

NATIONAL Assessment Centre Services

Date In: 28/12/2017 12:36	Job description	Date & Time Completed	Done by
Ref No: NA/CTI/7024574/44	SAS e-filing		
Veh No: YL 2215A	E-mail (within 8hrs, AIC 2hrs)		
DOA: 11/12/2017 07:45	I-Motor Claim Form		
OD TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SHC 6089U	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:	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury:

Date/Time	Actions

NA1708022	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30)	1st Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) RT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	*N9: DV / Collect Excess Coordination \$20		
	TP (N11): TP (N:n INC) against INC 30		
	9) N12: Idac Mobile		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	
Auditors' Comments:-			
Cat. 1:			
Cat. 2/3:			

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 ability.
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 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	28/12/2017 12:36
Date Of Accident	11/12/2017 07:45
Exact Location Of Accident	SEBBAWANG RD TWDS UPPER THOMSON RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YL2215A
Insured/Policyholder	
Name Of Registered Owner	M/S TOH KIM BOCK C-E CONTRACTOR PTE LTD
Co Reg No	-
Email Address	TOHKIMBOCK@TKBGROUP.COM
Mobile Phone No	(LOCAL) +65-96121205
Alternative Phone No	OFFICE-96121205

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMCVSN1756211700
Cover Note Number	

Driver

Name of Driver	HASSAN ZIAUL
Passport No/FIN	G2553080U
Date Of Birth	14/04/1992
Occupation	OUTDOOR
Date Of Driving Pass	17/11/2017
Driving Experience	0 YEAR AND 0 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96121205
Fax Number	
Contact Number	OFFICE-96121205
Email Address	TOHKIMBOCK@TKBGROUP.COM

Address	TOH KIM BOCK C-E CONTRACTOR PTE LTD
Postcode	
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
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)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
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
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC6089U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
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 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.

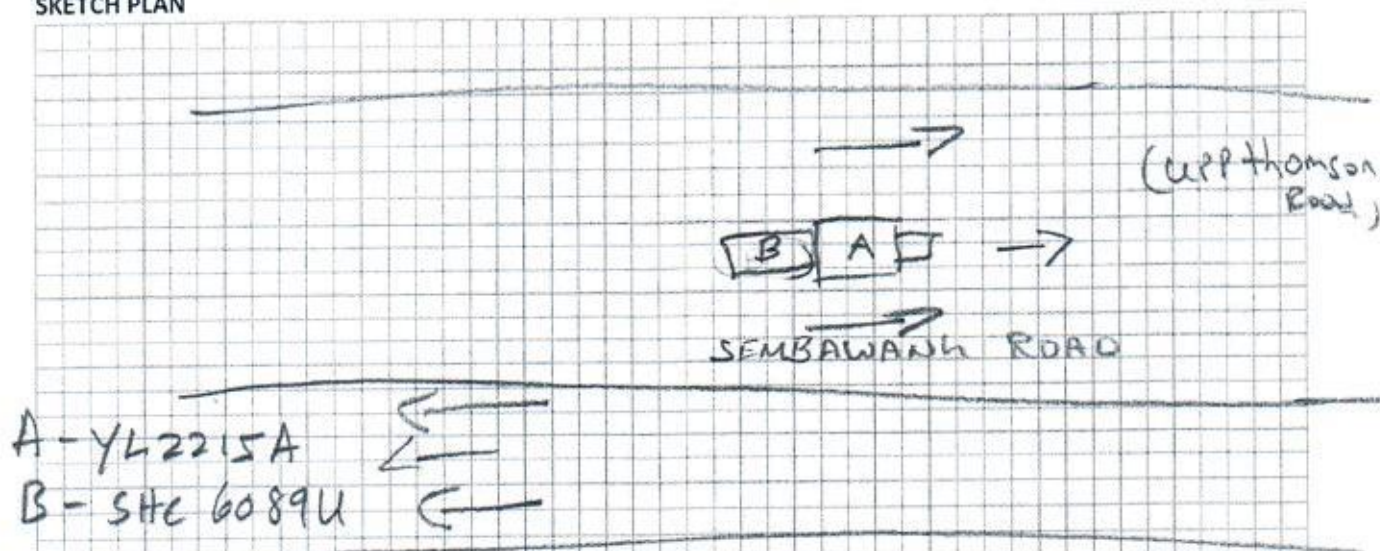


x
Policyholder's Signature
Date & Time:

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

28/12/2017
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

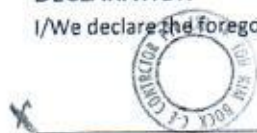


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A was driving along Sembawang Rd toward Upper Thomson Rd. Vehicle A was waiting for the traffic light suddenly roll back and hit on Vehicle B front portion.

DECLARATION

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



Policyholder's Signature
Date & Time:

Ziaul

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

28/12/2017

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



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Our Ref: CC3/CTII7023654/K1hb3

21ST December 2017

TOH KIM BOCK C-E CONTRACTOR PTE LTD
3 PEMIMPIN DRIVE
#05-04 LIP HING INDUSTRIAL BUILDING
SINGAPORE 576147



Dear Sir / Madam,

ACCIDENT INVOLVING YL2215A AND SHC6089U ON 11 DECEMBER 2017
ALONG SEMBAWANG ROAD

We, LKK Auto Consultants Pte Ltd has been appointed to act on the behalf of your insurer, **CHINA TAIPING INSURANCE SINGAPORE PTE LTD** to settle a **THIRD PARTY** claim against you for an accident which happened on the above-mentioned date and location.

Our record shows that to date, you/your driver have not reported the accident to us. We would appreciate it if you could urgently file a report at any of **CHINA TAIPING INSURANCE SINGAPORE PTE LTD** Authorized workshops/reporting centre. You may refer to your Certificate of Insurance for the list of the reporting centre.

Please note you had been notified via post from **CHINA TAIPING INSURANCE SINGAPORE PTE LTD** dated 14 DECEMBER 2017.

To enable us to look into the matter immediately, please let us hear from you within **seven (7)** days from date of this letter (by 28TH December 2017).

Please be reminded that in accordance with the terms and conditions under your policy, failure of compliance, our principal M/s **CHINA TAIPING INSURANCE SINGAPORE PTE LTD** reserves the right to repudiate liability.

If you need further assistance or clarifications, please contact the undersigned.

Yours faithfully,

Vic Alpeh Sanghilan
Case Handler
DID: 6841 2096
FAX: 6741 4108
Email : vicalpeh@lkkauto.com

c.c. *China Taiping Insurance (Singapore) Pte Ltd*
(Motor Claims Dept)

Annex A

Transaction ref 20150825140530234524

The owner and vehicle particulars for Vehicle No. YL2215A as at 25 Aug 2015 are as follows:

1.	Name	: TOH KIM BOCK C-E CONTRACTOR PTE LTD
2.	Identification No. Type	: Company
3.	Identification No.	: 198600003M
4.	Place Of Passport Issue	: -
5.	Vehicle No.	: YL2215A
6.	Previous Vehicle No.	: -
7.	Effective Date of Ownership	: 07 Aug 2013
8.	Original Registration Date	: 10 Sep 2002
9.	First Registration Date	: 10 Sep 2002
10.	Vehicle Type	: B31 - Goods (Open) Lorry (Metal Body)/Pickup
11.	Vehicle Scheme	: Normal
12.	Attachment 1	: With Hood
13.	Attachment 2	: -
14.	Attachment 3	: -
15.	Vehicle Make	: MITSUBISHI
16.	Vehicle Model	: FE639E6SRDEA
17.	Year of Manufacture	: 2002
18.	Primary Colour	: White
19.	Secondary Colour	: -
20.	Passenger Capacity	: 2
21.	Chassis/Trailer Chassis No.	: FE639EA43650
22.	Propellant	: Diesel
23.	Engine No./Motor No.	: 4D34J16807
24.	Engine Capacity(cc)/Power Rating(kW)	: 3,908.0
25.	Unladen Weight(kg)	: 2500
26.	Maximum Laden Weight(kg)	: 5000
27.	Open Market Value	: \$26,787.00
28.	PARF Eligibility	: No
29.	PARF Eligibility Expiry Date	: -
30.	Minimum PARF Benefit	: -
31.	No. of Transfers	: 1
32.	IU Label No.	: 1510499113
33.	COE No.	: 2002090105000391Z
34.	COE Expiry Date	: 31 Aug 2022
35.	COE Category	: C - Goods Vehicle & Bus
36.	Quota Premium/Prevailing Quota Premium	: \$56,008.00
37.	Actual Quota Premium/PQP Paid	: \$56,008.00
38.	Actual ARF Paid	: \$1,340.00
39.	CO2 Emission(g/km)	: -
40.	Actual CEVS Rebate Utilised	: -
41.	CEVS Surcharge Paid	: -
42.	Actual Green Vehicle Rebate Utilised	: -
43.	Vehicle Lifespan Expiry Date	: 09 Sep 2022
44.	Road Tax Amount	: \$0.00
45.	Road Tax Start Date	: 10 Mar 2015
46.	Road Tax End Date	: 09 Sep 2015
47.	Remarks	: -

Reported on: 27/12/2017
@ 1015AM.

ACCIDENT STATEMENT

ACCIDENT DATE: (11/12/2017) (DD/MM/YYYY), TIME: (07:45 AM) (HH:MM)

LOCATION: Sembawang Rd to start Upper Thomson Rd.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YL2215A
b) INSURANCE COMPANY: _____
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: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 96121205
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: _____

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: SHC60894 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 passengers
(including driver)
(1)

*No of passengers
(including driver)
()

*No of passengers
(including driver)
()

Taxi

Email = tohkimbock@tkbgroup.com

fax =

Tel: 62535422

Fax: 62538513

Waiting for Company Chop?

Vehicle Photos?

WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
TOH KIM BOCK C-E CONTRACTOR PTE LTD

Sector: **LANDSCAPING**

Name
HASSAN ZIAUL

Occupation
GRASSCUTTING & LANDSCAPE MAINTENANCE WORKER

Work Permit No.
D 64488821

Date of Application
03-11-2014

Date of Issue
09-11-2016

Date of Expiry
11-11-2018

L7370735

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **G2553080U**

Name
HASSAN ZIAUL

Birth Date: **14 Apr 1992**

Issue Date: **17 Nov 2017**

Valid Till: **16/11/2022**

002745001KJ

VISIT PASS
Immigration Regulations

Name
HASSAN ZIAUL

Date of Birth: **14-04-1992** Sex: **M** Nationality: **BANGLADESHI**

FIN: **G2553080U** Date of Issue: **09-11-2016** Date of Expiry: **11-11-2018**

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$ **17 Nov 2017**

NP 426A



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.	DHCVSNI756211700	Engine No :4D34J16807 Chassis No:FE639EA43650
1. Index Mark and Registration Number of Vehicle	YL2215A	
2. Name of Policy Holder	M/S TCH KIM BOCK C-E CONTRACTOR PTE LTD	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	10 SEPTEMBER 2017	
4. Date of Expiry of Insurance	9 SEPTEMBER 2016	
5. Persons or Classes of Persons entitled to drive *		
<p>ANY PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH THEIR PERMISSION.</p> <p>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.</p>		
6. Limitations as to use: *		
<p>(1) USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS. (2) USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARD) IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS. (3) USE FOR SOCIAL, DOMESTIC OR PLEASURE PURPOSES. THE POLICY DOES NOT COVER. (1) USE FOR HIRE OR REWARD OR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED TESTING. (2) USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.</p>		
<p>* 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.</p>		

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



Countersigned By:

Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory