

NATION'S ASSESSMENT CENTRE SERVICES

SMX4217K

Date: <i>23/12/2021 12:44</i>	Description	Date & Time Completed	Done by
Ref No: <i>NBA/CTI 21013051/4</i>	SAS e-filing		
Ref No: <i>SMX 6898A</i>	E-mail (to the Ins. Ad. Bk)		
Date: <i>21/12/2021 12:46</i>	i-Motor Claim Form		
TP (Reporting Unit)	i-Motor W/O (Version of 2017-2018)		
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: Vch No: *SMX4217K* 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 later or 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		Am't (\$)	Am't (\$)
			1st Bill	Adj Bill
Driver/Owner:	1) AR: Accident Reporting (\$30)			
Contact No.	2) DA: Damage Assessment (\$100)	INC (\$30)		
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		
Cat 1:	For claiming against INC Only (wef 10 Jan 2015)			
Cat 2 & 3:	6) TR: Re-inspection	\$75		
	7) N1: Idic DA - SMRT Survey	\$160		
	8) NTU: Additional Services:-			
	Q1:			
	*N5: Courtesy Car / Tpt Allowance	\$5		
	*N6: Repair Coordination	\$10		
	*N7: Post Repair Inspection	\$25		
	*N8: DV / Collect Excess Coordination	\$5		
	EP (N11, TF (N4 & INC) against INC	\$20		
	9) N12: Idic Motor	\$5		
	Invoice dated	Fee Charge		
	Invoice dated	Fee 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	23/12/2021 12:44 (SGT)
Date of Accident	21/12/2021 12:46 (SGT)
Exact Location of Accident	27 Sin Ming Walk, Singapore 573918
Additional Location Information	THOMSON GRAND CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SND6898A
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LI SHU YING
NRIC No	SXXXX931D
Email Address	carolli0513@gmail.com
Mobile Phone No	(Phone) +65-91705678
Alternative Phone No	+65-91705678

VEHICLE PARTICULARS

Manufacturer	Porsche
Model	Panamera
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	3605

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00244852100
Cover Note Number	-

DRIVER

Name of Driver	LI SHU YING
NRIC No	SXXXX931D

Date Of Birth	13/05/1991
Occupation	Indoor
Date Of Driving Pass	06/07/2010
Driving experience	11 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91705678
Alt. Phone Number	+65-91705678
Email Address	carolli0513@gmail.com
Address	BLK 303 ANG MO KIO AVENUE 1 #03-1115
Address complement	-
Postcode	560303
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

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20211222/7024

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	SMX4217K
Vehicle Manufacturer	Honda
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) -

SKETCH PLAN

IMPORTANT NOTICE

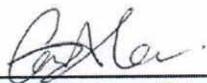
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any willful misrepresentation or withholding of material 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. 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)

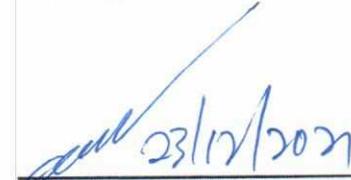
I understand, acknowledge, agree and consent that :

(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 :

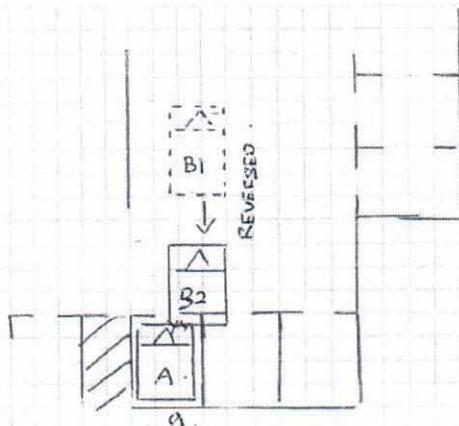
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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

 23/12/2021
Witnessed by Reporting Centre Personnel

Sketch Plan



THOMSON GRAND CARPARK B1.

VEHICLE A : SND 6898 A.

VEHICLE B : SMX 4217 K.

Date of Accident : 21/12/2021 Accident Time: 12.46 hrs (24-HR-Format)
 Accident Place : 27 SHIMING WALK (THOMSON GRAND CARPARK)
 Vehicle No. (Car Plate No.) : SND 6898A Make/Model: PORSCHE PANAMERA (BI LOT A)
 Insurance Company : CHINA TAIDING Policy No: DMPCSNW00244852100
 Owner or Company Name /IC No. : LI SHU YING (391759310)
 Owner or Company Contact No. : 91705678 Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : LI SHU YING (391759310)
 DRIVER'S Date Of Birth : 13/5/1991 DRIVER'S License Pass Date 06/07/2010
 Relationship of Owner & Driver : Spouse\Parent\Children\Sibling\Employee\Others: OWNER
 DRIVER'S Address : BLK 303 ANG MO KIO AVE 1 #03-1115 (S) 560303
 DRIVER'S Contact No./ Alt No. : 1) 91705678 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : CAROLLI 0513 @ GMAIL.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): 0
 Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at time of accident: Private use \ Work Purpose
 Any Injury (If YES, Pls state): NO

Other Party Driver's Particular (if any)

Vehicle. No: <u>SMX 4217 KK</u>	Vehicle. No: _____
Vehicle Make \Model: <u>HONDA</u>	Vehicle Make \Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* NEW – Passenger's name & gender:



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/12/2021 17:34		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LI SHUYING			Address: 303 ANG MO KIO AVENUE 1 #03-1115 SINGAPORE 560303		
ID Type / ID No.: NRIC NO / S9175931D			Contact No.:		Mobile: 91705678
Nationality: SINGAPORE CITIZEN			Email: CAROLLI0513@GMAIL.COM		
Sex: Female	Age: 30	Date of Birth: 13/05/1991	Type of Informant: Vehicle Owner		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Yoga teacher			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident					
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 21/12/2021 12:45	Type of Location: Car Park	
Location: 27 SIN MING WALK					
Weather:		Road Surface: Dry		Road Speed Limit:	
Traffic Flow:		Traffic Control:		Traffic Volume:	
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMX4217K	Car	HONDA		White		0
SND6898A	Car	PORSCHE	PANAMERA	Purple	Slightly Damaged	0



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	LI SHUYING	ID No.	S9175931D
Related Vehicle	NIL	Contact No.	91705678
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On 21/12/2021 at about 1300hrs, I discovered my vehicle had been damaged while it was park at Thomson Grand B1 Carpark lot no. 9. I made a check and did not find any notes left behind by other driver. At that point of time , i'm asking assist from the condo management to retrieve the CCTV footage , however they need to get approval from the higher management then only can provide me the footage. While whole day waiting , I'm trying to retrieve footage from my in car camera, however i'm not able to retrieve the footage until i get my IT friend assist on 22/12/2021 1600hrs . We discovered that on 21/12/2021 1246hrs ,a white colour vehicle (SMX 4217 K) was collided onto my vehicle front portion while he/she making a reverse.

I'm lodge this report for police assistance and insurance claim purpose.



**SINGAPORE
POLICE FORCE**



T/20211222/7024

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20211222/7024

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Signature Of Interpreter:
Not applicable

Date/Time:
22/12/2021 17:34

Officer In Charge Of Case:
TP / TPIB /
KASMAWATI BTE SAMIAN
Contact No.: 65476368

Classification Of Case:

NP168

Transaction History Details

<i>Asset Type</i> Vehicle	<i>Asset ID</i> SMU9631E
<i>Transaction Type</i> 05.02 Confirm Pending Vehicle Transfer Appln (Self)	<i>Log Date/Time</i> 22 Nov 2021 / 15:27:21

Receipt No.: ITNET-00000-211122-002631	Transaction Amount: \$346.00
Business Transaction Reference No.: 20211122152720984568	Channel: Internet
Owner ID Type: Singapore NRIC	Owner Name: ZHOU YONGXIN
Owner Country/Region: Singapore	Status: The vehicle has been transferred successfully
Next Owner ID Type: Singapore NRIC	Next Owner Name: LI SHUYING
Next Owner Country/Region: Singapore	Next Owner's Registered Address Type: HDB / HUDC
Next Owner's Registered Block/House No.: 303	Next Owner's Registered Street name: ANG MO KIO AVENUE 1
Next Owner's Registered Floor No.: 03	Next Owner's Registered Unit No.: 1115
Next Owner's Registered Building Name: -	Next Owner's Registered Postal Code: 560303
Vehicle No.: SND6898A	Previous Vehicle No.: SMU9631E
Vehicle Type: P10 - Passenger Motor Car	Vehicle Scheme: Normal

Vehicle Make:

PORSCHE

Vehicle Model:

PANAMERA

Vehicle Attachment 1:

No Attachment

Vehicle Attachment 2:

-

Vehicle Attachment 3:

-

Chassis No. / Trailer Chassis No.:

WPOZZZ97ZCL001594

Engine No./Motor No.:

C03605 / -

Engine Capacity(cc)/Power Rating(kW):

3605 / -

Passenger Capacity:

3

Propellant:

Petrol

Primary Color:

Silver

Secondary Color:

-

Maximum Laden Weight (Kg):

2365

Unladen Weight (Kg):

1760

Effective Ownership Date/Time:

22 Nov 2021 15:27:21

No. of Transfer:

3

First Registration Date:

09 Jan 2012

Original Registration Date:

09 Jan 2012

Year of Manufacture:

2011

PARF Eligibility Expiry Date:

08 Jan 2022

Financing Expiry Date:

-

Pending Expiry Date:

01 Dec 2021

COE No.:

2011110103000133K

COE Bid Category:

B - Car (1601cc & above)

COE Expiry Date:

30 Sep 2030

Open Market Value:

121,455.00

ActualPQP Paid / QP Paid:

34,935.00

Actual ARF paid:

\$121,455.00

Minimum PARF Benefit:

60,727.00

Quota Premium / Prevailing Quota Premium:

\$34,935.00 / \$34,935.00

Additional Registration Fee Rate:

100%

Transfer coupled with:

Vehicle Number Replacement



Motor Private Car

MX1F

N SN

AN0695A

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.	DMPCSNW00244852100	Engine No.: C03605	
		Che. No.: WP0ZZZ97ZCL001594	
1. Index Mark and Registration Number of Vehicle	SMU9631E		
2. Name of Policy Holder	LI SHUYING		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	19/11/2021 (16:36:31)	Named Drivers Ex Sect. I	\$S3,000.00
		Additional Ex Other than Named Drivers:	
		Ex Sect. I - Age <= 25	\$S3,000.00
		Ex Sect. I - Age >= 26	\$S500.00
4. Date of Expiry of Insurance	18/11/2022	* Age as at date of accident	
		EX ON WINDSCREEN	\$S350.00
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.			
5. 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, race-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 \$S500 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 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

TECK WEI CREDIT PTE LTD

Co. Reg. No. 200512300K

210 Turf Club Road

The Grandstand, Lot A8

Singapore 287995

Tel: 6465 0020 Fax: 6465 0017

Email: info@teckwei.com.sg

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: TECK WEI CREDIT PTE LTD
Authorised Officer

Authorised Signatory