

# NATIONAL Assessment Centre Services

SNB821A80001

Date In: 28/10/2021 11:03	Job description	Date & Time Completed	Done by
Ref No: NIA/2021/1039/4	SAS e-tiling		
Veh No: SNB 1101 F	U-nail (w/plate thin, 10g thin)		
Q.O.A: 27/10/2021 16:09	1-Motor Claim Form		
	1-Motor W/O (w/plate 00 thin, TP 100)		
	1-Photo Uploaded		
	Assessment/Survey Report		
	Attn: Report by Fax/Hand to Owner/Agent		

TP Insured	Tell	Fax
Preferred Wksp / INO Asst / Wksp / QW		
TP Insured/Agent	Yeh No: SNB 3204/11	INO ( ) / Non-INO ( )
Owner / Driver ( )	Tell	
Policy No ( )	Period ( )	Cover Type ( )
Confirmed by ( )	Date ( )	Driver
Insured/Driver Liability ( )	% (Note: Not Slows (WO) N: 0-20%, P: 21-79%, P: 80-100%)	
Year of Registration ( )	Warranty YRS ( ) / NO ( )	
Excess (\$ )	Loading: \$1,000 ( ) / \$2,000 ( )	

( ) Within 24 hours of Customer information clearly confidential & strictly NO report of resolution

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

Drive-In ( ) / Towed-In ( ) / Involves VRS ( ) / NO ( ) / Towed-In ( )

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

2) QO Check / Post Repair Inspection ( )

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

Injury ( )

Driver/Owner	1) All Additional Work ( )
Continues No	2) B1 Survey Allowance (\$1000) ( )
Continued Portion	3) T1 Follow Up ( )
QC Checked by (Engineer/Chiropractor)	4) P1 Follow Up with Survey ( )
	5) T1 Follow Up with Survey ( )
	6) T1 Follow Up with Survey ( )
	7) T1 Follow Up with Survey ( )
	8) T1 Follow Up with Survey ( )
	9) T1 Follow Up with Survey ( )
	10) T1 Follow Up with Survey ( )
	11) T1 Follow Up with Survey ( )
	12) T1 Follow Up with Survey ( )
	13) T1 Follow Up with Survey ( )
	14) T1 Follow Up with Survey ( )
	15) T1 Follow Up with Survey ( )
	16) T1 Follow Up with Survey ( )
	17) T1 Follow Up with Survey ( )
	18) T1 Follow Up with Survey ( )
	19) T1 Follow Up with Survey ( )
	20) T1 Follow Up with Survey ( )
	21) T1 Follow Up with Survey ( )
	22) T1 Follow Up with Survey ( )
	23) T1 Follow Up with Survey ( )
	24) T1 Follow Up with Survey ( )
	25) T1 Follow Up with Survey ( )
	26) T1 Follow Up with Survey ( )
	27) T1 Follow Up with Survey ( )
	28) T1 Follow Up with Survey ( )
	29) T1 Follow Up with Survey ( )
	30) T1 Follow Up with Survey ( )
	31) T1 Follow Up with Survey ( )
	32) T1 Follow Up with Survey ( )
	33) T1 Follow Up with Survey ( )
	34) T1 Follow Up with Survey ( )
	35) T1 Follow Up with Survey ( )
	36) T1 Follow Up with Survey ( )
	37) T1 Follow Up with Survey ( )
	38) T1 Follow Up with Survey ( )
	39) T1 Follow Up with Survey ( )
	40) T1 Follow Up with Survey ( )
	41) T1 Follow Up with Survey ( )
	42) T1 Follow Up with Survey ( )
	43) T1 Follow Up with Survey ( )
	44) T1 Follow Up with Survey ( )
	45) T1 Follow Up with Survey ( )
	46) T1 Follow Up with Survey ( )
	47) T1 Follow Up with Survey ( )
	48) T1 Follow Up with Survey ( )
	49) T1 Follow Up with Survey ( )
	50) T1 Follow Up with Survey ( )
	51) T1 Follow Up with Survey ( )
	52) T1 Follow Up with Survey ( )
	53) T1 Follow Up with Survey ( )
	54) T1 Follow Up with Survey ( )
	55) T1 Follow Up with Survey ( )
	56) T1 Follow Up with Survey ( )
	57) T1 Follow Up with Survey ( )
	58) T1 Follow Up with Survey ( )
	59) T1 Follow Up with Survey ( )
	60) T1 Follow Up with Survey ( )
	61) T1 Follow Up with Survey ( )
	62) T1 Follow Up with Survey ( )
	63) T1 Follow Up with Survey ( )
	64) T1 Follow Up with Survey ( )
	65) T1 Follow Up with Survey ( )
	66) T1 Follow Up with Survey ( )
	67) T1 Follow Up with Survey ( )
	68) T1 Follow Up with Survey ( )
	69) T1 Follow Up with Survey ( )
	70) T1 Follow Up with Survey ( )
	71) T1 Follow Up with Survey ( )
	72) T1 Follow Up with Survey ( )
	73) T1 Follow Up with Survey ( )
	74) T1 Follow Up with Survey ( )
	75) T1 Follow Up with Survey ( )
	76) T1 Follow Up with Survey ( )
	77) T1 Follow Up with Survey ( )
	78) T1 Follow Up with Survey ( )
	79) T1 Follow Up with Survey ( )
	80) T1 Follow Up with Survey ( )
	81) T1 Follow Up with Survey ( )
	82) T1 Follow Up with Survey ( )
	83) T1 Follow Up with Survey ( )
	84) T1 Follow Up with Survey ( )
	85) T1 Follow Up with Survey ( )
	86) T1 Follow Up with Survey ( )
	87) T1 Follow Up with Survey ( )
	88) T1 Follow Up with Survey ( )
	89) T1 Follow Up with Survey ( )
	90) T1 Follow Up with Survey ( )
	91) T1 Follow Up with Survey ( )
	92) T1 Follow Up with Survey ( )
	93) T1 Follow Up with Survey ( )
	94) T1 Follow Up with Survey ( )
	95) T1 Follow Up with Survey ( )
	96) T1 Follow Up with Survey ( )
	97) T1 Follow Up with Survey ( )
	98) T1 Follow Up with Survey ( )
	99) T1 Follow Up with Survey ( )
	100) T1 Follow Up with Survey ( )



## 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 ..... 28/10/2021 11:03 (SGT)  
Date of Accident ..... 27/10/2021 16:09 (SGT)  
Exact Location of Accident ..... Paya Lebar Rd, Singapore  
Additional Location Information ..... LEADING TO TRAFFIC POLICE OPPOSITE AL TYRES  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SNB1101J

INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... HUANG ZHIANG  
NRIC No ..... SXXXX319I  
Email Address ..... zhiang82@gmail.com  
Mobile Phone No ..... (Phone) +65-91373212  
Alternative Phone No ..... +65-91373212

### VEHICLE PARTICULARS

Manufacturer ..... Subaru  
Model ..... Forester  
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 ..... 1995

### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 7210106660  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... HUANG ZHIANG  
NRIC No ..... SXXXX319I

Date Of Birth	01/01/1982
Occupation	Indoor
Date Of Driving Pass	29/01/2008
Driving experience	13 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91373212
Alt. Phone Number	+65-91373212
Email Address	zhiang82@gmail.com
Address	BLK 662D JURONG WEST STREET 64 #02-288
Address complement	-
Postcode	644662
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?	Yes
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNA3240H
Vehicle Manufacturer	Honda
Vehicle Model	Vezel
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	DENNON PEH SHENG DA
NRIC No	SXXXX822H
Contact Number	(Phone) +65-97264907
Address	-

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



## SKETCH PLAN

Veh A: SNB 1101 J  
Veh B: SNA 3240 H

### 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 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:

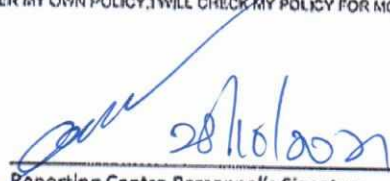
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

\*\* I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

  
Policyholder's Signature

Date & Time: 27/10/21  
CPW

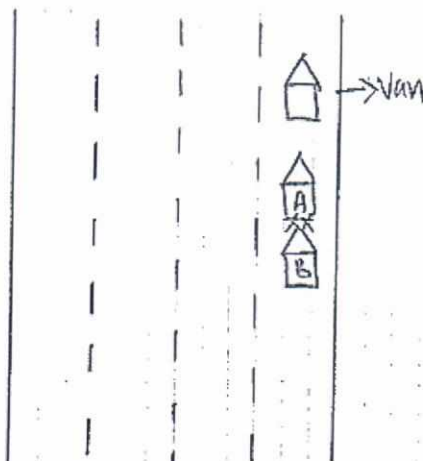
  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 27/10/21  
CPW

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

SKETCH PLAN

Veh A: SNB1101 J

Veh B: SNA 3240 H



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Paya Lebar Rd.

Was driving my vehicle along Paya Lebar Road when the van ahead of my vehicle hit its brakes suddenly, causing my vehicle's anti-collision system and myself to brace hard and successfully avoid a collision. Whilst my vehicle managed to avoid the collision, the vehicle behind me (SNA 3240 H), a Honda Vezel did not manage to stop in time and collided into my vehicle's rear end.

DECLARATION

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

Policyholder's Signature

Date & Time: 27/10/21

1600 hrs.

Driver's Signature

(If driver is not the policyholder)

Date & Time: 27/10/21

1600 hrs.

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



# Accord Auto Services Pte Ltd

Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: [avclaims@mycarworkshop.com](mailto:avclaims@mycarworkshop.com)

## Particular Of Insured/Driver & Details Of The Accident

### Motor Accident Report

\*Date of Accident: 27 October 2021 \*Time of Accident: 1600 hours  
\*Accident Location: Paya Lebar Road (Leading to Traffic Police / opposite K2 Tyres)

### Vehicle Details

\*Vehicle Number: SNB 1101 J \*Make & Model: Subaru Forester 2.0i-S Eyesight Sunroof  
\*Purpose Being Used At Time Of Accident: Private use Eng Cap: 1,995 cc

### Insured / Policyholder

\*Owner Name: HUANG ZHI ANG \*NRIC: S82013191  
\*Address: 662 Jurong West St 64 #02-288 S644662  
\*Email: zhang82@gmail.com \*HP: 9137 3212  
\*Occupation: Consultant (Indoor / Outdoor) \*Tel / H / Other: —

### Driver (✓) same as above

\*Driver Name: — \*NRIC: —  
\*Address: —  
\*Date of Birth: 01/01/1982 \*Driving Pass Date: 29/1/2008 \*HP: —  
\*Email: — \*Gender: Male / Female  
\*Occupation: — (Indoor / Outdoor) \*Tel / H / Other: —  
\*Driver an employee: Yes / No (\*If no, what is relationship with the policyholder: —)

### Passengers Details

\*P/Name: N.A. (Male/Female) \*P/Name: N.A. (Male/Female)  
\*P/Name: N.A. (Male/Female) \*P/Name: N.A. (Male/Female)

### Insurance Company

\*Insurer: AIG Asia Pacific Ins. Pte Ltd \*Coverage: C / TPFT / TPO \*Policy No: 7210 106660

### Detail of other vehicle / Property 1

Vehicle No.: SNA 2240 H  
Make & Model: Honda Vezel  
Vehicle Category: —  
Name of Driver: Damon Peh Sheng Da  
NRIC : S96448224  
HP : 9726 4907  
No. of Passengers (Including Driver): N.A.

### Detail of other vehicle / Property 2

Vehicle No.: —  
Make & Model: —  
Vehicle Category: —  
Name of Driver: —  
NRIC : —  
HP : —  
No. of Passengers (Including Driver): —

### For Official Use Only

\*Claiming against Own Ins.: Yes / No (If No, Reporting Only / TP Claims)

### General Information of the accident

\*Type of accident: Head-Rear / Side swipe / others: —  
\*Weather conditions: Clear / Raining / others: — \*Any video cam: Yes / No  
\*Road Surface: Dry / Wet / others: —  
\*Witness: Yes / No (Name: — NRIC: — HP: —)  
\*Accident reported to police: Yes / No \*Summon against whom: —  
\*Injured party: Yes / No \*No. of passengers (include driver): —  
-I/Name: — \*Fasten seat belt: Yes / No \*Conveyed by Ambulance: Yes / No  
-I/Name: — \*Fasten seat belt: Yes / No \*Conveyed by Ambulance: Yes / No





# CERTIFICATE OF INSURANCE

## AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : HUANG ZHIANG  
 Period of Insurance : 08 Sep 2021 To 07 Sep 2022  
 Engine No. : FB20YG97691  
 Chassis No. : JF18K7KL5KG014720

Vehicle No. : SNB1101J  
 Policy No. : 7210106660  
 Endorsement No. :  
 Issued Date : 07 Sep 2021

### ABOUT THE COVER

Make/Model : SUBARU Forester 2.0i-S Eyesight  
 Engine Capacity/Tonnage : 1,995.00 CC Sum Insured : Market Value First Year of Registration : 2019  
 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" ("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 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. 169), Section 65 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)

HUANG ZHIANG - \$800 (Own Damage), \$800 (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 6336 6200. Alternatively, You may refer to AIG website [www.aig.sg](http://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: DBS BANK LTD

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. 169), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).



0504125000

PREMIUM LEASING PTE LTD

281 ALEXANDRA ROAD AUDI CUSTOMER SERVICE CENTRE  
 SINGAPORE 159838

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Shihmy Loh



**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 : SND821A50001 Vehicle Registration No: SNB 1101J  
Name (as shown in NRIC) : Huang Zhiang NRIC/FIN/Passport No : Sxxxx319I  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : B1K 662D Jurong West St 64 H 02-288 Singapore (644 662)  
Contact (Tel) : - Mobile No. : 9137 3213  
Email Address : zhiang82@gmail.com  
Date of Accident : 27.10.2021 Time of Accident : 1600 HRS  
Place of Accident : Paya Lebar Rd  
Insurance Company : ALG Asia Pacific Insurance Pte Ltd

**(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 1) Number Plate of Vehicle B "SNA2240H" To "SNA 3240H"

2) Location Information "A2 Tyres" To "H Tyres"

Policyholder / Driver's Signature  
Date:

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