

NATIONAL Assessment Centre Services

Part 1 Jan 03

SM09211N000E

| | | | |
|----------------------------|--|-----------------------|---------|
| Date In: 23/1/21 17:44 | Job description | Date & Time Completed | Done by |
| Ref No: MAI AIG 2109111164 | SAS e-illing | | |
| Veh No: SMP 2463K | E-mail (within 3hrs, A/C 2hrs) | | |
| DDA: 22/1/21 21:40 | I-Motor Claim Form | | |
| UD: (P) 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: SKU 8002B | 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 repolier. |
| () Total Loss Case : to e-mail Insurer URGENTLY. |
| Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: () |

| | |
|---|---------|
| Remarks: | Done by |
| 1) Apply for Transport Allowance () / Courtesy Car () | |
| 2) QC Check / Post Repair Inspection () | |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] () | |

| |
|-------------|
| Injury: () |
|-------------|

| | |
|---------|-----------|
| Damage: | Location: |
| | |
| | |
| | |
| | |

| | | | |
|---------------------------------|--|-------------|------|
| NAJ101335 | Invoice Information | Amount | Unit |
| Claimant's Particulars: | 1) AR: Accident Reporting (\$30); | 30 | |
| Driver/Owner: | 2) DA: Damage Assessment (\$100); INC (\$30) | | |
| Contact No: | 3) TP: Towing Fee \$40/\$45 | | |
| Damaged Portion: | 4) FT: Follow-Through Survey \$120 | | |
| QC Checked by (Engr-In-Charge): | 5) PT: Follow-Through Survey (Resurvey) \$30 | | |
| Assessor's Comments: | For claimant's use only (wef 10 Jan 2003) | | |
| | 6) TR: Re-Inspection \$75 | | |
| | 7) NI: Idao DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services:- | | |
| | ON: | | |
| | *NS: Courtesy Car / Tpt Allowance \$5 | | |
| | *NG: Repair Co-ordination \$10 | | |
| | *NI: Post Repair Inspection \$25 | | |
| | *NR: DV / Collect Excess Coordination \$5 | | |
| | TP (N11): TP (Non INC) against INC \$20 | | |
| | 9) N12: 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 Submission 23/01/2021 17:44 (SGT)
Date of Accident 22/01/2021 21:40 (SGT)
Exact Location of Accident Devonshire Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMP2467K

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner ACE FLEET MANAGEMENT PTE LTD
Company Reg No 2XXXXX914N
Email Address SPOON_VINS@HOTMAIL.COM
Mobile Phone No (Phone) +65-92323494
Alternative Phone No +65-92323494

VEHICLE PARTICULARS

Manufacturer Toyota
Model Noah
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private hire

INSURANCE COMPANY

Name of Insurance Company AIG
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 999993781
Cover Note Number -

DRIVER

Name of Driver PEH LEE HENG
NRIC No SXXXX675E
Date Of Birth 15/10/1981
Occupation Outdoor

| | |
|--|--------------------------------|
| Date Of Driving Pass | 21/01/2009 |
| Driving experience | 12 YEARS |
| Gender | Male |
| Mobile Number | (Phone) +65-91904133 |
| Alt. Phone Number | - |
| Email Address | SPOON_VINS@HOTMAIL.COM |
| Address | BLK 212B COMPASSVALE DR#11-121 |
| Address complement | - |
| Postcode | 542212 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Hirer |
| 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 | 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 material 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 |

DETAILS OF POLICE ACTION

| | |
|---|----------------------------------|
| Was the accident reported to the police? | Yes |
| Police Station Name | Traffic Police |
| Police Station Phone No | (Phone) +65-65470000 |
| Alt. Police Station Phone No | (Fax) +65-65474900 |
| Police Station Address | 10 Ubi Avenue 3 Singapore 408865 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210123/7013

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 | SKU8002B |
| 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 PEH LEE HENG
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained BODY
Injured person in which vehicle? SMP2467K
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 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. 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 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

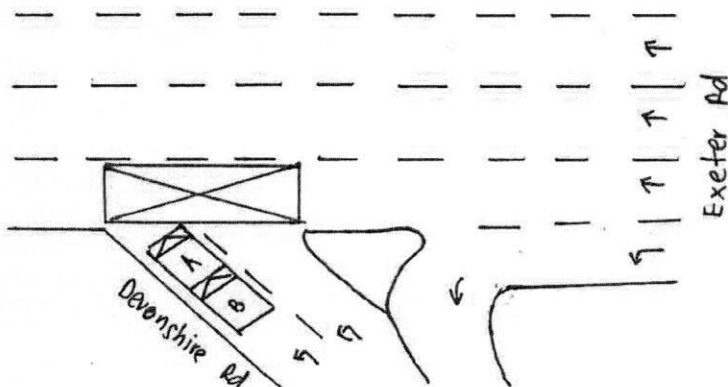
Witnessed by Reporting Centre Personnel

Sketch Plan

Slip Road of Devonshire Rd in front of 111 Somerset

Vehicle A - SMP2467K

Vehicle B - SKU8002B



Refer to the Police Report No. T/202010123/7013.

We declare the foregoing particulars are true in every respect.



~~Signature~~



Witnessed by Reporting Centre
Personnel



SINGAPORE POLICE FORCE



T/20210123/7013

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20210123/7013

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|---|--------------------|----------------------------|
| Date/Time Report Made: 23/01/2021 14:23 | | Vide Report No.: | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: PEH LEE HENG | | | Address: 212B COMPASSVALE DRIVE #11-121 SINGAPORE 542212 | | |
| ID Type / ID No.: NRIC NO / S8134675E | | | Contact No.: Home/Office: Mobile: 91904133 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: MIKE.PEH16@GMAIL.COM | | |
| Sex: Male | Age: 39 | Date of Birth: 15/10/1981 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | | Institution / School Name: |
| Occupation: Grab Driver | | | Driving Licence Information: Class: 3 Date of Expiry: | | |

| | | | | |
|--|------------------|------------------------------------|---|--|
| General Information of the Accident | | | | |
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 22/01/2021 21:40 | Type of Location: SLIP ROAD |
| Location: DEVONSHIRE ROAD | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | | Traffic Volume: Light |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance: No |

| | | | | | | |
|------------------------------------|------|--------|-------|-------|----------|-------|
| Details of Vehicle Involved | | | | | | |
| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
| SKU8002B | Car | | | | | 0 |
| SMP2467K | Car | TOYOTA | NOAH | White | | 0 |

| | |
|-----------------------------------|--------------------------------|
| Details of Person Involved | |
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



**SINGAPORE
POLICE FORCE**



T/20210123/7013

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20210123/7013

CONTINUATION OF REPORT

| Driver | | | |
|-----------------------------------|----------------|-----------------------------------|---------------------------------|
| Name | PEH LEE HENG | ID No. | S8134675E |
| Related Vehicle | SMP2467K (Car) | Contact No. | 91904133 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry | Class: 3 Date of Expiry: NIL |
| Date | 23/01/2021 | Date | 23/01/2021 |
| No. of Days granted Medical Leave | 04 | Degree of | Slight |

Brief Details.

ON 22/01/2021 AT ABOUT 2140 HOURS, I WAS DRIVING VEHICLE BEARING PLATE NUMBER SMP2467K WAS TRAVELLING ALONG THE SLIP ROAD OF DEVONSHIRE ROAD INFRONT OF 111 SOMERSET ON THE LEFT LANE. AS THERE WERE VEHICLES AT THE MAIN ROAD , I STOPPED TO GIVE WAY. OUT OF SUDDEN, I FELT A HUGE IMPACT FROM MY REAR PORTION, VEHICLE BEARING PLATE NUMBER SKU8002B COLLIDED ONTO THE REAR PORTION OF MY VEHICLE CAUSING DAMAGES. I THEN FELT UNWELL AND WENT TO CONSULTED THE DOCTOR AT INTEMEDICAL KOVAN , GIVEN 4 DAYS MC.



**SINGAPORE
POLICE FORCE**



T/20210123/7013

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20210123/7013

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
23/01/2021 14:23

Classification Of Case:

**CERTIFICATE OF INSURANCE**

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA) AND ROAD TRANSPORT (AMENDMENT) ACT 2019

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.Z. 400

| | | | |
|--|------------------------------|--------------------------------------|------------------|
| Comprehensive Commercial Motor | | (The below excess is subject to GST) | |
| CERTIFICATE NO. | SMP2467K | POLICY EXCESS | S\$2,000.00 (I) |
| POLICY NO. | 999993781 | POLICY EXCESS | S\$2,000.00 (II) |
| | | WINDSCREEN EXCESS | S\$100.00 |
| | | SUM INSURED | Market Value |
| | | INSURING WITH COE/PARF | Yes |
| 1) VEHICLE REGISTRATION NO. | SMP2467K | | |
| 2) NAME OF POLICYHOLDER | Ace Fleet Management Pte Ltd | | |
| 3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT | 31 July 2020 | | |
| 4) DATE OF EXPIRY OF INSURANCE | 30 July 2021 | | |
| 5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE* | | | |
| Any person who is driving on the Insured's order or with their permission. | | | |
| Authorised Drivers must be age 22 to 65 years old with at least 2 years Driving Experience | | | |
| This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition. | | | |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. | | | |
| 6) LIMITATION AS TO USE* | | | |
| 1) Use for social, domestic, pleasure purposes and business purposes of Insured | | | |
| 2) Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired. | | | |
| 3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired. | | | |
| The Policy does not cover: 1) Use for tuition, driving test, racing, pace-making, reliability trial or speed-testing. 2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle. 3) Use for any purpose in connection with the Motor Trade. | | | |
| LOSS OF USE | Not Applicable | | |
| HIRE PURCHASE COMPANY | DBS BANK LTD | | |
| *Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings. | | | |

I / We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third- Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019.

Issued in Singapore 05 Aug 2020

AIG Asia Pacific Insurance Pte. Ltd.

0504650-000

All Ins Agency Pte Ltd
22 Sin Ming Lane
#05-78 Midview City
Singapore 573969

AUTHORISED REPRESENTATIVE

ORIGINAL

SSPIUS

Date of Accident : 22/01/2021 Accident Time: 2140hrs (24-HR-FORMAT)
Accident Place : Slip Road of Devonshire Rd In front of 111 Somerset
Vehicle Reg. No (Car plate No.) : SMP2467K Vehicle Make/Model: Toyota Noah
Insurance Company : Aig Policy No. 999993781
Name of Registered Owner : Company Individual Ace Fleet Management PTE LTD
ID of Registered Owner : Co Reg No: 201710914N Owner's NRIC No: -
: Co Contact No: 9232 3494 Owner's Contact No: -
DRIVER'S Name : Peh Lee Heng DRIVER'S NRIC No: S8134675E
: (Bai Li Xing)
DRIVER'S Date of Birth : 15 Oct 1981 DRIVER'S License Pass Date
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Other: Hirer
DRIVER'S Address : Apt B1k 212B Compassvale Drive #11-121 Singapore 542012
DRIVER'S Contact No./ Alt No. : 1) 9190 4133 2) -
DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)
Email Address : Spoon_vins@hotmail.com
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (including Driver): 01 Passenger Name: - Gender: M/F
Was the accident reported to the police? YES \ NO Passenger Name: - Gender: M/F
Was there any video Captured by car camera: YES \ NO Any Injuries: YES \ NO Injured Name: Peh Lee Heng
Injured Name:
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particulars (if any)

| | |
|----------------------------------|-------------------------------|
| Vehicle Reg No: <u>SKU 8002B</u> | Vehicle Reg No: _____ |
| Vehicle Make/Model: _____ | Vehicle Make/Model: _____ |
| Name DRIVER: _____ | Name DRIVER: _____ |
| IC No. DRIVER: _____ | IC No. DRIVER: _____ |
| DRIVER'S Contact & add: _____ | DRIVER'S Contact & add: _____ |

Other Party Driver's Particulars (if any)

| | |
|-------------------------------|-------------------------------|
| Vehicle Reg No: _____ | Vehicle Reg No: _____ |
| Vehicle Make/Model: _____ | Vehicle Make/Model: _____ |
| Name DRIVER: _____ | Name DRIVER: _____ |
| IC No. DRIVER: _____ | IC No. DRIVER: _____ |
| DRIVER'S Contact & add: _____ | DRIVER'S Contact & add: _____ |