

**NATIONAL Assessment Centre Services** (incl. 1/2021) 2605265000

Date In: 05/06/2023 18:22	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: X1A2301651	E-mail (with file, VIC 2013)		
Veh No: SN1A 1660B	1-Motor Claim Form		
D.O.A: 02/06/2023 15:00	1-Motor W/O (with: OD Int, 07/10/21)		
OD: TP: Reopening Only	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / OW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: SN1A 1660B INC ( ) / Non-INC ( ) Tel: ( )

Owner / Driver: ( )

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

Confirmed by: ( ) Date: ( )

Insured/Driver Liability: ( ) % (Note: 1st Status (VO): 11: 0-20%, F: 21-79%, P: 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 info of repair.

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

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

Remarks: (INC Policy No: 071830015) Date Time Completed: Done by:

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

2) QC Check / Post Repair Inspection ( )

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

Injury: ( )

Damage: ( )

X1A2301651

Invoice: Preparation (Chg: 0/15)

1) All: Accident Package (\$300)	
2) DA: Damage Assessment (\$1000)	INC (\$50)
3) TP: Towing Fee	\$10/\$15
4) PE: Follow Through Survey	\$120
5) PF: Follow Through Survey (Basic)	\$50
6) TR: Assessment	\$75
7) NI: No DA, 2nd Survey	\$140
8) NIS: Additional Services	
9) QC: QC	\$5
10) CC: Courtesy Car / Test Allowance	\$10
11) NR: Repair Coordination	\$20
12) PR: Post Repair Inspection	\$20
13) EV: EV / Collect Excess Coordination	\$1
14) TP: (Non-INC) Analyse INC	\$20
15) NIS: NIS	\$10

Checked by (Engr-In-Charge):

Inspected by:

TP Insurer:

# 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	05/06/2023 18:02 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	03/06/2023 15:00 (SGT)
Exact Location of Accident	Burgundy Cres, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNA1666B
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	YANG ZHENKUN
NRIC No	SXXXX501D
Email Address	myronyzk@gmail.com
Mobile Phone No	(Phone) +65-93820016
Alternative Phone No	-

## VEHICLE PARTICULARS

Manufacturer	Chevrolet
Model	Cruze
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	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00270302203

## DRIVER

Name of Driver	YANG ZHENKUN
NRIC No	SXXXX501D
Date Of Birth	17/09/1980
Occupation	Indoor

Date Of Driving Pass .....	30/12/2016
Driving experience .....	6 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-93820016
Alt. Phone Number .....	-
Email Address .....	myronyzk@gmail.com
Address .....	BLK 93B TELOK BLANGAH STREET 31 #30-175
Address complement .....	-
Postcode .....	102093
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 .....	Hit and run / Vandalism / Damaged whilst parked
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) .....	0
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

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number .....	SNB4852E
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
NRIC No .....	SXXXX689E

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

SKETCH PLAN

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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

BURKHUNDY CRESCENT



A = SNA 1666 B  
B = SNB 4852 E

**Describe Circumstances of the Accident**

My car SNA1666B was parked outside 70  
Burgundy Crescent. One vehicle, SNB4852 E reversed  
and hit the front 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

  
\_\_\_\_\_  
05/06/2023  
Witnessed by Reporting Centre  
Personnel

# SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 03/06/2023	TIME: 15:00	(hh:mm) 24 hrs Format	
LOCATION Burgundy Crescent			
VEHICLE NUMBER SNA1666B			
INSURED NAME Yang Zhenkun			
NRIC/FIN S80845010	CONTACT: 9382 0016		
MAKE Chevrolet	MODEL Cruze		
Are you claiming under your own insurance policy for repair to your vehicle?			
( ) Yes, If No, Pls Select: ( <input checked="" type="checkbox"/> ) Third Party ( ) Reporting Only			
INSURANCE COMPANY China Taiping Insurance			
TYPE OF POLICY ( <input checked="" type="checkbox"/> ) COMPREHENSIVE ( ) THIRD PARTY ( ) TPFT			
POLICY NUMBER: DMPCSNW00270302203			
NAME DRIVER: Yang Zhenkun ( <input checked="" type="checkbox"/> ) SAME AS INSURED			
NRIC/FIN S80845010	CONTACT: 93820016		
DATE OF BIRTH: 17-09-1980			
DRIVING PASS DATE: 30-12-2016			
OCCUPATION: ( <input checked="" type="checkbox"/> ) INDOOR ( ) OUTDOOR			
GENDER: ( <input checked="" type="checkbox"/> ) MALE ( ) FEMALE			
EMAIL ADDRESS: akb@bhb@gmail.com myronyzke@gmail.com ( ) NO EMAIL			
ADDRESS OF DRIVER: APT BIL 93B TELOK BLANGAH STREET 31 #30-175			
Number Of Passenger Include Driver: 0			
Was driver an employee of the Insured's Company? ( ) YES ( <input checked="" type="checkbox"/> ) NO			
If No, Relationship Of The Driver With The Insured			
( ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling ( ) Others			
Does The Driver Own Any Other Vehicle?: ( ) YES ( <input checked="" type="checkbox"/> ) NO			
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:			
Insurance Company Of Driver's Own Vehicle			
Weather Conditions: ( <input checked="" type="checkbox"/> ) Clear ( ) Raining ( ) Drizzling ( ) Others			
Road Surface : ( ) Dry ( ) Wet ( ) Others			
Was Any Foreign Vehicle Involved In This Accident? ( ) YES ( <input checked="" type="checkbox"/> ) NO			
Was Anybody Injured In The Accident? ( ) YES ( <input checked="" type="checkbox"/> ) NO			
If YES, Injured details :			
Convey By Ambulance: ( ) YES ( <input checked="" type="checkbox"/> ) NO			
Was There Any Video Capture By Car Camera? ( <input checked="" type="checkbox"/> ) YES ( ) NO			
Was There Accident Reported To The Police? ( ) YES ( ) NO If Yes Attach Police Report			
Police Report Number (if any)			
Details Of 3rd Party			
	Name / NRIC	No. of Paxs (incl' driver)	Contact
Veh B	SNB4852E	S8075689E	( ) / Not Sure ( <input checked="" type="checkbox"/> )
Veh C			( ) / Not Sure ( )
Veh D			( ) / Not Sure ( )
Veh E			( ) / Not Sure ( )
Veh F			( ) / Not Sure ( )
Veh G			( ) / Not Sure ( )

Motor Private Car

**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)

MX1F

R SN

AN0575A

Cov. Type:C

CERTIFICATE No.	DMPCS NW00270302203	Engine No.: F16D35144321	
		Cha. No.: KL1JF6961AK585690	
1. Index Mark and Registration Number of Vehicle	SNA1666B	AUTOSAFE	
		*****	
2. Name of Policy Holder	YANG ZHENKUN		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	28/12/2022 (00:00:00)	Named Drivers Ex Sect. I	SS500.00
		Additional Ex Other than Named Drivers:	
		Ex Sect. I - Age <= 25	SS3,000.00
		Ex Sect. I - Age >= 26	SS500.00
4. Date of Expiry of Insurance	27/12/2023	* Age as at date of accident	
		EX ON WINDSCREEN .	SS100.00

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\$500 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.

\* Limitations rendered inoperative by Section 8 of the Motor Vehicle (Malaysia) Act 1959

and Section 95 of the Road Transport Act 1987