

NATIONAL Assessment Centre Services.

[ver 1 Jan'03]

MAA119102755-01

Date In: 518119 18:23	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/ AIG 19013677164	E-mail (within 8hrs, AIC 2hrs)		
Veh No: SGL 58810	I-Motor Claim Form		
DATA: 518119 09:00	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
OD: <input checked="" type="radio"/> Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wesp / INC Assign Wesp / QW: () Toll: () Fax: ()

TP Particulars: Veh No: FBD 45905 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: YBS () / 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 No: 67116616)

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

2) QC Check / Post Repair Inspection ()

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

Injury: ()

Date/Time: ()

Actions:

MA1905824

Client's Particulars:	1) ART: Accident Reporting (\$30);	20.00
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)	
Contact No:	3) TP: Towing Fee \$40/\$45	
Damaged Portion:	4) PT: Follow-Through Survey \$120	
QC Checked by (Bngr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30	
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2003)	
	6) TR: Re-Inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:-	
	ON:	
	*N5: Courtesy Car / Tpt Allowance \$3	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$3	
	TP (Nil): TP (Non INC) against INC \$20	
	9) NI2: Idao 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	05/08/2019 18:23
Date Of Accident	05/08/2019 09:00
Exact Location Of Accident	PIE TWDS CHANGI EXIT 4A
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGL5881U
Insured/Policyholder	
Name Of Registered Owner	NEO ZHENG LOONG JOHNSON
NRIC No	S8850934Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96895019
Alternative Phone No	OFFICE-96895019
Vehicle Particulars	
Manufacturer	SUZUKI
Model	SWIFT
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	1700053711-01
Cover Note Number	-
Driver	
Name of Driver	PEH BENG TEE
NRIC No	S0057710C
Date Of Birth	27/06/1954
Occupation	INDOOR
Date Of Driving Pass	15/03/1982
Driving Experience	37 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	+65-98101434
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 135 SIMEI ST 1 #08-64
Postcode	520135
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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)	1

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	FBD4590S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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 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.

x 
Policyholder's Signature

Date & Time: 05/08/19
1655 hrs


Driver's Signature

(If driver is not the policyholder)
Date & Time:


Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

B = FBD 45 905

PIE twc's. Chang; Exit 4A.

Please Refer to Statement

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


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

I STOP AT THE SLIP RD FROM PIE TWDS CHANGI EXIT 4A BEFORE THE ZEBRA CROSSING, ALL OF A SUDDEN I FELT AN IMPACT FROM BEHIND, AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED A MOTORCYCLE FROM BEHIND COLLIDED ONTO MY VEH REAR PORTION.

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No : MNA119102755 Vehicle Registration No: SGL5881U
Name(as shown in NRIC) : PEH BENG TEE NRIC/FIN/Passport No : S0057710C
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 98101434
Email Address : _____
Date of Accident : 05/08/2019 Time of Accident : 09:00
Place of Accident : PIE TWDS CHANGI EXIT 4A
Insurance Company : AIG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

AMEND ADD IN STATEMENT.

Policyholder / Driver's Signature
Date:


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

5/8/19.

ACCIDENT STATEMENT

ACCIDENT DATE: (5 / 8 / 19) (DD/MM/YYYY), TIME: (09 : 00) (HH:MM)

LOCATION: P16 truck changi Exit 4A

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGL 5881U
b) INSURANCE COMPANY: AIG
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Private use
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Neo Zheng Loong Johnson (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 9689 5019
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER

- a) NAME: Peh Beng Tee (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 9810 1434
c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: parents

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: FBD 45905 MODEL: _____

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

no of passenger
include driver

c |)

Waiting license.

email jecautoservice@yahoo.com.sg

video No. 92327457

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0057710C

Name
PEH BENG TEE

白明治

Race
CHINESE

Date of Birth
27-06-1954

Country of Birth
SINGAPORE

Sex
F

For LKK/NAC Use Only

1407784

Barcode

NSIC No. S0057710C

Fingerprint

Blood Group
O+

Date of issue
05-11-1993

Address
APT BLK 135 SIMEI STREET 1
#08-64
SINGAPORE 1052

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SINGAPORE POLICE FORCE
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www.police.gov.sg**

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PEH BENG TEE

APT BLK 135 SIMEI STREET 1 #08-64
SINGAPORE 520135

Class 2 15/03/1982



You will receive your photocard driving licence by registered post within 10 to 14 working days from the date of application unless you made a special request to collect at Traffic Police at the time of application

You can drive while awaiting the delivery of your photocard driving licence

Please turn overleaf for important notes.

For LKK/NAC Use Only

S0057710C

C001506971

\$25/-

(3)

05/08/2019

(Please do not detach)



CERTIFICATE OF INSURANCE

PRIVATE AUTO THIRD PARTY FIRE AND THEFT PRIVATE VEHICLE

Name of Policyholder : Neo Zheng Loong, Johnson
Period of Insurance : 22 Sep 2018 To 21 Sep 2019
Engine No. : M15A1175258
Chassis No. : JSAEZC21S00161151

Vehicle No. : SGL5881U
Policy No. : 1700053711-01
Endorsement No. :
Issued Date : 19 Sep 2018

ABOUT THE COVER

Make/Model : SUZUKI SWIFT 1.5

Engine Capacity/Tonnage : 1,490.00 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.

Sum Insured : Market Value

Off Peak Car : No

First Year of Registration : 2006

Insuring with COE/PAF : Yes

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.

* 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 Theft - \$0

Section 2

Property Damage - \$0

Windscreen : NA

Named Driver and Excess (where applicable)

Zheng Loong Neo, Beng Tee Peh

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 can be carried out at the repairer of Your choice (unless specifically excluded by Us).

For 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: NA

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

0000064000

DIRECT CLIENTS 01.4.95

AIG BUILDING 78 SHENTON WAY #07-16

SINGAPORE 079120

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Mobile

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

AIGSGMOBILEAPP

78 Shenton Way #07-16 AIG Building S079120 | T +65 6419 3000 | www.aig.com.sg

AIG Asia Pacific Insurance Pte. Ltd.

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8850934Z



Name

NEO ZHENG LOONG, JOHNSON



梁 政 龍

Race

CHINESE

Date of birth

20-12-1988

Sex

M

Country of birth

SINGAPORE

For LKK/NAC Use Only

S8850934Z