

# NATIONAL Assessment Centre Services

Date In 12/09/22	Job description	Date & Time Completed	Done by
Ref No NA/ATG 22009148/5	SAS e-filing		
Veh No SGM 1800A	E-mail (within 3hrs, A/C 2hrs)		
DOA 12/09/22 1330	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 / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SHD713GE	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

NA2202522

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF : Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120		
Auditors' Comments :-	5) iT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OP*		
	*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: Idac Mobile 30		
Cal 1:	Invoice dated	Fee Charged	
Cal 2 / 3:	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 Actual 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	12/09/2022 16:40 (SGT)
Reported by	Both
Date of Accident	12/09/2022 13:30 (SGT)
Exact Location of Accident	103 Eunus Rd 5, Singapore 409352
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGM1800A
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHAN KIM LENG
NRIC No	SXXXX773E
Email Address	SGMALBERT@GMAIL.COM
Mobile Phone No	(Phone) +65-96186277
Alternative Phone No	-

## VEHICLE PARTICULARS

Manufacturer	Audi
Model	A4
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	1984

## INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2100413971-07

## DRIVER

Name of Driver	CHAN KIM LENG
NRIC No	SXXXX773E
Date Of Birth	02/08/1956
Occupation	Indoor

Date Of Driving Pass	11/11/1983
Driving experience	38 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96186277
Alt. Phone Number	-
Email Address	SGMALBERT@GMAIL.COM
Address	BLK 757 PASIR RIS ST 71 #10-168
Address complement	-
Postcode	510757
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	Collision - Cross Junction
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	Yes
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

#### PASSENGER 1

Name	LOO LAY CHENG
Gender	Female

#### 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

#### REFER TO REPORT

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD7136E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-



Vehicle Colour	-
Vehicle Category	-
Name of Driver	Taxi
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person	CHAN KIM LENG
Gender	Male
Phone No	(Phone) +65-96186277
Address	757 PASIR RIS ST 71 #10-168
Address Complement	-
Post Code	510757
Approximate Age Years Old	66
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SGM1800A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

### INJURED 2

Name of injured person	LOO LAY CHENG
Gender	Female
Phone No	(Phone) +65-97253396
Address	757 PASIR RIS ST 71 #10-168
Address Complement	-
Post Code	510757
Approximate Age Years Old	50
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SGM1800A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

Describe Circumstance of the Accident

As of above date and time, I was driving my vehicle (SMM 1880A) along Eunus Rd 5 towards Eunus Ave 7A beside geylang united temple (409352), At the junction, vehicle B (SHD 7136 E) came from the right at the junction and collided into the ~~front~~ right portion of my vehicle. I lost control of my vehicle and collided into vehicle C (SMM 5915 E) rear right portion that was parking ahead. Video footage Attached.

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

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)



## SKETCH PLAN

### IMPORTANT NOTICE

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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

### 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

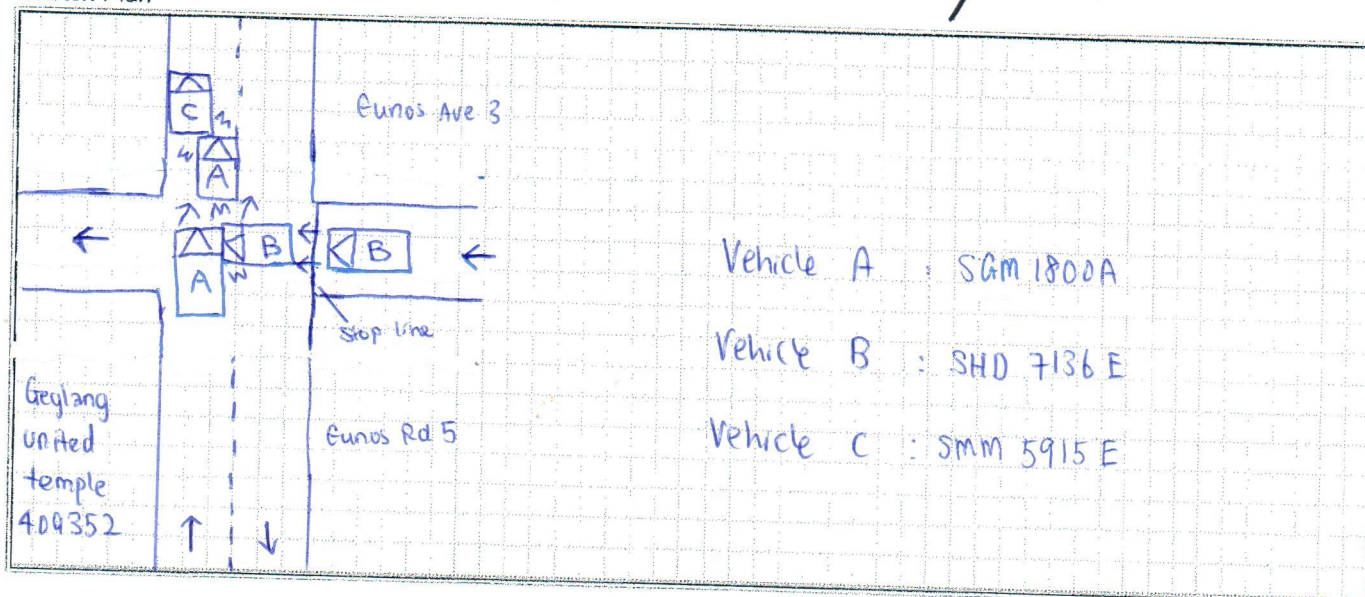
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

### Sketch Plan





VEHICLE NO: SGM 1800A	MAKE & MODEL: Audi A4	AUTO / <del>MANUAL</del>
DATE OF ACCIDENT: 12 / 09 / 2022	CC: 1-8	
TIME OF ACCIDENT: 1330 HRS		
LOCATION OF ACCIDENT: Eunus Ave 3 Junction beside Aekulang United temple 409352		
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / <del>PRIVATE USE</del> / PRIVATE HIRE	
NAME OF OWNER:	Chan Kim Leng	
TEL NO:	H/P: 96186277	OFFICE: HOME:
NRIC:	S1209773E	
ADDRESS:	Apt B1K 757 Pasir Ris street 71 #10-168 S510757	
EMAIL:	SGMALBERT@gmail.com	
CLAIM TYPE:	OD / <del>THIRD PARTY</del> / REPORTING ONLY	
FLEET POLICY:	YES / <del>NO</del> ?	
INSURANCE COMPANY:	AIG	
TYPE OF COVERAGE:	<del>Comprehensive</del> / Third Party / Third Party Fire & Theft	
POLICY NO:	2100413971-07	
NAME OF DRIVER:	AS ABOVE / IF NO:	
NRIC:		ANY PASSENGER: 01 (IF)
DATE OF BIRTH:	02 / 08 / 1956	LICENCE PASSED DATE: 11 / 11 / 1983
OCCUPATION:	<del>OUTDOOR</del> / INDOOR	
GENDER:	<del>MALE</del> / FEMALE	
CONTACT NO:	H/P:	OFFICE: HOME:
ADDRESS:		
EMAIL:		
DOES DRIVER OWNED ANY VEHICLE:	<del>NO</del> / IF YES, REG NO:	INSURER:
RELATIONSHIP:	Owner	
WEATHER CONDITION:	<del>CLEAR</del> / RAINING / OTHERS:	
ROAD SURFACE:	<del>DRY</del> / WET / OTHER:	
ANY INJURIES:	NO / IF <del>YES</del> , WHO?	
NAME & CONTACT:	Chan Kim Leng (9618 6277)	
NAME & CONTACT:	Loo Lay Cheng (9725 3396)	
POLICE REPORT:	<del>NO</del> / IF YES, WHERE?	
NOTICE OF INTENDED PROSECUTION GIVEN?	<del>NO</del> / IF YES, WHO?	
VEHICLE B REG NO:	SHD 7136 E	ANY PASSENGERS: N/A
NAME OF DRIVER:	Unknown	CONTACT NO: Unknown
VEHICLE C REG NO:	SMM 5915 E	ANY PASSENGERS: N/A
VEHICLE D REG NO:		ANY PASSENGERS:
VEHICLE E REG NO:		ANY PASSENGERS:
VEHICLE F REG NO:		ANY PASSENGERS:
VEHICLE G REG NO:		ANY PASSENGERS:
ANY WITNESS? IF YES, NAME:		WITNESS CONTACT:
WAS THERE ANY VIDEO CAPTURE?	<del>YES</del> / NO	
WAS THERE ANY AUDIO RECORDED?	YES / <del>NO</del>	
ACCIDENT SCENE PHOTOS TAKEN?	<del>YES</del> / NO	
ACCIDENT PORTION:	Right Portion and Front portion	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?		YES / <del>NO</del>
WORKSHOP PARTICULAR:	N-51 Automotive Pte Ltd	
CONTACT NO:	68420051 / 67440510	
CONTACT PERSON:	Steve	
FAX NO:	67410510	
WORKSHOP EMAIL:	sales@n51.com.sg	





# CERTIFICATE OF INSURANCE

## AUDI AUTO PROTECTOR PRIVATE VEHICLE

**Name of Policyholder** : CHAN KIM LENG  
**Period of Insurance** : 29 May 2022 To 28 May 2023  
**Engine No.** : CJE100729  
**Chassis No.** : WAUZZZ8K2FA117375

**Vehicle No.** : SGM1800A  
**Policy No.** : 2100413971-07  
**Endorsement No.** :  
**Issued Date** : 23 May 2022 13:47

### ABOUT THE COVER

**Make/Model** : AUDI A4 1.8 TFSI MU ATTRACTION (WBW)  
**Engine Capacity/Tonnage** : 1,798.00 CC  
**Driver Restriction** : NA  
**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 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.

**Sum Insured** : Market Value  
**Off Peak Car** : No

**First Year of Registration** : 2015  
**Insuring with COE/PARF** : Yes

**Age Condition** : All Age Condition

**Limitation as to use\*** :

**Mileage Condition** : Unlimited Mileage

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), 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 - \$1000 Theft - \$0 Flood Cover - \$1000

#### Section 2

Property Damage - \$0

**Windscreen** : \$100

**Named Driver and Excess** (where applicable)

CHAN KIM LENG - \$1000 (Own Damage), \$1000 (Flood Cover)

### 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.sg](http://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: 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), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504125216

PREMIUM LEASING - CW

281 ALEXANDRA ROAD AUDI CUSTOMER SERVICE CENTRE  
SINGAPORE 159938

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

**AIG Asia Pacific Insurance Pte. Ltd.**

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