

NATIONAL Assessment Centre Services

Date In: 05/01/21	Job description	Date & Time Completed	Done by
Ref No: NA/EQ/21000135/12	SAS e-filing		
Veh No: SMV 27D	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 04/01/21 1155	i-Motor Claim Form		
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner / Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars: Veh No: FBA9111A 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 ()		

General Remarks:

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

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

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

Remarks: (INC hotline: 6788-6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

Claimant's Particulars	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
			Int. Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30)			
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TF: Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120			
Auditors' Comments:	5) FT: Follow-Through Survey (Resurvey) \$30			
Dat. 1:	6) TR: Re-inspection \$75			
Dat. 2/3:	7) NI: Idao DA + SMRT Survey \$160			
	8) NTUC Additional Services:			
	ON*			
	*N5: Courtesy Car / Tp Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	TP (N11): TP (Non INC) against INC \$20			
	9) N12: Idao Mobile 30			
	Invoice dated	Fee Charged		
	Invoice dated	Fee Charged		

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 willful 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 05/01/2021 12:48 (SGT)
Date of Accident 04/01/2021 11:55 (SGT)
Exact Location of Accident KPE, Singapore
Additional Location Information EXIT KPE AIRPORT ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMV27D

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner PANG QI MING
NRIC No SXXXX979B
Email Address bobogunner@hotmail.com
Mobile Phone No (Phone) +65-92971211
Alternative Phone No +65-92971211

VEHICLE PARTICULARS

Manufacturer Lamborghini
Model Gallardo
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

INSURANCE COMPANY

Name of Insurance Company EQ
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPPHQ20-008718
Cover Note Number -

DRIVER

Name of Driver PANG QI MING
NRIC No SXXXX979B
Date Of Birth 08/08/1985
Occupation Indoor

Date Of Driving Pass	14/06/2017
Driving experience	3 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92971211
Alt. Phone Number	+65-92971211
Email Address	bobogunner@hotmail.com
Address	33 PUNGGOL FIELD
Address complement	#01-10
Postcode	828817
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?	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 material 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

PLS REFER TO THE ATTACHED STATEMENT.

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	FBA9111A
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) -

SKETCH PLAN

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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 Police for investigation.**
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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:



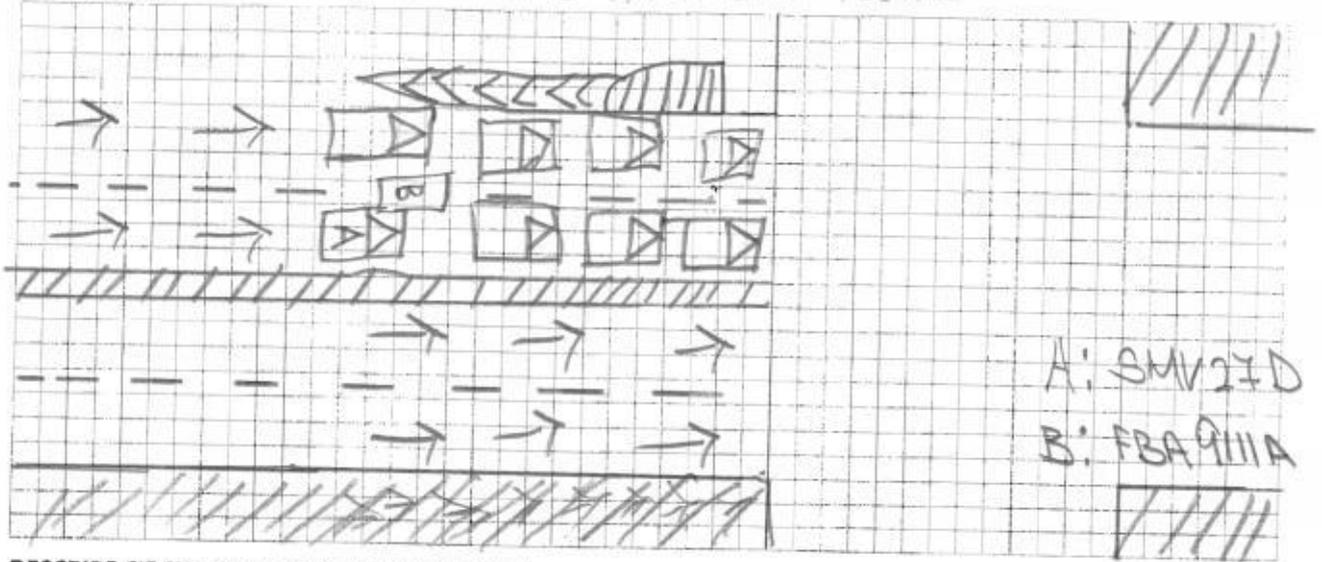
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN

EXIT KPE AIRPORT ROAD



A: SMV 27D

B: FBA 9111A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 04 Jan 2021, around 11:55 am, Exit KPE airport road. While I (SMV 27D) stop and wait for traffic light to turn green. This motorbike (FBA 9111A) suddenly squeeze through left side of my vehicle and his back right storage box hit my left side mirror and cause the damage on my left side mirror.

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:

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

ACCIDENT STATEMENT

ACCIDENT DATE: (04/01/21) (DD/MM/YYYY), TIME: (11:55) (HH:MM)

LOCATION: EXIT KPE AIRPORT RD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMV27D
b) INSURANCE COMPANY: EQ
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 92971211
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (~~INDOOR~~ / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: PBA9111A MODEL: _____

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
(Including driver)
(1)

* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
()

Email = Jason@etalia.sg

fax =

VIDEO = NO yes, haven't return

EQ Insurance Company Limited

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110
 tel 65 6223 9433 | fax 65 6224 3903 | www.eqinsurance.com.sg
 reg no. 1978-00490-N

**CERTIFICATE OF INSURANCE**

ROAD TRANSPORT ACT 1987 (MALAYSIA)
 THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA)
 THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)
 (REPUBLIC OF SINGAPORE)
 THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)
 OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

**PRIVATE CAR
 Comprehensive**

Certificate No.: **DMPPHQ20-008718**

Form: MX3
 Excess:
 Sum Insured/MktValue SGD297,000.00
 Insured/Named Driver SGD12,000.00
 Ins/N Drvr-OutsideSG SGD24,000.00
 WdScrn/Snroof/Mnroof SGD1,000.00

1. Index Mark and Registration Number of Vehicles
SMV27D
2. Name of Policyholder
PANG QI MING
3. Effective Date of the Commencement of Insurance for the purpose of the Act
23/12/2020
4. Date of Expiry of Insurance
22/12/2021
5. Person or Classes of Persons entitled to drive*
 - (a) The Policyholder
 - (b) The specific person(s) whose name is lodged in the Schedule.

EQI Motor Accident
Hotline

6311 3211



*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 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. And provided further that the Motor Vehicle is registered under the Road Traffic Act has not been cancelled at the time of accident loss or damage.

6. Limitations as to use*
 Use for social, domestic and pleasure purposes and for the Policyholder's business.

- The policy does not cover :
- (a) use for hire or reward
 - (b) use for racing, pace-making, reliability trials or speed testing and on race track
 - (c) use for the carriage of goods (other than samples) in connection with any trade or business
 - (d) use for any purpose in connection with the Motor Trade
 - (e) use by any other persons than those defined as entitled to drive in paragraph 5 above

*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) or and Amendment, Act or Acts passed in substitution thereof.

Authorised Signatory
 EQ Insurance Company Limited

HP: MAYBANK SINGAPORE LIMITED
 unwjf/HO/B000082/ANIKA INSURANCE BROK

 A Member of Citystate

EQ Insurance Company Limited

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110
 tel 65 6223 9433 | fax 65 6224 3903 | www.eqinsurance.com.sg
 reg no. 1978-00490-N



**PRIVATE CAR
SCHEDULE**

Agency	B000082	Class of Policy	PRIVATE CAR	Policy Number	DMPPHQ20-008718
Account	B000082	Issued on	23/12/2020 in Singapore		
Client	0184981	Acceptance Date	22/12/2020	Replacing Cover Note	46566

Period of Insurance from 23/12/2020 to 22/12/2021, both dates inclusive

Insured's Name: PANG QI MING
 Address: BLK/HOUSE NO. 33 #01-10
 PUNGGOL FIELD, PRIVE
 SINGAPORE 828817

Business/Occupn: SELF EMPLOYED
 Hire Purchase: MAYBANK SINGAPORE LIMITED

Premium	Basic Annual Premium	SGD3,271.03		
	Premier Plan	SGD654.20		
	Premium after NCD	SGD3,925.23	Premium Due	SGD3,925.23
			Premium GST	SGD274.77
			Total Due	SGD4,200.00

Risk No. 001	PRIVATE CAR			
1. Registration	SMV27D	Make/Model	LAMBORGHINI	GALLARDO LP570-4 SUPERLEGGIER
Type of Cover	Comprehensive	No. of seats	2	Body Type
Engine No.	CEH004160	Capacity cc	5204	Coupe
Chassis No.	ZHWGE71JXBLA10417			Yr of Manuf/Regn
				2010/2010
				NCB%
				10.00
				Certificate Ref. MX3
Sum Insured/Market Value at the time of loss			SGD297,000.00	
Insured/Named Drivers			SGD12,000.00	
Insured/Named Driver (Outside SG)			SGD24,000.00	
Windscreen /Sunroof/Moonroof			SGD1,000.00	
Named Drivers INSURED			TAY TOON YUEH (ZHENG DUNYUE)	

PRIVATE CAR - ANIKA (INDIVIDUAL - LUXURY PREMIER PLAN)
 For information on Motor Claims Framework (MCF), please visit GIA websites
 (www.gia.org.sg /pdfs /Industry /Motor /MCF2010_Brochure.pdf)

The Policy is subject to the following Clauses, Warranties, Memo, Endorsement,
 Exclusions as printed herein and/or attached hereto:-

EXCESS - OWN DAMAGE CLAIM

We will not pay for the Excess specified in the Policy Schedule or the Certificate Of Insurance. You will have to pay the Excess for every claim made against us for own damage claims to your vehicle under Section 1. In the event the accident occurred outside Singapore, this stated Excess amount will be doubled to apply to any admissible own damage claim. If we have any payment under Section 1 which includes this Excess, you have to refund us the amount of the Excess. This Excess is in addition to any other excess applicable under this Policy.

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