

NATIONAL Assessment Center Services (Call 1-800-555-1234) **SN: 235M0006**

Date: **2/28/2023** Time: **19:14** Done by: **SN: 235M0006**

Job description: **SAS e-tiling**

E-mail (include email address): **SN: 235M0006**

1-Driver Claim Form

1-Driver W/O (Vehicle ID, VIN, etc.)

1-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax / Hand in Owner/When

Towed W/O / INC Ass'n W/O / OWI ()

Particulars: **Vel No: 2PR 4417** INC () / Non-INC ()

Owner / Driver ()

Policy No: () Period: () Cover Type: ()

Confirmed by: ()

Insurance/Driver Liability: () % (Note: Inc Status (WO): 10-0-30%, 10-0-70%, 10-0-100%)

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

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

Walk-In Customer / Customer's information strictly Confidential & strictly NO info of repair.

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

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

Apply for Transport Allowance () / Courtesy Car ()

QC Check / Post Repair Inspection ()

Upload Resurvey Photo (Repair Cost > \$5000) ()

Injury: ()

Other: ()

KA2301510

Owner/Driver: ()

Policy No: ()

Assigned Person: ()

Checked by (Engr-In-Charge): ()

Comments: ()

Item	Amount
1) All Accident Payments (1500)	1500
2) DA: Damage Assessment (1000)	1000
3) Towing Fee	100
4) PE: Follow-Up Service (100)	100
5) PE: Follow-Up Service (100)	100
6) TR: Damage Rep	100
7) TR: Damage Rep	100
8) TR: Damage Rep	100
9) TR: Damage Rep	100
10) TR: Damage Rep	100
11) TR: Damage Rep	100
12) TR: Damage Rep	100
13) TR: Damage Rep	100
14) TR: Damage Rep	100
15) TR: Damage Rep	100
16) TR: Damage Rep	100
17) TR: Damage Rep	100
18) TR: Damage Rep	100
19) TR: Damage Rep	100
20) TR: Damage Rep	100

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	22/05/2023 19:14 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	28/04/2023 10:45 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SND3698E
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LUO ZHIHENG
NRIC No	SXXXX295B
Email Address	huayuansg@gmail.com
Mobile Phone No	(Phone) +65-92955963
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volvo
Model	Xc60
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	2969

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7210140421-01

DRIVER

Name of Driver	LUO ZHIHENG
NRIC No	SXXXX295B
Date Of Birth	06/01/1972
Occupation	Indoor

Date Of Driving Pass	30/12/1998
Driving experience	24 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92955963
Alt. Phone Number	-
Email Address	huayuansg@gmail.com
Address	2 CANBERRA DRIVE #10-01
Address complement	-
Postcode	760138
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	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
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 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	-

FOREIGN VEHICLE 1

Vehicle Registration Number	JPR4417
Vehicle Category	Motorcycle

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

PLEASE REFER TO POLICE REPORT T/20230428/7055

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	JPR4417
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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	UNKNOWN RIDER
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	JPR4417
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

IMPORTANT NOTICE

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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

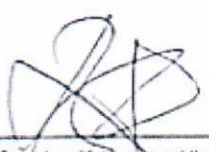
(collectively the "Purposes")

(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

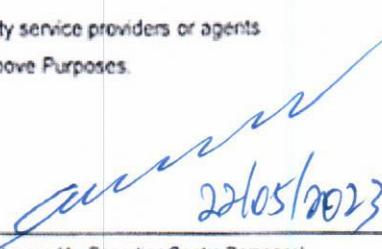
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

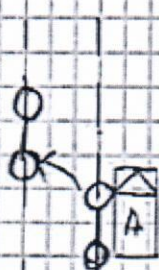


Driver's Signature (if driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

<p>Along AYER RAJAH EXPRESSWAY.</p>	<p>A-SND3698E B(MC)=JPR4417</p>
	


Describe Circumstance of the Accident

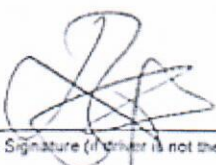
Refer to POLICE REPORT.

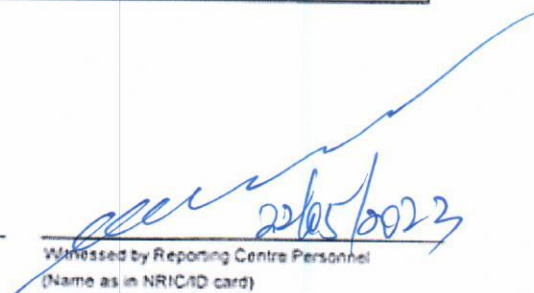
T120230428/7055

Declaration

I/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
(Name as in NRIC/ID card)



SINGAPORE POLICE FORCE



T/20230428/7055

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

1 of 3

Report No. T/20230428/7055

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/04/2023 15:35		Vide Report No.: D/20230428/0049		Station Diary No.:	
Informant's Particulars					
Name of Informant: LUO ZHIHENG			Address: 2 CANBERRA DRIVE #10-01 SINGAPORE 768138		
ID Type / ID No.: NRIC NO / S7273295B			Contact No.: Home/Office: Mobile: 92955963		
Nationality: SINGAPORE CITIZEN			Email: HUAYUANSO@GMAIL.COM		
Sex: Male	Age: 51	Date of Birth: 06/01/1972	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Other business services and administration managers			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/04/2023 10:45	Type of Location: Straight Road
Location: AYE(MCE)8KM				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SND3698E	Car	VOLVO	XC60	White	Slightly Damaged	0
	Motorcycle			Black		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20230428/7055

2 of 3

Report No. T/20230428/7055

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

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SND3698E	AIG ASIA PACIFIC INSURANCE PTE. LTD.			

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	LUO ZHIHENG		ID No.	S7273295B
Related Vehicle	SND3698E (Car)		Contact No.	92955963
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL
Rider				
Name	Unknown Rider		ID No.	NIL
Related Vehicle	NIL		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL

Brief Details.

I WAS DRIVING NORMALLY ON THE ROAD AND SUDDENLY OUT OF NOWHERE A MOTOR JUST ABNG ON TO MY CAR



**SINGAPORE
POLICE FORCE**



T/20230428/7055

3 of 3

Report No. T/20230428/7055

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

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
INTAN WULANDARI BUDDY SANTOSO
Contact No.: 65476415

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

Date/Time:
28/04/2023 15:35

Classification Of Case:

This report is lodged at Woodlands East NPC Kiosk 1
NP168

ACCIDENT REPORTING



Accident Date: (26 / 4 / 2023) (DD/MM/YYYY)

Time: (10 : 30) (HH:MM)

Location: Along AYEK RAYAH EXPRESSWAY.

1. Accident Details

- Type Of Accident: Side Sweep.
- Weather Condition: (Clear / Raining / Others: _____)
- Road Surface: (Dry / Wet / Others: _____)
- Are You Claiming Under Your Own Insurance? (Yes / No)
If No, Please State: (Third Party Claim / Reporting Only)
- Was Any Foreign Vehicle Involved In An Accident? (Yes / No)
If Yes, Please State Vehicle No: JPR 4417.
- Were You Been Approached By Unknown Person(s) Soliciting/Offering Accident Claims Assistance? (Yes / No)
- Was The Accident Reported To The Police? (Yes / No)
If Yes, Police Station Name: Traffic POLICE.
- Was Notice Of Prosecution Given?
If Yes, Against Whom?: JPR 4417.

2. Details Of Own Vehicle

- Vehicle Registration No: QND3698E
- Vehicle Category: Private
- Vehicle Manufacturer: YOLVO Vehicle Model: XC60 T5
- Transmission: Manual / Auto CC: 1969
- No. Of Passengers (Including Driver) 1
 Passenger Name: _____ (Female / Male)
 Passenger Name: _____ (Female / Male)
 Passenger Name: _____ (Female / Male)
 Passenger Name: _____ (Female / Male)

3. Own Vehicle Policy

- Handling Insurer: Aia.
- Coverage Type: (ACT / Comprehensive / Third Party / Third Party, Fire & Theft)
- Fleet Policy? (Yes / No)
- Owner Name: LUO ZHIHENG. (Female / Male)
- ID Type: 5273295B (UEN / NRIC / Passport Or Fin / Work Permit)
- Email: huayuanqa@gmail.com Mobile: 9295 5963.
- Alt No. Type: (Home / Office / Not In List) : _____

4. Driver's Information

- Is The Driver The Policyholder? (Yes / No)
- Driver Name: " (Female / Male)
- ID Type: " (UEN / NRIC / Passport Or Fin / Work Permit)
- Date Of Birth: 06-01-1972.
- Driving Pass Date: 30-12-1998
- Email: huayuanqa@gmail.com Mobile: 9295 5963
- Address: 5 CAMPBELL DRIVE #10-01
- Postal Code: 76838
- Occupation: (Indoor / Outdoor)
- Driver Owner Relationship: _____ Does Driver Own Other Vehicles: (Yes / No)
If Yes, Please Provide Vehicle Registration No: _____ Handling Insurer: _____

ACCIDENT REPORTING

5. TP Vehicle Or Property

- a) Was There Any Other Vehicle Or Property Damaged? (☒ Yes / No)

If Yes, Please Provide:

Vehicle Registration No: JPR 4417.

Vehicle Category: _____ Vehicle Model: _____

No. Of Passengers (Including Driver) _____

Vehicle Registration No: _____

Vehicle Category: _____ Vehicle Model: _____

No. Of Passengers (Including Driver) _____

Vehicle Registration No: _____

Vehicle Category: _____ Vehicle Model: _____

No. Of Passengers (Including Driver) _____

Vehicle Registration No: _____

Vehicle Category: _____ Vehicle Model: _____

No. Of Passengers (Including Driver) _____

Vehicle Registration No: _____

Vehicle Category: _____ Vehicle Model: _____

No. Of Passengers (Including Driver) _____

6. Injured Person's Details

- a) Was Anyone Injured In The Accident? (☒ Yes / No)

- b) Any Injured Conveyed To Hospital By Ambulance? (☒ Yes / No)

If Yes, Please Provide:

Name: UNKNOWN (Rider) (Female / ☒ Male)

Vehicle Registration No: JPR 4417.

Name: _____ (Female / Male)

Vehicle Registration No: _____

Name: _____ (Female / Male)

Vehicle Registration No: _____

7. Witness Details

- a) Was There Any Witnesses? (Yes / ☒ No)

If Yes, Please Provide:

Name: _____ (Female / Male)

Witness Contact: _____

8. Files

- a) Are Accident Photos Available For Attachment? (☒ Yes / No)

- b) Was There Any Video Captured? (☒ Yes / No)

- a) Was There Any Audio Captured? (Yes / ☒ No)

SD card with Traffic Police.

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : LUO ZHIHENG
 Period of Insurance : 11 Dec 2022 To 10 Dec 2023
 Engine No. : B4204T237282314
 Chassis No. : LYVUZ10ACKB254825

Vehicle No. : SND3698E
 Policy No. : 7210140421-01
 Endorsement No. :
 Issued Date : 18 Nov 2022 9:25

ABOUT THE COVER

Make/Model : VOLVO XC60 T5 Momentum
 Engine Capacity/Tonnage : 1,969.00 CC
 Driver Restriction : NA
 Person or Classes of Persons Entitled to Drive* :
 Sum Insured : Market Value
 Off Peak Car : No
 First Year of Registration : 2018
 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\$53,000 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 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 - \$800 Theft - \$0 Flood Cover - \$800

Section 2
 Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)
 LUO ZHIHENG - \$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 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: HL Bank

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).

0504650060

ALL INS AGENCY PTE LTD

22 SIN MING LANE #05-78 MIDVIEW CITY
 SINGAPORE 673969

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

SSPhvCS

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC
Owner ID: 295B

Vehicle Details

Vehicle No.: SND3698E
Vehicle to be Exported: Yes
Intended Deregistration Date: 22 May 2023
Vehicle Make: VOLVO
Vehicle Model: XC60 T5 MOMENTUM
Primary Colour: White
Manufacturing Year: 2018
Engine No.: B4204T237282314
Chassis No.: LYVUZ10ACKB254825
Maximum Power Output: 187.0 kW (250 bhp)
Open Market Value: \$38,330.00
Original Registration Date: 11 Dec 2018
First Registration Date: 11 Dec 2018
Transfer Count: 1
Actual ARF Paid: \$45,662.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 10 Dec 2028
PARF Rebate Amount: \$34,246.00

Intended COE Rebate Details

COE Expiry Date: 10 Dec 2028
COE Category: E - Open - all except motorcycle
COE Period(Years): 10
QP Paid: \$32,900.00
COE Rebate Amount: \$17,369.00
Total Rebate Amount: \$51,615.00

The information contained herein is correct as at 22 May 2023

OK