

NATIONAL Assessment Centre Services. [part 1 Jan 2003] MA119037155

Date In: 201314 17:44	Job description	Date & Time Completed	Done by
Ref No: MA119037155	SAS e-filing		
Veh No: SME 6948J	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 1913 18:30	I-Motor Claim Form		
OD: 0 Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whsp		

Preferred Wksp / HRC Assign Wksp / GW: () Tel: () Fax: ()

TP Particulars: Veh No: FU 71216 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%; 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 repairer.

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

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

Reminders: (INC notice: 6788 6616)

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

2) QC Check / Post Repair Inspection ()

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

Injury: ()

Date/Time	Actions

MA1902051	Invoice Itemization Charge (1)	Am (5)	PAID (1)
1) AR: Accident Reporting (\$30)		30.00	
2) DA: Damage Assessment (\$100) INC (\$30)			
3) TP: Towing Fee \$40/\$45			
4) PT: Follow-Through Survey \$120			
5) PT: Follow-Through Survey (Resurvey) \$30			
For claiming against INC Only (ref 10 Jan 2003)			
6) TR: Re-inspection \$75			
7) NI: Idas DA + SMRT Survey \$160			
8) NTUC Additional Services:			
ON:			
*N5: Courtesy Car / Tpl Allowance \$5			
*N6: Repair Co-ordination \$10			
*N7: Post Repair Inspection \$25			
*N8: DV / Collect Brokers Coordination \$3			
TP (NI1): TP (on INC) against INC \$20			
9) NI2: Idas Mobile \$0			
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 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	20/03/2019 17:44
Date Of Accident	19/03/2019 18:30
Exact Location Of Accident	RANGOON RD TWDS KITCHENER RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME4948J
Insured/Policyholder	
Name Of Registered Owner	PENG TENG ZHENG
NRIC No	S9245855E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96426284
Alternative Phone No	OFFICE-96426284

Vehicle Particulars

Manufacturer	MAZDA
Model	CX3
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
If No, Please state action to be taken	THIRD PARTY
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	1800109780
Cover Note Number	-

Driver

Name of Driver	PENG TENG ZHENG
NRIC No	S9245855E
Date Of Birth	16/12/1992
Occupation	OUTDOOR
Date Of Driving Pass	16/03/2015
Driving Experience	4 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96426284
Fax Number	
Contact Number	OFFICE-96426284
Email Address	NOEMAIL

Address	4 SOMMERVILLE WALK
Postcode	358176
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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?	
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)	2
Passenger 1	NAME: : UNKNOWN
	GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO ATTACHED STATEMENT.

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	FU7121G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	MUHAMMAD NABAWI BIN MD NOH
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:

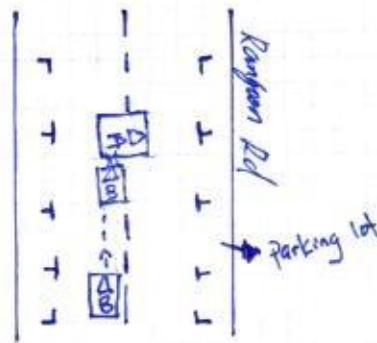
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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

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

SKETCH PLAN



Vehicle A : SME 4848J

Vehicle B : FU 7121 G

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time, I, Vehicle A ^(SME 4848J) was travelling along the stated venue. I switched on my hazard light as i had spotted an available parking lot on the other side of the road. The road i was travelling on is a 2way road with both directions separated by single broken white line. I checked for oncoming traffic as well as my blind spot on the right. Once it was clear to go, i proceeded to turn to my right. When my vehicle was perpendicular to the road in between 2 lanes, I felt a massive impact on my vehicle's rear right portion, which was still inside the original lane I was turning from.

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.:

VEHICLE NO: SMF4948JMAKE & MODEL: CX3

DATE OF ACCIDENT	<u>19 / 03 / 2019</u>
TIME OF ACCIDENT	<u>18:30</u> AM <input checked="" type="checkbox"/> PM
LOCATION OF ACCIDENT	<u>Rangoon Rd twds Kitchener Rd</u>
Exact Purpose use during accident	<u>Private used</u>
NAME OF OWNER	<u>Peng Teng Zheng</u>
TELP NO	<u>9642 6284</u>
NRIC	<u>59245855E</u>
CLAIM TYPE	OD <input type="checkbox"/> <u>THIRD PARTY</u> <input type="checkbox"/> Reporting Only
PRIVATE HIRE	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
INSURANCE CO.	<u>AI G</u>
TYPE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft
POLICY NO.	<u>- 1800109780</u>
NAME OF DRIVER	As above <input checked="" type="checkbox"/> / If No:
NRIC	
DATE OF BIRTH	<u>16 / 12 / 1992</u>
OCCUPATION	Outdoor <input checked="" type="checkbox"/> / Indoor
DATE OF DRIVING PASS	<u>16 / 03 / 2015</u>
GENDER	Male <input checked="" type="checkbox"/> / Female
CONTACT NO.	Office: Home:
ADDRESS	<u>4 SOMMERVILLE WALK (S) 358176</u>
DRIVER HAVE ANY OWN Vehicle	NO <input checked="" type="checkbox"/> / If yes: Reg No:
RELATIONSHIP	Employee <input type="checkbox"/> / If No: <u>OWNER</u>
WEATHER CONDITION	Clear <input checked="" type="checkbox"/> / Raining / Other:
ROAD SURFACE	Dry <input checked="" type="checkbox"/> / Wet / Other:
ANY INJURIES	No / If yes: Who?
CONTACT NO.	
POLICE REPORT	No <input checked="" type="checkbox"/> / If yes: Where?
VEHICLE B NO.	<u>FU712/G</u>
NAME	<u>Muhammad Nabawi Bin Md Noh</u>
CONTACT NO.	
VEHICLE C NO.	Any Passenger:
VEHICLE D NO.	Any Passenger:
VEHICLE E NO.	Any Passenger:
VEHICLE F NO.	Any Passenger:
ANY WITNESS	
WITNESS CONTACT NO.	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
PARTICULAR WORKSHOP	<u>Ricobo Autoservices</u> Pte Ltd
TELP NO	<u>8 Kaki Bukit Ave 4 #02-24</u>
CONTACT PERSON	<u>Premier Building Singapore 415875</u>
FAX NO.	<u>6286 7060</u>
	<u>Enquiry @ ricobo.com</u>

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9245855E



Name

PENG TENG ZHENG

彭 騰 政

Race

CHINESE

Date of birth

16-12-1992

Sex

M

S9245855E

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE

DRIVING LICENCE



License number S9245855E

PENG TENG ZHENG

Valid Date: 16 Dec 1992

Valid Date: 29 Sep 2016



002614501C

4144749



NRIC No. **S9245855E**

Date of issue
13-12-2007

Address

**4 SOMMERVILLE WALK
SINGAPORE 358176**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight $\leq 2500\text{kg}$ **16 Mar 2015**

NP 428A



License No: S9245855E



CERTIFICATE OF INSURANCE

MAZDA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Peng Teng Zheng
Period of Insurance : 30 Sep 2018 To 29 Sep 2020
Engine No. : PE31287063
Chassis No. : JM6DK2W7AK0409053

Vehicle No. : SME4948J
Policy No. : 1800109780
Endorsement No. : 000000000243466
Issued Date : 04 Dec 2018

ABOUT THE COVER

Make/Model : MAZDA CX3 2.0 SkyActiv
Engine Capacity/Tonnage : 1,998.00 CC
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2018
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 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" ("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

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) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS

Section 1

Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Peng Teng Zheng - \$600 (Own Damage)

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

1. Trans Eurokars Pte Ltd Add: 27A Tanjong Penjuru, Singapore 609042 63310608

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: HONG LEONG FINANCE LTD

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) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0503599190

ARF (AP) PTE LTD - MAZDA
7 MAXWELL ROAD #01-100 ANNEX B MND COMPLEX
SINGAPORE 069111

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

SSICAN