

NATIONAL Assessment Centre Services

SWF821970008

Date In: 07/09/2021 17:44	Job description	Date & Time Completed	Done by
Ref No: N/A/CN21009421/4	SAS calling		
Veh No: SGT 871 R	E-mail (by date time, A/G time)		
D.O.A: 06/09/2021 10:05	1-Motor Claim Form		
(1) <input checked="" type="radio"/> Reporting Only	1-Motor W/O (Within 00 hrs, TP 4hrs)		
	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Ins/Hand to Owner/VV/Ins		

TP Insurer:

Preferred Wksp / INC Ass'n Wksp / QW: ()

TP Insurer/VV: () Veh No: SW/1674 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 Refor of reputation

() Total Loss Case: to a small Insurer URGENTLY

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

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

2) QC Check / Post Repair Inspection ()

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

Injury: ()

()

()

()

N/A2103792

Driver/Owner:	1) All Accident Insurance (00)	
Contract No:	2) DA Damage Assessment (\$100)	UND (10)
Damage Portion:	3) PT Towing Fee	\$120
	4) PT Follow Through Survey	\$30
	5) PT Follow Through Survey (Recovery)	\$30
	6) PT Follow Through Survey (Recovery)	\$30
	7) PT Follow Through Survey (Recovery)	\$30
	8) PT Follow Through Survey (Recovery)	\$30
	9) PT Follow Through Survey (Recovery)	\$30
	10) PT Follow Through Survey (Recovery)	\$30
	11) PT Follow Through Survey (Recovery)	\$30
	12) PT Follow Through Survey (Recovery)	\$30
	13) PT Follow Through Survey (Recovery)	\$30
	14) PT Follow Through Survey (Recovery)	\$30
	15) PT Follow Through Survey (Recovery)	\$30
	16) PT Follow Through Survey (Recovery)	\$30
	17) PT Follow Through Survey (Recovery)	\$30
	18) PT Follow Through Survey (Recovery)	\$30
	19) PT Follow Through Survey (Recovery)	\$30
	20) PT Follow Through Survey (Recovery)	\$30
	21) PT Follow Through Survey (Recovery)	\$30
	22) PT Follow Through Survey (Recovery)	\$30
	23) PT Follow Through Survey (Recovery)	\$30
	24) PT Follow Through Survey (Recovery)	\$30
	25) PT Follow Through Survey (Recovery)	\$30
	26) PT Follow Through Survey (Recovery)	\$30
	27) PT Follow Through Survey (Recovery)	\$30
	28) PT Follow Through Survey (Recovery)	\$30
	29) PT Follow Through Survey (Recovery)	\$30
	30) PT Follow Through Survey (Recovery)	\$30
	31) PT Follow Through Survey (Recovery)	\$30
	32) PT Follow Through Survey (Recovery)	\$30
	33) PT Follow Through Survey (Recovery)	\$30
	34) PT Follow Through Survey (Recovery)	\$30
	35) PT Follow Through Survey (Recovery)	\$30
	36) PT Follow Through Survey (Recovery)	\$30
	37) PT Follow Through Survey (Recovery)	\$30
	38) PT Follow Through Survey (Recovery)	\$30
	39) PT Follow Through Survey (Recovery)	\$30
	40) PT Follow Through Survey (Recovery)	\$30
	41) PT Follow Through Survey (Recovery)	\$30
	42) PT Follow Through Survey (Recovery)	\$30
	43) PT Follow Through Survey (Recovery)	\$30
	44) PT Follow Through Survey (Recovery)	\$30
	45) PT Follow Through Survey (Recovery)	\$30
	46) PT Follow Through Survey (Recovery)	\$30
	47) PT Follow Through Survey (Recovery)	\$30
	48) PT Follow Through Survey (Recovery)	\$30
	49) PT Follow Through Survey (Recovery)	\$30
	50) PT Follow Through Survey (Recovery)	\$30
	51) PT Follow Through Survey (Recovery)	\$30
	52) PT Follow Through Survey (Recovery)	\$30
	53) PT Follow Through Survey (Recovery)	\$30
	54) PT Follow Through Survey (Recovery)	\$30
	55) PT Follow Through Survey (Recovery)	\$30
	56) PT Follow Through Survey (Recovery)	\$30
	57) PT Follow Through Survey (Recovery)	\$30
	58) PT Follow Through Survey (Recovery)	\$30
	59) PT Follow Through Survey (Recovery)	\$30
	60) PT Follow Through Survey (Recovery)	\$30
	61) PT Follow Through Survey (Recovery)	\$30
	62) PT Follow Through Survey (Recovery)	\$30
	63) PT Follow Through Survey (Recovery)	\$30
	64) PT Follow Through Survey (Recovery)	\$30
	65) PT Follow Through Survey (Recovery)	\$30
	66) PT Follow Through Survey (Recovery)	\$30
	67) PT Follow Through Survey (Recovery)	\$30
	68) PT Follow Through Survey (Recovery)	\$30
	69) PT Follow Through Survey (Recovery)	\$30
	70) PT Follow Through Survey (Recovery)	\$30
	71) PT Follow Through Survey (Recovery)	\$30
	72) PT Follow Through Survey (Recovery)	\$30
	73) PT Follow Through Survey (Recovery)	\$30
	74) PT Follow Through Survey (Recovery)	\$30
	75) PT Follow Through Survey (Recovery)	\$30
	76) PT Follow Through Survey (Recovery)	\$30
	77) PT Follow Through Survey (Recovery)	\$30
	78) PT Follow Through Survey (Recovery)	\$30
	79) PT Follow Through Survey (Recovery)	\$30
	80) PT Follow Through Survey (Recovery)	\$30
	81) PT Follow Through Survey (Recovery)	\$30
	82) PT Follow Through Survey (Recovery)	\$30
	83) PT Follow Through Survey (Recovery)	\$30
	84) PT Follow Through Survey (Recovery)	\$30
	85) PT Follow Through Survey (Recovery)	\$30
	86) PT Follow Through Survey (Recovery)	\$30
	87) PT Follow Through Survey (Recovery)	\$30
	88) PT Follow Through Survey (Recovery)	\$30
	89) PT Follow Through Survey (Recovery)	\$30
	90) PT Follow Through Survey (Recovery)	\$30
	91) PT Follow Through Survey (Recovery)	\$30
	92) PT Follow Through Survey (Recovery)	\$30
	93) PT Follow Through Survey (Recovery)	\$30
	94) PT Follow Through Survey (Recovery)	\$30
	95) PT Follow Through Survey (Recovery)	\$30
	96) PT Follow Through Survey (Recovery)	\$30
	97) PT Follow Through Survey (Recovery)	\$30
	98) PT Follow Through Survey (Recovery)	\$30
	99) PT Follow Through Survey (Recovery)	\$30
	100) PT Follow Through Survey (Recovery)	\$30

QC Checked by (Engr-In-Charge):

QC Checked by (Engr-In-Charge):

QC Checked by (Engr-In-Charge):

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	07/09/2021 17:44 (SGT)
Date of Accident	06/09/2021 10:05 (SGT)
Exact Location of Accident	Tuas South Ave 3, Singapore
Additional Location Information	JUNCTION WITH TUAS SOUTH STREET 2
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT3771R
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ZHANG YONG
NRIC No	SXXXX823D
Email Address	yong.zhang.sg@gmail.com
Mobile Phone No	(Phone) +65-91911386
Alternative Phone No	+65-91911386

VEHICLE PARTICULARS

Manufacturer	BMW
Model	520i
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	1998

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00041002100
Cover Note Number	-

DRIVER

Name of Driver	ZHANG YONG
NRIC No	SXXXX823D

Date Of Birth	25/10/1979
Occupation	Indoor
Date Of Driving Pass	02/11/2017
Driving experience	3 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91911386
Alt. Phone Number	+65-91911386
Email Address	yong.zhang.sg@gmail.com
Address	BLK 90A TELOK BLANGAH STREET 31 #18-241
Address complement	-
Postcode	101090
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?	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	SKV167G
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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	ZHANG YONG
Gender	Male
Phone No	(Phone) +65-91911386
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLT3771R
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.
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;

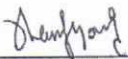
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

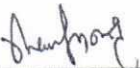
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

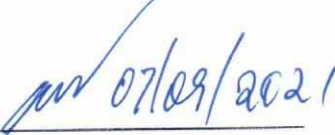
(collectively the "Purposes")

(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

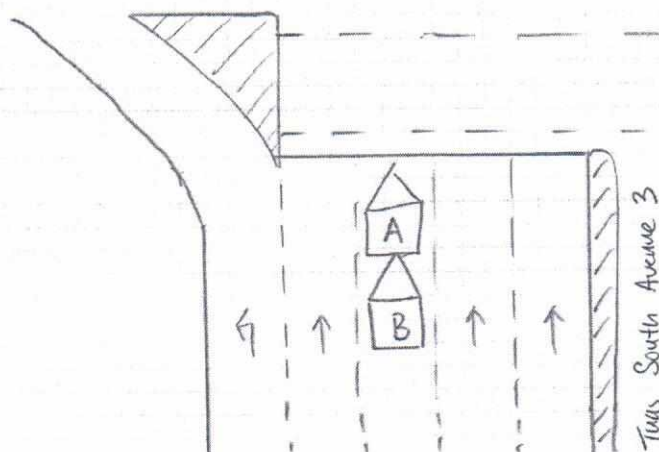

Driver's Signature (If driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel

Sketch Plan

Tuas South St 2

Vehicle A: SLT 3771 R
Vehicle B: SKV 167 G



Describe Circumstances of the Accident

On the stated time and date, I was travelling straight along Tuas South Avenue

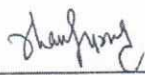
3. When reaching the junction the red light turn on, thus I slow down and stop my vehicle (SLT 3771 R). Suddenly, I felt an impact from the rear of my vehicle, when I alighted from my vehicle I realised that vehicle B (SKV 167 G) had collided onto the rear of my vehicle.

Declaration

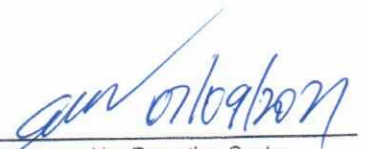
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 6 / 9 / 2021 (dd/mm/yy) Time of Accident: 10 : 05 (24-HR-FORMAT)
Vehicle No.: SLT 3771 R Vehicle Make & Model: BMW 520 I
*Transmission: ☐ Manual ☐ Auto *C.c.: 2.5
Exact location of Accident: Junction of Tuas South Avenue 3 & Tuas South St 2
Policyholder's Name: Zhang Yong NRIC/FIN/REG No.: S 7974823 D
*Policyholder's email address: Yong.Zhang.sg@gmail.com
Driver's Name: Zhang Yong NRIC/FIN/REG No.: S 7974823 D
*Driver's email address: Yong.zhang.sg@gmail.com
Driver's Contact No.: 9191 1386 Company Contact No (if any): -
Date of birth: 25 / 10 / 1979 Driving Pass Date: 02 Nov 2017
Driver's Address: Blk 90A Telok Blangah Street 31 #18-241 (S) 101090
Insurance Company: China Taiping
Policy No.: DMPLSNW00041002100 Type of Coverage: Comprehensive / Third Party / Third Party, Fire & Theft
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)
Type of Accident
☒ Chain Collision ☒ Head To Rear ☐ Side Swipe ☐ Other -
Occupation (nature job) ☒ Indoor / ☐ Outdoor *No. of Passengers / Including Driver: 1 person
*Passanger Name: - Gender: Male / Female
*Passanger Name: - Gender: Male / Female
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 Car camera? ☐ Yes / ☐ No
Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person' Name: Zhang Yong
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: - Vehicle No: SKV 167 G
Driver's Contact No: - 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: -

Motor Private Car

MX1E

N SN

AN0450A

Cov. Type: C

CERTIFICATE OF INSURANCE

 Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
 Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
 Road Transport Act, 1987 (Malaysia)
 Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMPCSNW00041002100

Engine No.: A3750067N20B20B

Cha. No.: WBAXG12000DW34198

 1. Index Mark and Registration
 Number of Vehicle

SLT3771R

AUTOSAFE

=====

2. Name of Policy Holder

ZHANG YONG

 3. Effective date of the Commencement of
 Insurance for the purposes of the Regulations,
 Ordinance or Enactment

 01/03/2021
 (00:00:00)

Named Drivers Ex Sect. I

S\$750.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25

S\$3,000.00

Ex Sect. I - Age >= 26

S\$500.00

* Age as at date of accident

EX ON WINDSCREEN .

S\$100.00

5. Persons 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 permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to use:*

Use for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover use for hire or reward tuition driving test racing pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade. Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled. One time Waiver of Excess for the first S\$1,000 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.

HIRE PURCHASE CO.: MAYBANK SINGAPORE LIMITED


* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

 Issued By: INXPURE N SOLUTIONS
 Authorised Officer


 Authorised Signatory