

# NATIONAL Assessment Centre Services

|                           |  |                       |         |
|---------------------------|--|-----------------------|---------|
| Date In: 30/08/22         | Job description                          | Date & Time Completed | Done by |
| Ref No: NA/CIT22008394/13 | SAS e-filing                             |                       |         |
| Veh No: SN61254A          | E-mail (within 8hrs, NP 2hrs)            |                       |         |
| DOA: 04/08/2022 1750      | i-Motor Claim Form                       |                       |         |
| OD: (TP) Reporting Only   | i-Motor W/O (Within: OD 2hrs, TP 4hrs)   |                       |         |
|                           | i-Photo Uploaded                         |                       |         |
| TP Insurer:               | Assessment/Survey Report                 |                       |         |
|                           | Ass't Report by Fax / Hand to Owner/Wksp |                       |         |

|  |  |                       |
|--|--|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: ( | Tel:   | Fax:                  |
| TP Particulars:                          | Veh No: SLD1388L   | 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

|  |   |              |          |
|--|---|--------------|----------|
| NA2202354                              | <b>Invoice Preparation Checklist</b>            | Amt (\$)     | Amt (\$) |
|  |   | 1st Bill     | Add Bill |
| <b>Claimant's Particulars :-</b>       | 1) AR: Accident Reporting (\$30);               |              |          |
|  | 2) DA: Damage Assessment (\$100); INC (\$80)    |              |          |
| <b>Driver/Owner:</b>                   | 3) TF: Towing Fee \$40/\$45                     |              |          |
|  | 4) FT: Follow-Through Survey \$120              |              |          |
| <b>Contact No:</b>                     | 5) RT: Follow-Through Survey (Resurvey) \$30    |              |          |
|  | For claiming against INC Only (wef 10 Jan 2005) |              |          |
| <b>Damaged Portion:</b>                | 6) TR: Re-inspection \$75                       |              |          |
|  | 7) N1: Idac DA + SMRT Survey \$160              |              |          |
| <b>QC Checked by (Engr-In-Charge):</b> | 8) NTUC Additional Services:-                   |              |          |
|  | OD*   |              |          |
|  | *N5: Courtesy Car / Tpt Allowance \$5           |              |          |
|  | *N6: Repair Co-ordination \$10                  |              |          |
|  | *N7: Post Repair Inspection \$25                |              |          |
| <b>Auditors' Comments :-</b>           | *N8: DV / Collect Excess Coordination \$5       |              |          |
|  | TP (N11): TP (N-on INC) against INC \$20        |              |          |
| <b>Est. 1:</b>                         | 9) N12: Idac Mobile \$0                         |              |          |
| <b>Est. 2/3:</b>                       | Invoice date/                                   | Fee Charged  |          |
|  | Invoice dated                                   | Fee Charge'd |          |

## 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              | 30/08/2022 09:54 (SGT)     |
| Reported by                     | Driver                     |
| Date of Accident                | 04/08/2022 17:50 (SGT)     |
| Exact Location of Accident      | Singapore                  |
| Additional Location Information | KINGSFORD WATERBAY CARPARK |
| Country/State of Loss           | Singapore                  |

### DETAILS OF OWN VEHICLE

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | SNG1254A |
|-----------------------------|----------|

#### INSURED/POLICYHOLDER

|                          |                        |
|--------------------------|------------------------|
| Is company?              | No                     |
| Name Of Registered Owner | NG WEI KANG            |
| NRIC No                  | SXXXX431A              |
| Email Address            | ngweiliang93@gmail.com |
| Mobile Phone No          | (Phone) +65-96743534   |
| Alternative Phone No     | -                      |

#### 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. |
| Policy Number / Cover Note Number | 60205004(COVER NOTE)                          |

#### DRIVER

|                |              |
|----------------|--------------|
| Name of Driver | NG WEI LIANG |
| NRIC No        | SXXXX626Z    |
| Date Of Birth  | 29/07/1993   |
| Occupation     | Indoor       |

|  |                        |
|--|------------------------|
| Date Of Driving Pass   | 27/03/2017             |
| Driving experience   | 5 YEARS AND 5 MONTHS   |
| Gender   | Male                   |
| Mobile Number  | (Phone) +65-96670388   |
| Alt. Phone Number  | -                      |
| Email Address  | ngweiliang93@gmail.com |
| Address  | BLK 37 CIRCUIT RD      |
| Address complement   | #08-411                |
| Postcode   | 370037                 |
| Is the driver the policyholder?                              | No                     |
| If No, Relationship of the Driver with the Insured           | Sibling                |
| 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

PLS REFER TO THE ATTACHED STATEMENT

#### 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 | SLD1388L    |
| Vehicle Manufacturer        | -           |
| 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 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 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

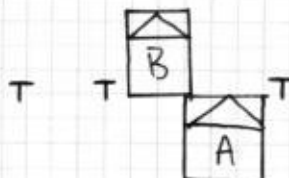
\_\_\_\_\_  
Driver's Signature (If driver is not the policyholder) / Date & Time

\_\_\_\_\_  
Witnessed by Reporting Centre Personnel

### Sketch Plan

KINGSFORD WATERBAY  
CARPARK

A-SNG1254A  
B-SLD1388L




### Describe Circumstances of the Accident


My vehicle was parked at the Kingsford Waterbay carpark and I was outside my car and was about to leave. I saw vehicle B was reversing in front of my car and collided onto the front right portion of my vehicle. I then proceeded to talk to him and we exchanged particulars.

### 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

 30/08/22  
\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel

4  
Date of Accident : 21 Aug 2022 Accident Time: 5:50PM (24-HR-Format)  
Accident Place : Kingstford Waterbay carpark  
Vehicle No. (Car Plate No.) : SNG1254A Make/Model: Porsche Panamera  
Insurance Company : Allianz CHINA TAIPING Policy No.:  
Owner or Company Name/IC No. : Ng Wei Kang S9140431A  
Owner or Company Contact No. : 9674 3534 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : Ng Wei Liang S9328626Z  
DRIVER'S Date of Birth : 29 July 1993 DRIVER'S License Pass Date \_\_\_\_\_  
Relationship of Owner & Driver : Spouse/Parents/Children/Sibling/Employee/Others: \_\_\_\_\_  
DRIVER'S Address : Blk 37 Circuit Road #08-411  
DRIVER'S Contact No./ Alt No. : 1) 9667 0388 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR / OUTDOOR (e.g. working inside or outside office)  
Email Address : Ngwiliang93@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): 1  
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 Injury (If YES, Pls state): NO

**Other Party Driver's Particular (if any)**

|                              |                              |
|------------------------------|------------------------------|
| Vehicle. No: SLD1388L        | Vehicle. No: _____           |
| Vehicle Make/Model: _____    | Vehicle Make/Model: _____    |
| Name Driver: _____           | Name Driver: _____           |
| IC No. Driver/Contact: _____ | IC No. Driver/Contact: _____ |

\*NEW – Passenger's Name & Gender:

ORIGINAL

**MOTOR COVER NOTE**

COVER NOTE NO. : 60205004

AGENT CODE : NA

- The Motor Vehicle (Third Party Risks and Compensation) Act (Cap 189) Republic of Singapore; or
- The Road Transport Act 1987 of Malaysia; or
- The Agreement between the Minister of Finance (Singapore) and the Motor Insurers Bureau of Singapore dated 22 February 1975, or
- The Agreement between the Minister for Transport (Malaysia) and the Motor Insurer's Bureau of West Malaysia dated 30 March 1992;
- And any subsequent revisions to the above Acts and Agreements

The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule is hereby HELD COVERED under the terms of the Company usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which cases the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

**SCHEDULE**

|                               |                        |
|-------------------------------|------------------------|
| INSURED                       | NG WEI KANG            |
| MAKE/MODEL OF VEHICLE         | PORSCHE PANAMERA       |
| YEAR OF MANUFACTURE           | 2011                   |
| YEAR OF REGISTRATION          | 2011                   |
| ENGINE NO.                    | C02945                 |
| CHASSIS NO.                   | WPOZZZ97ZCL001233      |
| ENGINE CAPACITY/TONNAGE       | 3605                   |
| TYPE OF COVER                 | COMPREHENSIVE          |
| SUM INSURED                   | NIL                    |
| * PERIOD OF INSURANCE FROM :  | 13TH JUL 2022          |
| TO :                          | 12TH JUL 2023          |
| SECTION I EXCESS / SECTION II | S\$ 3,000 (SECTION I)  |
| AUTOSAFE                      | NO                     |
| HIRE PURCHASE CO.             | EPICA CREDIT PTE. LTD. |

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)

Not valid unless counter signed by Authorised Agent

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Agent Name &amp; Date

Authorised Signature

**PREMIUM PAYMENT WARRANTY**

For Individual Customer:

Please note that the premium in full should be paid before inception date shown above in order for the insurance cover to be valid

For Non-Individual Customer

Please note that where the period of cover is for more than 60days, the premium in full should be paid within 60days on inception/renewal/endorsement. For all other cases, the premium in full should be paid before inception.

**\* IMPORTANT NOTICE : THIS COVER NOTE IS VALID FOR 30DAYS FROM 13/7/2022**