

NATIONAL Assessment Centre Services (all 1/2023) **NA2300717**

Date In: 10/02/2023 15:41	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA2300717	E-mail (with 3rd, 4th, 5th)		
Veh No: SA1A 091M	1-Motor Claim Form		
D.O.A: 10/03/2023 11:55	1-Motor W/O (with 3rd, 4th, 5th)		
QC: TP Reporting Only	1-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/VL:sp		

Preferred Wksp / INC Assgn Wksp / QW: () Tel: () Fax: ()

TP Participant: () Veh No: 8MX 547C INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Thru: ()

Insured/Driver Liability: () (Note: Inc Status (WO): 10: 0-30%, P: 21-72%, P: 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 repair.

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

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

Remarks: ()

1) Apply () Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

Damage: ()

Other: ()

NA2300717	Invoice Preparation Charge	
1) AR: Accident Package (\$300)		
2) DA: Damage Assessment (\$1000)	INC (\$50)	
3) TP: Towing Fee	\$10/\$40	
4) PT: Follow Through Survey	\$150	
5) PT: Follow Through Survey (Battery)	\$30	
6) TR: Red Smudge	\$75	
7) N1: H&O DA + SMPT Survey	\$140	
8) N1: H&O DA + SMPT Survey		
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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 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	10/03/2023 15:41 (SGT)
Reported by	Driver
Date of Accident	10/03/2023 11:55 (SGT)
Exact Location of Accident	Clemenceau Ave, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNA8091M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HO WEI YIN
NRIC No	SXXXX250Z
Email Address	waterina0247@gmail.com
Mobile Phone No	(Phone) +65-93880682
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	Q3
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	1395

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7210072321-01

DRIVER

Name of Driver	SOH YEE LIN
NRIC No	SXXXX409I
Date Of Birth	26/06/1978
Occupation	Indoor

Date Of Driving Pass	21/11/2011
Driving experience	11 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-87227477
Alt. Phone Number	-
Email Address	waterina0247@gmail.com
Address	69 LORONG 40 GEYLANG #02-47
Address complement	-
Postcode	398087
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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 - Head to Rear
Weather Conditions	Raining
Road Surface	Wet

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)	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 SKETCH PLAN

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	SMX5717C
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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	SOH YEE LIN
Gender	Female
Phone No	(Phone) +65-87227477
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SNA8091M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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.

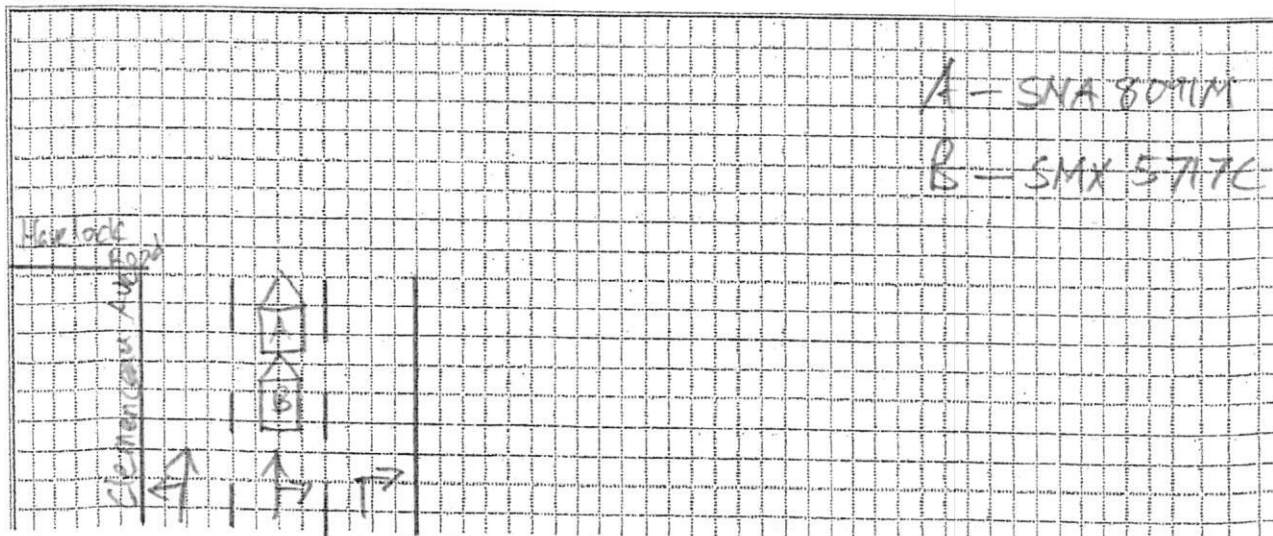
Policyholder's Signature / Date & Time

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

10/08/2023

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

Sketch Plan



Describe Circumstance of the Accident

On the stated date and time, I was travelling along
the stated Road when suddenly I felt a huge impact from the
rear of my vehicle. When I alighted, I saw URN SMX 5717C
had collided onto my vehicle.

Declaration

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

Witnessed by Reporting Centre Personnel

10/03/2023

VEHICLE NO: SNA 8091 M		MAKE & MODEL: Audi Q3		AUTO/MANUAL C.C.	
DATE OF ACCIDENT		10 / 03 / 2023			
TIME OF ACCIDENT		1155 hrs		AM/PM	
LOCATION OF ACCIDENT		Clemenceau Avenue			
EXACT PURPOSE USED AT TIME OF ACCIDENT		EMPLOYMENT / PRIVATE USE / PRIVATE HIRE			
NAME OF OWNER		Ho Wei Yin			
EMAIL		WATERINA0247@gmail.com		OFFICE: — MOBILE: 938 0682	
NRIC		S7613250Z			
CLAIM TYPE		OD / THIRTY PARTY / REPORTING ONLY			
FLEET POLICY		YES / NO?			
INCURANCE CO.		AIG			
TYPE OF COVERAGE		Comprehensive / Third Party / Third Party Fire & Theft			
POLICY NO.		7210072321-01			
NAME OF DRIVER		AS ABOVE / IF NO: Soh Yee Lin			
NRIC		S78174091			
DATE OF BIRTH		26 / 06 / 1978			
ANY PASSENGER		YES / NO			
NAME OF PASSENGER		N/A			
GENDER OF PASSENGER		N/A			
OCCUPATION		MALE / FEMALE			
DATE OF DRIVING PASS		Outdoor / Indoor			
GENDER		21 / 11 / 2011			
CONTACT NO.		MALE / FEMALE			
EMAIL		Mobile: 8722 7477		Office: — Home: —	
ADDRESS		WATERINA0247@gmail.com			
DOES DRIVER OWN OTHER VEHICLES?		69 Lorong 40 Geylang #02-47 (S) 398 087			
RELATIONSHIP		NO / If yes, Reg No:		INSURE: —	
WEATHER CONDITION		Employee / If No: Spouse			
ROAD SURFACE		Clear / Rainy / Other:			
ANY INJURIES		Dry / Wet / Other:			
CONTACT NO.		No / If yes, Who? Soh Yee Lin			
POLICE REPORT		8722 7477			
NOTICE OF INTENDED PROSECUTION?		No / If yes, Where?			
VEHICLE B NO.		No / If yes, Who?			
NAME		SMX 5717 C		Any Passenger: 01	
CONTACT NO.					
VEHICLE C NO.					
VEHICLE D NO.		Any Passenger:			
VEHICLE E NO.		Any Passenger:			
VEHICLE F NO.		Any Passenger:			
ANY WITNESS		Any Passenger:			
WITNESS CONTACT NO.					
WAS THERE ANY VIDEO CAPTURE?		YES / NO			
WAS THERE ANY AUDIO RECORDED?		YES / NO			
SCENE ACCIDENT PHOTOS TAKEN?		YES / NO			
WHO IS REPORTING		DRIVER / OWNER / BOTH			
Original Language Used		English / Mandarin / Others:			
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?		YES / NO			



CERTIFICATE OF INSURANCE

AUDI AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : HO WEI YIN (HE WEIXIAN)
Period of Insurance : 14 Jul 2022 To 13 Jul 2023
Engine No. : CZDC41743
Chassis No. : WAUZZZF38M1129619

Vehicle No. : SNA80911A
Policy No. : 7210072321-01
Endorsement No. :
Issued Date : 01 Jul 2022 7.52

ABOUT THE COVER

Make/Model : AUDI Q3 1.4 TFSI (150 BHP)
Engine Capacity/Tonnage : 1,395.00 CC
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2021
Insuring with COE/PAF : 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 authorized driver only if he/she meets the specified age condition.

You have to pay an additional sum of S\$53,500 as "Inexperienced Driver Excess" (IDET) if You are or Your Authorized Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition : 40 years old and above

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, speed-racing, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purposes in connection with Motor Trials.

Loss of Use 1800cc - 2000cc Optional

* Limitations imposed inoperative by Section 5 of the Motor Vehicle (Third Party Risks and Compensation) Act (Cap. 155), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2018, are not to be included under these headings.

EXCESS

Section 1

Fire - \$0 Own Damage - \$200 Theft - \$0 Flood Cover - \$200

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

HO WEI YIN (HE WEIXIAN) - \$800 (Own Damage), \$800 (Flood Cover)

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

1. AIG Customer Service Centre Add: 05 Ulu Road 1 Singapore 408669 6392222

For other Approved Reporting Centres/AIG Authorized Repairers, please go to the 24-hour accident emergency hotline at +65 6338 6222. 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: DBS BANK LTD

We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicle (Third Party Risks and Compensation) Act (Cap. 155), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2018 and Motor Vehicle (Third Party Risks) Rules, 1998 (Malaysia).

604125280

PHOENIX LEASING - LTM

251 ALEXANDRA ROAD AIG CUSTOMER SERVICE CENTRE
SINGAPORE 104001

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.