

Date: 14/04/2022 Ref: NBA/1703U2003490/1 Tel: SJS JEL Date: 14/04/2022 12:38 (1) Reporting Unit TP Insurer	Job description SAS e-filing E-mail (e-filing) () i-Motor Claim Form i-Motor WFO () i-Photo Uploaded Assessment/Survey Report Ass't Report by Fax / Hand to Owner/Wksp
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Preferred Wksp / INC Assign Wksp / QW: ()	Tel: ()	Fax: ()
TP Particulars:	Veh No: GIBA 1703U	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 or repairer

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

Drive-In () / Towel-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

Claimant's Particulars :- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments :- Cat 1: Cat 2/3:	Invoice Preparation Checklist <table border="1"> <thead> <tr> <th></th> <th>Am't (\$)</th> <th>Am't (\$)</th> </tr> <tr> <th></th> <th>Est Bill</th> <th>Act Bill</th> </tr> </thead> <tbody> <tr> <td>1) AR: Accident Reporting (\$10)</td> <td></td> <td></td> </tr> <tr> <td>2) DA: Damage Assessment (\$100)</td> <td></td> <td>INC (\$80)</td> </tr> <tr> <td>3) TF: Towing Fee</td> <td>\$40</td> <td>\$45</td> </tr> <tr> <td>4) FT: Follow-Through Survey</td> <td>\$120</td> <td></td> </tr> <tr> <td>5) FT: Follow-Through Survey (Resurvey)</td> <td>\$10</td> <td></td> </tr> <tr> <td colspan="3">For claiming against INC Only (ref 19 Jan 2005)</td> </tr> <tr> <td>6) TR: Re-inspection</td> <td>\$75</td> <td></td> </tr> <tr> <td>7) N1: Idac DA + SMRT Survey</td> <td>\$160</td> <td></td> </tr> <tr> <td>8) NTIC Additional Services:</td> <td></td> <td></td> </tr> <tr> <td>Q1:</td> <td></td> <td></td> </tr> <tr> <td>*N5: Courtesy Car / Tpt Allowance</td> <td>\$</td> <td></td> </tr> <tr> <td>*N6: Repair Coordination</td> <td>\$</td> <td></td> </tr> <tr> <td>*N7: Post Repair Inspection</td> <td>\$</td> <td></td> </tr> <tr> <td>*N8: DV / Collect Excess Coordination</td> <td>\$</td> <td></td> </tr> <tr> <td>TP () / TP () a INC against INC</td> <td>\$</td> <td></td> </tr> <tr> <td>9) N12: Acc Mtd</td> <td>\$</td> <td></td> </tr> <tr> <td>Invoice dated</td> <td></td> <td>Acc Charge</td> </tr> <tr> <td>Invoice received</td> <td></td> <td>Acc Charge</td> </tr> </tbody> </table>		Am't (\$)	Am't (\$)		Est Bill	Act Bill	1) AR: Accident Reporting (\$10)			2) DA: Damage Assessment (\$100)		INC (\$80)	3) TF: Towing Fee	\$40	\$45	4) FT: Follow-Through Survey	\$120		5) FT: Follow-Through Survey (Resurvey)	\$10		For claiming against INC Only (ref 19 Jan 2005)			6) TR: Re-inspection	\$75		7) N1: Idac DA + SMRT Survey	\$160		8) NTIC Additional Services:			Q1:			*N5: Courtesy Car / Tpt Allowance	\$		*N6: Repair Coordination	\$		*N7: Post Repair Inspection	\$		*N8: DV / Collect Excess Coordination	\$		TP () / TP () a INC against INC	\$		9) N12: Acc Mtd	\$		Invoice dated		Acc Charge	Invoice received		Acc Charge
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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 Submission	14/04/2022 19:12 (SGT)
Date of Accident	14/04/2022 12:38 (SGT)
Exact Location of Accident	24 Boon Keng Rd, Singapore
Additional Location Information	CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS85L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAI MING CHOO
NRIC No	SXXXX868C
Email Address	stephanie_tai79@yahoo.com.sg
Mobile Phone No	(Phone) +65-93855885
Alternative Phone No	+65-93855885

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A6
Variant	-
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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1798

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	7210130564
Cover Note Number	-

DRIVER

Name of Driver	TAI MING CHOO
NRIC No	SXXXX868C

Date Of Birth	02/11/1979
Occupation	Indoor
Date Of Driving Pass	28/12/2002
Driving experience	19 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-93855885
Alt. Phone Number	+65-93855885
Email Address	stephanie_tai79@yahoo.com.sg
Address	BLK 200A SENGKANG EAST ROAD #06-18
Address complement	-
Postcode	541200
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	0
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
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?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBA1703U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	WONG FAI SEOK
NRIC No	SXXXX174C
Contact Number	-
Address	-

Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-



SKETCH PLAN

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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.

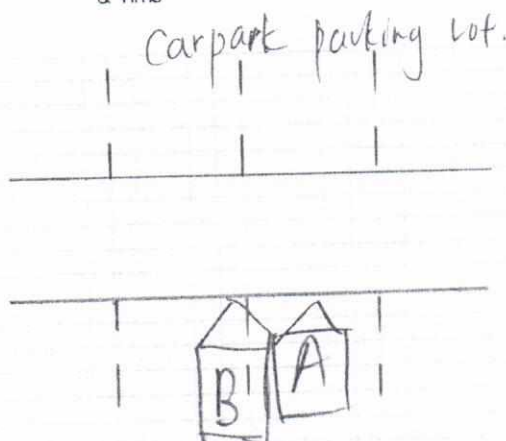
X

Policyholder's Signature / Date & Time

X

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

Sketch Plan



Blk 24 Boon Leng Rd.

Witnessed by Reporting Centre Personnel

Vehicle A = SJS 85 L

Vehicle B = GBA 1703 U

Describe Circumstances of the Accident

On the above stated date and time, my vehicle was parked stationary along BIK 24 Boon Keng Road car park. I was in my vehicle when suddenly I heard a loud thud sound and I looked to the left and noticed that vehicle B have collided on to my vehicle front left portion.

Declaration

We declare the foregoing particulars are true in every respect.

X



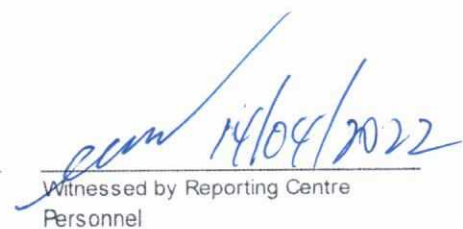
Policyholder's Signature / Date & Time

X



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

Witnessed by Reporting Centre Personnel

 14/04/2022

Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Date of Accident: 14/04/2022 (dd/mm/yy) Time of Accident: 12:38 (24-HR-FORMAT)

Vehicle No.: SJS 85L Vehicle Make & Model / Engine (cc): Audi A6 1.8 Private Hire: (Y/N) (N)

Exact location of Accident: BK 24 Boon Keng Rd Carpark

Policyholder's Name / IC No.: TAI MING CHOO ROC/UEN (Company): 5796/868C

Driver's Name / IC No.: _____ (As Above) ☒

Driver's Contact No.: 9385 5885 Company Contact No / Owner Contact No: 90718 585

Driver's Address: BK 200A Sengkang East Rd # 06-18 (S) 541300

Owner Email address: stephanie - tai79@yahoo.com.sg Insurance Company: AIG

Driver Email address: As Above

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please **TICK** one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

Occupation (nature of job) ☒ Indoor / ☐ Outdoor

☒ Private use / ☐ Work purpose

***No. of Passengers (Including Driver):** 01

*Passenger Name: NIC

Gender: Male / Female x ()

*Passenger Name: _____

Gender: Male / Female x ()

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☒ Yes / ☐ No Remarks: _____

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No.: WONG FAI STOK (S01091740) Vehicle No.: GBA 1703U

Driver's Contact No.: _____ Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: Alpha Car Services Pte Ltd Contact No: 6509 8258 / 8338 8376



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Tai Ming Choo
Period of Insurance : 06 Nov 2021 To 28 Mar 2023
Engine No. : CYG008790
Chassis No. : WAUZZZ4G4GN062567

Vehicle No. : SJS85L
Policy No. : 7210130564
Endorsement No. : 000000000420934
Issued Date : 10 Nov 2021

ABOUT THE COVER

Make/Model : AUDI A6 1.8 TFSI ULTRA
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 : 2016
Insuring with COE/PARF : 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 S\$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
Mileage Condition : Unlimited Mileage
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), 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 - \$800 Theft - \$0 Flood Cover - \$800

Section 2
Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Tai Ming Choo - \$800 (Own Damage), \$800 (Flood Cover)

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

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs) Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop. 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.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: MITSUBISHI HC CAPITAL ASIA PACIFIC PTE. 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), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500522000

MULTI-LINES AGENCIES

AIG BUILDING, 78 SHENTON WAY #01-K1 GEM ROOM
SINGAPORE 079120 AYS-P-NONLIFE

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

SSPWTC