

NATIONAL Assessment Center Services

82082140002

Date In: 2/10/2021 12:37	Job description	Date & Time Completed	Done by
Ref No: N/A/1102101084117	SAS e-tiling		
Val No: SMC 6848 B	E-mail (by date time, also time)		
P.O.A: 20102000 07.25	1-Motor Claim Verin		
	1-Motor W/O (W/under 00 3111, TP 4111)		
	1-Photo Uploaded		
	Assessment/Survey Report		
	Assessment Report by Fax/Email to Owner/VV/Ins		

(1) (1) Reporting Only

TP Insurer

Preferred Wksp / INO Assgn Wksp / QW:

TP Insured/Owner: Yell No: SMC 3155Y INO: / Non-INO: /

Owner / Driver:

Policy No: / Period: / Cover Type: /

Confirmed by: /

Date:

Time:

Insured/Driver Liability: (%) [Note: Est. Slows (WO) N1 0-20%, P1 21-75%, P1 80-100%]

Year of Registration: / Warranty: YES / NO

License (\$): / Loading: \$1,000 / \$2,000

() Walk-In Customer / Customer's Information Privately Confidential & Strictly NO Referral of Replication

() Total Loss Case / To e-mail Insurer URGENTLY

Drive-In: / Towed-In: / Invoice: VNS: / NO: / Towing Co: /

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

2) QO Check / Post Repair Inspection

3) Upload Recovery Photo (Repair Cost > \$3,000)

Initials:

1/12/2021/63

Driver/Owner

Customer No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

1) All Additional Work Done	(\$0)
2) DA Damage Allowance	(\$1000)
3) Towing Fee	(\$100)
4) PT Follow-up Survey	(\$0)
5) PT Follow-up Survey (Future)	(\$0)
6) Mileage Allowance	(\$0)
7) Mileage & Survey	(\$0)
8) NTUC Additional Services	(\$0)
9) Mileage	(\$0)
10) Mileage / Total Allowance	(\$0)
11) Mileage / Total Allowance	(\$0)
12) Mileage / Total Allowance	(\$0)
13) Mileage / Total Allowance	(\$0)
14) Mileage / Total Allowance	(\$0)
15) Mileage / Total Allowance	(\$0)
16) Mileage / Total Allowance	(\$0)
17) Mileage / Total Allowance	(\$0)
18) Mileage / Total Allowance	(\$0)
19) Mileage / Total Allowance	(\$0)
20) Mileage / Total Allowance	(\$0)

For Owner
For Owner

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	21/10/2021 17:39 (SGT)
Date of Accident	20/10/2021 07:25 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	TOWARDS AYE (TUAS) BEFORE TUNNEL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMX6848B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	AIDAN PEH BOON HO
NRIC No	SXXXX455C
Email Address	aidan_peh@hotmail.com
Mobile Phone No	(Phone) +65-90273521
Alternative Phone No	+65-97844058

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	A180
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	1332

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	7210005836
Cover Note Number	-

DRIVER

Name of Driver	PEH BENG TEE
NRIC No	SXXXX506E

Date Of Birth	13/08/1958
Occupation	Indoor
Date Of Driving Pass	29/01/1992
Driving experience	29 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97844058
Alt. Phone Number	-
Email Address	aidan_peh@hotmail.com
Address	BLK 280 YISHUN STREET 22 #11-336
Address complement	-
Postcode	760280
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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	Clear
Road Surface	Dry

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?	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

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
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMC3155Y
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	SHD1054Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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 BENG TEE
Gender	Male
Phone No	(Phone) +65-97844058
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMX6848B
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.
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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' law yers/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

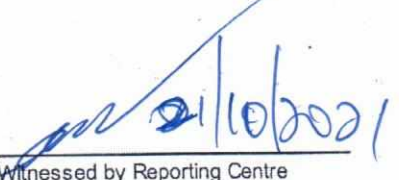
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
(collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

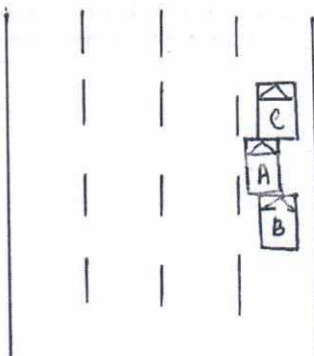

Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel

Sketch Plan

(TE towards AYE (Tuas) before Tunnel




Vehicle A: SMX6848B
Vehicle B: SMC2155Y
Vehicle C: 84D1054Y


Describe Circumstances of the Accident

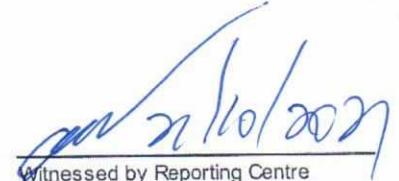
on the stated date & time, I, vehicle A (SMX604BB) was travelling straight at the stated location on Lane 1. As the front vehicle came to a stop, I followed suit. Out of sudden, I felt an impact from the rear portion of my vehicle. Vehicle B (SMC 3155Y) collided onto the rear portion of my vehicle causing me to surge forward and collided onto vehicle C (SHD1054Y) rear portion.

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 & Time


Witnessed by Reporting Centre Personnel

Date of Accident : 20/10/2021 Accident Time: 11:15 (24-HR-FORMAT)

Accident Place : CTE towards AYE (Tuas) before Tunnel

Vehicle Reg. No (Car plate No.) : SMX 6848B Vehicle Make/Model: m/b A180

Insurance Company : Alfa Policy No. 721000536

Name of Registered Owner : Company / Individual Aidan Peh Boon Ho

ID of Registered Owner : Co Reg No: - Owner's NRIC No: S8970455C

Co Contact No: - Owner's Contact No: 90273521

DRIVER'S Name : Peh Beng Tee DRIVER'S NRIC No: S2601566E

DRIVER'S Date of Birth : 13 Aug 1958 DRIVER'S License Pass Date 29 Jan 1992

Relationship bet. Owner & Driver : Spouse Parent Children Sibling Employee Others

DRIVER'S Address : APT B1k 280 Yishun Street 20 #11-236 Singapore 760280

DRIVER'S Contact No / Alt No. : 1) 97844058 2) -

DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an office)

Email Address : aidan-peh@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 Beng Tee

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: SMC 3155Y

Vehicle Make/Model: _____

Name DRIVER: _____

IC No. DRIVER: _____

DRIVER'S Contact & add: _____

Vehicle Reg No: SHD 1054Y

Vehicle Make/Model: _____

Name DRIVER: _____

IC No. DRIVER: _____

DRIVER'S Contact & add: _____

Other Party Driver's Particulars (if any)

Vehicle Reg No: _____

Vehicle Make/Model: _____

Name DRIVER: _____

IC No. DRIVER: _____

DRIVER'S Contact & add: _____

Vehicle Reg No: _____

Vehicle Make/Model: _____

Name DRIVER: _____

IC No. DRIVER: _____

DRIVER'S Contact & add: _____



CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : AIDAN PEH BOON HO
Period of Insurance : 26 Jan 2021 To 25 Jan 2022
Engine No. : 28291480371577
Chassis No. : W1K1771842J232183

Vehicle No. : SMX6848B
Policy No. : 7210005836
Endorsement No. :
Issued Date : 03 Feb 2021

ABOUT THE COVER

Make/Model : MERCEDES Benz A180 Progressive
Engine Capacity/Tonnage : 1,332.00 CC Sum Insured : Market Value First Year of Registration : 2021
Driver Restriction : NA Off Peak Car : No Insuring with COE/PARF : 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" ("YIDER") 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 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 samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use 2000cc

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), 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 - \$800 Theft - \$0 Flood Cover - \$800

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

AIDAN PEH BOON HO - \$800 (Own Damage), \$800 (Flood Cover)

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

1. Cycle & Carriage Eunus Service Center (For accident reporting only) Add: 330 Ubi Road 3 Singapore 408650 62061818
2. Cycle & Carriage Pandan Loop Service Center - Body Care & Repair Add: 188 Pandan Loop Singapore 128378 62061818

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 iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MayBank

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), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504688270

CYCLE & CARRIAGE - ERROLL

239 ALEXANDRA ROAD

SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

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