

ASS. REC. BY:

REF:

CS/EG/20007483/Rivf3

0534

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD ☒ TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: SKL 1688R

at Workshop m/s EUROSPORT AUTO

of 24, LONK ROAD #01-03

Insured: ERHO

Policy No. _____

Claims No. _____

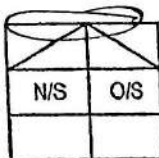
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: 285K

IDAC Accident Report: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SKL 1688R Yr Regn: 2011 APR

Type: ☒ M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: LAMBORGHINI GALLARDO c.c. 5204

Colour: GREEN A/C: Insured / Std / NI / NA

Sp. Reading: _____ T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 2HWH571J9BLA10702

Gen. Cond: Good ☒ Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt orModi: Nil ☒ S/Rim / STD A/Rim or

Tyre Size: F: 235/35ZMR

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or _____

Front _____ Rear _____

R/Bal. 5 mm R/Bal. 5 mm

L/Bal. 5 mm L/Bal. 5 mm

D.O.A. 13/07/2020 D.O.I. 21/07/2020

Survey held at EUROSPORT

Des. of Damages: ☒ FR / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	VEHICLE IS UNECONOMICAL TO REPAIR. TOTAL LOSS

Date/Time, File Pass to?

☐ : Prel. Report☐ : Final Report

Date/Time, File Return to?

2) 23/7/20-Typist

Report Format: Ext T/L

Lump Sum / L.B.A. (%) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

S + RS. SI

Photos

Others

TOTAL

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 Report	14/07/2020 11:33
Date Of Accident	13/07/2020 02:15
Exact Location Of Accident	JUNCTION OF UPPER THOMSON RD & SERAYA CRESCENT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKL1688R
Insured/Policyholder	
Name Of Registered Owner	NG ENG HOE
NRIC No	SXXXX093H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93388240
Alternative Phone No	OFFICE-93388240
Vehicle Particulars	
Manufacturer	LAMBORGHINI
Model	GALLARDO-5.2 LP570-4 SUPERLEGGERA (M)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	ETIQA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	

Driver

Name of Driver	WINSON NG WEI SHENG
NRIC No	SXXXX831Z
Date Of Birth	09/08/1992
Occupation	INDOOR
Date Of Driving Pass	16/08/2011
Driving Experience	8 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93388240
Fax Number	
Contact Number	
Email Address	MR-WINSON@HOTMAIL.COM

Address BLK 219 YISHUN STREET 21
 #08-375
 Postcode 760219
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured SPOUSE
 Vehicle Registration Number of Driver's Own Vehicle -
 Vehicle -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident COLLISION - CROSS JUNCTION
 Weather Conditions CLEAR
 Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
 Number of vehicles (including own vehicle) involved in the accident 2
 Was any body injured in the Accident? YES
 Was any injured conveyed to hospital by ambulance? YES
 Was any other material or property damaged? YES
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
 Number of Passengers (Including Driver) 2
 Passenger 1 NAME: : CHUA XIN YAN
 GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name POLICE STATION OF ORIGIN-QUEENSTOWN N.P.C
 Police Station Address ROAD: 3 QUEENSTOWN N.P.C , POSTCODE: 149073 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: - FAX NO:
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? YES
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBJ4488Z
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category COMMERCIAL VEHICLE
 Name of Driver
 NRIC/Passport Number
 Contact Number

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name
Approximate Age
Injuries Sustain
Injured person in which vehicle? SKL1688R
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 2

Name
Approximate Age
Injuries Sustain
Injured person in which vehicle? GBJ4488Z
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

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 lodgment 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)**

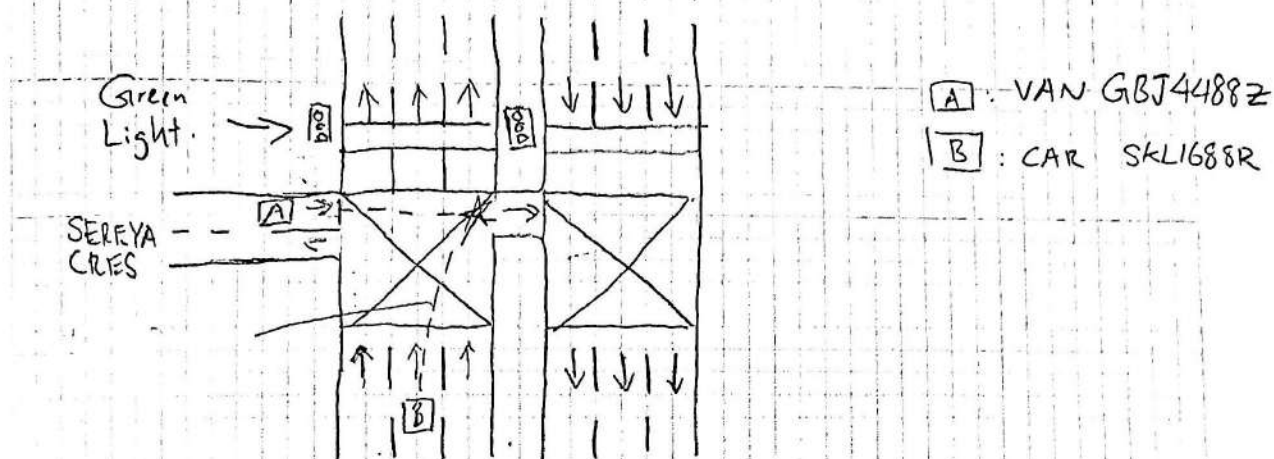
I understand, acknowledge, agree and consent that:

- (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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

[illegible]

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20200713/2107

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

1 of 3

Report No T/20200713/2107

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/07/2020 19 58		Vide Report No.		Station Diary No: 47	
Informant's Particulars					
Name of Informant: WINSON NG WEI SHENG			Address APT BLK 219 YISHUN STREET 21 #08-375 SINGAPORE 760219		
ID Type / ID No.: NRIC NO / S9227831Z			Contact No. Home/Office Mobile 93388240		
Nationality: SINGAPORE CITIZEN			Email		
Sex: Male	Age: 27	Date of Birth 09/08/1992	Type of Informant: Driver		
Race: Chinese			Language		Institution / School Name:
Occupation: Self Employed			Driving Licence Information Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident 13/07/2020 02:15	Type of Location: T-Junction
Location: Along Road 1 UPPER THOMSON ROAD				
Along Upper Thomson Road towards Sembawang Road at the Junction of Seraya Crescent and Upper Thomson Road, opposite Esso Petrol Station.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBJ4488Z	Van				Seriously Damaged	0
SKL1688R	Car				Seriously Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T20200713/2107

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

2 of 3

Report No. T20200713/2107

CONTINUATION OF REPORT

Driver			
Name	WINSON NG WEI SHENG	ID No.	S9227831Z
Related Vehicle	SKL1688R (Car)	Contact No.	93388240
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	13/07/2020	Date Discharge	13/07/2020
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Passenger			
Name	CHUA XIN YAN	ID No.	S9237999Z
Related Vehicle	SKL1688R (Car)	Contact No.	81826960
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	13/07/2020	Date Discharge	13/07/2020
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details.

On 13/07/2020 at about 0215hrs, I was driving along Upper Thomson Road at Lane 2 towards Sembawang Road. I was with a passenger at the front passenger seat. When I was along Upper Thomson Road towards Sembawang Road at the Junction of Seraya crescent and Upper Thomson Road, opposite Esso Petrol Station, a dark grey colour van came out from Seraya Crescent and never checked his blind spot. I had my way of right and in order to avoid colliding into him, I swerved onto lane 1. However I still hit onto him and my car was deflected and collided into the railing and traffic light on the road divider. Both vehicle s were seriously damaged. Due to the collusion, I was bleeding from my leg and both myself and my partner were traumatized.

Soon Traffic Police and Ambulance were at scene. The van driver and my passenger were both conveyed to Khoo Teck Puat hospital and I went to the same hospital by private car. The video footage was captured in the witness camera.

Witness details:

Name: Joey Ng Zhao Zhi
NRIC: S9238635Z
HP: 90273660



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No. 1800-4719999



T/20200713/2107

3 of 3

Report No. T/20200713/2107

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

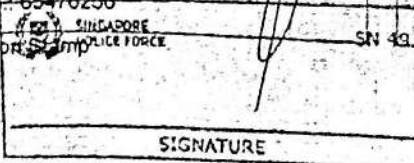
D /
Sr Staff Sgt VIGNESWARAN MEENATCHI
SUNDARAM SHANMUGANATHAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

TP / GIT /
Sgt 3 INTAN WULANDARI BUDDY SANTOSO
Contact No. 65476256

Authentication Stamp
NP168



Signature Of Informant:

Date/Time:
13/07/2020 18:58

Classification Of Case

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	002H
Vehicle No.:	SKL1688R
Vehicle to be Exported:	No
Intended Deregistration Date:	21 Jul 2020
Vehicle Make:	LAMBORGHINI
Vehicle Model:	GALLARDO LP570-4 SUPERLEGGERA
Primary Colour:	Multicolor
Manufacturing Year:	2011
Engine No.:	CEH004451
Chassis No.:	ZHWGE71J9BLA10702
Maximum Power Output:	412.0 kW (552 bhp)
Open Market Value:	\$254,648.00
Original Registration Date:	29 Apr 2011
First Registration Date:	29 Apr 2011
Transfer Count:	3
Actual ARF Paid:	\$254,648.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	28 Apr 2021
PARF Rebate Amount:	\$127,324.00

Intended COE Rebate Details

COE Expiry Date:	28 Apr 2021
COE Category:	E - Open Category
COE Period(Years):	10
QP Paid:	\$67,009.00
COE Rebate Amount:	\$4,532.00
Total Rebate Amount:	\$131,856.00

The information contained herein is correct as at 21 Jul 2020

OK

Multicolor

Used 2010 Lamborghini Gallardo

Merimen e-Claims

rt.com/used_cars/info.php?ID=892765&DL=2456

Lamborghini Gallardo LP570-4 Superleggera (New 10-yr COE)

Overview

Financial

Accessories

Similar

Research

Photos

Map

Price \$298,500

Depreciation \$29,830 /yr

Reg Date 24-Sep-2010
(10yrs COE left)

Mileage 48,590 km (4.9k /yr)

Manufactured 2010

Road Tax \$5,834 /yr

Transmission Auto

Dereg Value N.A.

OMV \$257,330

COE N.A.

ARF \$257,330

Engine Cap 5,204 cc

Power 412.0 kW (552 bhp)

Curb Weight 1,500 kg

No. of Owners 5

Type of Vehicle Sports Car

Features

5.2L V10 Engine Producing 552BHP, 540Nm Of Torque. 0 To 100Km/H In 3.4s And Top Speed Of 325Km/H. Permanent 4WD, 6 Speed Automatic/Sequential Manual. View specs of the Lamborghini Gallardo

Accessories

19" Lightweight Rims, Reverse Camera, Lifter, Xenon HID, Carbon/Alcantara Interior.

Dr

Co

Exhaust System With Remote Reputable Workshop Maintained! Mileage 48000Km Only.