

NA/CT/20/2079/04 **ASSESSMENT CHECK SERVICES**

Date: 2/12/22 Ref: NA/CT/20/2079/04 Policy: SNC 3141A Date: 1/12/22 1628 (0) Repairing only IP Insurer	i-Description i-Case filing i-Email i-Motor Claim Form i-Motor W/O i-Photo Uploaded Assessment Survey Report Ass't Report by Fax / Hand to Owner / Wksp
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Preferred Wksp / INC Assign Wksp / QW: ()	Tel: ()	Fax: ()
IP Particulars: ()	Veh No: SLM 1576 M	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	Am't (\$)	Am't (\$)
		1st 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		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: 1 day DA + SMRI Survey \$160		
	8) NTUC Additional Services:-		
	Q1:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	*N9: TP (N11): TP (N11) against INC \$20		
	9) N12: 1 day Mobile \$10		
	Invoice date:	Fee Charged:	
	Invoice used:	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 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 02/12/2022 12:13 (SGT)
Reported by Both
Date of Accident 01/12/2022 16:28 (SGT)
Exact Location of Accident Singapore
Additional Location Information BOUNDARY ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNC3141A

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner NG HSIEN HAN
NRIC No SXXXX821C
Email Address HSIENHAN1987@GMAIL.COM
Mobile Phone No (Phone) +65-92249993
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Porsche
Model Cayenne
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 3996

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number DMPCSNW00192232200

DRIVER

Name of Driver NG HSIEN HAN
NRIC No SXXXX821C
Date Of Birth 05/03/1987
Occupation Indoor

Date Of Driving Pass 27/02/2008
 Driving experience 14 YEARS AND 10 MONTHS
 Gender Male
 Mobile Number (Phone) +65-92249993
 Alt. Phone Number -
 Email Address HSIENHAN1987@GMAIL.COM
 Address 31 TAI YUAN HEIGHTS
 Address complement -
 Postcode 555202
 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 Collision - Head to Rear
 Weather Conditions DRIZZLE
 Road Surface Wet

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) 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

ON THE STATED DATE AND TIME, I CAME TO A STOP. OUT OF NOWHERE, I FELT A HUGE IMPACT FROM THE REAR.

ATTACHMENT(S)

Are accident photos available for attachment? Yes
 Was there any video captured by Car Camera? Yes
 Reasons for not uploading a video of the accident VIDEO WITH WORKSHOP

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLM1576M
 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

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1. Please report correctly the details of the accident to speed up the claims process.
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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 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;

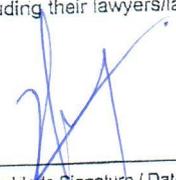
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(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.



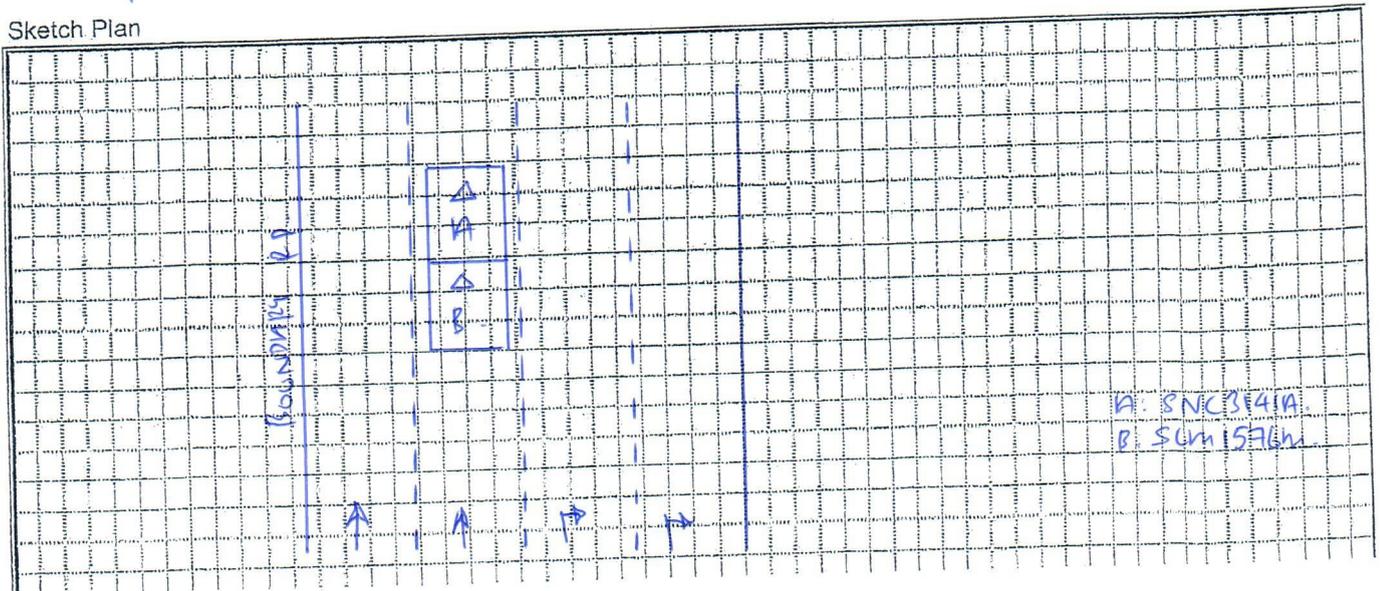
Policyholder's Signature / Date & Time

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

 2/12/22

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 CAME TO
A STOP.

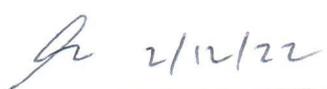
OUT OF NOWHERE, I FELT A HUGE IMPACT
FROM THE REAR.

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

 2/12/22
Witnessed by Reporting Centre Personnel

VEHICLE NO: SNC3141A.

MAKE & MODEL: PORSCHE CAYANNE AUTO/MANUAL
C.C. 3.6.

DATE OF ACCIDENT	<u>01 / 12 / 22.</u>
TIME OF ACCIDENT	<u>1628</u> AM/ <u>PM</u> .
LOCATION OF ACCIDENT	<u>BOUNDARY RD.</u>
EXACT PURPOSE USED AT TIME OF ACCIDENT	<u>EMPLOYMENT / PRIVATE USE / PRIVATE HIRE</u>
NAME OF OWNER	<u>NG HSIEN HAN.</u>
EMAIL	<u>HSIENHAN1987@gmail.com</u>
OFFICE:	MOBILE: <u>9224 9893.</u>
NRIC	<u>S8707821C.</u>
CLAIM TYPE	<u>OD / THIRTY PARTY / REPORTING ONLY</u>
FLEET POLICY	<u>YES / NO?</u>
INCURANCE CO.	<u>CN TAIPING.</u>
TYPE OF COVERAGE	<u>Comprehensive / Third Party / Third Party Fire & Theft</u>
POLICY NO.	<u>DMP/CSN4000192232200.</u>
NAME OF DRIVER	<u>AS ABOVE / IF NO: "</u>
NRIC	<u>"</u>
DATE OF BIRTH	<u>05 / 03 / 87.</u>
ANY PASSENGER	<u>YES / NO? DRIVER ONLY.</u>
NAME OF PASSENGER	<u>-</u>
GENDER OF PASSENGER	<u>MALE / FEMALE</u>
OCCUPATION	<u>Outdoor / Indoor</u>
DATE OF DRIVING PASS	<u>27 / 02 / 09.</u>
GENDER	<u>MALE / FEMALE</u>
CONTACT NO.	Mobile: " Office: Home:
EMAIL	<u>"</u>
ADDRESS	<u>31 TAI YUAN HEIGHTS. S(555202).</u>
DOES DRIVER OWN OTHER VEHICLES?	<u>NO</u> / If yes, Reg No: INSURE: -
RELATIONSHIP	Employee / If No: <u>SELF.</u>
WEATHER CONDITION	Clear / Raining / Other: <u>DRIZZLE.</u>
ROAD SURFACE	Dry / <u>Wet</u> / Other:
ANY INJURIES	<u>NO</u> / If yes, Who?
CONTACT NO.	
ROLICE REPORT	<u>NO</u> / If yes, Where?
NOTICE OF INTENDED PROSECUTION?	<u>NO</u> / If yes, Who?
VEHICLE B NO.	<u>SCM 1576M.</u> Any Passenger: <u>DRIVER ONLY</u>
NAME	
CONTACT NO.	
VEHICLE C NO.	Any Passenger:
VEHICLE D NO.	Any Passenger:
VEHICLE E NO.	Any Passenger:
VEHICLE F NO.	Any Passenger:
ANY WITNESS	
WITNESS CONTACT NO.	
WAS THERE ANY VIDEO CAPTURE?	<u>YES</u> / NO
WAS THERE ANY AUDIO RECORDED?	YES / <u>NO</u>
SCENE ACCIDENT PHOTOS TAKEN?	YES / <u>NO</u>
WHO IS REPORTING	<u>DRIVER / OWNER / BOTH</u>
Original Language Used	<u>English</u> / Mandarin / Others:
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <u>NO</u>

Motor Private Car

MX1F

N SN

AN0055A

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)

Engine No.: C13040
Cha. No.: WP1ZZZ92ZCLA12225

CERTIFICATE No. DMPCSNW00192232200

1. Index Mark and Registration Number of Vehicle

SNC3141A

2. Name of Policy Holder

NG HSIEN HAN

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment

13/08/2022
(00:00:00)

4. Date of Expiry of Insurance

14/08/2023

Named Drivers Ex Sect. I	\$S\$3,000.00
Additional Ex Other than Named Drivers:	
Ex Sect. I - Age <= 25	\$S\$3,000.00
Ex Sect. I - Age >= 26	\$S\$500.00
* Age as at date of accident	
EX ON WINDSCREEN .	\$S\$350.00

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.

6. 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 pace-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 \$S\$500 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.

HIRE PURCHASE CO. : MAYBANK SINGAPORE LIMITED

* 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

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.



Issued By: COWELL INSURANCE (AGENCY) PTE LTD
Authorised Officer

Authorised Signatory