

NATIONAL Assessment Centre Services -

Date In 02/03/2023	Job description	Date & Time Completed	Done by
Ref No NA/AIG23002253/d4	SAS e-filing		
Veh No SMY 17508	E-mail (within 8hrs, AP 2hrs)		
DOA 01/03/2023 07:50	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: SNB 82404	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

NA2300632	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);	1st Bill	Add Bill
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) RT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	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:-		
	OT*		
	*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		
	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 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	02/03/2023 12:08 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	01/03/2023 07:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TOWARDS CHANGI (AFTER JALAN EUNOS LINK EXIT)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMY1750B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	JOSE BERTRAM SANDESH CABRAL
NRIC No	SXXXXX737G
Email Address	jose_cabral@hotmail.com
Mobile Phone No	(Phone) +65-91862960
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	7210022521-01

DRIVER

Name of Driver	JOSE BERTRAM SANDESH CABRAL
NRIC No	SXXXXX737G
Date Of Birth	06/11/1972
Occupation	Indoor

Date Of Driving Pass	10/12/2010
Driving experience	12 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91862960
Alt. Phone Number	-
Email Address	jose_cabral@hotmail.com
Address	BLK 521 BEDOK RESERVOIR ROAD
Address complement	# 01-76
Postcode	479277
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	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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 THE ATTACHED STATEMENT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNB8240U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-



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

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLU4753G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
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

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 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:

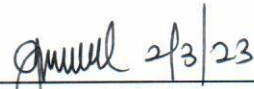
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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

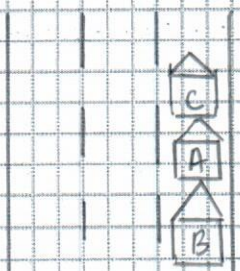


Driver's Signature (if driver is not the policyholder) / Date & Time



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

Sketch Plan

		Vehicle (A) = SMV 1750B Vehicle (B) = SNB 8240U Vehicle (C) = SLU 4753G P/R towards Changi (After Jalan Eunos Link Exit)
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Describe Circumstance of the Accident

Refer to attached

Declaration

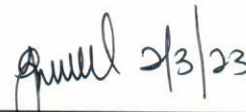
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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



2/3/23

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

On 01.03.2023 at about 07:50 hours along PIE towards Changi (After Jalan Eunos Link Exit), I was travelling straight on lane 1 and when the front vehicle (C) slowed down and stopped, hence I also followed suit.

Suddenly, I heard a loud bang from behind and the great impact pushed my vehicle (A) to propel forward and hit the front vehicle (C). When I alighted, I realised it was vehicle (B) that collided onto the rear portion of my vehicle (A), thus causing damages onto the front and rear portion of my vehicle (A).

I wish to state that it was a chain collision of total 3 vehicle involved.

Vehicle (A): SMY 1750B

Vehicle (B): SNB 8240U

Vehicle (C): SLU 4753G



SINGAPORE ACCIDENT STATEMENT

Accident Date: 01/03/2023		Time: 07:50		(hh:mm) 24 hr format	
Location PIE towards Changi (after Jalan Ennos Link Exit)					
Vehicle Number SMV 1750B					
Insured Name Jose Bertram Sandesh Cabral					
NRIC / FIN 572847376		Contact Number 91862960			
Make Audi		Model A4			
Are you claiming under your own insurance policy for repair to your vehicle?					
() Yes If No, Pls select: (/) Third Party () Reporting					
Insurance Company AIG					
Type of Policy () Comprehensive () Third Party Fire & Theft () TP Only					
Policy Number 7210022521-01					
Name of Driver Jose Bertram Sandesh Cabral				() Same as Insured	
NRIC / FIN 572847376					
Contact Number 91862960					
Date of Birth 06/11/1972					
Driving Pass Date 10/12/2010					
Occupation (/) Indoor () Outdoor					
Gender (/) Male () Female					
Email Address Jose_Cabral@hotmail.com				() NO EMAIL	
Address of Driver Blk 521 Bedok Reservoir Road					
# 01-76 Singapore 479277					
Was driver an employee of the Insured's Company? () Yes (/) No					
If No, Relationship of the Driver with the Insured					
(/) Owner () Spouse () Friend () Relative () Children () Sibling					
Does the Driver Own Any Other Vehicle? () Yes (/) No					
If Yes, Vehicle Registration Number of Driver's Own Vehicle -					
Insurance Company of Driver's Own Vehicle -					
Weather Conditions () Clear (/) Raining () Others					
Road Surface () Dry (/) Wet () Others					
Was any foreign vehicle involved in this accident? () Yes (/) No					
Was anybody injured in the accident? () Yes (/) No					
If yes, injured detail					
Was there any video captured by Car Camera? () Yes (/) No					
Was the Accident reported to the Police? () Yes (/) No If yes attach police report					
DETAILS OF 3 rd party		Name / Nric		Contact	
Veh B 5NB 8240u					
Veh C 5LU 47536					
Veh D					
Veh E					
Veh F					

Driver Only



CERTIFICATE OF INSURANCE

AUDI AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : JOSE BERTRAM SANDESH CABRAL
Period of Insurance : 22 Feb 2023 To 21 Feb 2025
Engine No. : DEM024172
Chassis No. : WAUZZZF45LN013827

Vehicle No. : SMY1750B
Policy No. : 7210022521-01
Endorsement No. :
Issued Date : 05 Jan 2023 16:56

ABOUT THE COVER

Make/Model : AUDI A4 2.0 TFSI S TRONIC
Engine Capacity/Tonnage : 1.984.00 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.
The 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 "Unauthorised Driver Excess" (UDR) if you are not your Authorised Driver (named or unnamed) has less than 2 years driving experience.
Age Condition : 40 years old and above
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 services in connection with any trade or business or use for any purpose in connection with Motor Trade.
Loss of Use : 18000/- 20000/- Optional
* Limitations imposed inoperative by Section 19 of the Motor Vehicles (Third-Party Risks and Compensation) Act 1960, 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 - \$1100. Theft - \$0. Flood Cover - \$1100.
Section 2
Property Damage - \$0.
Windscreen - \$100.
Named Driver and Excess (where applicable)
JOSE BERTRAM SANDESH CABRAL - \$1100 (Own Damage) - \$1100 (Flood Cover).

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

1. Audi Customer Service Center, Add: 55 Ubi Road 1 Singapore 408699 63602323
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 Apple App Store or Google Play Store.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: United Overseas Bank Limited

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 1960, Part IV of the Road Transport Act 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third-Party Risks) Rules, 1969 (Malaysia).

0504125275

PREMIUM LEASING (EBC)

281 ALEXANDRA ROAD AUDI CUSTOMER SERVICE CENTRE
SINGAPORE 159938

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

ISSPGCC

78 Shenton Way #05-16 AIG Building 2679120 | T: +65 6419 3000 | www.aig.sg

AIG Asia Pacific Insurance Pte. Ltd.

24-HOUR AIG AUTO HOTLINE: +65 6338 6200

IMPORTANT: KEEP THIS DOCUMENT IN YOUR CAR AT ALL TIMES.

What can the 24-hour AIG Auto Emergency Hotline provide for you?

- Immediate assistance after an accident
- Emergency breakdown service
- Towing service (accident or non-accident related)
- Advice on Motor Claims procedures
- Medical Referral Assistance

If no one is injured in the accident:

- You are not required to make any police report
- Record vehicle number, name and address, insurance company and policy number of the other driver(s) and vehicle(s)
- Collect details (name, address and contact number) of witnesses and/or try to take photographs of the scene of the accident
- Report the accident to us with your incident vehicle (whether damaged or not) via our approved reporting centres or authorised repairers within 24 hours of the next working day of the accident

If the accident involves injuries or damage to government property & vehicles, foreign registered vehicles or non-injury hit & run case:

What should I do in the event of an accident?

- Keep calm and move your car to a safe place
- Do not admit or discuss fault or blame with the other party
- Report the accident to us with your accident vehicle (whether or not) via our approved reporting centres or authorised repairers within 24 hours of the next working day of the accident
- Submit Writ Summons/Correspondence from third party immediately

