

**NATIONAL Assessment Centre Services** (only 1 form) **SN 08236F0004**

Date In: <b>15/06/2023 16:20</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NBA/C/122006059/4</b>	SAS e-Milling		
Vehicle: <b>SWK 5566C</b>	E-mail (within 2hrs, A/C 2hrs)		
D.O.A: <b>13/06/2023 15:30</b>	1-Motor Claim Form		
QC <b>TP</b> Reporting Only	1-Motor W/O (Within 24 hrs, TP 1hr)		
TP Insured	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Driver		

Preferred Wksp / INC Assgn Wksp / QW: ( ) Tel: Fax: ( )

TP Particulars: Veli No: **YU 8819-H** INC ( ) / Non-INC ( ) Tel: ( )

Owner / Driver: ( ) Cover Type: ( )

Policy No: ( ) Period: ( )

Confirmed by: ( ) Date: Time: ( )

Insured/Driver Liability: ( ) % (Note: Inc Status (WO) = 100-0-20%, P: 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 refer of repair.

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

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

Remarks: ( )

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

2) QC Check / Post Repair Inspection ( )

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

Injury: ( )

Date of Injury: ( )

Location: ( )

Witness: ( )

Police Report: ( )

Insurance Claim: ( )

**NBA201745**

Invoice Preparation Charge: ( )

1) AR: Accident Reporting (\$50)	
2) DA: Damage Assessment (\$100)	INC (\$50)
3) TP: Towing Fee (\$10)	\$10/\$10
4) PT: Follow Through Survey (\$10)	\$10
5) PT: Follow Through Survey (Battery)	\$10
6) TR: Repairs (\$10)	\$10
7) NE: New DA + Survey (\$10)	\$10
8) NTUC Additional Services	
9) NTUC Additional Services	
10) NTUC Additional Services	
11) NTUC Additional Services	
12) NTUC Additional Services	
13) NTUC Additional Services	
14) NTUC Additional Services	
15) NTUC Additional Services	
16) NTUC Additional Services	
17) NTUC Additional Services	
18) NTUC Additional Services	
19) NTUC Additional Services	
20) NTUC Additional Services	

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

Signature: ( )

Date: ( )



# 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	15/06/2023 16:20 (SGT)
Reported by	Actual Driver
Date of Accident	13/06/2023 15:30 (SGT)
Exact Location of Accident	Ubi Rd 1, Singapore
Additional Location Information	JUNCTION WITH UBI AVENUE 2
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNK5566C
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	SG GLOBAL HOLDINGS PTE. LTD.
Company Reg No	2XXXXX520C
Email Address	shawn.z@thesggglobal.com
Mobile Phone No	(Phone) +65-92285358
Alternative Phone No	-

## VEHICLE PARTICULARS

Manufacturer	Bentley
Model	Continental
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	Commercial vehicle
Transmission	Auto
CC	5998

## INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00193062200

## DRIVER

Name of Driver	ZHANG SHUNDA
NRIC No	SXXXX410J
Date Of Birth	29/03/1989
Occupation	Indoor

Date Of Driving Pass	27/07/2016
Driving experience	6 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92285358
Alt. Phone Number	-
Email Address	shawn.z@thesgglobal.com
Address	21, TERRASSE LANE
Address complement	-
Postcode	544774
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	DIRECTOR
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?	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
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?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN8819H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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 SHUNDA
Gender	Male
Phone No	(Phone) +65-92285358
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SNK5566C
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 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 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.

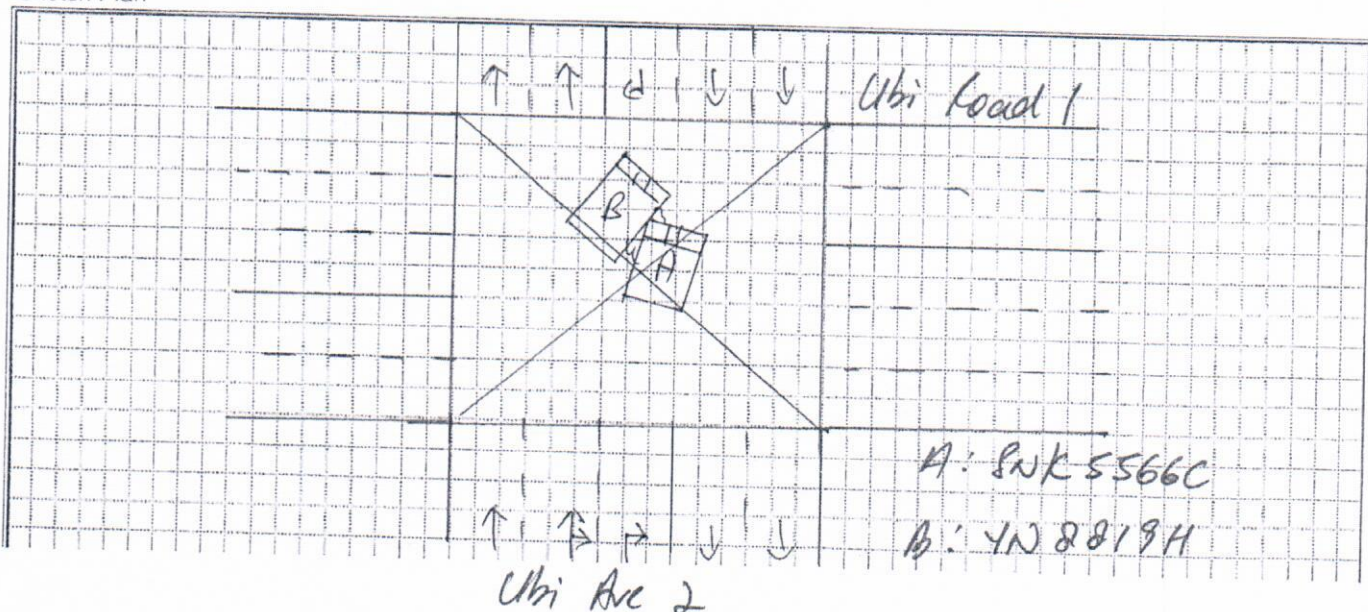


Policyholder's Signature / Date & Time

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

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

### Sketch Plan



Describe Circumstance of the Accident

on the stated date and time, I was turning right to Ubi Rd 1 from Ubi Ave 2. Suddenly, I felt a huge impact from the left side of my vehicle. when I got off, I realised vehicle B had cut into my lane while turning hence colliding onto my vehicle.

Declaration

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



Policyholder's Signature / Date & Time

A handwritten signature in blue ink.

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

Witnessed by Reporting Centre Personnel

15/06/2023



10 Sin Ming Drive Singapore 575701  
www.lta.gov.sg

24 Mar 2023

Our ref 2403230203N061150323

SG GLOBAL HOLDINGS PTE. LTD.  
BLK 60 UBI CRESCENT  
#01-03  
SINGAPORE 408569

Dear Sir/Madam

**You Have Successfully Replaced Vehicle Registration No. SNB7454B  
With SNK5566C**

You have successfully replaced your vehicle registration number. The vehicle, whose previous number was SNB7454B, now has the number SNK5566C.

The vehicle details after the transaction are:

Transaction No. : 20230324150045761023  
Vehicle Registration No. : SNK5566C (Previously SNB7454B)  
Vehicle Make : BENTLEY  
Vehicle Model : CONTINENTAL GT 6.0 A  
Chassis No. : SCBCE63W38C059011  
Engine No./ Motor No. : BWR019561 / -

**What You Need To Do:**

- You must show the new number SNK5566C on your vehicle by 27 Mar 2023.

Please change the number plates on this vehicle to show SNK5566C by 27 Mar 2023. Otherwise, it is an offence and the penalty is a fine of up to \$2,000 or imprisonment of up to 6 months, or both.

Date of Accident : 13/06/2023 Accident Time: 1530 (24-HR-FORMAT)

Accident Place : Junction of Ubi Rd 1 & Ubi Ave 2

Vehicle Reg. No (Car plate No.) : SNK5566C cc: 6.0 Vehicle Make/Model: Bentley Continental

Insurance Company : China Taiping Policy No. DMPCSNW00193062200

Name of Registered Owner : Company / Individual SA Global Holdings Pte Ltd

ID of Registered Owner : Co Reg No: 201543520C Owner's NRIC No: \_\_\_\_\_

OWNER EMAIL ADDRESS:

Shawn.Z@thesgglobal.com Co Contact No: 92285358 Owner's Contact No: \_\_\_\_\_

DRIVER'S Name : Zhang Shunda DRIVER'S NRIC No: S8975410J

DRIVER'S Date of Birth : 29/03/1989 DRIVER'S License Pass Date 27/07/2016

Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Director

DRIVER'S Address : 21, Terrasse Lane, #02-07, S(544774)

DRIVER'S Contact No./ Alt No. : 1) 92285358 2) \_\_\_\_\_

DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)

Email Address : Shawn.Z @ thesgglobal.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): 1 Name & Gender: \_\_\_\_\_

Was the accident reported to the police? YES \ NO

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 injuries, if yes (name of the injured person) Driver

Other Party Driver's Particulars (if any)

Vehicle Reg No: VN8819H Vehicle Reg No: \_\_\_\_\_

Vehicle Make/Model: \_\_\_\_\_ Vehicle Make/Model: \_\_\_\_\_

Name DRIVER: \_\_\_\_\_ Name DRIVER: \_\_\_\_\_

IC No. DRIVER: \_\_\_\_\_ IC No. DRIVER: \_\_\_\_\_

DRIVER'S Contact & add: \_\_\_\_\_ DRIVER'S Contact & add: \_\_\_\_\_

REPORT FORM EXPLAINED IN : ENGLISH / CHINESE / MALAY / TAMIL OTHERS: \_\_\_\_\_

WHO REPORTED THE ACCIDENT : OWNER / DRIVER / BOTH



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SMC823640004 Vehicle Registration No: SNK5566C

Name (as shown in NRIC): Zhang Shunba NRIC/FIN/Passport No: SXXXX410J

(\*Vehicle Driver/Policyholder) (\*) Please delete as appropriate

Address: \_\_\_\_\_ Singapore ( )

Contact (Tel): \_\_\_\_\_ Mobile No.: 92285358

Email Address: \_\_\_\_\_

Date of Accident: 13/06/2013 Time of Accident: 15:30

Place of Accident: UB1 Road 1 Junction With UBI AVENUE 2

Insurance Company: China Insurance

**(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:

Changed vehicle number to SNK5566C

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Policyholder / Actual Driver's Signature  
Date:

[Signature] 03/07/2013  
Reporting Centre Personnel's Signature  
Name (as in NRIC/ID card):  
Date: