

NATIONAL Assessment Centre Services

10/1/2021

SRV218V0001

Date In: 3/10/2021 10:46	Job description	Date & Time Completed	Done by
Ref No: SRV218V0001/1/1	SAS e-illing		
Veh No: SRV218V0001	Trailer (5 axle drive, 100 lbs)		
P.O.A: 3/10/2021 11:10	1-Motor Claim Form		
	1-Motor W/O (W/Inlet 00 2hrs, TP 4hrs)		
	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by TNA/Handle Owner/VLSP		

OT: TP: Reporting Only

TP Insurer:

Preferred Wkup / INC Ass'n Wkup / QW:	Tel:	Fax:
TP Insurer:	Veh No: ME13834	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%; F: 80-100%]

Year of Registration: () Warranty: YES () / NO ()

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

() Walk-In Customer: Customer's Information strictly Confidential & strictly NO Referral of repair.

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

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

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

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$9,000] ()

Injury:

2/10/2021

Driver/Owner:

Contract No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

1) All Additional Work (500)	INC (100)
2) DA Damage Assessment (\$100)	\$100.00
3) TP Towing Fee	\$120.00
4) PT Follow Through Survey	\$30.00
5) PT Follow Through Survey (Resurvey)	\$30.00
6) PT Follow Through Survey (Resurvey) (w/10 min 2/10)	\$75.00
7) PT Follow Through Survey (Resurvey) (w/10 min 2/10)	\$160.00
8) PT Follow Through Survey (Resurvey) (w/10 min 2/10)	
9) PT Follow Through Survey (Resurvey) (w/10 min 2/10)	
10) PT Follow Through Survey (Resurvey) (w/10 min 2/10)	
11) PT Follow Through Survey (Resurvey) (w/10 min 2/10)	
12) PT Follow Through Survey (Resurvey) (w/10 min 2/10)	
13) PT Follow Through Survey (Resurvey) (w/10 min 2/10)	
14) PT Follow Through Survey (Resurvey) (w/10 min 2/10)	
15) PT Follow Through Survey (Resurvey) (w/10 min 2/10)	
16) PT Follow Through Survey (Resurvey) (w/10 min 2/10)	
17) PT Follow Through Survey (Resurvey) (w/10 min 2/10)	
18) PT Follow Through Survey (Resurvey) (w/10 min 2/10)	
19) PT Follow Through Survey (Resurvey) (w/10 min 2/10)	
20) PT Follow Through Survey (Resurvey) (w/10 min 2/10)	
21) PT Follow Through Survey (Resurvey) (w/10 min 2/10)	
22) PT Follow Through Survey (Resurvey) (w/10 min 2/10)	
23) PT Follow Through Survey (Resurvey) (w/10 min 2/10)	
24) PT Follow Through Survey (Resurvey) (w/10 min 2/10)	
25) PT Follow Through Survey (Resurvey) (w/10 min 2/10)	
26) PT Follow Through Survey (Resurvey) (w/10 min 2/10)	
27) PT Follow Through Survey (Resurvey) (w/10 min 2/10)	
28) PT Follow Through Survey (Resurvey) (w/10 min 2/10)	
29) PT Follow Through Survey (Resurvey) (w/10 min 2/10)	
30) PT Follow Through Survey (Resurvey) (w/10 min 2/10)	
31) PT Follow Through Survey (Resurvey) (w/10 min 2/10)	
32) PT Follow Through Survey (Resurvey) (w/10 min 2/10)	
33) PT Follow Through Survey (Resurvey) (w/10 min 2/10)	
34) PT Follow Through Survey (Resurvey) (w/10 min 2/10)	
35) PT Follow Through Survey (Resurvey) (w/10 min 2/10)	
36) PT Follow Through Survey (Resurvey) (w/10 min 2/10)	
37) PT Follow Through Survey (Resurvey) (w/10 min 2/10)	
38) PT Follow Through Survey (Resurvey) (w/10 min 2/10)	
39) PT Follow Through Survey (Resurvey) (w/10 min 2/10)	
40) PT Follow Through Survey (Resurvey) (w/10 min 2/10)	
41) PT Follow Through Survey (Resurvey) (w/10 min 2/10)	
42) PT Follow Through Survey (Resurvey) (w/10 min 2/10)	
43) PT Follow Through Survey (Resurvey) (w/10 min 2/10)	
44) PT Follow Through Survey (Resurvey) (w/10 min 2/10)	
45) PT Follow Through Survey (Resurvey) (w/10 min 2/10)	
46) PT Follow Through Survey (Resurvey) (w/10 min 2/10)	
47) PT Follow Through Survey (Resurvey) (w/10 min 2/10)	
48) PT Follow Through Survey (Resurvey) (w/10 min 2/10)	
49) PT Follow Through Survey (Resurvey) (w/10 min 2/10)	
50) PT Follow Through Survey (Resurvey) (w/10 min 2/10)	
51) PT Follow Through Survey (Resurvey) (w/10 min 2/10)	
52) PT Follow Through Survey (Resurvey) (w/10 min 2/10)	
53) PT Follow Through Survey (Resurvey) (w/10 min 2/10)	
54) PT Follow Through Survey (Resurvey) (w/10 min 2/10)	
55) PT Follow Through Survey (Resurvey) (w/10 min 2/10)	
56) PT Follow Through Survey (Resurvey) (w/10 min 2/10)	
57) PT Follow Through Survey (Resurvey) (w/10 min 2/10)	
58) PT Follow Through Survey (Resurvey) (w/10 min 2/10)	
59) PT Follow Through Survey (Resurvey) (w/10 min 2/10)	
60) PT Follow Through Survey (Resurvey) (w/10 min 2/10)	
61) PT Follow Through Survey (Resurvey) (w/10 min 2/10)	
62) PT Follow Through Survey (Resurvey) (w/10 min 2/10)	
63) PT Follow Through Survey (Resurvey) (w/10 min 2/10)	
64) PT Follow Through Survey (Resurvey) (w/10 min 2/10)	
65) PT Follow Through Survey (Resurvey) (w/10 min 2/10)	
66) PT Follow Through Survey (Resurvey) (w/10 min 2/10)	
67) PT Follow Through Survey (Resurvey) (w/10 min 2/10)	
68) PT Follow Through Survey (Resurvey) (w/10 min 2/10)	
69) PT Follow Through Survey (Resurvey) (w/10 min 2/10)	
70) PT Follow Through Survey (Resurvey) (w/10 min 2/10)	
71) PT Follow Through Survey (Resurvey) (w/10 min 2/10)	
72) PT Follow Through Survey (Resurvey) (w/10 min 2/10)	
73) PT Follow Through Survey (Resurvey) (w/10 min 2/10)	
74) PT Follow Through Survey (Resurvey) (w/10 min 2/10)	
75) PT Follow Through Survey (Resurvey) (w/10 min 2/10)	
76) PT Follow Through Survey (Resurvey) (w/10 min 2/10)	
77) PT Follow Through Survey (Resurvey) (w/10 min 2/10)	
78) PT Follow Through Survey (Resurvey) (w/10 min 2/10)	
79) PT Follow Through Survey (Resurvey) (w/10 min 2/10)	
80) PT Follow Through Survey (Resurvey) (w/10 min 2/10)	
81) PT Follow Through Survey (Resurvey) (w/10 min 2/10)	
82) PT Follow Through Survey (Resurvey) (w/10 min 2/10)	
83) PT Follow Through Survey (Resurvey) (w/10 min 2/10)	
84) PT Follow Through Survey (Resurvey) (w/10 min 2/10)	
85) PT Follow Through Survey (Resurvey) (w/10 min 2/10)	
86) PT Follow Through Survey (Resurvey) (w/10 min 2/10)	
87) PT Follow Through Survey (Resurvey) (w/10 min 2/10)	
88) PT Follow Through Survey (Resurvey) (w/10 min 2/10)	
89) PT Follow Through Survey (Resurvey) (w/10 min 2/10)	
90) PT Follow Through Survey (Resurvey) (w/10 min 2/10)	
91) PT Follow Through Survey (Resurvey) (w/10 min 2/10)	
92) PT Follow Through Survey (Resurvey) (w/10 min 2/10)	
93) PT Follow Through Survey (Resurvey) (w/10 min 2/10)	
94) PT Follow Through Survey (Resurvey) (w/10 min 2/10)	
95) PT Follow Through Survey (Resurvey) (w/10 min 2/10)	
96) PT Follow Through Survey (Resurvey) (w/10 min 2/10)	
97) PT Follow Through Survey (Resurvey) (w/10 min 2/10)	
98) PT Follow Through Survey (Resurvey) (w/10 min 2/10)	
99) PT Follow Through Survey (Resurvey) (w/10 min 2/10)	
100) PT Follow Through Survey (Resurvey) (w/10 min 2/10)	

Invoice dated
Invoice dated

Fee Charged
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	31/08/2021 10:46 (SGT)
Date of Accident	29/08/2021 11:10 (SGT)
Exact Location of Accident	Balmoral Plaza, Singapore
Additional Location Information	EXIT TOWARDS BUKIT TIMAH ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBU1001G
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ZHANG XINGHUA
NRIC No	SXXXX183B
Email Address	xinghuazhang667@gmail.com
Mobile Phone No	(Phone) +65-96744003
Alternative Phone No	+65-96744003

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
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	1598

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1900158762-01
Cover Note Number	-

DRIVER

Name of Driver	ZHANG XINGHUA
NRIC No	SXXXX183B

Date Of Birth	25/10/1978
Occupation	Indoor
Date Of Driving Pass	15/10/2007
Driving experience	13 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96744003
Alt. Phone Number	+65-96744003
Email Address	xinghuazhang667@gmail.com
Address	BLK 667B JURONG WEST STREET 65 #10-157
Address complement	-
Postcode	642667
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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?	No
Was any injured conveyed to hospital by ambulance?	-
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

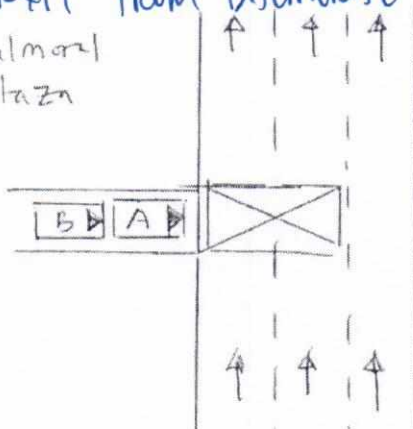
Vehicle Registration Number	SME1383H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAN PENG CHIANG
NRIC No	SXXXX881G
Contact Number	(Phone) +65-96541629
Address	-

Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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' 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.

<i>Zhang</i>	<i>Zhang</i>	<i>31/08/2021</i>
Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
Sketch Plan	<i>Exit From BALMORAL PLAZA TOWARDS BT TIMAH RD</i>	
<i>Bulmoral Plaza</i>	<i>* Veh A : SBU 1001 G</i>	
	<i>* Veh B : SME 1383H</i>	

On 29/08/2021 around 1110 hrs, my vehicle (A) was stationary at the exit of Balinora Plaza towards Bally Tinnah Road. Suddenly vehicle B collided into the rear of my vehicle.

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

Zhang

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

31/08/2021

Witnessed by Reporting Centre Personnel

Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 29/08/2021 (dd/mm/yy) Time of Accident: 11 : 10 (24-HR-FORMAT)
Vehicle No.: SBU 1001 G Vehicle Make & Model / Engine (cc): Toyota Altis 1598 cc Private Hire: (Y) ☒ (N)
Exact location of Accident: Exit of Balmoral Plaza Towards to Bukit Timah Road
Policyholder's Name / IC No.: Zhang Xinghua S7880183B
Driver's Name / IC No.: Zhang Xinghua S7880183B (As Above) ☐
Driver's Contact No.: 9674 4003 Company Contact No / Owner Contact No: 9674 4003
Driver's Address: Blk 667B Jurong West Street 65 #10-157 Singapore 642667
Owner Email address: xinghuazhang667@gmail.com Insurance Company: AIG
Driver Email address: xinghuazhang667@gmail.com

Relationship between Owner & Driver: (Please **CIRCLE** one only)

☒ Owner / ☐ Spouse / ☐ Children / ☐ Friend / ☐ Parents / ☐ Sibling / ☐ Relative / ☐ Employee / ☐ Hirer or Others specify: _____

What do you wish to claim? (Please **TICK** one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

☒ Private use / ☐ Work purpose

Occupation (nature of job) ☒ Indoor / ☐ Outdoor

***No. of Passengers (Including Driver):** 1

***Passanger Name:** _____

Gender:

***Passanger Name:** _____

Gender:

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☒ No

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: Tan Peng Chiang / S1377881G Vehicle No: SME 1383 H

Driver's Contact No: 9654 1629 Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Zhang Xinghua
Period of Insurance : 29 Sep 2020 To 28 Sep 2021
Engine No. : 1ZRX551661
Chassis No. : MR053REH104545390

Vehicle No. : SBU1001G
Policy No. : 1900158762-01
Endorsement No. :
Issued Date : 11 Sep 2020

ABOUT THE COVER

Make/Model : TOYOTA COROLLA ALTIS 1.6
Engine Capacity/Tonnage : 1,598.00 CC Sum Insured : Market Value First Year of Registration : 2016
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 "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition : 40 years old and above 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 1500cc - 1600cc Optional

* 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 - \$600 Theft - \$0 Flood Cover - \$600

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

ZHANG XINGHUA - \$600 (Own Damage), \$600 (Flood Cover)

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 must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop. 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: NA

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).

0500522000

MULTI-LINES AGENCIES

AIG BUILDING, 78 SHENTON WAY #01-K1 GEM ROOM
SINGAPORE 079120 AYSP-NONLIFE

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Pheok Lui Tan