction of Prince of Wales Rd.

There was another vehicle travelling ahead of me (SMP4187E) when it abruptly brake, as such I could not stop in time and hit the other parties rear.

Both of us are not injured, and I only took down his handphone number which I do not have now currently.

I am lodging this report as I received a TP letter (Ref: TP/IP/19441/2020) under Investigation officer Ang Yi Ting Stephanie.



**SINGAPORE
POLICE FORCE**



T/20200421/2025

3 of 3

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999


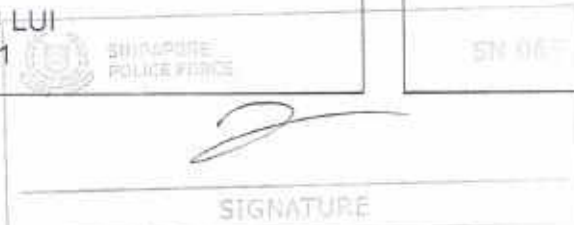
Report No. T/20200421/2025

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: E / Sgt 3 VERNETTA HOONG JING WEN.	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 21/04/2020 14:06
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case: SN 067
Authentication Stamp NP168 	

AUDI AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : YONG HSIN YUE
 Period of Insurance : 23 Jul 2019 To 22 Jul 2020
 Engine No. : CZS008904
 Chassis No. : WAUZZZF80JN013492

Vehicle No. : SGT15U
 Policy No. : 1900118835
 Endorsement No. :
 Issued Date : 29 Jul 2019

ABOUT THE COVER

Make/Model : AUDI ABL 3.0 TFSI QU

Engine Capacity/Tonnage : 2,995.00 CC

Driver Restriction : NA

Sum Insured : Market Value

Off Peak Car : No

First Year of Registration : 2019

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" ("YIDER") 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 6 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

EXCESS

Section 1

Fire - \$0 Own Damage - \$1400 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

YONG HSIN YUE - \$1400 (Own Damage)

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

* Audi Customer Service Center Add: 55 Ubi Road 1 Singapore 408899 83662323

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: NA

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); Road Transport (Amendment) Act 2019 and Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia).

0504125223

PREMIUM LEASING - SH

281 ALEXANDRA ROAD AUDI CUSTOMER SERVICE CENTRE
 SINGAPORE 159938

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Manile

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

Cheng Cheng Chien