

# NATIONAL Assessment Centre Services

(not to be used)

840828/1000

Date In: 29/01/2023 13:41	Job description	Date & Time Completed	Done by
Ref No: X/A23008594	SAS e-filing		
Veh No: Sx/H 78567	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 29/01/2023	1-Motor Claim Form		
OD: TP / Repairing Only	1-Motor W/O (within 3hrs, 2P 3hrs)		
	1-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assgn Wksp / QW: (

Tel:

Fax:

TP Particulars: Veh No: GRE 7927E INC ( ) / Non-INC ( )

Tel:

Owner / Driver: (

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 ( )

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: AIC 10/1/2023 07:33:00 Date & Time Completed: Done by

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

2) QC Check / Post Repair Inspection ( )

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

Injury:

Date/Time/Action:


Invoice Preparation Checklist	Yes	No	Remarks
1) AR: Accident Reporting (\$30)			
2) DA: Damage Assessment (\$100)			
3) TP: Towing Fee (\$10/\$40)			
4) PT: Follow-Through Survey (\$150)			
5) PT: Follow-Through Survey (Resurvey) (\$50)			
6) TR: Referral Fee (\$20)			
7) NI: Haul DA + SMART Survey (\$140)			
8) NTUC Additional Fee (\$10)			
9) DP: ( )			
*NI: Courtesy Car / Trip Allowance (\$5)			
*NI: Repair Coordination (\$15)			
*NI: Post Repair Inspection (\$15)			
*NI: DV / Collect Excess Coordination (\$5)			
*TP (NI) - TP (Non-INC) against INC (\$10)			
10) NI: Haul DA (\$10)			
Invoice Total			
Fee Charged			

12/3:

## 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 Actual 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	30/01/2023 13:11 (SGT)
Reported by	Driver
Date of Accident	30/01/2023 07:58 (SGT)
Exact Location of Accident	Upper Serangoon Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNH7856T
-----------------------------	----------

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN ZHAOYUAN AMOS
NRIC No	SXXXX836C
Email Address	nicholle.ho@gmail.com
Mobile Phone No	(Phone) +65-98578562
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Mazda
Model	CX-8
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	2488

#### INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7220141688

#### DRIVER

Name of Driver	HO SHUYAN (HE SHUYAN)
NRIC No	SXXXX249C
Date Of Birth	28/04/1983
Occupation	Indoor

Date Of Driving Pass	12/10/2004
Driving experience	18 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97375991
Alt. Phone Number	-
Email Address	nicholle.ho@gmail.com
Address	235 UPPER PAYA LEBAR ROAD #16-40
Address complement	-
Postcode	533868
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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 - Change/cross lane
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

#### 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
Reasons for not uploading a video of the accident	WITH OWNER

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE7927E
Vehicle Manufacturer	Toyota
Vehicle Model	Dyna
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	ACE STAR AUTO PTE LTD

Contact Number .....	(Phone) +65-93709199
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' 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

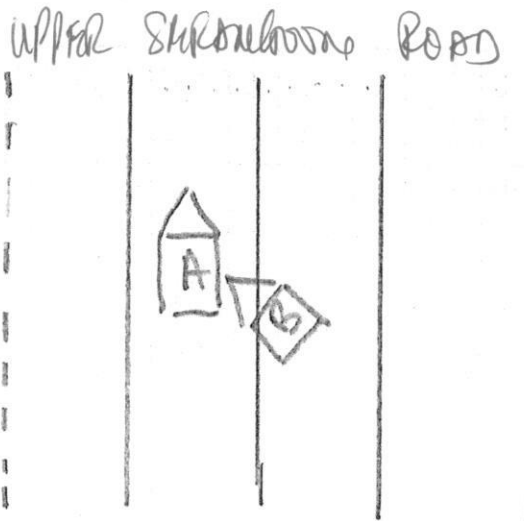
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A-SNH7856T  
B-GBE7927E


Describe Circumstances of the Accident


On 30/01/2023, I'm on my lane driving straight in UPPER SERANJON ROAD. GIVE 2927E drive without due care & cut into my lane & hit into the rear right of my vehicle.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

 30/01/2023 11:30AM  
Driver's Signature (If driver is not the policyholder) / Date & Time

 30/01/2023  
Witnessed by Reporting Centre Personnel



Date of Accident : 30/01/2023 Accident Time: 0758 (24-HR-Format)  
Accident Place : UPPER SERANGOON ROAD.  
Vehicle No. (Car Plate No.) : SNH78567 Make/Model: MAZDA CX8 2.5L  
Insurance Company : AIG Policy No: 7220141688  
Owner or Company Name /IC No. : TAN ZHAOYUAN, AMOS S8321836C  
Owner or Company Contact No. : Owner's Hp 98578562 Company Tel  
DRIVER'S Name / IC No. : HO SHUNYAN (ITE SHUYAN) S8313249C  
DRIVER'S Date Of Birth : 28/04/1983 DRIVER'S License Pass Date 12/10/2004  
Relationship of Owner & Driver : ☒ Spouse ☐ Parents ☐ Children ☐ Sibling ☐ Employee ☐ Others:  
DRIVER'S Address : 235 UPPER PAYA LEBAR ROAD  
#16-40, SINGAPORE 533868  
DRIVER'S Contact No./ Alt No. : 1) 97375991 2)  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office) - NIL  
Email Address : nicholle.ho@gmail.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): - NIL  
Was there any video Captured by car camera: ☒ YES ☐ NO  
Exact purpose for which vehicle was being used at the time of accident: ☒ Private use ☐ Work purpose  
Any Injury (If YES, Pls state): NIL

Other Party Driver's Particular (if any)

Vehicle No:	GBE 7927E	Vehicle No:	
Vehicle Make/Model:	TOYOTA INNA	Vehicle Make/Model:	
Name Driver:	ACE STAR AUTO PTB LTD	Name Driver:	
IC No. Driver/Contact:	93709199	IC No. Driver/Contact:	

\* NEW - Passenger's name & gender:



# CERTIFICATE OF INSURANCE

## MAZDA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : TAN ZHAOYUAN AMOS  
Period of Insurance : 28 Nov 2022 To 27 Nov 2023  
Engine No. : PY31331553  
Chassis No. : JM6KG2WLA00150149

Vehicle No. : SNH7856T  
Policy No. : 7220141688  
Endorsement No. :  
Issued Date : 29 Nov 2022 14:35

### ABOUT THE COVER

Make/Model : MAZDA CX8 (Elegance/ Luxury)  
Engine Capacity/Tonnage : 2,488.00 CC  
Driver Restriction : NA  
Person or Classes of Persons Entitled to Drive\* :  
Sum Insured : Market Value  
Off Peak Car : No  
First Year of Registration : 2022  
Insuring with COE/PARF : Yes

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 S\$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 : 30 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 1960, 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 - \$750 Theft - \$0 Flood Cover - \$750

#### Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

TAN ZHAOYUAN AMOS - \$750 (Own Damage), \$750 (Flood Cover)

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

1. Trans Eurokars Pte Ltd Add: 27A Tanjong Penjuru, Singapore 609042 63310608

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](http://www.aig.sg) or AIG SG Mobile App. Simply search and download "AIG SG" from Apple App Store or Google Play Store.

### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: HONG LEONG FINANCE LTD

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 1960, Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504691213

TRANS EUROKARS PTE LTD - TCC

23 LENG KEE RD

SINGAPORE 159095

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

**AIG Asia Pacific Insurance Pte. Ltd.**

This computer generated document does not require a signature.

SSCSAN